Chapter 19. Child Residential Care

§1901. Purpose

A. It is the intent of the legislature to protect the health, safety, and well-being of the children 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, to ensure maintenance of these 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 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.

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§1903. Authority

A. Legislative Provisions

1. The State of Louisiana, Department of Social Services, is charged with the responsibility of developing and publishing standards for the licensing of child residential facilities.

2. The licensing authority of the Department of Social Services is established by R.S. 46:1401-1425 and R.S. 46:51 which mandate the licensing of all child care facilities and child placing agencies, including child residential facilities. A child residential facility 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.

3. To carry out the legislative provisions and meet the needs of children who have been placed in out-of-home care, separate regulations have been developed which are designed for the different types of programs. These programs are established as "modules" to the child residential care regulations as listed below:

a. Therapeutic Wilderness Program; and

b. Controlled Intensive Care Facility or Unit.

4. To obtain a license as a Child Residential Care Facility, an applicant must meet, and adhere to, the licensing standards as stipulated in §§1901-1921. These standards shall be known as core standards.

5. To obtain a license as a Therapeutic Wilderness Program, an applicant must meet the core standards plus the licensing standards as stipulated in the module under §1923. If any core standard is not applicable to the Therapeutic Wilderness Program, it shall be so stated in the module.

6. To obtain a license as a Controlled Intensive Care Facility or Unit, an applicant must meet the core standards plus the licensing standards as stipulated in the module under §1925. If any core standard is not applicable to the Controlled Intensive Care Facility or Unit, it shall be so stated in the module.

7. An applicant may be licensed as a "stand alone" Child Residential Facility, a Therapeutic Wilderness Program or a Controlled Intensive Care Facility.

8. A facility already licensed as a Child Residential Facility may also be licensed to operate a Therapeutic Wilderness Program or a Controlled Intensive Care Unit by meeting the additional appropriate licensing standards. However, the licensed capacity of these units shall be separate from the licensed capacity of the Child Residential Facility.

9. A facility already licensed by another agency or as another type program must meet the licensing standards for Child Residential Facility plus the appropriate module standards.

10. A facility licensed by another agency or as another type program must have a clear separation between the areas to be licensed that will prohibit the residents from intermingling.

B. Penalties

1. All child care facilities, including facilities owned or operated by any governmental, profit, nonprofit, private or church agency, shall be licensed.

2. As stipulated in R.S. 46:1421, whoever operates any child care facility without a valid license shall be fined not less than $75 nor more than $250 for each day of such offense.

C. Inspections

1. According to law, it shall be the duty of the Department of Social Services "through its duly authorized agents, to inspect at regular intervals not to exceed one year, or as deemed necessary by the department, and without previous notice, all child care facilities and child placing agencies subject to the provisions of the Chapter (R.S. 46:1417)."

2. When the department is advised or has reason to believe that any person, agency or organization is operating a nonexempt child residential facility without a license or provisional license, the department shall make an investigation to ascertain the facts.

3. When the department is advised or has reason to believe that any person, agency or organization is operating in violation of the Child Residential Minimum Standards, the department shall complete a complaint investigation. All reports of mistreatment received by the department will be investigated.

D. The Louisiana Advisory Committee on Child Care Facilities and Child Placing Agencies (The Class A Child Care Committee)

1. The Louisiana Advisory Committee on Child Care Facilities and Child Placing Agencies was created by Act 286 of 1985 to serve three functions:

a. to develop new minimum standards for licensure of Class A facilities ("new" meaning the first regulations written after Act 286 of 1985);

b. to review and consult with the Department of Social Services on all revisions written by the Bureau of Licensing after the initial regulations and to review all standards, rules and regulations for Class A facilities at least every three years;

c. to advise and consult with the Department of Social Services on matters pertaining to decisions to deny, revoke or refuse a Class A license.

2. The committee is composed of 20 members, appointed by the governor, including provider and consumer representatives from all types of child care services and the educational and professional community.

E. Waivers

1. The Secretary of the Department of Social Services, in specific instances, may waive compliance with a minimum standard upon determination that the economic impact is sufficiently great to make compliance impractical, as long as the health, safety, and well-being of the staff/children are not imperiled. If it is determined that the facility or agency is meeting or exceeding the intent of a standard or regulation, then the standard or regulation may be deemed to be met.

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§1905. Procedures

A. Initial Application

1. New buildings shall be noninstitutional in design and appearance and physically harmonious with the neighborhood in which they are located considering such issues as scale, appearance, density and population. A child residential facility shall not occupy any portion of a building licensed by another agency.

2. Before beginning operation, it is mandatory to obtain a license from the Department of Social Services, Bureau of Licensing. The following steps should be followed.

a. Prior to purchasing, leasing, etc., carefully check all local zoning and building ordinances for the area in which you are planning to locate. Guidelines from the Office of Public Health, Sanitarian Services; the Office of State Fire Marshal, Code Enforcement and Building Safety; and the city fire department (if applicable) should be obtained.

b. After securing property, obtain an application form issued by:

Department of Social Services
Bureau of Licensing
P.O. Box 3078
Baton Rouge, LA 70821-3078
Phone: (504)922-0015
FAX: (504)922-0014

c. After the facility's location has been established, complete and return the application form. It is necessary to contact the following offices prior to building or renovating a facility:

i. Office of Public Health, Sanitarian Services;

ii. Office of State Fire Marshal, Code Enforcement and Building Safety;

iii office of city fire department (if applicable);

iv. zoning department (if applicable);

v. city or parish building permit office.

d. Upon receipt of the facility's application by the Bureau of Licensing, a request will be made to the Office of State Fire Marshal, Code Enforcement and Building Safety; office of city fire department (if applicable); Office of Public Health and any known required local agencies to inspect the location as per their standards. It is the applicant's responsibility to obtain these inspections and approvals. A licensing specialist shall visit the facility to conduct a licensing inspection.

e. A license will be issued on an initial application when the following requirements have been met and verification is received by the Bureau of Licensing:

i. approval by the Office of Public Health;

ii. approval by the Office of State Fire Marshal, Code Enforcement and Building Safety;

iii. approval by the city fire department (if applicable);

iv. approval by the city or parish zoning (if applicable);

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

vi. a completed licensure inspection verifying substantial compliance with these standards;

vii. full license fee paid.

3. When a facility changes location, it is considered a new operation and a new application and fee for licensure shall be submitted. All items listed in §1905.A.1.e shall be in compliance for the new location.

4. When a facility changes ownership, a new application and fee shall be submitted. All approvals listed in §1905.A.1.e shall be current. Documentation is required from the previous owner assuring change of ownership, i.e., letter from previous owner, copy of Bill of Sale or a lease agreement.

5. All new construction or renovation of a facility requires approval from agencies listed in §1905.A.1.c and the Bureau of Licensing.

6. The department is authorized to determine the period during which the license shall be effective. A license is valid for the period for which it is issued unless it is revoked for facility's failure to maintain compliance with minimum standards.

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

8. If an administrator or member of his 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. A licensing survey will then be conducted to verify that the reasons for revocation, refusal or denial have been corrected and the administrator/facility is in substantial compliance with all minimum standards.

B. Fees

1. An initial application fee of $25 shall be submitted with all initial license applications. This fee will be applied toward the license fee when the facility is licensed. This fee is to be paid by all initial and change of location providers. The full licensure fee shall be paid on all changes of ownership. All fees shall be paid by certified check or money order only and are nonrefundable.

2. License fees are required prior to issuance or renewal of a license. Fee schedules (based on licensed capacity) are listed below:

a. Four to six children $400

b. Seven to fifteen children $500

c. Sixteen or more children $600

3. Other licensure 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 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.

C. Relicensing

1. A license shall be renewed on an annual basis.

a. The month of issue of the initial license becomes the anniversary month for all renewals. Generally all licenses expire on the last day of the month.

2. Approximately 90 days prior to the annual expiration of a license, a notice and an application form will be mailed to the licensee. The completed application along with the full license fee shall be returned prior to relicensure.

3. A relicensing inspection will be made by staff of the Bureau of Licensing to determine continued compliance with licensing regulations.

4. A current approval from the Office of State Fire Marshal, Code Enforcement and Building Safety; the city fire department (if applicable); and the Office of Public Health, Sanitarian Services shall be received by the Bureau of Licensing. It is the responsibility of the licensee to obtain these inspections and approvals.

5. The Department of Social Services, Bureau of Licensing, shall be notified prior to making changes which might have an effect upon the license, i.e., age range of children served, usage of indoor and outdoor space, administrator, hours/months/days of operation, ownership, location, etc.

D. Denial, Revocation, or Nonrenewal of License

1. An application for a license may be denied for any of the following reasons:

a. failure to meet any of the minimum standards for licensure;

b. conviction of a felony, as shown by a certified copy of the record of the court of conviction, of the applicant:

i. or if the applicant is a firm or corporation, of any of its members or officers;

ii. or of any staff providing care, supervision, or treatment to a resident of the facility.

2. A license may be revoked or renewal denied for any of the following reasons:

a. cruelty or indifference to the welfare of the children in care;

b. violation of any provision of the minimum standards, rules, regulations, or orders of the Department of Social Services;

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

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

e. any validated instance of child abuse, corporal punishment, physical punishment, or cruel, severe or unusual punishment may result in revocation, denial or nonrenewal of the license if the owner is responsible or if the staff member who is responsible remains in the employment of the licensee;

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

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

E. Appeal Procedure. If the license is refused or revoked because the facility does not meet minimum requirements for licensure, the procedure is as follows.

1. The Department of Social Services, Bureau of Licensing, by certified letter, shall advise the licensee or applicant of the reasons for the denial or revocation and the right of appeal.

2. The administrator or owner may appeal this decision by submitting a written request with the reasons to the secretary of the Department of Social Services. Write to Department of Social Services, Bureau of Appeals, P.O. Box 2994, Baton Rouge, LA 70821-9118. This written request shall be postmarked within 30 days of the receipt of the notification in §1905.E.1 above.

3. The Bureau of Appeals shall set a hearing to be held within 30 days after receipt of such a request.

4. An appeals hearing officer shall conduct the hearing. Within 90 days after the date the appeal is filed, the hearing officer shall advise the appellant by certified letter of the decision, either affirming or reversing the original decision. If the license is refused or revoked, the facility shall terminate operation immediately.

5. If the facility continues to operate without a license, the Department of Social Services may file suit in the district court in the parish in which the facility is located for injunctive relief.

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§1907. Definitions

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

1. 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 child by a parent or any other person;

2. the exploitation or overwork of a child by a parent or any other person;

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

Administrator—the person responsible for the on-site, daily implementation and supervision of the overall facility's operation.

Behavior Management—techniques, measures, interventions and procedures applied in a systematic fashion to promote positive behavioral or functional change fostering the child's self-control, and to prevent or interrupt a child's behavior which threatens harm to the child or others.

Bureau—the Bureau of Licensing within the Department of Social Services.

Controlled Intensive Care Facility or Unit—a staff secure, intensive therapeutic program of individualized treatment provided on a 24 hour, 7 day a week basis.

Controlled Time-Out—an intervention used only in extreme situations where a child is out of control, and is a danger to him/herself or others, or whose presence is a severe disruption of the therapeutic environment.

Core Standards—the basic licensing standards that all providers must meet in order to obtain a license.

Department—the Department of Social Services.

Director—the person who has program authority.

Discipline—the ongoing practice of helping children or juveniles to develop inner control so that they can manage their own behavior in an appropriate and acceptable manner.

Documentation—written evidence or proof, including signatures of appropriate staff and date, on site and available for review.

Group (or unit)—refers to the number of children or juveniles who share a common space and relate to one primary staff person (who may be assisted by others) on a consistent or daily basis.

Human Service Field—Psychology, Sociology, Special Education, Rehabilitation Counseling, Juvenile Justice, Corrections, Nursing, etc.

License—the legal authority to operate.

Module—the additional licensing standards that must be met, in addition to the core standards, to obtain a license for a particular specialty.

Phases of Behavior Escalation—

1. a change in or an abnormal behavior occurs;
2. there is more agitation and the child begins to disrupt the environment;
3. finally, the child's behavior escalates to the level of possibly harming others or himself/herself at which time a physical restraint may occur;
4. following escalation there is a period of de-escalation.

Residential Parenting Facility—a facility in which teenage mothers and their children reside for the purpose of keeping mother and child together, teaching parenting and life skills to the mother and assisting teenage mothers in obtaining educational or vocational training and skills.

Shall or Must—a mandatory requirement.

Should—a requirement that is urged or advised.

Therapeutic Wilderness Program—an incorporation of a primitive camping program with a nonpunitive environment, and an experience curriculum for residents 9 years of age and older who have difficulty functioning in home, school and community.

Time-Out—an intervention utilized when a child needs to be removed from a situation or circumstance and does not have the ability, at the time, to self monitor and determine readiness to rejoin the group.

Treatment Plan Manager—the individual who is assigned responsibilities as outlined in §1917 "Treatment Planning."

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§1909. Administration and Organization

A. General Requirements

1. A provider shall allow representatives of DSS in the performance of their mandated duties to inspect all aspects of a program's functioning that impact on children and to interview any staff member or child. DSS representatives shall be admitted immediately and without delay, and shall be given free access to 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, DSS representatives shall be permitted to verify that no children are present in that portion and that the private areas are inaccessible to children. Any area to which children have or have had access is presumed to be part of the facility and not the private quarters of the owner/operator.

2. A provider shall make any information that the provider is required to have under the present requirements, and any information reasonably related to assessment of compliance with these requirements available to DSS. The child's rights shall not be considered abridged by this requirement.

3. A provider accepting any child who resides in another state shall show 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. the Office of Public Health, Sanitarian Services;

2. Office of the State Fire Marshal, Code Enforcement and Building Safety;

3. the city fire department (if applicable);

4. the local governing authority or zoning approval (if applicable);

5. the Department of Education (if applicable).

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

1. A provider shall have documents identifying all members of the governing body; their addresses; their terms of membership (if applicable); officers of the governing body (if applicable) and 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.

D. Responsibilities of a Governing Body. The governing body of a 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 regulations;

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 administrator/director and delegate sufficient authority to this person to manage the provider;

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

7. have the authority to dismiss the administrator/director;

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

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

E. Administrative File. A provider shall have an administrative file including:

1. organizational chart of the provider;

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

3. insurance policies: every provider shall maintain in force at all times a comprehensive general liability insurance policy. 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 child in the course and scope of his/her employment;

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

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

5. written policies and procedures governing all aspects of the provider's activities.

F. Accessibility of Executive. The chief administrator or a person authorized to act on behalf of the chief administrator shall be accessible to provider staff or designated representatives of DSS at all times (24 hours per day, 7 days per week).

G. Documentation of Authority to Operate

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

2. A privately owned provider shall have documents 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, articles of association or bylaws.

H. Accounting and Record Keeping

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

2. A 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.

3. 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.

4. A provider shall have sufficient space, facilities and supplies for providing effective record keeping services.

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

J. Program Description

1. A provider shall have a written program plan describing the services and programs offered by the provider.

2. A provider shall have a written policy regarding participation of children in activities related to fundraising and publicity. Consent of the child and, where appropriate, the child's parent(s) or legal guardian(s) shall be obtained prior to participation in such activities.

3. A provider shall have written policies and procedures regarding the photographing and audio or audio-visual recordings of children.

a. The written consent of the child and, where appropriate, the child's parent(s) or legal guardian(s) shall be obtained before the child is photographed or recorded for research or program publicity purposes.

b. All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the child.

4. A provider shall have written policies regarding the participation of children in research projects. No child shall participate in any research project without the express written consent of the child and the child's parent(s) or legal guardian(s).

K. Representation at Hearings. A provider shall, when required by law, have a representative present at all judicial, educational or administrative hearings that address the status of a child in care of the provider.

L. Children's Rights

1. All children shall be guaranteed the following rights, unless expressly contraindicated by the treatment plan. A provider shall have a comprehensive written policy on children's rights that assures each of those rights.

a. A child's civil rights are not abridged or abrogated solely as a result of placement in the provider's program.

b. A child has the right to consult freely and privately with his/her parent(s) or legal guardian(s).

c. A child has the right to consult freely and privately with legal counsel, as well as the right to employ legal counsel of his/her choosing.

d. A child is not denied admission, segregated into programs or otherwise subjected to discrimination on the basis of race, color, religion, national origin, sexual orientation, handicap, political beliefs, or any other nonmerit factor.

e. A child has the right to receive preventive, routine and emergency health care.

f. A child has the right to make complaints without fear of reprisal.

g. A child is protected from abuse and neglect.

h. A child has the right to participate in religious services in accordance with his/her faith, but shall not be forced to attend religious services.

i. A child is afforded the opportunity for telephone communication.

j. A child is allowed to send and receive mail.

k. A child is allowed visits to and from his/her family and friends.

l. A child is allowed to possess and use personal money and belongings, including personal clothing.

m. A child is explained the provider's policy on involvement of children in work.

n. A child is afforded opportunities for recreation and leisure.

o. A child has the right to adequate and appropriate food service.

p. A child has access to professional and specialized services as appropriate.

q. A child has the right to a timely (within 30 days of admission) treatment plan.

r. A child has the right to communicate freely and privately with state and local regulatory officials.

2. None of the rights guaranteed above shall be infringed or restricted in any way unless such restriction is necessary to the child's individual treatment plan. No treatment plan shall restrict the access of a child to legal counsel or restrict the access of state or local regulatory officials to a child.

3. Prior to admission, a provider shall clearly explain all of the child's civil rights to both the child and the child's parent(s) or legal guardian(s) and shall clearly explain any restrictions or limitations on those rights, the reasons that make those restrictions medically necessary in the child's individual treatment plan and the extent and duration of those restrictions. Documentation shall consist of a statement of children's civil rights, together with any restrictions thereon, the reasons for those restrictions and the extent and duration of those restrictions, signed by provider staff, the child and the child's parent(s) or legal guardian(s).

M. Confidentiality and Security of Files

1. A provider shall have written procedures for the maintenance and security of records specifying who shall supervise the maintenance of records, who shall have custody of records, and to whom records may be released. Records shall be the property of the provider, and the provider as custodian shall secure records against loss, tampering or unauthorized use.

2. A provider shall maintain the confidentiality of all children's case records. Employees of the provider shall not disclose or knowingly permit the disclosure of any information concerning the child or his/her family, directly or indirectly, to any unauthorized person.

3. When the child is of majority age and noninterdicted, a provider shall obtain the child's written, informed permission prior to releasing any information from which the child or his/her family might be identified, except for authorized state and federal agencies.

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

5. A provider shall, upon written authorization from the child or his/her parent(s) or legal guardian(s), make available information in the case record to the child, his counsel or the child's parent(s) or legal guardian(s). If, in the professional judgement 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 child, 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 and shall maintain detailed written reasons supporting the denial in the child's file.

6. A provider may use material from case records for teaching for 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 child or his/her parent(s) or legal guardian(s).

7. Children's records shall be retained in accordance with state/federal regulations.

N. Child's Case Record. A provider shall have a written record for each child that shall include administrative, treatment and educational data from the time of admission until the time the child leaves the provider. All children's records shall be available for inspection by the Department of Social Services. A child's case record shall include:

1. the name, home address, home telephone number, name of parent(s) or legal guardian(s), home address and telephone number of parent(s) or legal guardian(s) (if different from child's), sex, race, religion, birth date and birthplace of the child;

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

3. placement agreement, including proof of compliance with 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;

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

5. a copy of the child's individual service plan and any modifications thereto and an appropriate summary to guide and assist direct service workers in implementing the child's program;

6. quarterly status reports;

7. reports of any incidents of abuse, neglect, accidents or critical incidents, including use of passive physical restraints;

8. reports of any child's grievances and the conclusions or dispositions of these reports. If the child's grievance was in writing, a copy of the written grievance shall be included;

9. a summary of family visits and contacts including dates, the nature of such visits/contacts and feedback from the family;

10. a summary of attendance and leaves from the provider;

11. a summary of court visits;

12. medical and dental records;

13. written summaries from providers of professional or specialized services;

14. discharge summary at time of discharge;

15. a copy of the child's original intake evaluation/assessment. If the child was admitted as an emergency admission, a copy of the emergency admission note shall be included as well;

16. a copy of the physical assessment report;

17. a copy of all annual reports.

O. Medical and Dental Records

1. A provider shall maintain complete health records of a child including:

a. a complete record of all immunizations provided;

b. records of physical, dental and vision examinations;

c. a complete record of any treatment and medication provided for a specific illness or medical emergencies.

2. A provider shall compile a past medical history on every child. This history shall include:

a. allergies, and abnormal reactions to medication;

b. immunization history;

c. history of serious illness, serious injury or major surgery;

d. developmental history;

e. current use of prescribed medication;

f. current or former use of alcohol or nonprescribed drugs;

g. medical history.

P. Personnel File

1. A provider shall have a personnel file for each employee that shall contain:

a. the application for employment/résumé;

b. documentation of contact with three references;

c. all required documentation of appropriate status that includes:

i. current driver's license for operating provider or private vehicles in transporting children;

ii. professional credentials/certification required to hold the position;

d. periodic, at least annual performance evaluations;

e. staff member's starting and termination dates;

f. personnel actions, other appropriate materials, reports and notes relating to the individual's employment with the facility;

g. documentation of satisfactory criminal record check;

h. documentation of employee's orientation and any training received.

2. The staff member 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.

3. A provider shall retain the personnel file of an employee for at least three years after the employee's termination of employment.

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§1911. Human Resources

A. Staff Plan

1. A provider shall have a written plan for recruitment, screening, orientation, ongoing training, development, supervision and performance evaluation of staff members whether directly employed, contract or volunteer.

2. A provider shall have written personnel policies and written job descriptions for each staff position.

3. A provider shall have a written employee grievance procedure.

B. Nondiscrimination. The provider shall have a written nondiscrimination policy that shall ensure the provider does not discriminate in employment of individuals because of race, color, religion, sex, age, national origin, handicap, political beliefs, veteran's status or any non-merit factor in accordance with all state and federal regulations.

C. Staff Medical Requirement

1. Upon offer of employment, all staff shall be required to obtain a statement of good health signed by the 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 due every three years.

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

a. a negative Mantoux skin test for tuberculosis;

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

c. a statement from a licensed physician certifying that the individual is noninfectious if the chest X-ray is other than normal.

3. Any employee who has a positive Mantoux skin test for tuberculosis, 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.

D. Screening

1. A provider's screening procedures shall address the prospective employee's qualifications, as related to the appropriate job description.

a. 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.

b. No provider shall knowingly employ or continue in employment any person convicted of a felony or any crime involving a juvenile victim.

2. Prior to employing any person, a provider shall obtain three written references for each prospective staff member or telephone notes from contact with these references.

3. A provider shall maintain documentation of satisfactory criminal record check, as required by R.S. 15:587.1. A criminal record check shall be requested by the provider prior to the employment of any person who will have supervisory or disciplinary authority over children.

E. Orientation

1. A 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 date of employment:

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

b. instruction in the specific responsibilities of the employee's job;

c. implementation of treatment plans;

d. the provider's emergency and safety procedures including medical emergencies;

e. detecting and reporting suspected abuse and neglect;

f. reporting critical incidents;

g. children's rights;

h. health practices;

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

j. basic skills required to meet the health needs and problems of the children;

k. crisis de-escalation and the management of aggressive behavior including acceptable and prohibited responses;

l. passive physical restraint which is to include a practice element in the chosen method;

m. safe administration and handling of all medications including psychotropic drugs, dosages and side effects.

2. The employee shall sign a statement of understanding certifying that such training has occurred.

3. A new employee shall not be given sole responsibility for the implementation of a child's program plan until this training is completed.

4. All new direct care employees shall receive certification in CPR and First Aid within the first 30 days of employment.

F. Training

1. A provider shall document that all support and direct care employees receive training on an annual basis in the following topics:

a. provider's administrative procedures and programmatic goals;

b. provider's emergency and safety procedures including medical emergencies;

c. children's rights;

d. detecting and reporting suspected abuse and neglect.

2. Direct care employees shall receive additional annual training to include but not be limited to the following topics:

a. implementation of treatment plans;

b. reporting critical incidents;

c. health practices;

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

e. basic skills required to meet the health needs and problems of the children;

f. crisis de-escalation and the management of aggressive behavior including acceptable and prohibited responses;

g. passive physical restraint which is to include a practice element in the chosen method;

h. safe administration and handling of all medication including psychotropic drugs, dosages and side effects.

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

G. Supervision and Evaluation

1. A provider shall complete an annual performance evaluation of all staff members. For any person who interacts with children, a provider's performance evaluation procedures shall address the quality and nature of a staff member's relationships with children.

2. A provider shall be responsible and have the authority for the supervision of the performance of all persons involved in any service delivery/direct care to children.

H. Staffing Requirements

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

a. administrative;

b. fiscal;

c. clerical;

d. housekeeping, maintenance and food service;

e. direct child service and treatment planning;

f. supervisory;

g. recordkeeping and reporting;

h. social service;

i. ancillary service;

j. treatment plan management.

2. A provider shall ensure that all staff members are properly certified, licensed as legally required and appropriately qualified for their position.

a. Director: the director shall have a bachelor's degree plus one year experience relative to the population being served.

b. Treatment plan manager: the treatment plan manager shall have one of the following:

i. a bachelor's degree in a human service field plus a minimum of three years' experience with the relevant population;

ii. a master's degree in a human service field plus a minimum of one year with the relevant population.

3. A provider shall ensure that an adequate number of qualified direct service staff are present with the children as necessary to ensure the health, safety and well-being of children. 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 children, and shall assure the continual safety, protection, direct care and supervision of children.

a. The provider shall have at least one adult staff present for every six children when children are present and awake.

b. The provider shall have at least one adult staff present and awake for every 12 children when children are present and asleep. In addition to required staff, at least one staff person shall be on call in case of emergency.

c. When children are at school, work or recreation outside the facility, the provider shall have a plan ensuring the availability and accessibility of direct care staff to handle emergencies or perform other necessary direct care functions.

d. At least one child care staff person for every five infants or toddlers shall be present in a residential parenting facility to provide care and supervision to children in the absence of teenage mothers.

e. A residential parenting facility shall not permit a teenage mother to provide care or supervision to any child other than her own in the absence of the child's mother or child care staff.

f. Children of staff members and children of residents living at the residential parenting facility shall be counted in all child care/staff ratios.

4. A provider shall make sufficient provisions for housekeeping and maintenance to ensure that direct service staff are able to adequately perform direct care functions.

5. A provider utilizing live-in staff shall have sufficient relief staff to ensure adequate off duty time for live-in staff.

I. Volunteers/Student Interns. A provider that utilizes volunteers or student interns on a regular basis shall be responsible for the actions of the volunteers and interns and shall have a written plan detailing the scope of the volunteers'/interns' work with the children. This plan shall be given to all volunteers and interns. The plan shall indicate that all volunteers and interns shall:

1. have direct supervision by a paid staff member. They shall never be left alone or in charge of a child or group of children without a paid staff member present;

2. have orientation and training in the philosophy of the facility and the needs of children and methods of meeting those needs;

3. have three documented reference checks as required for regular paid staff.

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

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§1913. Quality of Life

A. Family Involvement

1. A provider shall have a written description of strategies used in the provider's program to foster ongoing positive communication and contact between children and their families, their friends and others significant in their lives.

2. A provider shall have evidence that the child's parent(s) or legal guardian(s), when appropriate, and the placing agency have been informed in writing of:

a. the philosophy and goals of the provider;

b. behavior management and disciplinary practices of the provider;

c. the provider's arrangements for children's participation in religious observances;

d. any specific treatment or treatment strategy employed by the provider to be implemented for a particular child;

e. visiting hours, visiting rules and procedures, arrangements for home visits and procedures for communicating with children by mail or telephone;

f. a procedure for registering complaints with the provider, the contracting/funding agency and the licensing agency concerning the child's care or treatment;

g. the name, telephone number and address of a staff person who may be contacted by the family or the legally responsible person to ask questions or register concerns on an ongoing basis.

B. Telephone Communication. A provider shall allow a child to receive and place telephone calls in privacy subject only to reasonable rules and to any specific restrictions in the child's treatment plan. There shall be no restrictions on communication between a child and the child's legal counsel. Any restriction on telephone communication in a child's treatment plan shall be formally approved by the treatment plan manager.

C. Mail

1. A provider shall allow children to receive mail unopened, uncensored and unread by staff unless contraindicated by the child's treatment plan. This restriction shall be reviewed every 30 days by the treatment plan manager. No treatment plan 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's legal counsel shall not be opened, read or otherwise interfered with for any reason.

2. A provider shall ensure that children have access to all materials necessary for writing and sending letters and shall, when necessary, ensure that children who wish to correspond with others are given any required assistance.

D. Visits. A provider shall allow a child to visit or be visited by family and friends subject only to reasonable rules and to any specific restrictions in the child's treatment plan.

1. Special restrictions shall be imposed only to prevent serious harm to the child. The reasons for any special restrictions shall be recorded in the child's treatment plan.

2. Special restrictions shall be reviewed every 30 days by the treatment plan manager and, if restrictions are renewed, the reasons for renewal shall be recorded in the child's treatment plan.

3. No treatment plan shall restrict home visits without approval from the legal custodian.

E. Routines. A provider shall have a written set of daily routines for children designed to provide for reasonable consistency and timeliness in daily activities, in the delivery of essential services to children and in the provision of adequate periods of recreation, privacy, rest and sleep.

F. Money and Personal Belongings

1. A provider shall permit and encourage a child to possess his/her own money either by giving an allowance/ by providing opportunities for paid work, unless otherwise indicated by the child's treatment plan, and reviewed every 30 days by the treatment plan manager.

a. Money earned, or received either as a gift or an allowance by a child, shall be deemed to be that child's personal property.

b. Limitations may be placed on the amount of money a child may possess or have unencumbered access to when such limitations are considered to be in the child's best interests and are duly recorded in the child's treatment plan.

c. A provider shall, as appropriate to the child's age and abilities, provide training in budgeting, shopping and money management.

d. Children's monetary restitution for damages shall only occur when there is clear evidence of individual responsibility for the damages and the restitution is approved by the treatment team. The child and his/her parent(s) or 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 child and his/her parent(s) or legal guardian(s) shall be given a reasonable opportunity to respond to any claim for damages.

2. A provider shall allow a child to bring his/her personal belongings to the program and to acquire belongings of his/her own in accordance with the child's treatment plan. However, the provider may, as necessary, limit or supervise the use of these items while the child is in care. Where extraordinary limitations are imposed, the child shall be informed by staff of the reasons, and the decisions and reasons shall be recorded in the child's case record. Reasonable provisions shall be made for the protection of the child's property.

G. Work

1. A provider shall have a written description regarding the involvement of children in work including:

a. description of any unpaid tasks required of children;

b. description of any paid work assignments including the pay scales for such assignments;

c. description of the provider's approach to supervising work assignments;

d. assurance that the conditions and compensation of such work are in compliance with applicable state and federal laws.

2. A provider shall demonstrate that any child's work assignments are designed to provide a constructive experience are not used as a means of performing vital provider functions at low cost. All work assignments shall be in accordance with the child's treatment plan.

3. A provider shall assign as unpaid work for children only housekeeping tasks similar to those performed in a normal family home. Any other work assigned shall be compensated, at such rate and under such conditions as the child might reasonably be expected to receive for similar work in outside employment. The provider shall ensure that all such employment practices comply fully with state and federal laws and regulations. No child shall be employed in any industrial or hazardous occupation, nor under any hazardous conditions.

4. When a child engages in off-grounds work, the provider shall document that:

a. such work is voluntary and in accordance with the child's treatment plan;

b. the treatment plan manager approves such work;

c. the conditions and compensation of such work are in compliance with applicable state and federal laws;

d. such work does not conflict with the child's program.

H. Recreation

1. A provider shall have a written plan for insuring that a range of indoor and outdoor recreational and leisure opportunities are provided for children. Such opportunities shall be based on both the individual interests and needs of the children and the composition of the living group.

2. A provider shall be adequately staffed and have appropriate recreation spaces and facilities accessible to children. Recreation equipment and supplies shall be of sufficient quantity and variety to carry out the stated objectives of the provider's recreation plan.

3. A 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. Access to such community resources shall not be denied or infringed except as may be necessary to the child's treatment plan; and any such restrictions shall be specifically described in the treatment plan, together with the reasons such restrictions are necessary and the extent and duration of such restrictions.

I. Religion

1. A provider shall have a written description of its religious orientation, particular religious practices that are observed and any religious restrictions on admission. This description shall be provided to the child and the child's parent(s) or legal guardian(s).

a. Every child shall be permitted to attend religious services in accordance with his/her faith. The provider shall, whenever possible, arrange transportation and encourage participation by those children who desire to participate in religious activities in the community.

b. Children shall not be forced to attend religious services.

2. When the child is a minor, the provider shall determine the wishes of the parent(s) or legal guardian(s) with regard to religious observance and instruction at the time of placement and shall make every effort to ensure that these wishes are carried out.

J. Clothing

1. A provider shall ensure that children are provided with clean, well-fitting clothing appropriate to the season and to the child's age, sex and individual needs.

2. Clothing shall be maintained in good repair.

3. All clothing provided to a child shall go with the child at discharge.

4. Clothing shall belong to the individual child and not be shared in common.

K. Independent Life Training. A provider shall have a program to ensure that children receive training in independent living skills appropriate to their age and functioning level. This program shall include instruction in:

1. hygiene and grooming;
2. family life;
3. sex education including family planning and venereal disease counseling;
4. laundry and maintenance of clothing;
5. appropriate social skills;
6. housekeeping;
7. use of transportation;
8. budgeting and shopping;
9. cooking;
10. punctuality, attendance and other employment related matters;
11. use of recreation and leisure time.

L. Food Service

1. A provider shall ensure that a child 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.

a. Menus shall be written and approved annually in writing by a registered dietician.

b. A provider shall develop written menus at least one week in advance.

c. Written menus and records of foods purchased shall be maintained on file for 30 days. Menus shall provide for a sufficient variety of foods, vary from week to week and reflect all substitutions.

2. A person designated by the administrator/director shall be responsible for the total food service of the provider. This person shall be responsible for:

a. initiating food orders or requisitions;

b. establishing specifications for food purchases and insuring that such specifications are met;

c. storing and handling of food;

d. food preparation;

e. food serving;

f. orientation, training and supervision of food service personnel;

g. maintaining a current list of children with special nutritional needs;

h. having an effective method of recording and transmitting diet orders and changes;

i. recording information in the child's record relating to special nutritional needs;

j. providing information on children's diets to staff.

3. A provider shall ensure that any modified diet for a child shall be:

a. prescribed by the child's physician and treatment plan with a record of the prescription kept on file;

b. planned, prepared and served by persons who have received instruction from the registered dietician who has approved the menu for the modified diet.

4. A provider shall ensure that a child is provided at least three meals or their equivalent daily at regular times with not more than 14 hours between the evening meal and breakfast of the following day.

5. The provider shall ensure that the food provided to a child in care by the provider is in accord with his/her religious beliefs.

6. No child 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 child's file.

7. When meals are provided to staff, a provider shall ensure that staff members eat the same food served to children in care, unless special dietary requirements dictate differences in diet.

8. A provider shall purchase and provide to children only food and drink of safe quality. The storage, preparation and serving techniques shall ensure that nutrients are retained and spoilage is prevented. Milk and milk products shall be Grade A and pasteurized.

9. A provider shall ensure that food served to a child and not consumed is discarded.

10. A provider shall show evidence of effective procedures for cleaning all equipment and work areas.

M. Professional and Special Programs and Services

1. A provider shall ensure services in the following areas to meet the specialized needs of the child:

a. physical/occupational therapy;

b. speech pathology and audiology;

c. psychological and psychiatric services;

d. social work services;

e. individual, group and family counseling.

2. A provider shall ensure that all providers of professional and special services:

a. record all significant contacts with the child;

b. provide quarterly written summaries of the child's response to the service, the child's current status relative to the service and the child's progress;

c. participate, as appropriate, in the development, implementation and review of treatment plans and aftercare plans and in the interdisciplinary team responsible for developing such plans;

d. provide services appropriately integrated into the overall program and provide training to direct service staff as needed to implement treatment plans;

e. provide child assessments/evaluations as needed for treatment plan development and revision.

3. A provider shall ensure that any provider of professional or special services (internal or external to the agency) meets the following:

a. adequately qualified and, where appropriate, currently licensed or certified staff according to state or federal law;

b. adequate space, facilities and privacy;

c. appropriate equipment;

d. adequate supplies;

e. appropriate resources.

N. Health Care. The provider shall have a written plan for providing preventive, routine and emergency medical and dental care for children and shall show evidence of access to the resources outlined in the plan. This plan shall include:

1. ongoing appraisal of the general health of each child;

2. provision of health education, as appropriate;

3. provisions for keeping children's immunizations current;

4. approaches that ensure that any medical treatment administered will be explained to the child in language suitable to his/her age and understanding;

5. an ongoing relationship with a licensed physician, dentist and pharmacist to advise the provider concerning medical and dental care;

6. availability of a physician on a 24-hour, seven days a week basis;

7. reporting of communicable diseases and infections in accordance with law.

O. Medical Care

1. A provider shall arrange a general medical examination by a physician for each child within a week of admission unless the child has received such an examination within 30 days before admission and the results of this examination are available to the provider. This examination shall include:

a. an examination of the child for physical injury and disease;

b. vision, hearing and speech screening;

c. a current assessment of the child's general health.

2. The provider shall arrange an annual physical examination of all children.

3. Whenever indicated, the child shall be referred to an appropriate medical specialist for either further assessment or treatment, including gynecological services for female children.

4. A provider shall ensure that a child receives timely, competent medical care when he/she is ill or injured. A provider shall notify the child's parent or legal guardian, verbally /in writing, within 24 hours of a child's illness or injury that requires treatment from a physician or hospital.

5. Records of all medical examinations, follow-ups and treatment together with copies of all notices to parent(s) or guardian(s) shall be kept in the child's file.

P. Dental Care

1. A provider shall have an organized system for providing comprehensive dental services for all children that shall include:

a. provision for dental treatment;

b. provision for emergency treatment on a 24-hour, seven days a week basis by a licensed dentist;

c. a recall system specified by the dentist, but at least annually.

2. A provider shall arrange a dental exam for each child within 90 days of admission unless the child has received such an examination within six months before admission and the results of this examination are available to the provider.

3. Records of all dental examinations, follow-ups and treatment shall be documented in the child's file.

4. Provider shall notify the child's parent(s) or legal guardian(s), verbally/in writing, within 24 hours when a child requires or receives dental treatment. The notification shall include the nature of the dental condition and any treatment required.

Q. Immunizations. Within 30 days of admission, a provider shall obtain documentation of a child's immunization history, insuring the child has received all appropriate immunizations and booster shots that are required by the Office of Public Health.

R. Medications

1. A provider shall have written policies and procedures that govern the safe administration and handling of all drugs as appropriate to the provider.

2. A provider shall have a written policy governing the self-administration of both prescription and nonprescription drugs.

3. A provider shall ensure that medications are either self-administered or administered by qualified persons according to state law.

4. A provider shall have a written policy for handling medication taken from the facility by children on pass.

5. A provider shall ensure that any medication given to a child for therapeutic and medical purposes is in accordance with the written order of a physician.

a. There shall be no standing orders for prescription medications.

b. There shall be standing orders, signed by the physician, for nonprescription drugs with directions from the physician indicating when he/she is to be contacted. Standing orders shall be updated annually by the physician.

c. Copies of all written orders shall be kept in the child's file.

d. Medication shall not be used as a disciplinary measure, a convenience for staff or as a substitute for adequate, appropriate programming.

6. 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 child's file and the parent(s) or legal guardian(s) notified in writing within 24 hours.

7. Each drug shall be identified up to the point of administration.

8. Discontinued and outdated drugs and containers with worn, illegible or missing labels shall be properly disposed of.

9. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security.

a. Drugs used externally and drugs taken internally shall be stored on separate shelves or in separate cabinets at all locations.

b. All drugs, including refrigerated drugs, shall be kept under lock and key.

10. A provider using psychotropic medications on a regular basis shall have a written description of the use of psychotropic medications including:

a. a description of procedures to ensure that medications are used as ordered by the physician for therapeutic purposes and in accordance with accepted clinical practice;

b. a description of procedures to ensure that medications are used only when there are demonstrable benefits to the child unobtainable through less restrictive measures;

c. a description of procedures to ensure continual physician review of medication and discontinuation of medication when there are no demonstrable benefits to the child;

d. a description of an ongoing program to inform children, staff, and where appropriate, children's parent(s) or legal guardian(s) on the potential benefits and negative side-effects of medication and to involve children and, where appropriate, their parent(s) or legal guardian(s) in decisions concerning medication;

e. no child shall be given any psychotropic medication except on written authorization from a physician, a copy of which shall be kept in the child's file. Such written authorizations shall be reviewed and renewed at least every 90 days.

S. Grievance Procedure for Children

1. A provider shall have a written grievance procedure for children designed to allow children to make complaints without fear of retaliation.

2. The provider shall document that the child and the child's parent(s) or legal guardian(s) are aware of and understand the grievance procedure.

3. The provider shall document the resolution of the grievance in the child's record.

T. Abuse and Neglect

1. A provider shall have comprehensive written procedures concerning child abuse including:

a. a description of ongoing communications strategies used by the provider to maintain staff awareness of abuse prevention, current definitions of abuse and neglect, mandated reporting requirements to the Office of Community Services Child Protection Agency and applicable laws;

b. a procedure for insuring that the child is protected from potential harassment during the investigation;

c. a procedure for disciplining staff members who abuse or neglect children;

d. a procedure for insuring that the staff member involved does not work directly with the child involved or any other child in the program until the investigation is complete.

2. Any case of suspected child abuse or neglect shall be reported immediately to the Bureau of Licensing and other appropriate authorities, according to state law. Written notification shall follow within 24 hours. The child's record shall include:

a. date and time the suspected abuse or neglect occurred;

b. description of the incident;

c. action taken as a result of the incident; and

d. name of the person to whom the report was made.

U. Reports on Critical Incidents

1. Any serious incident, accident or injury to a child, elopements, hospitalizations, overnight absence from the facility without permission, and any other unexplained absence shall be reported to the parent/legal guardian/placing agency within 24 hours. The child's record shall contain:

a. the date and time the incident occurred;

b. a brief description of the incident;

c. the action taken as a result of the incident;

d. the name of the person who completed the report; and the names of the person(s) who witnessed the incident;

e. the name of the person who made the report to the parent/legal guardian or placing agency; and

f. the name of the person to whom the report was made.

2. Any incident which involves the death of a child or any serious threat to the child's health, safety or well-being shall be reported to the parent/legal guardian/placing agency, Bureau of Licensing and other appropriate authorities. Written notification shall follow within 24 hours.

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§1915. Direct Service Management

A. Admission Policies

1. A provider shall have a written description of admission policies and criteria that shall include the following information:

a. policies and procedures related to intake;

b. the age and sex of children served;

c. the needs, problems, situations or patterns best addressed by the provider's program;

d. any other criteria for admission;

e. criteria for discharge;

f. any replacement requirements on the child, the legally responsible person, DSS or other involved agencies;

g. procedures for insuring that placement within the program is the least restrictive alternative, appropriate to meet the child's needs.

2. A provider shall only accept children for placement from the parent(s), legal guardian(s), custodial agency or a court of competent jurisdiction.

3. The written description of admission policies and criteria shall be available to the parent(s) or legal guardian(s) for any child referred for placement.

4. A provider shall not admit more children into care than the number specified on the provider's license.

5. A provider shall not accept any child for placement whose needs cannot be adequately met by the provider's program.

6. A provider shall not admit any child into care whose presence will be seriously damaging to the ongoing functioning of the provider or to children already in care.

7. When refusing admission to a child, a provider shall notify the referring agency of the reason for refusal of admission in writing. If the child was referred by his/her parent(s) or legal guardian(s) he/she shall be provided written reasons for the refusal. Copies of the written reasons for refusal shall be kept in the provider's administrative file.

8. A provider shall ensure that the child, the child's parent(s) or legal guardian(s) and others, as appropriate, are provided reasonable opportunity to participate in the admission process and decisions. Proper consents shall be obtained before admission.

9. No child shall be admitted 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 child's file.

B. Intake Evaluation

1. The provider shall accept a child into care only when a current, comprehensive intake evaluation/ assessment, not over one year old, has been completed including, health and family history, medical, social, psychological and, as appropriate, developmental, vocational or educational assessment. This evaluation shall contain evidence that a determination has been made that the child cannot be maintained in a least restrictive environment within the community.

2. In emergency situations necessitating immediate placement into care, the provider shall gather as much information as possible about the child to be admitted and the circumstances requiring placement, formalize this in an "emergency admission note" within two days of admission and then proceed with an intake evaluation as quickly as possible. The intake evaluation shall be completed within 30 days of admission.

C. Clarification of Expectations to Children. The provider shall, consistent with the child's maturity and ability to understand, make clear its expectations and requirements for behavior and provide the child referred for placement with an explanation of the provider's criteria for successful participation in, and completion of the program.

D. Placement Agreement

1. The provider shall ensure that a written placement agreement is completed. A copy of the placement agreement, signed by all parties involved in its formulation, shall be kept in the child's record.

2. The placement agreement shall include, by reference or attachment, at least the following:

a. discussion of the child's and the family's expectations regarding family contact and involvement, the nature and goals of care including any specialized services to be provided, the religious orientation and practices of the child and the anticipated discharge date;

b. a delineation of the respective roles and responsibilities of all agencies and persons involved with the child and his/her family;

c. authorization to care for the child;

d. authorization to obtain medical care for the child;

e. arrangements regarding visits, vacation, mail, gifts and telephone calls;

f. arrangements regarding the nature and frequency of reports to, and meetings involving, the legally responsible person and referring agency;

g. provision for notification of the child's parent(s) or legal guardian(s) in the event of unauthorized absence, illness, accident or any other significant event regarding the child.

3. The provider shall ensure that an assessment of each child is conducted upon placement for illness, fever, rashes, bruises and injury. The child shall be asked if he/she has any physical complaints. The results of this procedure shall be documented and kept in the child's record.

4. The provider shall assign a staff member to orient the child and, where available, the family to life at the facility.

E. Discharge

1. The provider shall have a written policy concerning unplanned discharge. This policy shall ensure that emergency discharges initiated by the provider take place only when the health and safety of a child or other children might be endangered by the child's further placement at the agency. The provider shall have a written report detailing the circumstances leading to each unplanned discharge.

2. When a child is discharged, the provider shall compile a complete written discharge summary within
30 days of discharge. The discharge summary is to be kept in the child's record and shall include:

a. the name and home address of the child and, where appropriate, the child's parent(s) or legal guardian(s);

b. the name, address and telephone number of the provider;

c. the reason for discharge and, if due to child's unsuitability for provider's program, actions provider undertook to maintain placement;

d. a summary of services provided during care including medical, dental and health services;

e. a summary of the child's progress and accomplishments during care;

f. the assessed needs that remain to be met and alternate service possibilities that might meet those needs.

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§1917. Treatment Planning

A. The Treatment Plan Manager. A provider shall ensure that a qualified treatment plan manager is assigned to each child and given responsibility for and authority over:

1. supervision of the implementation of the child's treatment plan;

2. integration of the various aspects of the child's program;

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

4. reviewing and approving quarterly status reports of the successes and failures of the child's program, including the child's educational program, with recommendations for any modifications deemed necessary. These reports may be prepared by designated staff, but the treatment plan manager shall also sign and date the report;

5. insuring the timely release, whenever appropriate, of the child to a least restrictive setting;

6. monitoring any extraordinary restriction of the child's freedom including use of any form of restraint, any special restriction on a child's communication with others and any behavior management plan;

7. asserting and safeguarding the human and civil rights of children and their families and fostering the human dignity and personal worth of each child;

8. helping the child and family to consider alternative services and make a responsible choice regarding whether and when placement is indicated during the evaluation process, that may or may not lead to admission;

9. serving as liaison between the child, provider, family and community during the child's admission to and residence in the facility, or while the child is receiving services from the provider in order to:

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

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

c. assist staff in preparing the child for changes in his/her living situation;

d. help the family to develop constructive and personally meaningful ways to support the child's experience in the facility, through counseling concerned with problems 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 child's return to home or other community placement.

B. The Treatment Plan

1. A provider shall ensure that a child has a current, (within the prior 12 months) comprehensive, written psychiatric/psychological, social and, as appropriate, educational assessment. This assessment shall be the basis of a comprehensive, time limited, goal oriented individual treatment plan addressing the needs identified by the assessment within 30 days of admission.

a. The assessment shall identify the child's strengths and needs, establish priorities to assist in the development of an appropriate plan and conclude with recommendations concerning approaches and techniques to be used.

b. All methods used in assessing a child shall be appropriate considering the child's age, development and cultural background and dominant language or mode of communication.

2. Individual treatment plans shall be developed by an interdisciplinary team including the treatment plan manager, representatives of the direct service staff working with the child on a daily basis, representatives of other placing/funding agencies, the child, the child's parent(s) or legal guardian(s) and any other person(s) significantly involved in the child's care on an ongoing basis.

3. The provider shall document that, where applicable, the designated representative of the placing agency and the child's parent or legal guardian have been invited to participate in the planning process. When they do not participate, the provider shall document the reasons for nonparticipation.

4. A provider shall include in a child's treatment plan any community resources or programs providing treatment or training to that child, and shall involve representatives of such services and programs in the treatment planning process whenever feasible and appropriate. Any community resource or program involved in a treatment plan shall be appropriately licensed or shall be a part of an approved school program.

5. The completed treatment plan shall be signed by all team participants.

6. A provider shall complete a treatment plan at least annually and shall evaluate the degree to which the goals have been achieved.

7. A provider shall ensure that all persons working directly with the child are appropriately informed of the treatment plan and have access to information from the child's records that is necessary for effective performance of the employee's assigned tasks.

8. A child's treatment plan shall not be composed solely of activities and programs provided by agencies and organizations external to the provider.

9. A provider shall ensure that the treatment plan for each child includes the following components:

a. the findings of the assessment. The assessment shall describe the severity, duration and frequency of the targeted behavior;

b. a statement of goals to be achieved for the child and his/her family;

c. plan for fostering positive family relationships for the child, when appropriate;

d. schedule of the daily activities including training/education for children and recreation to be pursued by the program staff and the child in attempting to achieve the stated goals;

e. any specific behavior management plan;

f. any specialized services that will be provided directly or arranged for, stated in specific behavioral terms that permit the problems to be assessed, and methods for insuring their proper integration with the child's ongoing program activities;

g. overall goals and specific objectives that are time limited;

h. methods for evaluating the child's progress;

i. any restriction to "children's rights" deemed necessary to the child's individual treatment plan. Any such restriction shall be expressly stated in the treatment 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 treatment plan, and the reasons less restrictive methods cannot be employed;

j. goals and preliminary plans for discharge;

k. identification of each person responsible for implementing or coordinating implementation of the plan.

C. Education

1. A provider shall ensure that each child has access to appropriate educational services consistent with the child's abilities and need, taking into account his/her age and level of functioning.

2. All children of school age shall be enrolled in and attending a school program approved by the Department of Education or an alternative educational program approved by the local school board.

3. The provider shall notify both the placing agency and the child's parent(s) or legal guardian(s) verbally/in writing within 24 hours of any truancy, expulsion or suspension from school. Notification shall be documented in the child's record.

D. Reports. The chief administrator of a provider or his/her designee shall report in writing to the child's parent or legal guardian at least annually, or as otherwise required by law, with regard to the child's progress with reference to the goals and objectives in the treatment plan. This report shall include a description of the child's medical condition.

E. Arrangement of Children into Groups

1. A provider shall arrange children into groups that effectively address the needs of children.

2. All children shall have privacy during periods of relative quiet and inactivity.

3. All children shall have an opportunity to build relationships within small groups.

4. Children shall be involved in decision making regarding the roles and routines of their living group to the degree possible considering their level of functioning.

F. Behavior Management

1. The provider shall have a written description of the methods of behavior management to be used on facility-wide level, insuring that procedures begin with the least restrictive, most positive measures and follow a hierarchy of acceptable measures. This description shall be provided to all provider staff and shall include:

a. appropriate and inappropriate behaviors of children;

b. consequences of inappropriate behaviors of children;

c. the phases of behavior escalation and appropriate intervention methods to be used at each level.

2. Use of any methods other than those outlined in the written description required above is prohibited unless addressed in an individual behavior management plan approved by the treatment plan manager.

G. House Rules and Regulations. A provider shall have a clearly written list of rules and regulations governing conduct for children in care and shall document that these rules and regulations are made available to each staff member, child and, where appropriate, the child's parent(s) or legal guardian(s).

H. Limitations on Potentially Harmful Responses. A provider shall have a written list of prohibited responses to children by staff members and shall document that this list is made available to each staff member, child and, where appropriate, the child's parent(s) or legal guardian(s). This list shall include the following prohibited responses:

1. any type of physical hitting or other painful physical contact except as required for medical, dental or first aid procedures necessary to preserve the child's life or health;

2. requiring a child to take an extremely uncomfortable position;

3. verbal abuse, ridicule or humiliation;

4. withholding of a meal, except under a physician's order;

5. denial of sufficient sleep, except under a physician's order;

6. requiring a child to remain silent for a long period of time;

7. denial of shelter, warmth, clothing or bedding;

8. assignment of harsh physical work.

I. Limitations on Punishments

1. A provider shall have a written list of prohibited responses to children by staff when such responses are used as punishments and shall document that this list is made available to each staff member, child and, where appropriate, the child's parent(s) or legal guardian(s). This list shall include the following prohibited responses:

a. physical exercise or repeated physical motions;

b. excessive denial of usual services;

c. denial of visiting or communication with family or legal guardian;

d. extensive withholding of emotional response;

e. any other cruel and unusual punishment.

2. A provider shall not punish groups of children for actions committed by an individual.

3. Children shall neither punish nor supervise other children except as part of an organized therapeutic self government program that is conducted in accordance with written policy and is supervised directly by staff. Such programs shall not be in conflict with all regulations regarding behavior management.

4. Punishment shall not be administered by any persons who are not known to the child.

J. Restraints

1. A provider shall not use any form of mechanical, physical or chemical restraint. Passive physical restraint shall only be utilized when the child's behaviors escalate to a level of possibly harming himself/herself or others.

2. Passive physical restraints are only to be performed by two trained staff personnel in accordance with an approved curriculum. A single person restraint can be initiated in a life threatening crisis with support staff in close proximity to provide assistance.

K. Time-Out Procedures

1. A provider using time-out rooms for seclusion of children for brief periods shall have a written policy governing the use of time-out procedures. This policy shall ensure that:

a. the room shall be unlocked;

b. time-out procedures are used only when less restrictive measures have been used without effect; written documentation of less restrictive measures used shall be required;

c. emergency use of time-out shall be approved by the treatment plan manager or administrator for a period not to exceed one hour;

d. time-out used as an individual behavior management plan shall be part of the overall plan of treatment;

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 eight hours;

f. when a child is in time-out, a staff member shall exercise direct physical supervision of the child at all times;

g. a child in time-out shall not be denied access to bathroom facilities, water or meals.

2. Copies of the behavior management policy, the prohibited response policy and the punishment policy, including restraint prohibitions and time out procedures, shall be provided in triplicate upon admission. The child and parent(s) or legal guardian(s) shall sign all three copies. The child and parent(s) or legal guardian(s) shall retain one copy each and the provider shall retain the other copy in the child's record.

3. Copies of the behavior management policy, the prohibited response policy and the punishment policy, including restraint prohibitions and time out procedures, shall be provided in duplicate to each new employee upon hiring. The employee shall sign both copies. The employee shall retain one copy and the provider shall retain the other copy in the employee's personnel record.

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§1919. Physical Environment

A. Exterior Space

1. A provider shall maintain all areas of the facility accessible to children in 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. A 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 a regular basis.

b. Trash collection receptacles and incinerators 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 shall be fenced or have natural barriers to protect children.

e. Playground equipment shall be so located, installed and maintained as to ensure the safety of children.

3. Children shall have access to safe, suitable outdoor recreational space and age appropriate equipment.

4. A provider shall have at least 75 square feet of accessible exterior space for each child. The exterior space shall be adequate to accommodate one-half the licensed capacity of the facility.

B. Interior Space

1. The arrangement, appearance and furnishing of all interior areas of the facility shall be similar to those of a normal family home in the community.

2. A provider shall ensure that there is evidence of routine maintenance and cleaning programs in all areas of the facility.

3. Each living unit of a facility shall contain a space for the free and informal use of children. This space shall be constructed and equipped in a manner in keeping with the programmatic goals of the provider.

4. A facility shall have a minimum of 60 square feet of floor area per child in living areas accessible to children and excluding halls, closets, bathrooms, bedrooms, staff or staff's family quarters, laundry areas, storage areas and office areas.

5. A facility shall have an appropriate variety of interior recreational spaces.

C. Dining Areas

1. A facility shall have dining areas that permit children, staff and guests to eat together in small groups.

2. A facility shall have dining areas that are clean, well lit, ventilated and attractively furnished.

D. Sleeping Accommodations

1. A provider shall ensure that each single occupancy bedroom space has a floor area of at least 80 square feet and that each multiple occupancy bedroom space has a floor area of at least 60 square feet for each occupant.

2. A 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.

3. A provider shall not permit more than four children to occupy a designated bedroom space.

4. No child over the age of 5 years shall occupy a bedroom with a member of the opposite sex.

5. A provider shall not use any room that does not have a window as a bedroom space.

6. Each child shall have his/her own bed. A child's bed shall be no shorter than the child's height and no less than 30 inches wide and shall have a clean, comfortable, nontoxic fire retardant mattress.

7. A provider shall ensure that sheets, pillow, bedspread and blankets are provided for each child.

a. Enuretic children shall have mattresses with moisture resistant covers.

b. Sheets and pillow cases shall be changed at least weekly, but shall be changed more frequently if necessary.

8. Each child shall have a solidly constructed bed. Cots or other portable beds are not to be used on a routine basis.

9. A 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.

10. Each child shall have his/her own dresser or other adequate storage space for private use and designated space for hanging clothing in proximity to the bedroom occupied by the child.

11. Each child shall have his/her own designated area for rest and sleep.

12. The decoration of sleeping areas for children shall allow some scope for the personal tastes and expressions of the children.

E. Bathrooms

1. A facility shall have wash basins with hot and cold water, flush toilets, and bath or shower facilities with hot and cold water according to child care needs.

a. Bathrooms shall be so placed as to allow access without disturbing other children during sleeping hours.

b. Each bathroom shall be properly equipped with toilet paper, towels, soap and other items required for personal hygiene unless children are individually given such items. Children shall be provided individual items such as hair brushes, toothbrushes, razors, etc.

c. Tubs and showers shall have slip proof surfaces.

2. A facility shall have toilets and baths or showers that allow for individual privacy unless children in care require assistance.

3. A provider shall ensure that bathrooms have a safe and adequate supply of hot and cold running water.

4. A provider shall ensure that bathrooms contain mirrors secured to the walls at convenient heights and other furnishings necessary to meet the children's basic hygienic needs.

5. A provider shall ensure that bathrooms are equipped to facilitate maximum self help by children. Bathrooms shall be large enough to permit staff assistance of children if necessary.

6. Toilets, wash basins and other plumbing or sanitary facilities in a facility shall, at all times, be maintained in good operating condition and shall be kept free of any materials that might clog or otherwise impair their operation.

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 children and staff regularly served. All equipment shall be maintained in proper working order.

2. A provider shall not use disposable dinnerware at meals on a regular basis unless the facility documents that such dinnerware is necessary to protect the health or safety of children in care.

3. A provider shall ensure that all dishes, cups and glasses used by children in care are free from chips, cracks or other defects and are in sufficient number to accommodate all the children.

4. Animals shall not be permitted in food storage, preparation and dining areas.

G. Laundry Space. A provider shall have a laundry space complete with washer and dryer.

H. Staff Quarters. A provider utilizing live-in staff shall provide adequate, separate living space with a private bathroom for these staff.

I. Administrative and Counseling Space

1. A provider shall provide a space that is distinct from children's living areas to serve as an administrative office for records, secretarial work and bookkeeping.

2. A provider shall have a designated space to allow private discussions and counseling sessions between individual children and staff.

J. Furnishings

1. A provider shall have comfortable customary furniture as appropriate for all living areas. Furniture for the use of children shall be appropriately designed to suit the size and capabilities of these children.

2. A provider shall replace or repair broken, run-down or defective furnishings and equipment promptly.

K. Doors and Windows

1. A provider shall provide insect screening for all windows that can be opened. This screening shall be readily removable in emergencies and shall be in good repair.

2. A provider shall ensure that all closets, bedrooms and bathrooms with doors can be readily opened from both sides.

L. Storage

1. A provider shall ensure that there are sufficient and appropriate storage facilities.

2. A 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. A provider shall ensure that all electrical equipment, wiring, switches, sockets and outlets are maintained in good order and safe condition.

2. A provider shall ensure that any room, corridor or stairway within a facility shall be well lit.

3. A provider shall ensure that exterior areas are well lit at night.

N. Heat

1. A 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 children.

2. A provider shall not use open flame heating equipment.

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§1921. Emergency and Safety

A. Emergency and Safety Plan. A provider shall have a written overall plan of emergency and safety procedures that shall provide for the following:

1. the evacuation of children to safe or sheltered areas;

2. training of staff and, as appropriate, children in preventing, reporting and responding to fires and other emergencies;

3. an on-going safety program including continuous inspection of the facility for possible hazards, continuous monitoring of safety equipment and investigation of all accidents or emergencies;

4. training of personnel in their emergency duties and the use of any fire fighting or other emergency equipment in their immediate work areas.

B. Drills

1. A provider shall conduct fire drills once per month, one drill per shift every 90 days, at varying times of the day.

2. A provider shall make every effort to ensure that staff and children recognize the nature and importance of fire drills.

C. Notification of Emergencies. A provider shall immediately notify the Bureau of Licensing and other appropriate agencies of any fire, disaster or other emergency that may present a danger to children or require their evacuation from the facility.

D. Access to Emergency Services

1. A provider shall have access to 24-hour telephone service.

2. The provider shall either post telephone numbers of emergency services, including the fire department, police department, medical services, poison control and ambulance services or show evidence of an alternate means of immediate access to these services.

E. General Safety Practices

1. A provider shall not maintain any firearm or chemical weapon in the living units of the facility.

2. A 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 children, staff and visitors.

3. A provider shall ensure that an appropriately equipped first aid kit is available in the living units and in all vehicles used to transport children.

4. A provider shall prohibit the use of candles in sleeping areas of the children.

5. Power-driven equipment used by a provider shall be safe, and properly maintained. Such equipment shall be used by children only under the direct supervision of a staff member and according to state law.

6. A provider shall have procedures to prevent insect and rodent infestation.

7. A provider shall allow children to swim only in areas determined to be safe and under the supervision of a person certified/trained in American Red Cross Community Water Safety or equivalent.

F. Transportation

1. The provider shall ensure that each child is provided with the transportation necessary for implementation of the child's treatment plan.

2. The provider shall have means of transporting children in cases of emergency.

3. The provider shall ensure and document that any vehicle used in transporting children, 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. Any staff member of the provider, or other person acting on behalf of the provider, operating a vehicle for the purpose of transporting children shall be currently licensed.

5. The provider shall not allow the number of persons in any vehicle used to transport children to exceed the number of available seats in the vehicle. The provider shall not transport children in the back or the bed of a truck.

6. The provider shall ensure that children being transported in the vehicle are properly supervised while in the vehicle and during the trip.

7. All vehicles used for the transportation of children shall be maintained in a safe condition and in conformity with all applicable motor vehicle laws.

8. Vehicles used to transport children shall not be identified in a manner that may embarrass or in any way produce notoriety for children.

9. The provider shall ascertain the nature of any need or problem of a child 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 of any vehicle transporting children.

10. The following additional arrangements are required for a provider serving handicapped, nonambulatory children:

a. a ramp device to permit entry and exit of a child from the vehicle shall be provided for all vehicles except automobiles normally used to transport physically handicapped children. A mechanical lift may be utilized if a ramp is also available in case of emergency;

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.

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§1923. Therapeutic Wilderness Program

A. The Therapeutic Wilderness Program shall meet all of the following standards in addition to the core requirements except §§1919 and 1921 (Physical Environment and Emergency and Safety) and any specific exceptions as noted in the module.

B. Staff Qualifications

1. Administrator

a. The administrator shall be selected by the board of directors and shall be accountable to the board of directors for satisfactory performance of duties.

b. The administrator shall be a graduate of a four-year college or university and shall hold at least a bachelor's degree in a human service field.

c. The administrator shall have at least 10 years' verifiable experience in the field of human services.

d. The administrator shall have responsibility for oversight and accountability for the overall program.

2. Director

a. The director shall answer to the administrator for satisfactory performance of duties.

b. The director shall hold at least a bachelor's degree in a human service field.

c. The director shall have at least five years' verifiable experience in a human services field or at least three years' progressively responsible experience in a program for at-risk or troubled youth and in the area of therapeutic wilderness programs.

3. Treatment Plan Manager

a. The treatment plan manager shall be licensed/certified in one of the following fields:

i. medicine;

ii. psychology;

iii. psychiatry;

iv. social work;

v. professional counseling.

b. The treatment plan manager shall have at least three years' experience in the field of therapeutic programming.

C. Administrative Area

1. There shall be permanent buildings including, but not limited to the following:

a. an administrative area with adequate space for administrative staff, counseling staff, clerical staff, supplies, equipment and records;

b. infirmary space that is separate, private, accessible to a bathroom, equipped with adequate beds, medication storage and supplies. This space shall be used for medical purposes only;

c. laundry space supplied with hot and cold running water under pressure, washers, dryers and supplies. The use of commercial equipment is recommended. If household equipment is used, there shall be a ratio of one washer and dryer for every 15 children. Laundry service may be contracted from a commercial service;

d. an indoor food service and dining area, that meets the requirements of the Office of Public Health, Sanitarian Services. This shall include appropriate food storage areas;

e. a shower or bathing area designed to provide adequate hot water and showers. Separate shower facilities shall be provided for co-ed facilities. All showers or bathing facilities shall meet Office of Public Health, Sanitarian Services requirements;

f. adequate toilet and hand washing facilities. All toilets and hand washing facilities shall meet Office of Public Health, Sanitarian Services requirements;

g. adequate indoor space and supplies for the educational program to meet the needs of the children when the wilderness program is conducted during regular school months/hours. Rooms shall provide at least 25 square feet of floor space per child and be equipped with chairs, tables/desks to accommodate the educational component of the program;

h. adequate storage space for equipment, recreational supplies, off-season clothing and bedding, tools and other supplies:

i. if hazardous materials are stored, the area of storage shall be locked to prevent access by children;

ii. children's personal belongings that require storage shall be inventoried and placed under lock until discharge;

i. adequate space for children to seek shelter during hazardous weather conditions or emergencies. Buildings used for sleeping during adverse weather shall contain at least 35 square feet per child and be maintained at a comfortable temperature.

2. All permanent buildings shall be adequately maintained to provide for the safety and well-being of the children.

3. All areas shall be free of debris, noxious plants and uncontrolled weeds and brush.

4. All walkways and heavily traveled common areas shall be safe and adequately maintained.

5. Adequate lighting for walkways shall be provided after dark.

6. Areas shall be selected that prevent offensive conditions, safety hazards and provide adequate drainage.

D. Campsites. Campsites may consist of tents, tepees, cabins, wagon trains, or other nonpermanent structures.

1. Campsites shall be separated from the central administrative areas by a maximum of 1.25 miles if the children walk back and forth to the administrative areas. Vehicle transportation shall be provided if the campsite is located over 1.25 miles from the administrative areas.

2. Sleeping areas shall be:

a. structurally sound, sanitary, in good repair and provide protection against insects and the elements;

b. constructed of durable, flame-resistant, waterproof material, whether it is tents, tepees, wagons, etc.;

c. all tents or tepees used in residential campsites shall be on a raised platform and constructed to prevent the entrance of ground and surface water;

d. the sleeping area shall be protected by screening or netting against admittance of flies and mosquitoes;

e. the area shall provide for cross-ventilation;

f. males and females shall not sleep in the same sleeping unit;

g. same sex counselors are permitted to sleep in housing with children;

h. each temporary sleeping unit shall be limited to no more than 12 persons;

i. all heating equipment shall be maintained and operated in a safe manner to eliminate the possibility of fire and meet requirements of the State Fire Marshal, Code Enforcement and Building Safety;

j. there shall be adequate storage space for each child's personal belongings.

3. Bedding

a. Separate suitable beds shall be provided for each child.

b. All bedding shall be clean and sanitary.

c. Waterproof coverings, in good repair, shall be on all mattresses/pads.

d. All mattresses shall be covered by a protective mattress cover or pad.

e. Linens shall be changed as often as necessary for cleanliness and sanitation, but not less than weekly.

f. There shall be at least 6 feet between heads of sleepers.

g. There shall be at least 36 inches between sides of beds.

h. Triple bunk beds shall not be used.

i. If bunk beds are used, the top bunk shall have sufficient clearance between the bunk and the ceiling to allow the child to sit up in bed.

j. If sleeping bags are used, they shall:

i. be placed on a mattress or a plastic-covered foam rubber pad;

ii. be flame resistant;

iii. be cleaned monthly or as often as necessary to maintain sanitary conditions;

iv. be of sufficient weight and construction to maintain children's comfort in the climate and conditions in which the sleeping bag is used, according to manufacturer's label.

k. Sleeping bags shall be aired every five days.

l. If sleeping bags are used, each child shall be provided with his/her own bag that shall be given to the child upon discharge.

4. Cooking and Eating Areas in Campsite

a. All meals at campsite shall be coordinated with all meals for the day so as to meet the daily nutritional needs of the children as outlined by the Food Nutrition Board of the National Research Council.

b. The eating area shall have flooring that is constructed to prevent the entrance of ground/surface water.

c. The eating and cooking area shall have a covering sufficient to protect against rain and the elements.

d. A table and benches are required for the eating area.

e. The cooking area shall be located so that ground and surface water cannot accumulate or enter.

f. The working area shall have adequate sanitary storage area for cooking utensils, food and cleaning supplies. Cleaning supplies shall be stored separately from food.

g. There shall be appropriate materials for handling hot cookware and for cleaning all cooking and eating utensils.

h. Appropriate cookware and dining utensils for the preparation and consumption of food shall be provided to meet the needs of the children.

i. There shall be a sanitary surface area for food preparation.

j. Proper food sanitation practices shall be written and posted in the cooking area.

5. Toilet facilities shall be provided and shall:

a. include privies, water closets, latrines, chemical toilets, etc.;

b. be in compliance with Office of Public Health, Sanitarian Services requirements and constructed, located and maintained so as to prevent any nuisance or public health hazard;

c. have toilet tissue at each toilet seat at all times;

d. have soap, towels and clean water for purposes of hand washing;

e. allow for individual privacy unless children in care require assistance;

f. be separate in co-ed facilities;

g. be well lit and ventilated;

h. be kept clean and sanitary.

6. A sheltered area, with adequate lighting, shall be provided for personal and recreational activities for the residents. The eating area may serve in this capacity.

7. A personal hygiene area shall be provided with an adequate supply of clean water, soap and towels. Wash basins may be used.

8. An appropriate storage area for tools shall be provided. Tools posing a threat to safety shall be kept in a locked area.

9. A bulletin board shall be erected at each campsite.

10. A fire safety station with adequate fire extinguishers, sand, water, shovels, signaling devices and posted procedures shall be maintained at each campsite within easy access of each tent, tepee or other sleeping area and food preparation area.

11. There shall be potable water at each campsite. The supply shall be adequate for hand washing, cooking and drinking.

12. An emergency access road shall be constructed to each campsite.

13. Durable trash and garbage containers of adequate size with tight fitting lids shall be provided at each campsite.

14. Counselors' sleeping areas shall be located so that no child's sleeping area will be out of calling range.

15. A well equipped Red Cross standard or equivalent first aid kit shall be maintained with each group.

E. Activity and Equipment Requirements

1. The provider shall assure that all equipment used in the program is appropriate for its purposes and is properly maintained.

a. All sports and outdoor equipment used in the program shall be selected on the basis of safety factors and shall be regularly checked or tested to ensure that it is up to the provider's standards that comply at a minimum with applicable national standards for the equipment in use. Materials or equipment that do not meet the standards shall be repaired or discarded promptly, as appropriate.

b. When participants or personnel wish to or are asked to provide their own equipment, the provider shall require that such equipment meet the required standards or provide appropriate equipment as a substitute.

c. The use of chainsaws by clients is prohibited.

d. All firearms are prohibited.

2. A provider engaging in any of the following activities shall do so with appropriate regard for associated safety and technical requirements:

a. initiative and problem solving activities;

b. orienting;

c. hiking or backpacking;

d. camping;

e. group expeditions;

f. community service;

g. environmental projects;

h. running;

i. bicycle touring;

j. remote travel;

k. flat water canoeing or flat water rafting;

l. sailing;

m. ropes courses, climbing towers and artificial wall climbing;

n. other activities with a limited degree of perceived or actual risk for which its staff are appropriately prepared and trained.

3. Prior to initiation of an activity:

a. staff are familiarized with the terrain site or waterways that are to be utilized and have direct experience and up-to-date information about the conditions that are likely to be encountered;

b. participants are provided with complete information about boundaries of the activity, rendezvous times and places and emergency procedures.

4. Terrain, water temperature and other environmental conditions involved in an activity are determined to be appropriate to the skill levels in the group and to contain no unusual hazards or threats.

5. When the activity involves travel or movement such as hiking, running, climbing, canoeing, bicycle touring or similar pursuits, participants are instructed in proper techniques, pacing, need for fluids and sunscreen, appropriate footwear and equipment and potential hazards that should be anticipated.

6. The pace set in a group shall be related to the capacities of the least able or fit member of the group, take into account previous illness or injury and be designed to prevent the occurrence of accidents or illness.

7. Repair kits for equipment used, location devices and reflectors for any dusk or nighttime activity and other protective gear or equipment are provided as appropriate to the activity involved. Personal flotation devices (Type III) shall be worn at all times when on the water.

8. There shall be clear guidelines for the use of fire and governing the uses and storage of any potentially hazardous material or equipment such as propane, axes, knives, etc. in which personnel and participants are trained.

9. Techniques and skills needed for an activity shall be taught progressively. Less skilled participants shall be appropriately supported and supervised. No groups shall travel or engage in an activity without supervision with the exception of planned, unaccompanied activities that are part of the program design.

10. Ropes courses, alpine or climbing towers and artificial wall climbing program components shall meet the following requirements:

a. the facilities and equipment used in the program shall be constructed by or under the supervision of recognized experts in the field;

b. staff shall have been trained by recognized experts in the field and have working knowledge of ropes course and climbing equipment elements, technology and construction and accepted standard usage and inspection of same;

c. there shall be appropriate inspection and safety procedures in place and implemented.

F. Health and Safety

1. General Health Practices

a. The provider shall ensure that each child has a health examination, performed prior to participation in program activities, by a licensed physician that documents:

i. the child can perform each type of adventure activity that he/she will be asked to do;

ii. receipt of a tetanus shot;

iii. notation of asthma, allergies/dietary needs; and

iv. notation of whether the child is on medication that would require the child to avoid the sun/to take other special precautions.

b. The provider shall develop and give to each staff member a written policy for emergency procedures.

2. Emergency and Safety Procedures

a. The provider shall develop and maintain on file a written list of all activities in which children will participate.

b. The provider shall have a written plan for each activity. This plan shall include the following:

i. a description of the activity;

ii. staff requirements;

iii. children's requirements for participation;

iv. equipment necessary for the activity;

v. safety equipment;

vi. emergency and evacuation procedures;

vii. location for activity;

viii. a written plan for search and rescue procedures.

c. The provider shall have a written plan for fire safety and other emergencies that includes the following:

i. provisions for training all staff in fire safety procedures and in the use of equipment and techniques for fighting small fires. Such training shall be documented;

ii. name(s), address(es) and telephone number(s) of local rescue squads, law enforcement agencies and hospitals and guidelines for when and how to contact them.

d. The provider shall develop a method of recording all fires, accidents and other emergencies.

e. The provider shall maintain operable fire extinguishers in each building and at each camp site.

f. Staff safety training requirements:

i. the provider shall ensure that all staff involved in wilderness activities are certified in first aid and cardiopulmonary resuscitation (CPR);

ii. no employee or other individual may be left alone with a child or group of children unless that employee or individual has been certified in CPR and first aid;

iii. for each activity, at least one staff member who is present shall be certified or has had at least one year's experience in the adventure activity for which he or she will be supervising children;

iv. for all water activities, at least one staff is present who is certified in emergency water safety and life saving techniques.

g. The provider shall have a safety review committee or another similar mechanism to include in-house technical and supervisory personnel, that meets monthly, who will conduct ongoing safety reviews, evaluations of all accidents, incidents or patterns of incidents and identify health and safety issues. Documentation of corrective action implemented by the committee addressing health and safety issues identified shall be maintained by the facility. The committee shall establish specific rules and procedures governing the safety of each activity including, but not limited to, outdoor hiking, horseback riding, ropes courses, canoeing and any other adventure/sports/recreation activity in which children participate. The rules and procedures for each type of activity shall be reviewed and approved by a professional in that area to ensure that appropriate safety measures are adopted and followed.

G. Service Program. The agency's overall program shall be designed to help the child develop behaviors, skills and knowledge required to function effectively in life situations through therapeutic adventure-based activities. The program will provide children with outdoor physical, environmental, educational, athletic or other challenging activities within a supportive and therapeutic environment. This will involve physical and psychological challenges that are designed to stimulate competence and personal growth, to expand individual capabilities, to develop self-confidence and insight, and to improve interpersonal skills and relationships.

H. Staff to Child Ratio. Section 1911.H.3.b. regarding child/staff ratio shall not apply to Wilderness Programs. The following standards shall apply.

1. The provider shall ensure that:

a. there are at least two staff persons present at all times (24 hours per day) with a group of two to 12 children;

b. if more than 12 children are involved, the provider shall maintain a one to six/staff to child ratio.

2. Only those staff members who are providing direct care and supervision of the children shall be counted in determining whether required child/staff ratio is met. These staff persons may be regular staff persons or adventure staff persons. Administrative staff are not counted in determining compliance with child/staff ratio unless a portion of their time is dedicated to direct care and there is documentation to support this.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1401-1426.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 24:2147 (November 1998), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2717 (December 2007).

§1925. Controlled Intensive Care Facility or Unit

A. Controlled Intensive Care Facilities or Units shall meet all core standards (§§1901-1921), unless specifically replaced or revised, plus the standards as stipulated in this module.

B. Orientation

1. All direct care staff shall receive 40 hours of orientation/training prior to being independently assigned to a particular job. In addition to the topics listed under §1911.E.1, the following topics must be covered:

a. interpersonal relationships;

b. communication skills;

c. child growth and development;

d. social/cultural lifestyles of the population served;

e. procedures for use of time-out including controlled time-out; and

f. procedures for use of locked doors and gates, if allowed.

2. All clerical and support staff, who have minimum contact with residents, shall receive at least 16 hours of orientation/training in topics other than specific job responsibilities, during the first two weeks of employment. At a minimum this orientation/training must cover the following:

a. security procedures;

b. emergency and safety procedure including medical emergencies;

c. the provider's philosophy, organization, program, practices and goals;

d. detecting and reporting suspected abuse and neglect;

e. reporting critical incidents;

f. interpersonal relationships;

g. children's rights; and

h. social/cultural lifestyles of the population served.

3. All volunteers shall receive orientation, prior to beginning work, as listed for clerical staff.

4. All staff with supervisory authority over direct care staff or who have routine contact with residents shall receive orientation/training as listed for direct care staff.

C. Annual Training

1. All supervisory and direct care staff shall receive at least 40 hours of training, in addition to the orientation training, during the first year of employment.

2. All supervisory and direct care staff shall receive at least 40 hours of training each year of employment.

3. All clerical and support staff shall receive at least 16 hours of training each year of employment.

D. Staffing Requirements. Section 1911.H.3 of the core standards shall be replaced with the following for this module.

1. A Controlled Intensive Care Facility or Unit shall have an adequate number of qualified direct care staff on duty and with the children at all times to ensure the health, safety and well being of children and to carry out all treatment plans.

2. The provider shall maintain a direct care staff to children ratio of at least 1:2 when children are present and awake and a staff to children ratio of at least 1:3 when children are present and asleep.

3. Direct care staff shall always be awake while on duty.

4. In addition to required direct care staff, at least one supervisory staff person shall be on call in case of emergency.

5. Any deviation from the staffing ratios as required by this section may only be made as agreed upon by the placing/funding agency and the provider. A provider may not deviate from the required staffing ratio for any placement made by anyone, or any agency, other than an agency of the state of Louisiana. The procedure for an agreement is as follows.

a. The agreement shall be based upon the needs of the children being placed in the facility.

b. A copy of the agreement, signed by both the placing/funding agency and the provider must be on file and a copy mailed to the Bureau of Licensing.

c. The agreement must have an effective beginning date and an ending date. The ending date shall be for no longer than 12 months without a new agreement being signed.

d. An agreement may be canceled by either the placing/funding agency or provider by giving a two week written notice. A copy of this notice shall be mailed to the Bureau of Licensing.

E. Clothing

1. If a Controlled Intensive Care Facility or Unit requests, and is approved to provide uniforms or other clothing to residents, the following procedures must be followed.

a. All uniforms or clothing must be provided by the provider at no cost to the children, their family, the placing or the funding agency. This clothing must be neat, clean and of a type that would normally be worn in the community. Also, no individual child shall be required to wear any distinguishing type clothing or uniform for punishment or for any other negative reason.

b. To be approved to furnish uniforms or other clothing to residents, the provider must obtain a letter of approval from each state agency or court that places children in the facility. These letters of approval must state the type of uniform or clothing to be used and be submitted to the Bureau of Licensing.

c. If approval is granted, all residents, regardless of how or by whom admitted, shall be required to wear the uniform or clothing in accordance with approved treatment policies and procedures.

d. If approval is granted by the Bureau of Licensing, §1913.J.3 of the core standards shall not be enforced.

F. Intake Evaluation. Section 1915.B.1 of the core standards shall be replaced with the following for this module.

1. The Controlled Intensive Care Facility or Unit shall accept a child into care only when a current, comprehensive intake evaluation or assessment has been completed including health, family history, medical, social, psychological, and as appropriate, a developmental and vocational or educational assessment. This evaluation or assessment must have been completed or updated within the last six months. If the child has been hospitalized for treatment, a copy of the last hospitalization report must be provided. This evaluation shall contain evidence that a determination has been made that the child cannot be maintained in a less restrictive environment within the community.

2. An emergency placement of a child into a Controlled Intensive Care Facility or Unit may be made without current evaluations or assessments only as follows.

a. The placing/funding agency verifies that the child requires controlled intensive care.

b. The proper evaluations or assessments are made available to the provider within 15 days.

3. If the proper evaluations or assessments are not made available to the provider within 15 days, the child must be removed.

G. The Treatment Plan

1. Section 1917.A.4 of the core standards shall be revised to require the treatment plan manager to review and approve status reports of the successes and failures of a child at least every 30 days.

2. Section 1917.B.1 of the core standards shall be revised to require an initial treatment plan to be developed within 72 hours of admission. If a master plan is not developed within 15 days of admission, a review of the initial plan must be made at this time. A master plan shall be developed within 30 days of admission.

H. Time-out Procedures. In addition to §1917.K of the core standards concerning time-out procedures, the following shall be required for the use of controlled time-out.

1. If a child becomes uncontrollable and is a danger to her/himself or others he/she may be placed in controlled time-out. If a child is placed in controlled time-out, the procedures are as follows.

a. Controlled time-out may be for no longer than the time it takes for a child to reach a point where he/she is no longer a danger to her/himself or to others.

b. Controlled time-out shall be in increments of no more than 15 minutes each.

c. Direct care staff may not place a child in controlled time-out for more than the initial 15 minute time frame.

d. When direct care staff places a child in controlled time-out, the unit supervisor or case manager must be notified immediately.

e. If a second 15 minute time-out segment is needed, the unit supervisor or case manager must give approval.

f. The unit supervisor or case manager may only approve two additional time-out time frames [the third and fourth 15 minute period].

g. Any further use of controlled time-out must be approved by a licensed mental health professional.

2. Written reports must be prepared and signed by the individuals authorizing each 15 minute time frame of controlled time-out which gives the events that preceded the need for the use of controlled time-out; why there was a need for additional controlled time-out; how the child reacted to controlled time-out, etc.

3. The case or treatment plan manager must prepare an incident report which covers the events that preceded the initial controlled time-out, the progression of events throughout the entire controlled time-out period and the end result of the time-outs. It shall also give any recommendations that may be deemed necessary to prevent the need for repeated use of controlled time-outs for the individual child or the need for changes in the child's individual treatment plan. This report shall be submitted to the administrator of the agency.

4. The door to the controlled time-out room may only be physically held closed by staff so that the child cannot exit the room.

5. The door to the controlled time-out room shall have a view panel that allows staff to observe the child at all times and staff shall keep the child in continuous sight the entire time that he/she is in the room.

6. The room used for controlled time-out shall have at least 60 square feet of floor space and shall have no furniture, obstructions, projections or other devices that could be used as a means to cause harm to the child or as a weapon against staff.

7. As soon as the child is under control and is no longer a threat of harm to him/herself or others, the door to the controlled time-out room must be released.

I. Exterior Space. In addition to §1919.A of the core standards concerning exterior space, the following shall be required if the Controlled Intensive Care Facility or Unit utilizes a security fence with locked gates.

1. The fence shall have a gathering area that is at least 50 feet away from the building.

2. The space shall be of sufficient size to allow for 15 square feet of space per each resident and staff that may be in the building.

3. The fence may not be equipped with razor wire.

4. All staff working in the controlled area must carry keys to the gate at all times.

J. Sleeping Accommodation. Section 1919.D.3 of the core standards shall be replaced with the following for this module.

1. A Controlled Intensive Care Facility or Unit shall not permit more than two children to occupy a designated bedroom space.

2. Any deviation to allow more than two children to occupy a designated bedroom space may only be made as agreed upon by the placing/funding agency and the provider. A provider may not deviate from

the required two children to a bedroom for any placement made by anyone, or any agency, other than an agency of the state of Louisiana. The procedure for an agreement is as follows.

a. The agreement shall be based upon the needs of the children placed in the facility.

b. A copy of the agreement, signed by both the placing/funding agency and the provider must be on file and a copy mailed to the Bureau of Licensing.

c. The agreement must have an effective beginning date and an ending date. The ending date shall be for no longer than 12 months without a new agreement being signed.

d. An agreement may be canceled by either the placing/funding agency or provider by giving a two week written notice. A copy of this notice shall be mailed to the Bureau of Licensing.

3. Doors to individual bedrooms shall not be equipped with locks or any other device that would prohibit the door from being opened from either side.

K. Interior Space

1. Doors leading into a facility or unit may be locked only in the direction of ingress.

2. Doors in the line of egress shall not be locked.

3. Any deviation to allow the outermost doors in the line of egress to be locked may only be made after approval has been given by the Office of State Fire Marshal and as agreed upon by the placing/funding agency and the provider. A provider may not deviate from the requirement for unlocked egress doors for any placement made by anyone, or any agency, other than an agency of the state of Louisiana. The procedure for an agreement is as follows.

a. The agreement shall be based upon the needs of the children placed in the facility.

b. A copy of the agreement, signed by both the placing/funding agency and the provider must be on file and a copy mailed to the Bureau of Licensing.

c. The agreement must have an effective beginning date and an ending date. The ending date shall be for no longer than 12 months without a new agreement being signed.

d. An agreement may be canceled by either the placing/funding agency or provider by giving a 30 day written notice. A copy of this notice shall be mailed to the Bureau of Licensing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1401-1426.
HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 25:2458 (December 1999), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2720 (December 2007).

§1927. Core Requirements

A. Administration and Organization

1. General Requirements

a. A provider shall have a written policy on client civil rights. This policy shall give assurance that:

i. a client's civil rights are not abridged or abrogated solely as a result of placement in the provider's program;

ii. a client's civil rights are protected through accessibility of legal counsel;

iii. a client is not denied admission, segregated into programs or otherwise subjected to discrimination on the basis of race, religion or ethnic background.

b. A provider shall allow representatives of DHHR in the performance of their mandated duties to inspect all aspects of a program's functioning which impact on clients and to interview any staff member or client.

i. A provider shall make any information which the provider is required to have under the present requirements and any information reasonably related to assessment of compliance with these requirements available to DHHR. The client's rights shall not be considered abridged by this requirement.

c. A provider accepting any client who resides in another state shall comply with the terms of the Interstate Compact on Juveniles, the Interstate Compact on the Placement of Children, and the Interstate Compact on Mental Health.

2. Other Jurisdictional Approvals

a. The provider shall show appropriate evidence of compliance with any relevant standards, regulations, and requirements established by federal, state, local, and municipal regulatory bodies including:

i. the Division of Licensing and Certification;

ii. the Office of Preventive and Public Health Services;

iii. the Office of State Fire Marshal;

iv. the city fire marshal's office, if applicable;

v. the applicable local governing authority;

vi. fiscal and program review agencies within DHHR;

vii. the Department of Education, if applicable.

3. Governing Body

a. A provider shall have an identifiable governing body with responsibility for and authority over the policies and activities of the provider.

i. A provider shall have documents identifying all members of the governing body; their addresses; their terms of membership, if applicable; officers of the governing body, if applicable; and terms of office of all officers, if applicable.

ii. 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.

iii. 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 by-laws specifying frequency of meetings and quorum requirements.

4. Responsibilities of a Governing Body

a. The governing body of a provider shall:

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

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

iii. ensure that the provider is adequately funded and fiscally sound;

iv. review and approve the provider's annual budget;

v. ensure the review and approval of an annual external audit;

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

vii. designate a person to act as chief administrator and delegate sufficient authority to this person to manage the provider;

viii. formulate and annually review, in consultation with the chief administrator, written policies concerning the provider's philosophy, goals, current services, personnel practices, and fiscal management;

ix. annually evaluate the chief administrator's performance;

x. have the authority to dismiss the chief administrator;

xi. meet with designated representatives of DHHR whenever required to do so;

xii. inform designated representatives of DHHR prior to initiating any substantial changes in the program, services or physical plant of the provider.

5. Accessibility of Executive

a. The chief administrator or a person authorized to act on behalf of the chief administrator shall be accessible to provider staff or designated representatives of DHHR at all times.

6. Documentation of Authority to Operate

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

i. A privately owned provider shall have documents identifying the names and addresses of owners.

ii. 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, articles of association, or by-laws.

7. Statement of Philosophy

a. A provider shall have a written statement describing its philosophy and describing both long-term and short-term goals.

8. Program Description

a. A provider shall have a written program plan describing the services and programs offered by the provider.

9. Accounting and Recordkeeping

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

b. A provider shall demonstrate fiscal accountability through regular recording of its finances and an annual external audit.

c. A provider shall not permit funds to be paid, or committed to be paid, to any person to which any of the members of the governing body, administrative personnel, or members of the immediate families or members of the governing body or administrative personnel have any direct or indirect financial interest, or in which any of these persons serve as an officer or employee, unless the services or goods involved are provided at a competitive cost or under terms favorable to the provider. The provider shall have a written disclosure of any financial transaction with the facility in which a member of the governing body administrative personnel, or his/ her immediate family is involved.

d. A 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.

e. All records shall be maintained in an accessible, standardized order and to at and shall be retained and disposed of according to state laws.

f. A provider shall have sufficient space, facilities, and supplies for providing effective recordkeeping services.

10. Confidentiality and Security of Files

a. A provider shall have written procedures for the maintenance and security of records specifying who shall supervise the maintenance of records, who shall have custody of records, and to whom records may be released. Records shall be the property of the provider, and the provider as custodian, shall secure records against loss, tampering or unauthorized use.

b. A provider shall maintain the confidentiality of all clients' case records. Employees of the provider shall not disclose or knowingly permit the disclosure of any information concerning the client or his/her family, directly or indirectly, to any unauthorized person.

c. When the client is of majority age and noninterdicted, a provider shall obtain the client's written, informed permission prior to releasing any information from which the client or his/her family might be identified, except for authorized state and federal agencies and another provider with professional interest in the client.

d. When the client is a minor or is interdicted, the provider shall obtain written, informed consent from the parent(s), tutor, or curator prior to releasing any information from which the client might be identified except for authorized state and federal agencies and another provider with professional interest in the client.

e. A provider shall, upon request, make available information in the case record to the client, the legally responsible person, or legal counsel of the client. If, in the professional judgment of the administration of the provider, it is felt that information contained in the record would be damaging to a client, that information may be withheld from the client except under court order.

f. A provider may use material from case records for teaching or research purposes, development of the governing body's understanding and knowledge of the provider's services, or similar educational purposes, provided that names are deleted and other identifying information is disguised or deleted.

g. Client records shall be retained in accordance with state and/ or federal regulations.

11. Administrative File

a. A provider shall have an administrative file including:

i. documents identifying the governing body;

ii. list of members and officers of the governing body and their addresses and terms of membership, if applicable;

iii. by-laws of the governing body and minutes of formal meetings, if applicable;

iv. documentation of the provider's authority to operate under state law;

v. organizational chart of the provider;

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

vii. insurance policies;

viii. annual budgets and audit reports;

ix. master list of all providers used by the provider.

12. Client's Case Record

a. A provider shall have a written record for each client which shall include administrative, treatment, and educational data from the time of admission until the time the client leaves the provider. A client's case record shall include:

i. the name, sex, race, religion, birthdate and birthplace of the client;

ii. other indentification data including court status, legal status, who is authorized to give consents;

iii. client's history including, where applicable, family data, educational background, employment record, prior medical history, and prior placement history;

iv. a copy of the client's individual service plan and any modifications thereto and an appropriate summary to guide and assist direct service workers in implementing the client's program;

v. the findings made in periodic reviews of the plan, including a summary of the successes and failures of the client's program and recommendations for any modifications deemed necessary;

vi. quarterly status reports;

vii. a copy of the aftercare plan and any modifications thereto, and a summary of the steps that have been taken to implement that plan;

viii. when restraint in any form other than passive physical restraint has been used, a signed order for each use of restraint issued by a qualified professional prior to such use;

ix. critical incident reports;

x. reports of any client grievances and the conclusions or disposition of these reports;

xi. a summary of family visits and contacts;

xii. a summary of attendance and leaves from the provider.

13. Medical and Dental Records

a. A provider shall maintain complete health records of a client including: A complete record of all immunizations provided; a record of any medication; records of vision, physical, or dental examinations; and a complete record of any treatment provided for specific illness or medical emergencies.

i. Upon discharge, a provider shall provide a summary of the client's health record to the person or agency responsible for the future planning and care of the client.

b. A provider shall make every effort to compile a complete past medical history on every client. This history shall, whenever possible, include:

i. allergies to medication;

ii. immunization history;

iii. history or serious illness, serious injury or major surgery;

iv. developmental history;

v. current use of prescribed medication;

vi. current use of alcohol or non-prescribed drugs;

vii. medical history.

14. Personnel File

a. A provider shall have a personnel file for each employee which shall contain:

i. the application for employment and/or résumé;

ii. reference letters from former employer(s) and personal references or phone notes on such references;

iii. any required medical examinations;

iv. evidence of applicable professional credentials/certifications according to state law;

v. annual performance evaluations;

vi. personnel actions, other appropriate materials, reports, and notes relating to the individual's employment with the facility;

vii. employee's starting and termination dates;

viii. the staff member 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.

b. A provider shall retain the personnel file of an employee for at least three years after the employee's termination of employment.

15. Fund Raising and Publicity

a. A provider shall have a policy regarding participation of clients in activities related to fundraising and publicity.

i. Consent of the client and, where appropriate, the legally responsible person shall be obtained prior to participation in such activities.

b. A provider shall have written policies and procedures regarding the photographing and audio or audio-visual recordings of clients.

i. The written consent of the client and, where appropriate, the legally responsible person shall be obtained before the client is photographed or recorded for research or program publicity purposes.

ii. All photographs and recordings shall be used in a manner which respects the dignity and confidentiality of the client.

16. Research

a. A provider shall have written policies regarding the participation of clients in research projects. These policies shall conform to the National Institute of Mental Health Standards on Protection of Human Subjects.

17. Representation at Hearings

a. A provider shall, when allowed by law, have a representative present at all judicial, educational, or administrative hearings which address the status of a client in care of the provider.

B. Human Resources

1. Staff Plan

a. A provider shall have a written plan for recruitment, screening, orientation, ongoing training, development, supervision, and performance evaluation of staff members.

2. Recruitment

a. A provider shall employ qualified people of both sexes representative of the racial groups served by the provider.

3. Screening

a. A provider's screening procedures shall address the prospective employee's qualifications, ability, related experience, health, character, emotional stability and social skills as related to the appropriate job description.

b. Prior to employing any person and upon obtaining assigned release and the names of the references from the potential employee, a provider shall obtain written references or phone notes on oral references from three persons.

4. Orientation

a. A provider's orientation program shall provide training for new employees to acquaint them with the philosophy, organization, program, practices, and goals of the facility and shall include instruction in safety and emergency procedures and in the specific responsibilities of the employee's job.

5. Training

a. A provider shall ensure that each direct service worker participates in in-service training each year. Orientation training and activities related to routine supervision of employee's tasks shall not be considered for the purposes of this requirement.

b. A provider shall document that all employees receive training on an annual basis in emergency and safety procedures; the principles and practices of client care; the provider's administrative procedures and programmatic goals; client rights; and procedures and legal requirements concerning the reporting of abuse and critical incidents.

i. Direct service workers shall, in addition, receive training in acceptable behavior management techniques, crisis management and passive physical restraint.

c. A provider shall ensure the immediate accessibility of appropriate first aid supplies in the living units of the provider.

6. Evaluation

a. A provider shall undertake an annual performance evaluation of all staff members.

i. For any person who interacts with clients, a provider's performance evaluation procedures shall address the quality and nature of a staff member's relationship with clients.

7. Personnel Practices

a. A provider shall have written personnel policies and written job descriptions for each staff position.

b. A provider shall have a written employee grievance procedure.

8. Number and Qualifications of Staff

a. A provider shall employ a sufficient number of qualified staff and delegate sufficient authority to such staff to ensure that the responsibilities the provider undertakes are carried out and to adequately perform the following functions:

i. administrative functions;

ii. fiscal functions;

iii. clerical functions;

iv. housekeeping, maintenance, and food service functions;

v. direct client service functions;

vi. supervisory functions;

vii. recordkeeping and reporting functions;

viii. social service functions;

ix. ancillary service functions.

b. A provider shall ensure that all staff members are properly certified and/or licensed as legally required.

c. A provider shall ensure that an adequate number of qualified direct service staff are present with the clients as necessary to ensure the health, safety, and well-being of clients. Staff coverage shall be maintained in consideration of the time of day, the size and nature of the provider and the ages and needs of the clients. Adequate number is determined by the level of care procedure and form.

d. A provider shall not knowingly hire, or continue to employ, any person whose health, educational achievement, emotional or psychological makeup impairs his/her ability to properly protect the health and safety of the clients or is such that it would endanger the physical or psychological well-being of the clients. This requirement is not to be interpreted to exclude continued employment in other than direct service capacities of persons undergoing temporary medical or emotional problems.

9. External Professional Services

a. A provider shall obtain any required professional services not available from employees of the provider and shall have documentation of access to such services either in the form of a written agreement with an appropriately qualified professional or written agreements with the state for required resources.

10. Volunteers/Students Interns

a. A provider which utilizes volunteers or student interns on a regular basis, shall have a written plan for using such resources. This plan shall be given to all volunteers and interns. The plan shall indicate that all volunteers and interns shall:

i. be directly supervised by a paid staff member;

ii. be oriented and trained in the philosophy of the facility and the needs of clients, and methods of meeting those needs;

iii. be subject to character and reference checks similar to those performed for employment applicants upon obtaining a signed release and the names of the references from the potential volunteer/intern student;

iv. be aware of and be briefed on any special needs or problems of clients.

11. Staff Communications

a. A provider shall establish procedures to assure adequate communication among the staff to provide continuity of services to the client. This system of communication shall include:

i. a regular review of individual and aggregate problems of clients including actions taken to resolve these problems;

ii. sharing of daily information noting unusual circumstances and other information requiring continued action by staff;

iii. records maintained of all accidents, personal injuries, and pertinent incidents related to implementation of client's individual service plans.

b. Any employee of a provider working directly with clients in care shall have access to information from clients case records that is necessary for effective performance of the employee's assigned tasks.

c. A provider shall establish procedures which facilitate participation and feedback by staff members in policy-making, planning, and program development for clients.

C. Quality of Life

1. Family Involvement

a. A provider shall have a written description of strategies used by the provider's program to foster ongoing positive communications and contact between clients and their families, their friends, and others significant in their lives.

b. A provider shall have evidence that the client's family and, where appropriate, the legally responsible person have been informed of:

i. the philosophy and goals of the provider;

ii. behavior management and disciplinary practices of the provider;

iii. the provider's arrangements for clients' participation in religious observances;

iv. any specific treatment or treatment strategy employed by the provider to be implemented for a particular client;

v. visiting hours, visiting rules and procedures, arrangements for home visits, and procedures for communicating with clients by mail or telephone;

vi. a procedure for registering complaints concerning the client's care or treatment;

vii. the name, telephone number, and address of a staff person who may be contacted by the legally responsible person to ask questions or register concerns on an ongoing basis.

2. Community Involvement

a. A provider shall have a written plan to foster participation by clients in normal community activities to the degree possible considering the individual client's level of functioning.

i. This plan shall include approaches to appropriately supervised contact between clients and members of the opposite sex, unless such contact is contraindicated by the individual client's service plan.

3. Communication and Visits

a. A provider shall have a written description of rules and procedures concerning:

i. telephone communication by clients;

ii. sending and receiving of mail by clients;

iii. visits to and from a client's family and friends.

4. Telephone Communication

a. A provider shall allow a client to receive and originate telephone calls subject only to reasonable rules and to any specific restrictions in the client's service plan.

b. Any restriction on telephone communication in a client's service plan must be formally approved by the prime worker and shall be reviewed every 30 days by the prime worker.

5. Mail

a. A provider shall allow clients to send and receive mail unopened and unread by staff unless contraindicated by the client's service plan and reviewed every 30 days by the prime worker.

b. A provider shall ensure that clients have access to all materials necessary for writing and sending letters and shall, when necessary ensure that clients who wish to correspond with others are given any required assistance.

6. Visits

a. A provider shall allow a client to visit or be visited by family and friends subject only to reasonable rules and to any specific restrictions in the client's service plan.

i. Special restrictions shall be imposed only to prevent serious harm to the client. The reasons for any special restrictions shall be recorded in the client's service plan.

ii. Special restrictions must be reviewed every 30 days by the prime worker and, if restrictions are renewed, the reasons for renewal shall be recorded in the client's service plan.

7. Routines

a. A provider shall have a written set of daily routines for clients designed to provide for reasonable consistency and timeliness in daily activities, in the delivery of essential services to clients and in the provision of adequate periods of recreation, privacy, rest, and sleep.

8. Money and Personal Belongings

a. A provider shall permit and encourage a client to possess his/ her own money either by giving an allowance and/or by providing opportunities for paid work, unless otherwise indicated by the client's service plan and reviewed every 30 days by the prime worker.

i. Money earned, received as a gift, or received as allowance by a client shall be deemed to be that client's personal property.

ii. Limitations may be placed on the amount of money a client may possess or have unencumbered access to when such limitations are considered to be in the client's best interests and are duly recorded in the client's service plan.

iii. A provider shall, as appropriate to the client's age and abilities, provide training in budgeting, shopping, and money management.

b. A provider shall allow a client to bring his/her personal belongings to the program and to acquire belongings of his/her own in accordance with the client's service plan. However, the provider shall, as necessary, limit or supervise the use of these items while the client is in care. Where extraordinary limitations are imposed, the client shall be informed by staff of the reasons, and the decision and reasons shall be recorded in the client's case record. Reasonable provisions shall be made for the protection of the client's property.

9. Work

a. A provider shall have a written description of the provider's approach to involving client's in work including:

i. description of any unpaid tasks required of clients;

ii. description of any paid work assignments including the pay scales for such assignments;

iii. description of the provider's approach to supervising work assignments;

iv. assurance that the conditions and compensation of such work are in compliance with applicable state and federal laws.

b. A provider shall demonstrate that any client work assignments are designed to provide a constructive experience for clients and are not used as a means of performing vital provider functions at low cost.

i. All work assignments shall be in accordance with the client's service plan.

c. A provider shall assign as unpaid work for clients only housekeeping tasks similar to those performed in a normal community home.

d. When a client engages in off-grounds work, the provider shall document that:

i. such work is voluntary and in accordance with the client's service plan;

ii. the prime worker approves such work;

iii. such work is supervised by qualified personnel;

iv. the conditions and compensation of such work are in compliance with applicable state and federal laws;

v. such work does not conflict with the client's program.

10. Recreation

a. A provider shall have a written plan for ensuring that a range of indoor and outdoor recreational and leisure opportunities are provided for clients. Such opportunities shall be based on both the individual interests and needs of the clients and the composition of the living group.

b. A 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.

c. A provider which has recreation staff shall ensure that recreation staff are apprised of and, when appropriate, involved in the development and review of service plans.

11. Religion

a. A provider shall have a written description of its religious orientation, particular religious practices that are observed, and any religious restrictions on admission. This description shall be provided to the client; where appropriate, the legally responsible person; and the responsible agency.

i. Every client shall be permitted to attend religious service in accordance with his/her faith. The provider shall, whenever possible, arrange transportation and encourage participation by those clients who desire to participate in religious activities in the community.

ii. Clients shall not be forced to attend religious services.

b. When the client is a minor, the provider shall determine the wishes of the legally responsible person with regard to religious observance and instruction at the time of placement and shall make every effort to ensure that these wishes are carried out.

12. Clothing

a. A provider shall ensure that clients are provided with clean well-fitting clothing appropriate to the season and to the client's age, sex, and individual needs.

i. Clothing shall be maintained in good repair.

ii. All clothing provided to a client shall go with the client at discharge.

iii. Clothing shall belong to the individual client and not be shared in common.

13. Personal Care and Hygiene

a. A provider shall establish procedures to ensure that clients receive training in good habits of personal care, hygiene, and grooming appropriately to their age, sex, and race.

14. Food Services

a. A provider shall ensure that a client 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.

b. A person designated by the chief administrator shall be responsible for the total food service of the provider. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained.

i. The person responsible for food service shall: maintain a current list of clients with special nutritional needs; have an effective method of recording and transmitting diet orders and changes; record in the clients' medical records information relating to special nutritional needs; provide nutritional counseling to staff and clients; and manage and coordinate the resources of the dietary services to achieve effective, efficient, and sanitary production.

c. A provider shall ensure that a client is provided at least three meals or their equivalent daily at regular times with not more than 14 hours between the evening meal and breakfast of the following day. Meal times shall be comparable to those in a normal community home.

i. The provider shall ensure that the food provided to a client in care by the provider is in accord with his/her religious beliefs.

ii. A provider shall develop written menus at least one week in advance.

iii. Written menus and records of foods purchased shall be maintained on file for 30 days. Menus shall provide for a sufficient variety of foods and shall vary from week to week.

d. No client shall be denied a meal for any reason except according to a doctor's order.

i. No client shall be forced-fed or otherwise coerced to eat against his/her will except by order of a doctor.

e. When meals are provided to staff, a provider shall ensure that staff members eat substantially the same food served to clients in care, unless age differences or special dietary requirements dictate differences in diet.

f. A provider shall purchase and provide to clients only food and drink of safe quality and the storage, preparation, and serving techniques shall ensure that nutrients are retained and spoilage is prevented.

i. Milk and milk products shall be Grade A and pasteurized.

15. Health Care

a. A provider shall ensure the availability of a comprehensive program of preventive, routine, and emergency medical and dental care, as appropriate, for all clients. The provider shall have a written plan for providing such care. This plan shall include:

i. ongoing appraisal of the general health of each client;

ii. provision of health education, as appropriate;

iii. establishment of an ongoing immunization program;

iv. approaches that ensure that any medical treatment administered will be explained to the client in language suitable to his/her own age and understanding;

v. an ongoing relationship with a licensed physician and dentist to advise the provider concerning medical and dental care;

vi. availability of a physician on a 24-hour a day, seven days a week basis;

vii. the provider shall show evidence of access to the resources outlined in this plan.

b. A provider shall have access to psychiatric and psychological resources, on both an emergency and ongoing basis, as appropriate to the needs of the clients.

16. Medical Care

a. A provider shall arrange a general medical examination by a physician for each client within a week of admission unless the client has received such an examination within 30 days before admission and the results of this examination are available to the provider. This examination shall include:

i. an examination of the client for physical injury and disease;

ii. vision and hearing screening;

iii. a current assessment of the client's general health;

iv. whenever indicated, the client shall be referred to an appropriate medical specialist for either further assessment or treatment;

v. the provider shall arrange an annual physical examination of all clients.

b. A provider must ensure that a client receives timely, competent medical care, in keeping with community standards of medical practice when he/she is ill.

17. Immunizations

a. A provider, after attempting to determine client's immunization history, shall ensure that the client has received all immunizations and booster shots which are required by the Department of Health within 30 days of his/her admission.

18. Medications

a. A provider shall ensure that no medication is given to any client except in accordance with the written order of a physician.

i. There shall be no standing orders for prescription medications.

ii. All orders for prescribed drugs shall terminate after a period not to exceed 90 days.

iii. All orders for non-prescription drugs shall terminate after a period not to exceed one year.

b. The provider shall ensure that the prescribing physician is immediately informed of any side-effects observed by staff or any medication errors.

c. A provider using psychotropic medications on a regular basis shall have a written description of the use of psychotropic medications at the provider including:

i. a description of procedures to ensure that medications are used for therapeutic purposes and in accordance with accepted clinical practice;

ii. a description of procedures to ensure that medications are used only when there are demonstrable benefits to the client unobtainable through less restrictive measures;

iii. a description of procedures to ensure continual review of medication and discontinuation of medication when there are no demonstrable benefits to the client;

iv. a description of an ongoing program to counsel client's and, where appropriately, their families on the potential benefits and negative side-effects of medication and to involve clients and, where appropriate, their families in decisions concerning medication.

d. A provider shall ensure that medications are either self-administered or administered by qualified persons according to state law.

i. A medication shall not be administered to any client for whom the medication has not been ordered.

e. A provider shall ensure that medication is used for therapeutic and medical purposes only and are not administered in excessive dosages.

i. Medication shall not be used as a disciplinary measure, a convenience for staff, or as a substitute for adequate, appropriate programming.

19. Grievance Procedure for Clients

a. A provider shall have a written grievance procedure for clients designed to allow clients to make complaints without fear of retaliation.

i. The provider shall make every effort to ensure that all clients and their legally responsible person are aware of and understand the grievance procedure.

20. Abuse and Neglect

a. A provider shall have comprehensive, written procedures concerning client abuse including:

i. a description of ongoing communications strategies used by the provider to maintain staff awareness of abuse prevention, current definitions of abuse and neglect, reporting requirements and applicable laws;

ii. a procedure ensuring immediate reporting of any suspected incident to the chief administrator or his/her designee and mandating an initial written summary on the incident to the chief administrator or his/ her designee within 24 hours and a complete investigation report within 10 working days;

iii. a procedure for ensuring that the client is protected from potential harassment during the investigation;

iv. a procedure for disciplining staff members who abuse or neglect clients.

21. Reports on Critical Incidents

a. A provider shall have written procedures for the reporting and documentation of deaths of clients, injuries, fights, or physical confrontations, situations requiring the use of passive physical restraints, suspected incidents of abuse or neglect, unusual incidents and other situations or circumstances affecting the health, safety, or well-being of a client or clients.

i. Such procedures shall ensure timely verbal and written reports to the chief administrator.

b. When an incident involves abuse or neglect of a client, death of a client, or entails any serious threat to the client's health, safety, or wellbeing, a provider shall:

i. ensure immediate verbal reporting to the chief administrator or his/her designee and a preliminary written report within 24 hours of the incident;

ii. ensure immediate notification of designated representatives of DHHR or other appropriate authorities, according to state law;

iii. ensure immediate, documented attempts to notify the legally responsible person of the client;

iv. ensure immediate attempts to notify other involved agencies and parties, as appropriate;

v. ensure immediate notification of the appropriate law enforcement authority whenever warranted;

vi. ensure follow-up written reports to all appropriate persons and agencies.

D. Direct Service Management

1. Admission Policies

a. A provider shall have a written description of admissions policies and criteria which shall include the following information:

i. policies and procedures related to intake; the policies shall include, at least, due process procedures for admission of minor, determination before admission of appropriate legal status according to appropriate state laws;

ii. the age and sex of clients in care;

iii. the needs, problems, situations or patterns best addressed by the provider's program;

iv. any other criterion for admission;

v. criteria for discharge;

vi. any preplacement requirements on the client, the legally responsible person, DHHR, or other involved agencies;

vii. the provider shall, when applicable, have policies and procedures governing self-admission. Such policies and procedures shall include procedures for notification, as appropriate, of the legally responsible person;

viii. the written description of admissions policies and criteria shall be provided to DHHR and shall be available to the legally responsible person for any client referred for placement;

ix. procedures for ensuring that placement within the program is the least restrictive alternative appropriate to meet the client's needs.

b. A provider shall not refuse admission to any client on the grounds of race or ethnic origin.

c. A provider shall not admit more clients into care than the number specified on the provider's license.

d. A provider shall not accept any client for placement whose needs cannot be adequately met by the provider's program.

e. When refusing admission to a client, a provider shall provide a written statement of the reason for refusal of admission to the designated representative of DHHR.

f. A provider shall ensure that the client; where appropriate, the legally responsible person; and others, as appropriate, are provided reasonable opportunity to participate in the admission process and decisions. Proper consents shall be obtained before admission. Where such involvement of the legally responsible person is not possible, or not desirable, the reasons for their exclusion shall be recorded in the admission study.

2. Intake Evaluation

a. The provider shall accept a client into care only when a current comprehensive intake evaluation has been completed, including social, health, and family history; and, medical, social, psychological and, as appropriate, developmental or vocational or educational assessment. This evaluation shall contain evidence that a determination has been made that the client cannot be maintained in a less restrictive environment within the community.

b. In emergency situations necessitating immediate placement into care, the provider shall gather as much information as possible about the client to be admitted and the circumstances requiring placement; formalize this in an "emergency admission note" within two days of admission; and then proceed with an intake evaluation as quickly as possible. The intake evaluation shall be completed within 30 days of admission.

3. Clarification of Expectations to Client

a. The provider shall, consistent with the client's maturity and ability to understand, make clear its expectations and requirements for behavior, and provide the client referred for placement with an explanation of the provider's criteria for successful participation in and completion of the program.

4. Placement Agreement

a. The provider shall ensure that a written placement agreement is completed. A copy of the placement agreement signed by all parties involved in its formulation shall be kept in the client's record and a copy shall be available to DHHR, the client and, where appropriate, the legally responsible person.

b. A provider shall not admit any client into care whose presence will be seriously damaging to the ongoing functioning of the provider or to clients already in care.

c. The placement agreement shall be developed with the involvement of the client; where appropriate, the legally responsible person; and DHHR. Where the involvement of any of these parties is not feasible or desirable, the reasons for the exclusion shall be recorded. The placement agreement shall include, by reference or attachment, at least the following:

i. discussion of the client's and the family's expectations regarding: family contact and involvement; the nature and goals of care, including any specialized services to be provided; the religious orientation and practices of the client; and the anticipated discharge date and aftercare plan;

ii. a delineation of the respective roles and responsibilities of all agencies and persons involved with the client and his/her family;

iii. authorization to care for the client;

iv. authorization to obtain medical care for the client;

v. arrangements regarding visits, vacation, mail, gifts, and telephone calls;

vi. arrangements as to the nature and frequency of reports to, and meetings involving, the legally responsible person and referring agency;

vii. provision for notification of the legally responsible person in the event of unauthorized absence, illness, accident, or other significant event regarding the client.

d. The provider shall ensure that each client upon placement, is checked for illness, fever, rashes, bruises, and injury. The client shall be asked if he/she has any physical complaints. The results of this procedure shall be documented and kept in the client's record.

e. The provider shall assign a staff member to orient the client, and where available, the family to life at the provider.

5. Discharge and Aftercare

a. Prior to planned discharge of a client, the provider's staff shall formulate an aftercare plan specifying the supports and resources to be provided to the client. Aftercare plans are to be kept in the client's record.

i. Prior to discharge the provider's staff shall ensure that the client is aware of and understands his/her aftercare plan and the department's representatives shall be notified of the plans.

ii. When the client is being placed in another program following discharge, representatives of the staff shall, confer with representatives of that program prior to the client's discharge to share information concerning the client.

b. The provider shall have a written policy concerning unplanned discharge. This policy shall ensure that emergency discharges initiated by the provider take place only when the health and safety of a client or other clients might be endangered by the client's further placement at the agency.

i. The provider shall give immediate notice of discharge to the legally responsible person, DHHR, and the appropriate educational authorities.

ii. When arranging for placement following an emergency discharge, a provider shall consult with the receiving provider and DHHR to insure that the client is placed in a program that reasonably meets the client's needs.

iii. The provider shall have a written report detailing the circumstances leading to such unplanned discharge.

c. When a client is discharged, a provider shall compile a complete written discharge summary immediately upon discharge, such summary to be included in the client's record. When the client is discharged to another agency, this summary must accompany the client. This summary shall include:

i. the name and home address of the client and, where appropriate, the legally responsible person;

ii. the name, address, telephone number of the provider;

iii. a summary of services provided during care;

iv. a summary of growth and accomplishments during care;

v. the assessed needs which remain to be met and alternate service possibilities which might meet those needs;

vi. a statement of an aftercare plan and identification of who is responsible for follow-up services and aftercare.

E. Individual Service Planning

1. The Prime Worker

a. A provider shall ensure that a prime worker who is an appropriately qualified professional(QP) is assigned to each client and given responsibility for and authority over:

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

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

iii. recording of the client's progress as measured by objective indicators;

iv. reviewing the client's service plan, on a quarterly basis;

v. ensuring the timely release, whenever appropriate, of the client to a less restrictive setting;

vi. monitoring any extraordinary restriction of the client's freedom including use of any form of restraint, any special restriction on a client's communication with others and any potentially harmful treatment or behavior management technique applied to the client.

2. The Service Plan

a. A provider shall, within 30 days of admitting a client, ensure that a comprehensive written psychological, social, and as appropriate, educational assessment of the client has been completed and, on the basis of this assessment, shall develop a comprehensive, time-limited, goal-oriented individual service plan addressing the needs identified by the assessment.

i. The assessment shall identify the client's strengths and needs, establish priorities to assist in the development of an appropriate plan and conclude with recommendations concerning approaches and techniques to be used.

ii. All methods used in assessing a client shall be appropriate considering the client's age, cultural background and dominant language or mode of communication.

iii. Individual service plans shall be developed by an inter-disciplinary team including the prime worker; representatives of the direct service staff working with the client on a daily basis; and other professionals, as indicated.

iv. The provider shall document that, where applicable, the designated representative of DHHR and, where appropriate, the legally responsible person have been invited to participate in the planning process and when they do not participate, shall document the reason, if known, for non-participation.

b. Unless it is clearly not feasible to do so, a provider shall ensure that the service plan and any subsequent revisions are explained to the client and, where appropriate, the legally responsible person in language understandable to these persons.

c. A provider shall ensure that the service plan for each client includes the following components:

i. the findings of the assessment;

ii. a statement of goals to be achieved or worked towards for the client and his/her family;

iii. plan for fostering positive family relationships for the client, when appropriate;

iv. specification for the daily activities, including training/education for 3-21 years of age and recreation, to be pursued by the program staff and the client in order to attempt to achieve the stated goals;

v. specification of specialized services that will be provided directly or arranged for, and measures for ensuring their proper integration with the client's ongoing program activities;

vi. specification of time-limited targets in relation to overall goals and specific objectives;

vii. methods for evaluating the client's progress;

viii. goals and preliminary plans for discharge and aftercare;

ix. identification of all persons responsible for implementing or coordinating implementation of the plan;

x. the completed service plan shall be signed by all team participants.

d. A provider shall review each service plan at least annually and shall evaluate the degree to which the goals have been achieved.

i. The provider shall prepare quarterly status reports on the progress of the client relative to the goals and objectives of the service plan. These reports shall be prepared by designated staff and reviewed and approved by the prime worker.

e. A provider shall ensure that all persons working directly with the client are appropriately informed of the service plan.

3. Education

a. A provider shall ensure that each client has access to appropriately educational services consistent with the client's abilities and need, taking into account his/her age and level of functioning.

i. All clients of school age must either be enrolled in a school system or a program approved by the Department of Education.

4. Reports

a. When the client is a minor, the chief administrator of a provider or his/ her designee shall report in writing to the legally responsible person of the client at least annually, or as otherwise required by law, with regard to the client's progress with reference to the goals and objectives in the service plan. This report shall include a description of the clients' medical condition.

5. Arrangement of Clients into Groups

a. A provider shall have a statement describing the manner in which clients are arranged into groups within the provider and demonstrating that this manner of arranging client's into groups effectively addresses the needs of client's. This statement must be in accordance with the following principles.

i. All clients must have privacy and a place to go during periods of relative quiet and inactivity.

ii. All clients must have an opportunity to form relationships within small groups.

iii. Clients must have an opportunity to form relationships with consistent group of direct service staff.

iv. Clients must be involved in decision-making regarding the roles and routines of their living group to the degree possible considering their level of functioning.

6. Behavior Management

a. The provider shall have a written description of the methods of behavior management to be used on facility-wide level. This description shall include:

i. definition of appropriate and inappropriate behaviors of clients;

ii. acceptable staff responses to inappropriate behaviors;

iii. the description shall be provided to all the provider's staff.

b. A provider shall have clearly written list of rules and regulations governing conduct for clients in care of the provider. These rules and regulations shall be made available to each staff member, each client and, where appropriate, the legally responsible person.

7. Limitations on Potentially Harmful Responses

a. A provider shall prohibit the following responses to clients by staff members:

i. any type of physical hitting or other painful physical contact except as required for medical, dental, or first aid procedures necessary to preserve the client's life or health;

ii. requiring a client to take an extremely uncomfortable position;

iii. verbal abuse, ridicule, or humiliation;

iv. withholding of meal, except under a physician's order;

v. denial of sufficient sleep, except under a physician's order;

vi. requiring the client to remain silent for a long period of time;

vii. denial of shelter, warmth, clothing, or bedding;

viii. assignment of harsh physical work.

8. Limitations on Punishments

a. A provider shall prohibit the following responses to clients by staff members when such responses are used as punishments:

i. physical exercise or repeated physical motions;

ii. excessive denial of usual services;

iii. denial of visiting or communication with family;

iv. extensive withholding of emotional response;

v. any other cruel and unusual punishment.

b. A provider shall not punish groups of clients for actions committed by an individual.

c. Clients shall not punish or supervise other clients except as part of an organized therapeutic self-government program that is conducted in accordance with written policy and is supervised directly be staff.

d. A provider shall ensure that punishment is not delegated to persons who are not known to the client.

9. Restraint

a. A provider shall not use any form of restraint except in accordance with current DHHR policy.

10. Time-Out Procedures

a. A provider using time-out procedures involving placement of clients in an unlocked room for brief periods shall have a written policy governing the use of time-out procedures. This policy shall ensure that:

i. time-out procedures are used only when less restrictive measures are not feasible;

ii. time-out shall be used only in accordance with the client's service plan;

iii. written orders for time-out procedures 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 which shall under no circumstances exceed 12 hours;

iv. emergency use of time-out shall be approved by the chief administrator or his/her designee for a period not to exceed one hour;

v. when a client is in time-out, a staff member shall exercise direct physical supervision of the client;

vi. a client in time-out shall not be denied access to bathroom facilities.

F. Physical Environment

1. Location of New Facilities

a. Any individual or organization seeking initial licensure as a provider shall provide the following documentation to the DHHR at the time of application:

i. evidence that the proposed site location of the provider will be appropriate to clients to be served in terms of individual needs, program goals, and access to service facilities;

ii. identification of the permitted uses of the site under existing zoning by-laws of the municipality in which the site is located, if applicable;

iii. a copy of the site plan and a sketch of the floor plan of the proposed provider;

iv. a description of the way in which the provider will be physically harmonious with the neighborhood in which it is located considering such issues as scale, appearance, density, and population.

2. Accessibility

a. A provider's building, parking lots, and facilities shall be accessible to and functional for clients, staff members, and the public, as required by applicable federal and state laws and regulations.

3. Exterior Space

a. A provider shall ensure that all structures on the grounds of the facility accessible to clients are maintained in good repair and are free from any excessive hazard to health or safety.

b. A provider shall maintain the grounds of the facility in an acceptable manner and shall ensure that the grounds are free from any hazard to health or safety.

i. Garbage and rubbish which is stored outside shall be stored securely in non-combustible, covered containers and shall be removed on a regular basis.

ii. Trash collection receptacles and incinerators shall be separate from play area and be located as to avoid being a nuisance to neighbors.

iii. Fences shall be in good repair.

iv. Areas determined to be unsafe, including steep grades, cliffs, open pits, swimming pools, high voltage boosters, or high speed roads, shall be fenced off or have natural barriers to protect clients.

v. Playgrounds equipment shall be so located, installed, and maintained as to ensure the safety of clients.

c. A provider shall have access to outdoor recreational space and suitable recreational equipment.

4. Interior Space

a. Each living unit of a provider shall contain a space for the free and informal use of clients. This space shall be constructed and equipped in a manner consonant with the programmatic goals of the provider.

b. A provider shall provide an appropriate variety of interior recreational spaces.

5. Dining Areas

a. A provider shall provide dining areas which permit clients, staff, and as appropriate, guests to eat together in small groups.

b. A provider shall provide dining areas which are clean, well-lighted, ventilated, and attractively furnished.

6. Sleeping Accommodations

a. A provider shall ensure that each single occupancy bedroom space has a floor area of at least 80 square feet and that each multiple occupancy bedroom space has a floor area of at least 60 square feet for each occupant.

b. A provider shall not use a room with a ceiling height of less than 7 feet 6 inches as a bedroom space, unless, in a room with varying ceiling height, the portions of the room where the ceiling is at least 7 feet 6 inches allow a usable space with floor areas as required above.

c. Provider shall not permit more than four clients to occupy a designated bedroom space unless properly documented reasons necessitate it.

d. No client over the age of 5 years shall occupy a bedroom with a member of the opposite sex, unless the persons occupying the bedroom are a married couple or properly documented medical reasons require it.

e. A provider shall not use any room which does not have a window as a bedroom space.

f. Each client in care of a provider shall have his/her own bed; a double bed may be provided for a married couple. A client's bed shall be no shorter than the client's height and no less than 30 inches wide and shall have a clean, comfortable, non-toxic fire-retardant mattress.

g. A provider shall ensure that sheet, pillow bedspread, and blankets are provided for each client.

i. Enuretic clients shall have mattresses with moisture-resistant covers.

ii. Sheets and pillow cases shall be changed at least weekly but shall be changed more frequently, if necessary.

h. A provider shall provide clients with solidly constructed beds. Cots or other portable beds are not to be used on a routine basis.

i. A 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.

j. A provider shall provide each client in care with his/her own dresser or other adequate storage space for private use, and designated space for hanging clothing in proximity to the bedroom occupied by the client.

k. Each client in care of a provider shall have his/her own designated area for rest and sleep.

l. The decoration of sleeping area for clients shall allow some scope for the personal tastes and expressions of the clients.

7. Bathrooms

a. A provider shall have an adequate number of wash basins with hot and cold water, flush toilets and bath or shower facilities with hot and cold water according to client care needs.

i. Bathrooms shall be so placed as to allow access without disturbing other clients during sleeping hours.

ii. Each bathroom shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene unless clients are individually given such items.

iii. Tubs and showers shall have slip-proof surfaces.

b. A provider shall provide toilets and baths or showers which allow for individual privacy unless clients in care require assistance.

c. A provider shall ensure that bathrooms have a safe and adequate supply of hot and cold water. This water shall be potable.

d. A provider shall ensure that bathrooms contain mirrors secured to the walls at convenient heights and other furnishings necessary to meet the client's basic hygienic needs.

e. A provider shall ensure that bathrooms are equipped to facilitate maximum self-help by clients. Bathrooms shall be large enough to permit staff assistance of children, if necessary.

f. Toilets, wash basins, and other plumbing and sanitary facilities in a facility shall be kept free of any materials that might clog or otherwise impair their operation.

8. Kitchens

a. 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 clients and staff regularly served by such kitchen. All equipment shall be maintained in working order.

b. A provider shall not use disposable dinnerware at meals on a regular basis unless the facility documents that such dinnerware is necessary to protect the health and safety of clients in care.

c. A provider shall ensure that all dishes, cups, and glasses used by clients in care are free from chips, cracks, or other defects.

i. All reusable eating and drinking utensils shall be sanitized after a thorough washing and rinsing.

d. Animals shall not be permitted in food storage, preparation, and dining areas.

9. Staff Quarters

a. A provider utilizing live-in staff shall provide adequate, separate living space with a private bathroom for these staff.

10. Administrative and Counseling Space

a. A provider shall provide a space which is distinct from client's living areas to serve as an administrative office for records, secretarial work, and bookkeeping.

b. A provider shall have a designated space to allow private discussions and counseling sessions between individual clients and staff.

11. Furnishing

a. A provider shall have comfortable customary furniture as appropriate for all living areas. Furniture for the use of clients shall be appropriately designed to suit the size and capabilities of these clients.

b. A provider shall ensure that there is evidence of routine maintenance and cleaning programs in all areas of the provider.

c. A provider shall replace or repair broken, run-down or defective furnishings and equipment promptly.

i. Outside doors, windows, and other features of the structure necessary for safety and comfort of clients shall be secured for safety within 24 hours of being found to be in a state of disrepair. Total repair shall be effected as soon as possible.

12. Doors and Windows

a. A provider shall ensure that any designated bedroom where the bedroom space is not equipped with a mechanical ventilation system, must be provided with windows which have an openable area at least 5 percent as large as the total floor area of the bedroom space.

b. A provider shall provide insect screening for all opened windows. This screening shall be readily removable in emergencies and shall be in good repair.

c. A provider shall ensure that all closets, bedrooms, and bathrooms which have doors are provided with doors that can be readily opened from both sides.

13. Storage

a. A provider shall ensure that there are sufficient and appropriate storage facilities.

b. A 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.

14. Electrical Systems

a. A provider shall ensure that all electrical equipment, wiring, switches, sockets, and outlets are maintained in good order and safe condition.

b. A provider shall ensure that any room, corridor, or stairway within a provider shall be sufficiently illuminated.

c. A provider shall provide adequate lighting of exterior areas to ensure the safety of clients and staff during the night.

15. Heat

a. A 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 the clients.

b. A provider shall maintain the spaces used by clients at temperatures in accordance with federal and state laws.

c. A provider shall not use open flame heating equipment.

16. Finishings and Surfaces

a. A provider shall not utilize any excessively rough surface or finish where this surface or finish may present a safety hazard to clients.

b. A provider shall not have walls and ceilings surfaced with materials containing asbestos.

c. A provider shall not use lead paint for any purpose within the provider or on the exterior or grounds of the provider, nor shall the provider purchase any equipment, furnishings, or decorations surfaced with lead paint.

i. A provider which accepts clients for placement who are under six years of age, mentally retarded, or severely emotionally disturbed shall have evidence that the provider has been found to be free of lead paint hazards.

G. Emergency and Safety

1. Emergency and Safety Plan

a. A provider shall have a written overall plan of emergency and safety procedures.

i. The plan shall provide for the evacuation of clients to safe or sheltered areas.

ii. The plan shall include provisions for training staff and, as appropriate, clients in preventing, reporting, and responding to fires and other emergencies.

iii. The plan shall provide means for an on-going safety program including continuous inspection of the provider for possible hazards, continuous monitoring of safety equipment, and investigation of all accidents or emergencies.

iv. The plan shall include provisions for training personnel in their emergency duties and in the use of any fire-fighting or other emergency equipment in their immediate work areas.

2. Drills

a. A provider shall conduct emergency drills at least once every three months and at varying times of the day.

i. A provider shall make every effort to ensure that staff and clients recognize the nature and importance of such drills.

3. Notification of Emergencies

a. A provider shall immediately notify DHHR and other appropriate agencies of any fire, disaster, or other emergency which may present a danger to clients or require their evacuation from the facility.

4. Access to Emergency Services

a. A provider shall have access to 24-hour telephone service.

i. The provider shall have either post telephone numbers of emergency services, including fire department, police, medical services, poison control, and ambulance, or else who evidence of an alternate means of immediate access to these services.

5. General Safety Practices

a. A provider shall not maintain any firearm or chemical weapon in the living units of the facility.

b. A 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 such a manner as to ensure the safety of clients, staff, and visitors.

c. A provider shall ensure that an appropriately equipped first- aid kit is available in the provider's buildings and in all vehicles used to transport clients.

6. Transportation

a. The provider shall ensure that each client is provided with the transportation necessary for implementing the client's service plan.

b. The provider shall have means of transporting clients in cases of emergency.

c. Any vehicle used in transporting clients in care of the provider, whether such vehicle is operated by a staff member or any other person acting on behalf of the provider, shall be properly licensed and inspected in accordance with state law.

d. Any staff member of the provider or other person acting on behalf of the provider operating a vehicle for the purpose of transporting clients shall be properly licensed to operate that class of vehicle according to state law.

e. The provider shall not allow the number of persons in any vehicle used to transport clients to exceed the number of available seats in the vehicle.

f. All vehicles used for the transportation of clients shall be maintained in a safe condition and be in conformity with all applicable motor vehicle laws.

g. Identification of vehicles used to transport clients in care of a provider shall not be of such nature to embarrass or in any way produce notoriety for clients.

h. The provider shall ascertain the nature of any need or problem of a client which might cause difficulties during transportation, such as seizures, a tendency towards motion sickness or a disability. The provider shall communicate such information to the operator of any vehicle transporting clients in care.

i. A provider shall ensure that porches, elevated walkways, and elevated play areas within the facility meet ANSI standards.

j. Every required exit, exit access and exit discharge in a provider's buildings shall be continuously maintained free of all obstructions or impediments to immediate use in the case of fire or other emergency.

k. A provider shall prohibit the use of candles in sleeping areas of the clients.

l. Powerdriven equipment used by a provider shall be kept in safe and good repair. Such equipment shall be used by clients only under to direct supervision of a staff member and according to state law.

m. A provider shall have procedures to prevent insect and rodent infestation.

n. A provider shall allow clients to swim only in areas determined to be safe and under supervision of a person with a current water safety instructor certificate or senior lifesaving certificate from the Red Cross or its equivalent.

o. The following additional arrangements are required for a provider serving handicapped, non-ambulatory clients:

i. a ramp device to permit entry and exit of a client from the vehicle must be provided for all vehicles, except automobiles, normally used to transport physically handicapped clients. A mechanical lift may be utilized provided that a ramp is also available in case of emergency;

ii. in all vehicles except automobiles, wheelchairs used in transit shall be securely fastened to the vehicle;

iii. in all vehicles except automobiles, the arrangement of the wheelchairs shall provide adequate aisle space and shall not impede access to the exit door of the vehicle.

H. Emergency Preparedness

1. The residential home, also known as an intermediate care facility for the mentally retarded (ICF-MR), shall have an emergency preparedness plan which conforms to the Office of Emergency Preparedness (OEP) model plan and is designed to manage the consequences of declared disasters or other emergencies that disrupt the residential home's ability to provide care and treatment or threatens the lives or safety of the residential home residents. The residential home shall follow and execute its approved emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

2. At a minimum, the residential home shall have a written plan that describes:

a. the evacuation of residents to a safe place either within the residential home or to another location;

b. the delivery of essential care and services to residential home residents, whether the residents are housed off-site or when additional residents are housed in the residential home during an emergency;

c. provisions for the management of staff, including distribution and assignment of responsibilities and functions, either within the residential home or at another location;

d. a plan for coordinating transportation services required for evacuating residents to another location; and

e. procedures to notify the resident's family, guardian or primary correspondent if the resident is evacuated to another location.

3. The residential home's plan shall be activated at least annually, either in response to an emergency or in a planned drill. The residential home's performance during the activation of the plan shall be evaluated

and documented. The plan shall be revised if indicated by the residential home's performance during the planned drill.

4. The residential home's plan shall be reviewed and approved by the parish OEP, utilizing appropriate community-wide resources.

5. The plan shall be available to representatives of the Office of the State Fire Marshal.

6.a. In the event a residential home evacuates, temporarily relocates, or temporarily ceases operation at its licensed location as a result of an evacuation order issued by the parish OEP and sustains damages due to wind, flooding, or power outages longer than 48 hours, the residential home shall not be reopened to accept returning evacuated residents or new admissions until surveys have been conducted by the Office of the State Fire Marshal, the Office of Public Health and the Bureau of Health Services Financing, Health Standards Section.

i. The purpose of these surveys is to assure that the residential home is in compliance with the licensing standards including, but not limited to, the areas of the structural soundness of the building, the sanitation code, and staffing requirements.

ii. The Health Standards Section will determine the facility's access to the community service infrastructure such as hospitals, transportation, physicians, professional services, and necessary supplies.

b. If a residential home evacuates, temporarily relocates, or temporarily ceases operation at its licensed location as a result of an evacuation order issued by the parish OEP and does not sustain damages due to wind, flooding or power outages longer than 48 hours, the residential home may be reopened.

7. Before reopening at its licensed location, the residential home must submit a detailed summary to the licensing agency attesting how the facility's emergency preparedness plan was followed and executed. A copy of the facility's approved emergency preparedness plan must be attached to the detailed summary. The detailed summary must contain, at a minimum:

a. pertinent plan provisions and how the plan was followed and executed;

b. plan provisions that were not followed;

c. reasons and mitigating circumstances for failure to follow and execute certain plan provisions;

d. contingency arrangements made for those plan provisions not followed; and

e. a list of injuries and/or deaths of residents that occurred during the execution of the plan, evacuation and temporary relocation.

8. Before reopening, the residential home must receive approval from the licensing agency that the facility was in substantial compliance with the emergency preparedness plan. The licensing agency will review the facility's plan and the detailed summary submitted.

a. If the licensing agency determines from these documents that the facility was in substantial compliance with the plan, the licensing agency will issue approval to the facility for reopening subject to the facility's compliance with any other applicable rules.

b. If the licensing agency is unable to determine substantial compliance with the plan from these documents, the licensing agency may conduct an on-site survey or investigation to determine whether the facility substantially complied with the plan.

c. If the licensing agency determines that the facility failed to comply with the provisions of its plan, the facility shall not be allowed to reopen.

9. If it is necessary for a residential home to temporarily relocate beds and/or increase the number of beds in the home as a result of a declared disaster, the residential home may request a waiver from the licensing agency to operate outside of its licensed location for a time period not to exceed 90 days in order to provide needed services to its clients. Extension requests will be considered on a case-by-case basis and must include a plan of action which specifies timelines in which the beds will either be moved back to the original licensed location or permanently relocated as specified in Subparagraphs 10.a-b.

10. The permanent relocation of residential home beds as a result of a declared disaster or other emergency must be approved by the Office for Citizens with Developmental Disabilities and the Bureau of Health Services Financing, Health Standards Section in order to assure that:

a. the new location has either the same number or fewer of the previously licensed beds; and

b. the location of the residents' family members is taken into consideration in the selection of the new site.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2180-2180.5.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:2260 (December 2006), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2722 (December 2007).

§1929. Residential Home Module

A. Organization and Administration

1. Capacity

a. A provider shall have a capacity of 17 or more clients.

2. Human Resources

a. Staff Coverage

i. A provider shall have adequate and trained direct service staff coverage considering the ages, needs, and functioning levels of clients.

b. Client-Living Services

ii. A provider shall ensure that direct services staff performing client-living services are administratively responsible to a person whose training and experience is appropriate to the provider's program.

3. Quality of Life

a. Normalization

i. A provider shall ensure that:

(a). clients of grossly different ages, developmental levels, and social needs shall not be housed in close physical or social proximity, unless such housing is planned to promote the growth and development of all those housed together;

(b). clients who are mobile-nonambulatory, deaf, blind, epileptic, and so forth, shall be integrated with peers of comparable social and intellectual development, and shall not be segregated on the basis of their handicaps.

4. Recreation and Activities Programs

a. A provider shall have a written plan for providing recreational services based on the individual needs, interests, and functioning levels of clients served.

i. Periodic surveys of a client's recreational interests, records of the client's extent and level of participation in recreation and activities programs and reports evaluating and summarizing the client's needs, strengths, and progress relative to recreation and activities shall be maintained in the client's case record.

ii. There shall be evidence that recreation staff are appropriately informed of client's needs, problems, and service plans; communicate routinely with other direct service staff concerning clients; and have means of providing in-put.

b. A provider shall have sufficient, adequately qualified recreation staff; adequate recreation spaces and facilities accessible to clients regardless of their disabilities; and recreation equipment and supplies of sufficient quantity and variety to carry out the stated objectives of the provider's recreation plan.

5. Food Services

a. A provider shall have an organized, adequately staffed system of food services supervised by a qualified dietitian or an appropriately qualified person. This dietitian or person shall be responsible for:

i. menu planning;

ii. initiating food orders or requisitions;

iii. establishing specifications for food purchases and insuring that such specifications are met;

iv. storing and handling of food;

v. food preparation;

vi. food serving;

vii. maintaining sanitary standards in compliance with state and local regulations; and

viii. orientation, training, and supervision of food service personnel.

b. A provider shall ensure that any modified diet for a client shall be:

i. prescribed by the client's physician and service plan with a record of the prescription kept on file;

ii. planned, prepared, and served by persons who have received adequate instruction;

iii. periodically reviewed and adjusted as needed.

c. A provider shall ensure that food is served to clients in appropriate quantity; at appropriate temperatures; in a form consistent with the development level of the client; and with appropriate utensils.

d. A provider shall ensure that dry or staple food items are stored at least 12 inches above the floor, in a ventilated room not subject to sewage of waste water backflow, or contamination by condensation, leakage, rodents, or vermin.

e. A provider shall ensure that perishable foods are stored at the proper temperatures to conserve nutritive values.

f. A provider shall ensure that food served to a client and not consumed is discarded.

g. A provider shall show evidence of effective procedures for cleaning all equipment and work area.

i. Hand washing facilities, including hot and cold water, soap, and paper towels, shall be provided adjacent to food service work areas.

h. A provider shall ensure that all clients, including the mobile nonambulatory, eat or are fed in dining rooms, except where contraindicated for health reasons or by the client's service plan.

i. Table service shall be provided for all clients who can and will eat at table, including clients in wheelchairs.

ii. Dining areas in a facility shall be equipped with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.

iii. Dining rooms in a facility shall be adequately supervised and staffed for the direction of self-help dining procedures, and to assure that each client receives an adequate amount of food.

iv. Clients shall be provided with systematic training to develop appropriate eating skills, utilizing adaptive equipment where it serves the development process.

v. Direct-care staff shall be trained in and shall utilize proper feeding techniques.

vi. Clients shall eat in an upright position unless medically contraindicated.

vii. Clients shall eat in a manner consistent with their developmental needs.

6. Health Care

a. A provider shall have an organized system of health and medical care services and shall provide adequate personnel, space, facilities, and equipment for the provision of such services.

i. The provider shall have access to electroencephalographic services.

b. A provider shall ensure:

i. tuberculosis control, in accordance with the State Sanitary Code as appropriate to the provider's population; and

ii. reporting of communicable diseases and infections in accordance with law.

c. A provider shall show evidence that hospital and laboratory services used by the provider are properly licensed and/or certified.

i. Physicians shall participate, when appropriate, in the continuing interdisciplinary evaluation of individual clients for the purposes of initiation, monitoring, and follow-up of service plans.

7. Nursing Services

a. A provider shall ensure that clients are provided with nursing services in accordance with their needs.

b. Nursing services to client shall include as appropriate registered nurse participation in:

i. the preadmission study;

ii. the service plan and any reviews and revisions of the service plan;

iii. the development of aftercare plans;

iv. the referral of clients to appropriate community resources;

v. training in habits in personal hygiene, family life, sex education (including family planning and venereal disease counseling);

vi. control of communicable diseases and infections, through identification and assessment; reporting to medical authorities; and implementation of appropriate protective and preventive measures;

vii. modification of the nursing part of the service plan, in terms of the client's daily needs, at least annually for adults and more frequently for children, in accordance with developmental changes.

c. A registered nurse shall participate, as appropriate, in the planning and implementation of training of direct service personnel including training in:

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

ii. basic skills required to meet the health needs and problems of the client;

iii. first aid in the vent of accident or illness.

d. A provider shall have available sufficient, appropriately qualified nursing staff, which may include currently licensed practical nurses and other supporting personnel, to carry out the various nursing service activities.

i. The individual responsible for delivery of nursing services shall have knowledge and experience in the field of developmental disabilities.

ii. Nursing service personnel at all levels of experience and competence shall be assigned responsibilities in accordance with their qualifications; delegated authority commensurate with their responsibility; and provided appropriate professional nursing supervision.

8. Pharmacy Services

a. A provider shall ensure that pharmacy services are provided under the direction of a qualified licensed pharmacist.

i. There shall be a formal arrangement for qualified pharmacy service, including provision for emergency service.

b. A provider shall have a current pharmacy manual that includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services; this manual shall be revised annually to keep abreast of current developments in services in management techniques.

i. There shall be a formulary system approved by the responsible physician and pharmacist, and by other appropriate provider staff.

c. The pharmacist shall:

i. receive the original, or a direct copy of the physician's drug treatment order;

ii. maintain for each client an individual record of all medications (prescription and nonprescription) dispensed, including quantities and frequency of refills;

iii. participate, as appropriate, in the continuing interdisciplinary evaluation of individual clients for the purposes of initiation, monitoring, and follow-up of service plans;

iv. establish quality specifications for drug purchases and ensure that they are met.

d. Qualified pharmacy or medical personnel shall:

i. regularly review the record of each client on medication for 'potential adverse reactions, allergies, interactions, contraindications, rationality, and laboratory test modifications.

ii. advise the physician of any recommended changes, stating the reasons for such changes and providing an alternate drug regimen.

e. Poisons, drugs used externally, and drugs taken internally shall be stored on separate shelves or in separate cabinets at all locations.

f. Medications that are stored in a refrigerator containing things other than drugs shall be kept in a separate compartment with proper security.

g. If there is a drug storeroom separate from the pharmacy, there shall be a perpetual inventory of receipts and issues of all drugs by such storeroom.

h. Discontinued and outdated drugs, and containers with worn, illegible or missing labels, shall be returned to the pharmacy for proper disposition.

i. There shall be an effective drug recall procedure that can be readily implemented.

j. There shall be a procedure for reporting adverse drug reactions to the federal Food and Drug Administration.

k. A provider shall have written policies and procedures that govern the safe administration and handling of all drugs developed by the responsible pharmacist, physician, nurse, and other professional staff, as appropriately to the provider.

l. A provider shall have a written policy governing the self-administration of both prescription and nonprescription drugs.

m. The compounding, packaging, labeling, and dispensing of drugs including samples and investigational drugs, shall be done by the pharmacist, or under his supervision, with proper controls and records.

n. Each drug shall be identified up to the point of administration.

o. Whenever possible, drugs that require dosage measurement shall be dispensed by the pharmacist in a form ready to be administered to the client.

p. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

q. All drugs shall be kept under lock and key except when authorized personnel are in attendance.

r. The security requirements for drugs of federal and state laws shall be satisfied in storerooms, pharmacies, and living units.

9. Dental Services

a. A provider shall have an organized system for providing comprehensive diagnostic dental services for all clients which include a complete extra and intra-oral examinations, utilizing all diagnostic aids necessary to properly evaluate the client's oral condition, within a period of 1month following admission unless such an examination shall be in the client's case record.

b. A provider shall have access to comprehensive dental treatment services for all clients which include:

i. provision for dental treatment;

ii. provision for emergency treatment on a 24-hour, seven-days a-week basis by a qualified dentist;

iii. a recall system that will assure that each client is reexamined at specified intervals in accordance with his/her needs, but at least annually.

c. A provider shall have a dental hygiene program that includes imparting information regarding nutrition and diet control measures to clients and staff, instruction of clients and staff in living units in proper oral hygiene methods, and instruction of family in maintenance of group oral hygiene, where appropriate.

d. A summary dental progress report shall be entered in the client's unit record at state intervals.

e. A copy of the permanent dental record shall be provided to a provider to which a client is transferred.

f. There shall be available sufficient, appropriately qualified dental personnel and necessary supporting staff to carry out the dental services program.

AUTHORITY NOTE: Promulgated in accordance with R.S.40:2151-2163, R.S.46:1401-1424, R. S.28:1-2, R.S.28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2735 (December 2007).

§1931. Direct Services Management

A. Professional and Special Programs and Services

1. A provider shall have access to the following services in accordance with the needs of clients:

a. physical and/or occupational therapy;

b. speech pathology and audiology;

c. psychological services;

d. social work services;

e. training and habilitation services.

2. A provider shall ensure that all providers of professional and special services:

a. provide services directly through personal contact with the client;

b. provide services indirectly through contact with staff members and others working with the client;

c. develop and record appropriate plans, goals, and objectives for the client and, as appropriate, the client's family;

d. record all significant contacts with the client;

e. periodically provide written summaries of the client's response to the service, the client's current status relative to the service and the client's progress to be maintained in the client's case record;

f. participate, as appropriate, in the development, implementation, and review of service plans and aftercare plans and in the interdisciplinary team responsible for developing such plans;

g. provide services appropriately integrated into the overall program.

3. A provider shall ensure that any professional or special service provided by the provider has:

a. adequately qualified and, where appropriate, appropriately licensed or certified staff according to state and federal law;

b. adequate space and facilities;

c. appropriate equipment;

d. adequate supplies;

e. appropriate resources.

4. A provider shall ensure that any professional or special service provided by a person or agency outside the provider meets all relevant requirements contained herein.

B. Physical Therapy and/or Occupational Therapy

1. Physical therapy and occupational therapy staff shall provide treatment training programs that are designed to:

a. preserve and improve abilities for independent functioning such as range of motion, strength, tolerance, coordination, and activities of daily living;

b. prevent, insofar as possible, irreducible or progressive disabilities, through means such as the use of orthopedic and prosthetic appliances, assertive and adaptive devices, positioning, behavior adaptations, and sensory stimulation.

2. The therapist shall function closely with the client's primary physician and with other medical specialists.

3. Physical and occupational therapy personnel shall be:

a. assigned responsibilities in accordance with their qualifications;

b. delegated authority commensurate with their responsibilities;

c. provided appropriate professional direction and consultation.

C. Speech Pathology and Audiology

1. Speech pathology and audiology services available to the provider shall include:

a. screening and evaluation of clients with respect to speech and hearing functions;

b. comprehensive audiological assessment of client as indicated by screening results, to include tests of puretone air and bone conduction, speech audiometry, and other procedures, as necessary, and to include assessment of the use of visual cues;

c. assessment of the use of amplification;

d. provision for procurement, maintenance, and replacement of hearing aids, as specified by a qualified audiologist;

e. comprehensive speech and language evaluation of residents, as indicated by screening results, including appraisal of articulation, voice, rhythm, and language;

f. treatment service, interpreted as an extension of the evaluation process, that include: direct counseling with the client; consultation with appropriate staff for speech improvement and speech education activities; collaboration with appropriate staff to develop specialized programs for developing the communication skills of clients in comprehension, and expression, and participation in in-service training programs for direct care and other staff.

2. Adequate, direct and continuing supervision shall be provided personnel, volunteers, or supportive personnel utilized in providing speech pathology and audiology services.

D. Psychological Services

1. A provider shall provide psychological services, as appropriate to the needs of the clientele, including strategies to maximize each client's development of:

a. perceptual skills;

b. sensorimotor skills;

c. self-help skills;

d. communications skills;

e. social skills;

f. self direction;

g. emotional stability;

h. effective use of time (including leisure time);

i. cognitive skills.

2. There shall be available sufficient, appropriately qualified psychological services staff, and necessary supporting personnel, to carry out the following functions:

a. psychological services to clients, including evaluation, consultation, therapy, and program development;

b. administration and supervision of psychological services;

c. participation in direct service staff training.

3. Psychologists providing services to the provider shall have at least a Master's degree from an accredited program and appropriate experience or training.

E. Social Work Services

1. Social services as part of an interdisciplinary spectrum of services, shall be provided to the clients through the use of social work methods directed toward:

a. maximizing the social functioning of each client;

b. enhancing the coping capacity of his family;

c. asserting and safeguarding the human and civil rights of clients and their families and fostering the human dignity and personal worth of each client.

2. During the evaluation process, which may or may not lead to admission, social workers shall help the client and family to consider alternative services and make a responsible choice as to whether and when placement is indicated.

3. During the client's admission to and residence in the provider or while the client is receiving services from the provider, social workers shall, as appropriate, provide liaison between the client, the provider, the family, and the community in order to:

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

b. assist staff in understanding social factors in the client's day-to-day behavior, including staff-client relationships;

c. assist staff in preparing the client for changes in his/her living situation;

d. help the family to develop constructive and personally meaningful ways to support the client's experience in the provider through counseling concerned with problems 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 client's return to home or other community placement.

4. After the client leaves the provider, the provider's social workers shall provide systematic follow-up to assure referral to appropriate community providers.

F. Training and Habilitation Services

1. Training and habilitation services defined as the facilitation of or preventing the regression of intellectual, sensorimotor, and affective development of the client shall be available to all clients, regardless of chronological age, degree of retardation, or accompanying disabilities or handicaps.

2. Individual evaluations of clients relative to training and habilitation shall:

a. be based upon the use of empirically reliable and valid instruments, whenever such tools are available;

b. provide the basis for prescribing an appropriate program of training experiences for the client;

c. identify priority areas to be addressed.

3. There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every client.

4. There shall be a functional training and habilitation record for each client maintained by, and available to, the training and habilitation staff.

5. Appropriate training and habilitation programs shall be provided to clients with hearing, vision, perceptual, or motor impairments, in cooperation with appropriate staff.

AUTHORITY NOTE: Promulgated in accordance with R.S.40:2151-2163, R. S.46:1401-1424, R. S.28:1-2, R. S.28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2738 (December 2007).

§1933. Physical Environment

A. Exterior Space

1. A provider shall have at least 75 square feet of accessible exterior space for each client.

B. Interior Space

1. A provider shall have a minimum of 60 square feet of floor area for each client in interior living areas accessible to clients and excluding halls, closets, bathrooms, offices, staff quarters, laundry areas, storage areas, and any other areas not accessible to or usable by clients for normal social and recreational activities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2151-2163, R.S. 46:1401-1424, R.S. 28:1-2, R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2739 (December 2007).

§1935. Fee

A. There shall be an annual fee for the license as determined by the Division of Licensing and Certification based on capacity if a client or clients under the age of 18 years are cared for in the facility.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2151-2163, R.S. 46:1401-1424, R.S. 28:1-2, R.S. 28:380-451.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 13:246 (April 1987), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2740 (December 2007).

§1951. Purpose

A. It is the intent of the legislature to protect the health, safety, and well-being of the children 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, to ensure maintenance of these 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 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. 46:1410 et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 27:1564 (September 2001), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2740 (December 2007).

§1953. Authority

A. Legislative Provisions

1. The Louisiana Committee on Private Child Care is charged with the responsibility of developing standards for the licensing of Class "B" facilities.

2. The licensing authority of the Department of Social Services is established by R.S. 46:1401 et seq., and R.S. 46:51 which mandate the licensing of all child care facilities and child placing agencies, including child residential facilities. A Class "B" child residential facility 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, and no state or federal funds received for the care of the children.

B. Penalties

1. All child care facilities, including facilities owned or operated by any governmental, profit, nonprofit, private or church agency, shall be licensed.

2. As stipulated in R.S. 46:1421, whoever operates any child care facility without a valid license shall be fined not less than $75, nor more than $250 for each day of such offense.

C. Inspections

1. According to law, it shall be the duty of the Department of Social Services "through its duly authorized agents, to inspect at regular intervals not to exceed one year, or as deemed necessary by the department, and without previous notice, all child care facilities and child placing agencies subject to the provisions of the Chapter" (R.S. 46:1417).

2. When the department is advised or has reason to believe that any person, agency or organization is operating a child residential facility without a license, the department shall make an investigation to ascertain the facts.

3. When the department is advised or has reason to believe that any person, agency or organization is operating in violation of the Class "B" Child Residential Care Minimum Standards, the department shall

complete a complaint investigation. All reports of mistreatment received by the department will be investigated.

D. The Louisiana Committee on Private Child Care (Class "B" Child Care Committee)

1. The Louisiana Committee on Private Child Care was created by Act 286 of 1985 to serve two functions.

a. Develop minimum standards for licensure of Class "B" facilities.

b. Consult with the department on matters pertaining to decisions to revoke or refuse to grant a Class "B" license.

2. The committee is composed of seven members, elected by the Class "B" licensed facilities in the state, representing different types of Class "B" licensed facilities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1410 et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 27:1565 (September 2001), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2740 (December 2007).

§1955. Procedures

A. Initial Application

1. New buildings shall be non-institutional in design and appearance and physically harmonious with the neighborhood in which they are located, considering such issues as scale, appearance, density and population. A child residential facility shall not occupy any portion of a building licensed by another agency.

2. Before beginning operation, it is mandatory to obtain a license from the Department of Social Services, Bureau of Licensing. The following steps should be followed.

a. Prior to purchasing, leasing, etc., carefully check all local zoning and building ordinances for the area in which you are planning to locate. Guidelines from the Office of Public Health, Sanitarian Services; the Office of State Fire Marshal, Code Enforcement and Building Safety; and the city fire department (if applicable) should be obtained.

b. After securing property, obtain an application form issued by:

Department of Social Services
Bureau of Licensing
P.O. Box 3078
Baton Rouge, LA 70821-3078
Phone: (225) 922-0015
Fax: (225) 922-0014

c. After the facility's location has been established, complete and return the application form. It is necessary to contact the following offices prior to building or renovating a facility:

i. Office of Public Health, Sanitarian Services;

ii. Office of State Fire Marshal, Code Enforcement and Building Safety;

iii. office of city fire department (if applicable);

iv. zoning department (if applicable); and

v. city or parish building permit office.

d. Upon receipt of the facility's application by the Bureau of Licensing, a request will be made to the Office of State Fire Marshal, Code Enforcement and Building Safety; office of city fire department (if applicable); Office of Public Health and any known required local agencies to inspect the location as per their standards. It is the applicant's responsibility to obtain these inspections and approvals. A licensing specialist shall visit the facility to conduct a licensing inspection.

e. A license will be issued on an initial application when the following requirements have been met and verification is received by the Bureau of Licensing:

i. approval by the Office of Public Health, Sanitarian Services;

ii. approval by the Office of State Fire Marshal, Code Enforcement and Building Safety;

iii. approval by the city fire department (if applicable);

iv. approval by the city or parish zoning (if applicable);

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

vi. a completed licensure inspection verifying substantial compliance with these standards; and

vii. full license fee paid.

3. When a facility changes location, it is considered a new operation and a new application and fee for licensure shall be submitted. All items listed in §7955.A.2.e shall be in compliance for the new location.

4. When a facility changes ownership, a new application and fee shall be submitted. All approvals listed in §7955.A.2.e shall be current. Documentation is required from the previous owner assuring change of ownership; e.g., letter from previous owner, copy of bill of sale or a lease agreement.

5. All new construction or renovation of a facility requires approval from agencies listed in §7955A.2.c and the Bureau of Licensing.

6. The department is authorized to determine the period during which the license shall be effective. A license is valid for the period for which it is issued unless it is revoked for the facility's failure to maintain compliance with minimum standards.

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

8. If an administrator or member of his 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. A licensing survey will then be conducted to verify that the reasons for revocation, refusal or denial have been corrected and the administrator/facility is in substantial compliance with all minimum standards.

B. Fees

1. An initial application fee of $25 shall be submitted with all initial license applications. This fee will be applied toward the license fee when the facility is licensed. This fee is to be paid by all initial and change of location providers. The full licensure fee shall be paid on all changes of ownership. All fees shall be paid by certified check or money order only and are nonrefundable.

2. License fees are required prior to issuance or renewal of a license. However, Class "B" child care facilities or agencies owned or operated by a church or religious organization are exempt from license fees. Fee schedules (based on licensed capacity) are listed below:

a. 4 to 6 children—$400;

b. 7 to 15 children—$500; and

c. 16 or more children—$600.

3. Other licensure fees include:

a. replacement fee of $25 for replacing a license when changes are requested, i.e., change in capacity, name change, age range, etc. (There is no replacement charge when the request coincides with the regular renewal of a license.); and

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

C. Relicensing

1. A license shall be renewed on an annual basis. The month of issue of the initial license becomes the anniversary month for all renewals. Generally, all licenses expire on the last day of the month.

2. Approximately 90 days prior to the annual expiration of a license, a notice and an application form will be mailed to the licensee. The completed application along with the full license fee, if applicable, shall be returned prior to relicensure.

3. A relicensing inspection will be made by staff of the Bureau of Licensing to determine continued compliance with licensing regulations.

4. A current approval from the Office of State Fire Marshal, Code Enforcement and Building Safety; the city fire department (if applicable); and the Office of Public Health, Sanitarian Services shall be received by the Bureau of Licensing. It is the responsibility of the licensee to obtain these inspections and approvals.

5. The Department of Social Services, Bureau of Licensing, shall be notified prior to making changes which might have an effect upon the license, i.e., age range of children served, usage of indoor and outdoor space, administrator, hours/months/days of operation, ownership, location, etc.

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

1. An application for a license may be denied for any of the following reasons:

a. failure to meet any of the minimum standards for licensure; or

b. conviction of a felony by any of these persons, as shown by a certified copy of the record of the court of conviction:

i. the applicant;

ii. any members or officers if the applicant is a firm or corporation; or

iii. any staff providing care, supervision, or treatment to a resident of the facility.

2. A license may be revoked or renewal denied for any of the following reasons:

a. cruelty or indifference to the welfare of the children in care;

b. violation of any provision of the minimum standards, rules, regulations, or orders of the Department of Social Services;

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

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

e. any validated instance of child abuse, corporal punishment, physical punishment, or cruel, severe or unusual punishment may result in revocation, denial or nonrenewal of the license if the owner is responsible or if the staff member who is responsible remains in the employment of the licensee;

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

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

E. Appeal Procedure. If the license is refused or revoked because the facility does not meet minimum requirements for licensure, the procedure is as follows.

1. The Department of Social Services, Bureau of Licensing, by certified letter, shall advise the licensee or applicant of the reasons for the denial or revocation and the right of appeal.

2. The administrator or owner may appeal this decision by submitting a written request with the reasons to the Secretary of the Department of Social Services. Write to Department of Social Services, Bureau of Appeals, P.O. Box 2944, Baton Rouge, LA 70821. This written request shall be postmarked within 30 days of the receipt of the notification in §7955.E.1 above.

3. The Bureau of Appeals shall set a hearing after receipt of such a request.

4. An appeals hearing officer shall conduct the hearing. The hearing officer shall advise the appellant by certified letter of the decision, either affirming or reversing the original decision. If the license is refused or revoked, the facility shall terminate operation immediately.

5. If the facility continues to operate without a license, the Department of Social Services may file suit in the district court in the parish in which the facility is located for injunctive relief.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1410 et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 27:1565 (September 2001), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2740 (December 2007).

§1957. Definitions

Abuse and Neglect Reporting—any suspected abuse and/or neglect of a child in a child care center must be reported in accordance with Louisiana Revised Statutes 14:403. This statement shall be visibly posted in the center with the local child protection phone number.

Administrator—the person responsible for the on-site, daily implementation and supervision of the overall facility's operation. The administrator shall have a Bachelor's degree in a social services field and four years of experience in a similar type of child care facility, or a Master's degree and two years of related experience.

Bedroom Space—a distinct area used as a sleeping area for clients; a dormitory-style bedroom may be broken into several bedroom spaces by the use of partitions. A facility shall have a minimum of 60 square feet of floor area per child in living areas accessible to children and excluding halls, closets, bathrooms, bedrooms, staff or staff's family quarters, laundry areas, storage areas and office areas.

Client—a person who receives service from a provider.

Client's Service Plan—a daily care plan based on the assessment of a client's psychological, social and educational evaluations.

Curator—a person appointed by the court when an individual is interdicted to act as guardian with either limited or full powers over the individual's estate and/or person, depending upon the needs of the individual interdicted.

DSS—Department of Social Services.

Discipline—a system of rules governing conduct which usually prescribes consequences for the violation of particular rules.

Direct Service Management—the act of controlling the various aspects of a provider involving direct services to clients in order to ensure effective care and treatment.

Direct Service Worker—any employee of a provider who works directly with clients as a major function of his/her job.

Family—the natural or adoptive father, mother, brother(s) and sister(s), but "family" may be interpreted broadly to include any person, whether related to the client by blood or not, who resides in the client's home and takes part in the client's family life.

Governing Body—a person or persons with the ultimate responsibility for conducting the affairs of a provider as, for example, the board of directors.

Legally Responsible Person—as appropriate, the parent(s) or tutor of a minor or the curator of an interdicted client.

License—a written certification, whether provisional, extended or regular, of a provider's authorization to operate under state law.

Living Unit—an integral living space utilized by a particular group of clients who reside in that space.

Parent(s)—natural or adoptive mother and father of a client.

Passive Physical Restraint—the least amount of direct physical contact required on the part of a staff member to prevent a client from harming himself/herself or others.

Provider—any 24-hour residential facility, whether public or private, that services clients.

Psychotropic Medication—prescription medication given for the purpose of producing specific changes in mood, thought processes, or behavior. They exert specific effects on brain function and can be expected to bring about specific clinically beneficial responses in clients for whom they are prescribed. The term as used in this policy does not include all drugs which affect the central nervous system or which may have behavioral effects; e.g., anticonvulsants or hormones.

Restraint—the extraordinary restriction of a client's freedom or freedom of movement.

Service Plan—a comprehensive, time-limited goal-oriented, individualized plan for care, treatment and education of a client in the care of a provider. The service plan is based on a current comprehensive evaluation of the client's needs.

Social Worker—a Master's level professional.

Time-Out Procedure—the isolation of a client for a period of less than 30 minutes in an unlocked room.

Training—any activity outside the normal routine of the provider which promotes the development of skills related to client care, increases the knowledge of the person involved in a related field or fosters the development of increased professionalism.

Treatment Strategy—an orientation or set of clinical techniques included in a particular therapeutic model and used to meet a diagnosed need of a client in care over and above the provisions of basic care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1410 et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 27:1567 (September 2001), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2742 (December 2007).

§1959. Administration and Organization

A. Class "B" facilities must comply with all regulations set by the Office of the State Fire Marshal, the Office of Public Health, local zoning laws and all laws regarding child abuse or neglect. Client-staff ratios and minimum space requirements will be enforced by the Department of Social Services. Class "B" facilities must comply with regulations restricting hiring felons, prohibiting racial discrimination and prohibiting the use of corporal punishment without parental permission. Class "B" facilities must comply with additional regulations promulgated by the Louisiana Committee on Private Child Care. Core regulations must promote safe physical facilities, adequate supervision and qualified staff, healthful food service, procedures for nighttime care, and procedures for the disposition of complaints.

B. General Requirements

1. A provider shall follow federal and state laws on client civil rights. No residential facility shall discriminate based on race, color, creed or national origin or ancestry. However, this shall not restrict the hiring or admission policies of a church or religious organization which may give preference in hiring or admission to members of the church or denomination.

2. It shall be the duty of the department, through its duly authorized agents, to inspect at regular intervals not to exceed one year, or as deemed necessary by the department and without previous notice, all residential child care facilities subject to the provisions of Chapter 14 of Title 46. The department shall also develop and facilitate coordination with and among other authorized agencies making inspections at regular intervals. The facility shall be open to inspection only during working hours by parents or legal guardians of clients in care and by authorized inspection personnel.

3. The provider is required to show evidence of compliance with the regulations set by the Louisiana Committee on Private Child Care. Documentation indicating compliance with a standard will not be required when it is obvious that the standard is met.

C. Other Jurisdictional Approvals. The provider shall show appropriate evidence of compliance with all relevant standards, regulations and requirements established by federal, state, local and municipal

regulatory bodies including DSS Licensing Bureau, Office of Health Services, Office of the State Fire Marshal, city fire marshal's office (if applicable), applicable local zoning ordinances (if applicable) and Department of Education (if applicable).

D. Governing Body

1. A provider shall have an identifiable governing body with responsibility for and authority over the policies and activities of the provider.

2. A provider shall have documents identifying all members of the governing body; their addresses; their terms of membership, if applicable; officers of the governing body, if applicable; and terms of office of all officers, if applicable.

3. 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. A provider shall have written minutes of all formal meetings of the governing body, and by-laws specifying the frequency of meetings and quorum requirements.

E. Responsibilities of a Governing Body. The governing body of a 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 regulations;

3. ensure that the provider is adequately funded and fiscally sound;

4. review and approve the provider's annual budget;

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

6. designate a person to act as chief administrator and delegate sufficient authority to this person to manage the provider;

7. formulate and annually review, in consultation with the chief administrator, policies concerning the provider's philosophy, goals, current services, personnel practices and fiscal management;

8. annually evaluate the chief administrator's performance;

9. have the authority to dismiss the chief administrator;

10. meet with representatives of DSS whenever required to do so;

11. inform representatives of DSS prior to initiating any substantial changes in the program, services, or physical plant of the provider.

F. Accessibility of Executive. The chief administrator or a person authorized to act on behalf of the chief administrator shall be accessible to provider staff or representatives of DSS at all times.

G. Documentation of Authority to Operate

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

2. A privately owned provider shall have documents 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, articles of association or by-laws.

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

I. Program Description. A provider shall have a written program plan describing the services and programs offered by the provider.

J. Accounting and Recordkeeping

1. A provider should establish a system of business management and staffing to assure maintenance of complete and accurate accounts, books and records.

2. A 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.

3. All records shall be maintained in an accessible, standardized order and format and shall be retained and disposed of according to state and federal laws.

K. Confidentiality and Security of Files

1. A provider shall have written procedures for the maintenance and security of records specifying who shall supervise the maintenance of records, who shall have custody of records, and to whom records may be released. Records shall be the property of the provider and the provider, as custodian, shall secure records against loss, tampering or unauthorized use.

2. A provider shall maintain the confidentiality of all clients' case records. Employees of the provider shall not disclose or knowingly permit the disclosure of any information concerning the client or his/her family, directly or indirectly, to any unauthorized person.

3. A provider shall obtain written authorization of the client and the client's parent(s), tutor or curator, as applicable, prior to releasing the client's confidential records to anyone other than authorized state or federal agencies or another provider to whom the client may be released.

4. A provider shall, upon request, make available information in the case record to the client, the legally responsible person or legal counsel of the client. If, in the professional judgment of the administration of the provider, it is felt that information contained in the record would be damaging to a client, then that information may be withheld except under court order.

5. A provider may use material from case records for teaching or research purposes, development of the governing body's understanding and knowledge of the provider's services, or similar educational purposes, provided that the client's name and other identifying information is disguised or deleted.

L. Administrative File. A provider shall have an administrative file including:

1. documents identifying the governing body;

2. list of members and officers of the governing body and their addresses and terms of membership, if applicable;

3. documentation of the provider's authority to operate under state law;

4. organizational chart of the provider;

5. insurance policies; and

6. master list of all consulting professional providers used by the provider.

M. Client's Case Record. A provider shall have a written record for each client which shall include administrative, treatment, and educational data from the time of admission until the time the client leaves the provider. A client's case record shall include:

1. name, sex, race, religion, birth date and birthplace of the client;

2. other identification data including court status, legal status, who is authorized to give consents;

3. client's history including, if applicable, family data, educational background, employment record, prior medical history and prior placement history;

4. copy of the client's individual service plan and any modifications thereto, and an appropriate summary to guide and assist direct service workers in implementing the client's program; and

5. findings made in periodic reviews of the plan, including summary of the successes and failures of the client's program and recommendations for any modifications deemed necessary.

N. Medical and Dental Records

1. A provider shall maintain complete health records of a client including:

a. report of admission physical examination;

b. complete record of all immunizations provided;

c. record of medications;

d. records of vision, physical or dental examinations;

e. complete record of any medical treatment provided for specific illness or medical emergencies; and

f. authorization signed by the parent or legal guardian for medical care, immunizations and hospitalization, when indicated.

2. Upon discharge the provider shall provide a summary of the client's health record to the person or agency responsible for the future planning and care of the client.

3. A provider shall make every effort to compile a complete past medical history on every client. This history shall, whenever possible, include:

a. allergies to medication;

b. immunization history;

c. history of serious illness, serious injury or major surgery;

d. developmental history;

e. current use of prescribed medication;

f. current use of alcohol or nonprescribed drugs; and

g. medical history.

O. Personnel File

1. A provider shall have a personnel file for each employee which shall contain:

a. application for employment and/or résumé;

b. three reference letters from former employer(s) and personal references or phone notes on such references;

c. any medical examinations required by the provider;

d. criminal record and fingerprinting report (LA 15.587.1) and citizenship report (I-9). No felon shall be employed in a Class "B" facility unless approved in writing by a district judge of the parish and the local district attorney. This statement shall be kept on file at all times by the child care facility and shall be produced upon request to any law enforcement officer;

e. evidence of applicable professional credentials/ certifications according to state law;

f. annual performance evaluations;

g. personnel actions, other appropriate materials, reports and notes relating to the individual's employment with the facility; and

h. employee's starting and termination dates.

2. The staff member 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.

3. A provider shall retain the personnel file of an employee for at least three years after the employee's termination of employment.

P. Fund Raising and Publicity

1. A provider shall have a policy regarding participation of clients in activities related to fund raising and publicity.

2. Consent of the client and, if applicable, the legally responsible person shall be obtained prior to participation in fund raising activities.

3. A provider shall have policies and procedures regarding the photographing and audio or audio-visual recording of clients.

4. The written consent of the client and, if applicable, the legally responsible person shall be obtained before the client is photographed or recorded for research or program publicity purposes.

5. All photographs and recordings shall be used in a manner which respects the dignity and confidentiality of the client.

Q. Representation at Hearings. A provider shall, when allowed by law, have a representative present at all judicial, educational or administrative hearings which address the status of the client in care of the provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1410 et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of the Secretary, Bureau of Licensing, LR 27:1567 (September 2001), repromulgated by the Department of Social Services, Office of the Secretary, Bureau of Residential Licensing, LR 33:2743 (December 2007).

§1961. Human Resources

A. Staff Plan. A provider should have a policy for recruitment, supervision and training.

1. Screening

a. A provider's screening procedures should address the prospective employee's qualifications, ability, related experience, character, and social skills as related to the appropriate job description.

b. Prior to employing any person and upon obtaining a signed release and the names of references from the potential employee, a provider shall obtain written references or phone notes on oral references from three persons.

c. All center staff shall be required to obtain within two weeks before or 30 days after beginning work and at least every three years thereafter a written statement from a physician certifying that the individual is:

i. in good health and physically able to care for clients; and

ii. free from infectious and contagious diseases.

d. Prior to or 30 days after the time of employment all persons shall be free of tuberculosis in a communicable state as evidenced by a negative skin test or a negative chest X-ray. Evidence that an employee is free of active tuberculosis is required on an annual basis thereafter.

e. The director or any center staff shall not remain at work if he/she has any sign of a contagious disease.

f. A provider shall not knowingly hire, or continue to employ, any person whose health impairs his/her ability to properly protect the health and safety of the clients or is such that it would endanger the physical or psychological well being of the clients. This requirement is not to be interpreted to exclude the hiring or continued employment of persons undergoing temporary medical or emotional problems if the health and safety of the clients can be assured through reasonable accommodation of the employee's condition.

2. Orientation. A provider's orientation program shall provide training for new employees to acquaint them with the philosophy, organization, program, practices and goals of the facility, and shall include instruction in safety and emergency procedures and in the specific responsibilities of the employee's job.

3. Training

a. A provider is encouraged to provide in-service training each year. Orientation training and activities related to routine supervision of the employee's task shall not be considered as in-service training.

b. All staff are to maintain a current certification of CPR training. New employees will have 90 days to comply. Documentation will be a copy of certificates on file at the facility.

4. Evaluation

a. A provider should undertake an annual performance evaluation of all staff members.

b. For any person who interacts with clients, a provider's evaluation procedures shall address the quality and nature of a staff member's relationships with clients.

B. Personnel Practices. A provider shall have written personnel policies and written job descriptions for each staff position.

C. Number and Qualifications of Staff

1. A provider shall employ a sufficient number of qualified staff and delegate sufficient authority to such staff to ensure that the responsibilities the provider undertakes are carried out and to adequately perform the following functions:

a. administrative functions;

b. fiscal functions;

c. clerical functions;

d. housekeeping, maintenance and food service functions;

e. direct client service functions;

f. supervisory functions;

g. record keeping and reporting functions;

h. social service functions; and

i. ancillary service functions.

2. A provider shall ensure that all staff members are properly certified and/or licensed as legally required.

3. A provider shall ensure that an adequate number of qualified direct service staff are present with the clients as necessary to ensure the health and well-being of clients. Staff coverage shall be maintained in consideration of the time of day, the size and nature of the provider and the ages, needs and functioning levels of the clients.

4. A provider shall ensure that direct services staff who perform client-living services are administratively responsible to a person whose training and experience is appropriate to the provider's program.

D. External Professional Services. A provider shall obtain any required professional services not available from employees.

E. Volunteers/Student Interns. A provider which utilizes volunteers or student interns on a regular basis shall have a written plan for using such resources. This plan shall be given to all volunteers and interns. The plan shall indicate that all volunteers and interns shall be:

1. directly supervised by a paid staff member;

2. oriented and trained in the philosophy of the facility and the needs of clients and the methods of meeting those needs;

3. subject to character and reference checks similar to those performed for employment applicants upon obtaining a signed release and the names of the references from the potential volunteer/intern student; and

4. aware of and briefed on any special needs or problems of clients.

F. Staff Communications

1. A provider shall establish procedures to assure adequate communication among staff to provide continuity of services to the client. This system of communication shall include:

a. a regular review of individual and aggregate problems of clients including actions taken to resolve these problems;

b. sharing of daily information, noting unusual circumstances, and other information requiring continued action by staff; and

c. records maintained of all accidents, personal injuries and pertinent incidents related to implementation of clients' individual service plans.

2. Any employee of a provider working directly with clients in care shall have access to information from clients' case records that is necessary for effective performance of the employee's assigned tasks.

3. A provider shall establish procedures which facilitate participation and feedback by staff members in policymaking, planning and program development for clients.

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§1963. Quality of Life

A. Family Involvement

1. A provider should create a policy that encourages ongoing positive communication and contact between clients and their families, their friends and others significant in their lives.

2. A provider should discuss the following with the client's family, other legally responsible persons and significant others, when appropriate:

a. the philosophy and goals of the provider;

b. behavior management and disciplinary practices of the provider;

c. any specific treatment or treatment strategy employed by the provider that is to be implemented for a particular client;

d. visiting hours, visiting rules and procedures, arrangements for home visits and procedures for communicating with clients by mail or telephone;

e. the name, telephone number and address of a staff person who may be contacted by the legally responsible person to ask questions or register concerns on an ongoing basis;

f. a procedure for registering complaints concerning the client's care or treatment. All cases of client abuse or neglect or suspicion of abuse or neglect must be reported to the Child Protection Agency in the DSS Office of Community Services for investigation.

3. Visits to parents and relatives in their own homes should be encouraged, unless they are not of benefit to the client, in order to maintain not only family ties but also ties in the neighborhood and community.

4. A written description of these family involvement strategies is suggested.

B. Normalization. A provider shall ensure that:

1. clients of grossly different ages, developmental levels and social needs shall not be housed in close physical or social proximity, unless such housing is planned to promote the growth and development of all those housed together;

2. clients who are nonambulatory, deaf, blind, epileptic, etc., shall be integrated with peers of comparable social and intellectual development and shall not be segregated on the basis of their handicaps.

C. Community Involvement

1. The client should have opportunities to participate in community life when individual treatment has progressed, so that community activities can become part of the treatment plan.

2. The client might participate in activities sponsored by school, church, and national and local youth agencies (Girl Scouts, Boy Scouts, 4-H Clubs, etc.).

3. The client should have help, when necessary, to conform to community standards.

4. Mass excursions, transportation in vehicles labeled with the name of the center, wearing of uniforms, etc., are undesirable if they call attention to the clients and make them feel different from others.

5. Community interest in clients and efforts in their behalf (parties, entertainment, invitations to visit other families, etc.) should be carefully evaluated to ascertain that they are of benefit to the clients and do not exploit their dependency status.

D. Communication and Visits

1. Telephone Communication

a. A provider shall allow a client to receive and originate telephone calls, subject only to reasonable rules and to any specific restriction in the client's service plan.

b. Any restriction on telephone communication in a client's service plan must be formally approved and shall be reviewed every 30 days.

2. Mail

a. A provider shall allow clients to send and receive mail unopened and unread by staff, unless contraindicated by a restriction in the client's service plan which shall be reviewed every 30 days.

b. A provider shall ensure that clients have access to all materials necessary for writing and sending letters and shall, when necessary, ensure that clients who wish to correspond with others are given any required assistance.

3. Visits

a. A provider shall allow a client to visit or be visited by family and friends, subject only to reasonable rules and to any specific restrictions in the client's service plan.

b. Special restrictions shall be imposed only to prevent serious harm to the client. The reasons for any special restrictions shall be recorded in the client's service plan.

c. Special restrictions must be reviewed every 30 days. If restrictions are renewed, the reasons for renewal shall be recorded in the client's service plan.

d. A written description of these rules and procedures is suggested.

E. Routines

1. A provider shall have a written set of daily routines for clients that are designed to provide for reasonable consistency and timeliness in daily activities, in the delivery of essential services to clients and in the provision of adequate periods of recreation, privacy, rest and sleep.

2. Routines should be determined in relation to needs and convenience of both clients and adults living together.

3. Routines should be sufficiently adaptable to a particular client's physical and emotional capacity to conform to them or to allow for special situations.

F. Money and Personal Belongings

1. A provider shall permit and encourage a client to possess his/her own money, either by giving an allowance and/or providing opportunities for paid work, unless otherwise indicated.

2. Money earned, received as a gift or received as allowance by a client shall be deemed to be that client's personal property.

3. Limitations may be placed on the amount of money a client may possess or have unencumbered access to when such limitations are considered to be in the client's best interests.

4. A provider should, as appropriate to the client's age and abilities, provide training in budgeting, shopping and money management.

5. A provider shall allow a client to bring his/her personal belongings to the program and to acquire belongings of his/her own in accordance with the client's service plan. However, the provider shall, as necessary, limit or supervise the use of these items while the client is in care. When extraordinary limitations are imposed, the client shall be informed by staff of the reasons.

6. The security of having and keeping possessions of one's own contributes to a sense of autonomy and identity. Clients should have a safe place for their belongings. Individual storage space should be provided for their collections, play equipment, and other "treasures." Clients with particularly valuable keepsakes may need staff help to keep them safe.

G. Work

1. Each client should be assigned daily or weekly chores that provide opportunities to learn to assume responsibility and to get satisfaction from contributing to work that must be done, according to age, health, interest, ability, and readiness.

2. The chores should be similar to those of family members in the neighboring community. Clients should not be depended upon to do work for which staff should be employed. There should be a limit on the amount of work expected.

3. Staff should approve and supervise all chore assignments. Clients should be encouraged to complete chores, but not forced. Policy for this situation should be covered under the provider's behavior management practices.

4. Clients may be given jobs for which they receive payment, which should be clearly differentiated from duties expected of any client in the course of daily living.

5. When a client engages in off-grounds work, the provider should ensure that:

a. such work is voluntary and in accordance with the client's abilities;

b. the work has been approved by staff;

c. such work is supervised by qualified personnel;

d. the conditions and compensation of such work are in compliance with applicable state and federal laws; and

e. such work does not conflict with the client's service plan.

H. Recreation and Activities

1. Recreation cannot be separated from the total living experience of the client. Play is a learning experience as important as formal education. A recreation program should offer indoor and outdoor activities in which participation can be encouraged and motivated on the basis of individual interests and needs.

2. A provider should provide recreational services based on the individual needs, interests and functioning levels of the clients served.

3. A provider should utilize the recreational resources of the community whenever appropriate. The provider should arrange the transportation and supervision required for maximum usage of community resources.

4. Exercise promotes health and physical development. When clients improve in fitness, their self-concept also improves. Active group play and competitive activities can be balanced by quiet or independent pursuits.

5. A residential care provider should provide adequate recreational equipment and yard space to meet the needs and abilities of its clients. Recreational equipment should be selected in accordance with the number of clients, their ages and needs, and should allow for imaginative play, creativity, and development of leisure skills and physical fitness.

6. Clients should have time to be alone and to engage in solitary activities that they enjoy, such as reading, drawing, playing with dolls, puppets and other toys, working on collections, roller-skating and bicycling. There should be opportunities for group activities to develop spontaneously, such as group singing, dancing, storytelling, listening to records, games, etc. Use of television may have to be governed by rules about hours when viewing is allowed and about choice of programs.

I. Birthdays. Each client's birthday should be celebrated individually in an appropriate manner in the group living unit.

J. Religion

1. A provider should clearly explain its religious orientation, particular religious practices which are observed, and any religious restrictions on admission. This description shall be provided to the client; the legally responsible person, when appropriate; and the responsible agency.

2. The nonsectarian agency has responsibility to provide opportunities for the client who wants to have an appropriate religious affiliation and religious experiences in accordance with the religious preferences of the parents.

3. The agency under religious auspices, whose religious program is an integral part of its service, should make it clear that its service is so based. Clients whose parents want them to make use of such a service should be able to do so.

4. Clients and families who do not choose to participate in religious activities should not be expected to do so in any residential center.

K. Clothing

1. A provider shall ensure that clients are provided with clean, well-fitting clothing appropriate to the season and to the client's age, sex and individual needs. Clothing shall be maintained in good repair.

2. All clothing provided to a client shall go with the client at discharge.

3. Clothing shall belong to the individual client and not be shared in common.

4. Clothing contributes to the client's feeling of worth and dignity. It represents being valued by adults, respect for individuality and having someone who cares for him or her. Clothing should be provided in a manner that helps the client develop self-esteem and a sense of personal responsibility.

L. Personal Care and Hygiene

1. A provider shall establish procedures to ensure that clients receive training in good habits of personal care, hygiene and grooming, appropriate to their age, sex, and race.

2. Each client should have the personal help that all persons need at times, regardless of age, in waking, dressing, deciding what to wear, combing hair, caring for clothing, grooming, getting ready for meals or school, keeping appointments, going to bed, etc.

M. Food Services

1. It is preferable to have one person in charge of food service who is familiar with nutrition, food service and management. The person responsible for food service should be aware of clients with special nutritional needs, and manage the resources of the dietary services to achieve effective food delivery.

2. A provider shall ensure that a client is provided at least three meals or their equivalent daily at regular times with not more than 14 hours between the evening meal and breakfast of the following day. Meal times shall be comparable to those in a normal community home.

3. A provider should develop written menus at least one week in advance.

4. Records of foods purchased shall be maintained on file for 30 days. Menus should provide for a sufficient variety of foods and shall vary from week to week.

5. No client shall be denied a meal for any reason except according to a doctor's order.

6. No client shall be forced-fed or aggressively coerced to eat against his/her will except by order of a doctor.

7. When meals are provided to staff, a provider shall ensure that staff members eat substantially the same food served to clients in care, unless age differences or special dietary requirements dictate differences in diet.

8. A provider shall purchase and provide to clients only food and drink of safe quality, and the storage, preparation and serving techniques shall ensure that nutrients are retained and spoilage is prevented.

9. Milk and milk products shall be Grade A and pasteurized.

N. Health Care

1. A provider shall ensure the availability of a comprehensive program of preventive, routine and emergency medical and dental care, as appropriate, for all clients.

2. The provider shall show evidence of access to the following health care aspects:

a. ongoing appraisal of the general health of each client;

b. provision for health education, as appropriate;

c. establishment of an ongoing immunization program;

d. approaches that ensure that any medical treatment administered will be explained to the client in language suitable to his/her age and understanding;

e. an ongoing relationship with a licensed physician and dentist to advise the provider concerning medical and dental care;

f. availability of a physician or fully equipped clinic on a 24-hour a day, seven-day a week basis;

g. provision for a dental examination as soon as practical after acceptance of the client for care and for treatment, including necessary prophylaxis, orthodontia, repairs and extractions when indicated, and for annual re-examinations; and

h. access to psychiatric and psychological resources, on both an emergency and ongoing basis, as appropriate to the needs of clients.

O. Medical Care

1. A provider shall arrange a general medical examination by a physician for each client within two weeks of admission unless the client has received such an examination within 30 days before admission and results of this examination are available to the provider. This examination shall include:

a. an examination of the client for physical injury and disease;

b. vision and hearing screening; and

c. a current assessment of the client's general health.

2. Each client taken into care should be immunized against common contagious diseases, including vaccination for smallpox and immunization against diphtheria, tetanus, poliomyelitis, whooping cough, measles and rubella.

3. Whenever indicated, the client shall be referred to an appropriate medical specialist for either further assessment or treatment, i.e., if indicated, neurological examination and psychiatric evaluation, and tuberculin test, including chest X-ray.

4. A provider must ensure that a client receives competent medical care in keeping with community standards of medical practice when he/she is ill. A physical examination shall be arranged when poor health is indicated.

5. When there has been insufficient time to prepare a client for placement, and if an adequate medical history can be obtained, the routine physical examination, as well as routine medical procedures, such as immunization, may be postponed.

P. Dental Services

1. A provider should have an organized system for providing comprehensive diagnostic dental services for all clients, which includes a complete extra- and intra-oral examination, utilizing all diagnostic aids necessary to properly evaluate the client's oral condition within a period of one month following admission, unless such an examination is in the client's case record.

2. A provider shall have access to comprehensive dental treatment services for all clients which include:

a. provision for dental treatment;

b. provision for emergency treatment on a 24-hour, seven-day-a-week basis by a qualified dentist;

c. a recall system that will assure that each client is re-examined at specified intervals in accordance with his/her needs, but at least annually.

3. A copy of the permanent dental record shall be provided to a provider when a client is transferred.

Q. Mental Health Services

1. A provider shall have access to the following services in accordance with the needs of clients:

a. psychological services;

b. psychiatric services; and

c. social work services.

2. A provider shall ensure that all providers of professional and special services:

a. provide services directly through personal contact with the client;

b. provide services indirectly through contact with staff members and others working with the client;

c. develop and record appropriate plans, goals and objectives for the client and, as appropriate, the client's family;

d. record all significant contacts with the client;

e. periodically provide written summaries of the client's response to the service, the client's current status relative to the service, and the client's progress, to be maintained in the client's case record;

f. participate, as appropriate, in the development, implementation and review of service plans and aftercare plans and in the interdisciplinary team responsible for developing such plans;

g. provide services appropriately integrated into the overall program.

3. A provider shall ensure that any professional or special service provided by the provider has:

a. adequately qualified and, when appropriate, appropriately licensed or certified staff according to state or federal law;

b. adequate space and facilities;

c. appropriate equipment;

d. adequate supplies; and

e. appropriate resources.

4. A provider shall ensure that any professional or special service provided by a person or agency outside the provider meets all relevant requirements contained herein.

R. Psychological Services

1. A provider should provide psychological services, as appropriate, to the needs of the clientele, including strategies to maximize each client's development of perceptual skills, sensorimotor skills, self-help skills, communication skills, social skills, self-direction, emotional stability, effective use of time (including leisure time), and cognitive skills.

2. Psychologists providing services to the provider shall have at least a Master's degree from an accredited program and appropriate experience or training.

S. Psychiatric Services

1. The services of a psychiatrist should be available for diagnosis, consultation and treatment of clients with mental health needs.

2. Psychiatric consultation should be available to other staff members working with clients in developing a program that promotes mental health and in helping all appropriate staff members understand and use mental health concepts in working with clients and their families.

3. Use should be made of mental health services and client guidance facilities in the community, whenever they are available, for clients and parents.

T. Social Work Services

1. Social services as part of an interdisciplinary spectrum of services shall be provided to the clients through the use of social work methods directed toward:

a. maximizing the social functioning of each client;

b. enhancing the coping capacity of the client's family; and

c. asserting and safeguarding the human and civil rights of clients and their families and fostering the human dignity and personal worth of each client.

2. During the evaluation process, which may or may not lead to admission, social workers shall help the client and family to consider alternative services and make a responsible choice as to whether and when placement is indicated.

3. During the client's admission to and residence in the provider, or while the client is receiving services from the provider, social workers shall, as appropriate, provide liaison between the client, the provider, the family and the community in order to:

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

b. assist staff in understanding social factors in the client's day-to-day behavior, including staff-client relationships;

c. assist staff in preparing the client for changes in his/her living situation;

d. help the family to develop constructive and personally meaningful ways to support the client's experience in the provider through counseling concerned with problems associated with changes in family structure and functioning and referral to specific services, as appropriate; and

e. help the family to participate in planning for the client's return to the home or other community placement.

4. After the client leaves the provider, the provider's social workers should provide systematic follow-up to assure referral to appropriate community providers, when possible.

U. Medications

1. A provider shall ensure that no medication is given to any client except in accordance with the written order of a physician.

2. There shall be no standing orders for prescription medications.

3. All orders for prescribed drugs shall terminate after a period not to exceed 90 days.

4. All orders for non-prescription drugs shall terminate after a period not to exceed one year.

5. The provider shall ensure that the prescribing physician is immediately informed of any side effects observed by staff or of any medication errors.

6. A provider supervising the self-administration of psychotropic medications shall have a written description of the use of psychotropic medications except when supervised directly by the prescribing certified clinical professional or his agent, i.e., clinical social worker.

7. A provider shall ensure that medications are either self-administered or administered by qualified persons according to state law.

8. A medication shall not be administered to any client for whom the medication has not been ordered.

9. Medications shall not be used as a disciplinary measure, a convenience for staff or as a substitute for adequate, appropriate programming.

10. All medications, prescription and non-prescription, should not be accessible to clients and should be administered by qualified persons according to state law.

V. Grievance Procedure for Clients

1. A provider should create a positive climate and opportunities for clients to make complaints without fear of retaliation.

2. The provider should make every effort to ensure that all clients and their legally responsible person are aware of and understand the grievance procedure.

W. Abuse and Neglect. A provider shall have comprehensive, written procedures concerning client abuse, including:

1. a description of ongoing communications strategies used by the provider to maintain staff awareness of abuse prevention, current definitions of abuse and neglect, current reporting requirements and applicable laws;

2. a procedure ensuring immediate reporting of any suspected incident to the chief administrator or his/her designee and mandating an initial written summary on the incident to the chief administrator or his/her designee within 24 hours;

3. a procedure for ensuring that the client is protected from potential harassment during the investigation; and

4. a procedure for disciplining staff members who abuse or neglect clients.

X. Reports on Critical Incidents

1. A provider shall require social service staff to report and document deaths of clients, injuries, fights or physical confrontations, situations requiring the use of passive physical restraints, suspected incidents of abuse or neglect, unusual incidents and other situations or circumstances affecting the health, safety or well-being of a client or clients.

2. Such procedures shall ensure verbal and written reports to the chief administrator.

3. When an incident involves abuse or neglect of a client, death of a client, or entails any serious threat to the client's health, safety or well-being, a provider shall:

a. ensure immediate verbal reporting to the chief administrator or his/her designee and a preliminary written report within 24 hours of the incident;

b. ensure immediate notification of representatives of DSS and other appropriate authorities, according to state law;

c. ensure immediate, documented attempts to notify the legally responsible person of the client;

d. ensure immediate attempts to notify other involved agencies and parties, as appropriate; and,

e. ensure follow-up written reports to all appropriate persons and agencies.

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§1965. Direct Service Management

A. Admission Policies

1. A provider shall have a written description of admission policies and criteria which shall include the following information:

a. the age and sex of clients in care;

b. the needs, problems, situations or patterns best addressed by the provider's program;

c. any other criterion for admission;

d. criteria for discharge;

e. any preplacement requirements on the client, the legally responsible person, DSS, or other involved agencies;

f. procedures for ensuring that placement within the program is the least restrictive alternative appropriate to meet the client's needs.

2. The provider shall, when applicable, have policies and procedures governing self-admission. Such policies and procedures shall include procedures for notification, as appropriate, of the legally responsible person.

3. A provider shall not refuse admission to any client on the grounds of race or ethnic origin.

4. A provider shall not admit more clients into care than the number specified on the provider's license.

5. A provider shall not accept any client for placement whose needs cannot be adequately met by the provider's program.

6. A provider shall ensure that the client; the legally responsible person, when appropriate; and others, as appropriate, are provided reasonable opportunity to participate in the admission process and decisions. Proper consents shall be obtained before admission.

7. When such involvement of the legally responsible person is not possible or not desirable, the reasons for their exclusion shall be recorded in the admission study.

B. Intake Evaluation

1. The provider shall accept a client into care only when a current comprehensive intake evaluation has been completed, including health and family history and medical, social, psychological and, as appropriate, developmental or vocational or educational assessment.

2. In emergency situations necessitating immediate placement into care, the provider shall:

a. gather as much information as possible about the client to be admitted and the circumstances requiring placement;

b. formalize this in an "emergency admission note" within two days of admission; and,

c. proceed with an intake evaluation as quickly as possible. The intake evaluation shall be completed within 30 days of admission.

C. Clarification of Expectations to Client. The provider shall, consistent with the client's maturity and ability to understand, make clear its expectations and requirements for behavior and provide the client referred for placement with an explanation of the provider's criteria for successful participation in and completion of the program.

D. Placement Agreement

1. The provider shall ensure that a written placement agreement is completed. A copy of the placement agreement, signed by all parties involved in its formulation, shall be kept in client's record.

2. A provider shall not admit any client into care whose presence will be seriously damaging to the ongoing functioning of the provider or to clients already in care.

3. The placement agreement should be developed with the involvement of the client and the legally responsible person. The placement agreement shall include, by reference or attachment, at least the following:

a. discussion of the client's and the family's expectations regarding family contact and involvement;

b. nature and goals of care, including any specialized services to be provided;

c. religious orientation and practices of the client;

d. anticipated discharge date and aftercare plan;

e. delineation of the respective roles and responsibilities of all agencies and persons involved with the client and his/her family;

f. authorization to care for the client;

g. authorization to obtain medical care for the client;

h. arrangements regarding visits, vacation, mail, gifts and telephone calls;

i. arrangements as to the nature and frequency of reports to and meetings involving the legally responsible person and referring agency;

j. provision for notification of the legally responsible person in the event of unauthorized absence, illness, accident or any other significant event regarding the client.

4. The provider shall ensure that each client upon placement is checked for illness, fever, rashes, bruises and injury. The client shall be asked if he/she has any physical complaints. The results of this procedure shall be documented and kept in the client's record.

5. The provider shall assign a staff member to orient the client and, where available, the family to life at the provider.

E. Discharge and After Care

1. Prior to planned discharge of a client, the provider's staff should formulate an aftercare plan discussing the supports and resources to be provided to the client and the legally responsible person.

a. Prior to discharge, the provider's staff should ensure that the client is aware of and understands his/her aftercare plan.

b. When a client is being placed in another program following discharge, representatives of the staff shall confer with representatives of that program prior to the client's discharge to share information concerning the client.

2. The provider shall have a written policy concerning unplanned discharge. This policy shall ensure that emergency discharges initiated by the provider take place only when the health and safety of a client or other clients might be endangered by the client's further placement at the agency.

a. The provider shall give immediate notice of unplanned discharge to the legally responsible person and shall promptly notify appropriate education authorities.

b. When arranging for placement following an emergency discharge, a provider shall consult with the receiving provider to ensure that the client is placed in a program that reasonably meets the client's needs, if possible.

c. The provider shall have a written report detailing the circumstances leading to each unplanned discharge.

3. Within 30 days of discharge of a client, a provider shall compile a written discharge summary to be included in the client's record. When the client is discharged to another agency, this summary should accompany the client. This summary should include:

a. name and home address of the client and, when appropriate, the legally responsible person;

b. name, address, telephone number of the provider;

c. summary of services provided during care;

d. summary of growth and accomplishments during care;

e. assessed needs which remain to be met, and alternate service possibilities which might meet those needs; and

f. statement of an aftercare plan and identification of who is responsible for follow-up services and aftercare.

F. Individual Service Planning

1. A provider shall ensure that a direct service staff who is an appropriately qualified professional is assigned to each client and given responsibility for and authority over:

a. supervision of the implementation of the client's service plan;

b. integration of the various aspects of the client's program;

c. recording of the client's progress as measured by objective indicators;

d. reviewing the client's service plan on a quarterly basis; and

e. monitoring any extraordinary restriction of the client's freedom, including use of any form of restraint, any special restriction on a client's communication with others and any potentially harmful treatment or behavior management technique applied to the client.

2. Service Plan

a. A provider shall, within 30 days of admitting a client, ensure that a comprehensive written psychological, social and, as appropriate, educational assessment of the client has been completed and, on the basis of this assessment, shall develop a comprehensive, time-limited, goal-oriented individual service plan addressing the needs identified by the assessment.

b. Unless it is clearly not feasible to do so, a provider shall ensure that the service plan and any subsequent revisions are explained to the client and, where appropriate, the legally responsible person in language understandable to these persons.

c. The social service staff shall review each plan at least annually and shall evaluate the degree to which the goals have been achieved.

d. The social service worker shall prepare quarterly status reports on the progress of the client relative to the goals and objectives of the service plan. These reports shall be prepared by designated staff and reviewed and approved.

e. A social service worker shall ensure that all persons working directly with the client are appropriately informed of the service plan.

3. Education

a. A provider should ensure that each client has access to appropriate educational services consistent with the client's abilities and needs, taking into account his/her age and level of functioning.

b. All clients of school age must either be enrolled in a school system or a program approved by the Department of Education.

G. Arrangement of Clients into Groups. A provider should conscientiously consider the manner in which clients are arranged into groups within the provider, and document that this manner of arranging clients into groups effectively addresses the needs of clients. This statement should be in accordance with the following guidelines.

1. All clients must have privacy and a place to go for periods of relative quiet and inactivity.

2. All clients must have an opportunity to build relationships within small groups.

3. Clients must have an opportunity to form relationships with a consistent group of direct service staff.

H. Behavior Management

1. Clients should be given opportunities to learn gradually to assume responsibilities and make decisions for phases of daily living that they are able to carry out by themselves. They should have the assistance and guidance of workers whom they trust and respect, and with whom they have a positive relationship, while learning self-control and self-direction in a widening sphere of daily life.

a. Discipline is the educational process by which professionals help a client have the experiences that enable the client to learn to live in reasonable conformity with accepted standards of social behavior and to do so by progressively acquiring and applying self-control rather than relying on external pressures.

b. Every provider should develop policies and procedures to govern all disciplinary actions. Staff should be fully aware of these policies and their implications through staff development and written materials.

c. Each client should know the basic rules that include not hurting others, not destroying things and not disrupting ongoing activities.

d. Good discipline involves being clear and specific as to limits on behavior, showing the client what is permitted and what is not, and giving feedback on actions that are right or wrong.

e. Responsibility for discipline should be given to the worker who takes care of the clients and supervises their daily activities.

2. Punishment

a. Punishment should be used only in situations where other means are ineffective and when clients can benefit from the experience of facing the consequences of unacceptable behavior not as an end in itself, but as a part of a learning process.

b. Punishment is one form of intervention by the staff in situations in which the client fails to behave as expected or required, or fails to maintain self-control. The staff should have clear reasons for choosing punishment. It is usually more effective to offer an intervention activity that can be positively enforced rather than an intervention that could prove to be a negative reinforcement to a client.

c. Timing or any punishment should be related to the occurrence of the offense and should not extend over so long a period that it loses meaning for the client.

d. Group punishment for misbehavior of one or more members is not desirable. It can have the negative long-range effect of embittering the clients who are unfairly punished and may disturb group cohesiveness. The group may become hostile to the individual client who may feel alone and rejected by them. The group may also direct its hostility to the staff member. Humiliating or degrading punishment,

which undermines the client's respect (including ridicule, sarcasm, shaming, scolding or punishment in the presence of the group or another staff member), should be avoided.

i. Corporal punishment, including slapping, spanking, paddling, belting, hitting or forcing the client to march, stand or kneel rigidly in one spot, or causing any kind of physical discomfort, shall not be used other than when approved by the client's parent or guardian in writing. All state laws must be followed when approved corporal punishment is administered.

ii. Physical restraint of a client by a worker is at times necessary for the protection of the client or others.

3. Misbehavior

a. To be effective, worker intervention should be determined by an understanding of the particular client, the immediate situation, the particular living group of the client, the client's capacity at the time to learn from the experience and the treatment plan.

b. Some situations require purposeful non-interference, i.e., nothing should be done. Others call for active intervention, such as reasoning and discussion of the incident, changing the situation, disapproval, physical restraint or punishment.

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§1967. Physical Environment

A. Accessibility. A provider's building, parking lots and facilities shall be accessible to and functional for clients, staff members and the public, as required by applicable federal and state laws and regulations.

B. Exterior Space

1. A provider shall ensure that all structures on the grounds of the facility accessible to clients are maintained in good repair and are free from any excessive hazard to health or safety.

2. A provider shall maintain the grounds of the facility in an acceptable manner and shall ensure that the grounds are free from any hazard to health or safety.

a. Garbage and rubbish that is stored outside shall be stored securely in non-combustible, covered containers and shall be removed on a regular basis.

b. Trash collection receptacles and incinerators shall be stored separate from the play area, and be located as to avoid being a nuisance to neighbors.

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, shall be fenced off or have natural barriers to protect clients.

e. Playground equipment shall be so located, installed and maintained as to ensure the safety of clients.

3. A provider shall have access to outdoor recreational space and suitable recreational equipment.

C. Interior Space

1. Each living unit of a provider should contain a space for the free and informal use of clients. This space shall be constructed and equipped in a manner consistent with the programmatic goals of the provider.

2. A provider shall provide an appropriate variety of interior recreational spaces.

3. A provider shall ensure the immediate accessibility of appropriate first aid supplies in the living units.

4. Dining Areas

a. A provider shall provide dining areas which permit clients, staff and, as appropriate, guests to eat together in small groups.

b. A provider shall provide dining areas which are clean, well-lighted, ventilated and attractively furnished.

5. Sleeping Accommodations

a. A provider should ensure that each client has a safe and comfortable bedroom space appropriate to age, mental health and supervision requirements. Floor space should provide appropriate freedom of movement. In evaluating bedroom floor space, easy access to large adjoining areas should be considered.

b. A provider shall not use a room with a ceiling height of less than 7 feet as a bedroom space, except in a room with varying ceiling height in which the portions of the room where the ceiling is at least 7 feet allow a useable space.

c. A provider should not permit more than four clients to occupy a designated bedroom space, unless necessitated by supervision requirements.

d. No client over the age of five years shall occupy a bedroom with a member of the opposite sex, unless the persons occupying the bedroom are a married couple, or properly documented medical reasons require it.

e. A provider shall not use any room which does not have a window as a bedroom space.

f. Each client in care of a provider shall have his/her own bed. A client's bed shall be no shorter than the client's height and no less than 30 inches wide, and shall have a clean, comfortable, non-toxic, fire-retardant mattress.

g. A provider shall ensure that sheets, a pillow, a bedspread and blankets are provided for each client.

i. Enuretic clients shall have mattresses with moisture-resistant covers.

ii. Sheets and pillowcases shall be changed at least weekly, but shall be changed more frequently if necessary.

h. A provider shall provide clients with solidly constructed beds. Cots or other portable beds are not to be used on a routine basis.

i. A 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.

j. A provider shall provide each client in care with his/her own dresser or other adequate storage space for private use, and designated space for hanging clothing in proximity to the bedroom occupied by the client.

k. Each client in care of a provider shall have his/her own designated area for rest and sleep.

l. The decoration of sleeping areas for clients shall allow some scope for the personal tastes and expressions of the clients.

6. Bathrooms

a. A provider shall have an adequate number of washbasins with hot and cold water, flush toilets and bath or shower facilities with hot and cold water, according to client care needs.

i. Bathrooms shall be so placed as to allow access without disturbing other clients during sleeping hours.

ii. Each bathroom shall be properly equipped with toilet paper, towels, soap and other items required for personal hygiene, unless clients are individually given such items.

iii. Tubs and showers shall have slip-proof surfaces.

b. A provider shall provide toilets and baths or showers which allow for individual privacy, unless clients in care require assistance.

c. A provider shall ensure that bathrooms have a safe and adequate supply of hot and cold running water. This water shall be potable.

d. A provider shall ensure that bathrooms contain mirrors secured to the walls at convenient heights, and other furnishings necessary to meet the clients' basic hygienic needs.

e. A provider shall ensure that bathrooms are equipped to facilitate maximum self-help by clients. Bathrooms shall be large enough to permit staff assistance of children if necessary.

f. Toilets, washbasins and other plumbing or sanitary facilities in a facility shall at all times be maintained in good operating condition, and shall be kept free of any materials that might clog or otherwise impair their operation.

7. Kitchens

a. Kitchens used for meal preparations shall be provided with the necessary equipment for the preparation, storage, serving and cleanup of all meals for all the clients and staff regularly served by such kitchen. All equipment shall be maintained in working order.

b. A provider shall not use disposable dinnerware at meals on a regular basis, unless the facility documents that such dinnerware is necessary to protect the health or safety of clients in care.

c. A provider shall ensure that all dishes, cups and glasses used by clients in care are free from chips, cracks or other defects.

8. Staff Quarters. A provider utilizing live-in staff shall provide adequate, separate living space with private bathroom for these staff.

9. Administrative and Counseling Space

a. A provider shall provide a space that is distinct from the clients' living areas to serve as an administrative office for records, secretarial work and bookkeeping.

b. A provider shall have a designated space to allow private discussions and counseling sessions between individual clients and staff.

10. Furnishings

a. A provider shall have comfortable, customary furniture as appropriate for all living areas. Furniture for the use of clients shall be appropriately designed to suit the size and capabilities of these clients.

b. A provider shall ensure that there is evidence of routine maintenance and cleaning programs in all areas of the provider.

c. A provider shall replace or repair broken, run-down or defective furnishings and equipment promptly.

11. Doors and Windows

a. A provider shall ensure that any designated bedroom in which the bedroom space is not equipped with a mechanical ventilation system is provided with windows that have an openable area at least 5 percent as large as the total floor area of the bedroom space.

b. A provider shall provide insect screening for all opened windows. This screening shall be readily removable in emergencies and shall be in good repair.

c. A provider shall ensure that all closets used by clients, and bedrooms and bathrooms which have doors, are provided with doors that can be readily opened from both sides.

12. Storage

a. A provider shall ensure that there are sufficient and appropriate storage facilities.

b. A 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.

13. Electrical Systems

a. A provider shall ensure that all electrical equipment, wiring, switches, sockets and outlets are maintained in good order and safe condition.

b. A provider shall ensure that any room, corridor or stairway within a facility is sufficiently illuminated.

c. A provider shall provide adequate lighting of exterior areas to ensure the safety of clients and staff during the night.

14. Heat

a. A provider shall take all reasonable precautions to ensure the heating elements, including exposed hot water pipes, are insulated or installed in a manner that ensures the safety of clients.

b. A provider shall maintain the spaces used by clients at reasonable temperatures.

c. A provider shall not use open flame heating equipment.

15. Water. A provider shall ensure that hot water accessible to clients is regulated to a temperature not in excess of 110 degrees F., unless a variance is granted.

16. Finishes and Surfaces

a. A provider shall not utilize any excessively rough surface or finish where this surface or finish may present a safety hazard to clients.

b. A provider shall not have walls or ceilings surfaced with materials containing asbestos.

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§1969. Emergency and Safety

A. Emergency and Safety Plan

1. A provider should have a plan for emergency and safety procedures.

2. The plan should provide for the evacuation of clients to safe or sheltered areas.

3. The plan should include provisions for training of staff and, as appropriate, clients in preventing, reporting and responding to fires and other emergencies.

4. The plan should provide means for an ongoing safety program including continuous inspection of the provider for possible hazards, continuous monitoring of safety equipment and investigation of all accidents or emergencies.

B. Emergency Drills

1. A provider shall conduct emergency drills at least once every three months and at varying times of the day.

2. A provider shall make every effort to ensure that staff and clients recognize the nature and importance of such drills.

C. Access to Emergency Services

1. A provider shall have access to 24-hour telephone service.

2. The provider shall either have posted telephone numbers of emergency services, including fire department, police, medical services, poison control and ambulance, or be able to show evidence of an alternate means of immediate access to these services.

D. General Safety Practices

1. A provider shall not maintain any firearm or chemical weapon in the living units of the facility.

2. A 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 such a manner as to ensure the safety of clients, staff and visitors.

3. A provider should ensure that an appropriately equipped first-aid kit is available in the provider's building.

4. Every required exit, exit access and exit discharge in a provider's building shall be continuously maintained free of all obstructions or impediments to immediate use in the case of fire or other emergency.

5. A provider shall prohibit the use of candles in sleeping areas of the clients.

6. Power-driven equipment used by a provider shall be kept in safe and good repair. Such equipment shall be used by clients only under the direct supervision of a staff member and according to state law.

7. A provider shall have procedures to prevent insect and rodent infestation.

E. Transportation

1. The provider shall ensure that each client is provided with the transportation necessary for implementing the client's service plan.

2. The provider shall have means of transporting clients in case of emergency.

3. Any vehicle used in transporting clients in care of the provider, whether such vehicle is operated by a staff member of any other person acting on behalf of the provider, shall be properly licensed and inspected in accordance with state law.

4. The provider shall not allow the number of persons in any vehicle used to transport clients to exceed the number of available seats in the vehicle.

5. All vehicles used for the transportation of clients shall be maintained in a safe condition and be in conformity with all applicable motor vehicle laws.

6. Identification of vehicles used to transport clients in care of a provider shall not be of such nature to embarrass or in any way produce notoriety for clients.

7. The provider shall ascertain the nature of any need or problem of a client which might cause difficulties during transportation, such as seizures, a tendency towards motion sickness or a disability. The provider shall communicate such information to the operator of any vehicle transporting clients in care.

8. The following additional arrangements are required in all vehicles except automobiles for a provider serving handicapped, non-ambulatory clients.

a. A ramp device to permit entry and exit of a client from the vehicle must be provided for all vehicles that are normally used to transport physically handicapped clients. A mechanical lift may be utilized, provided that a ramp is also available in case of emergency.

b. Wheelchairs used in transit shall be securely fastened to the vehicle.

c. The arrangement of the wheelchairs shall provide an adequate aisle space and shall not impede access to the exit door of the vehicle.

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