



Final Regulation Agency Background Document

Agency name	Boards of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services
Virginia Administrative Code (VAC) citation	22VAC42-11
Regulation title	Standards for Interdepartmental Regulation of Children's Residential Facilities
Action title	Revise Standards to Meet Current Industry Practices
Date this document prepared	October 17, 2007

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 21 (2002) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation. Also, please include a brief description of changes to the regulation from publication of the proposed regulation to the final regulation.

This is a joint action to repeal 22VAC42-10 and adopt a new regulation, 22VAC42-11, Standards for Interdepartmental Regulation of Children's Residential Facilities. The regulation applies to all children's residential facilities licensed or certified by the Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services. The changes made to this regulation reflect changes to the children's residential facility industry in recent years, and in federal requirements regarding record keeping and behavior management. The changes also incorporate the requirements found in Chapters 168 and 781 of the 2006 Acts of Assembly. The new regulation replaces an emergency regulation. Substantive changes address: changes in the types of licenses issued in response to compliance issues; summary suspensions; staff training requirements and qualifications; timely educational services; record keeping requirements; medication; staff supervision ratios; behavior management; recreation; emergency procedures; and community relations. The new regulation will better ensure that safeguards are in place to protect residents of children's residential facilities and that services are appropriate for these children.

Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.

The final regulation, 22VAC42-11, entitled the Standards for Interdepartmental Regulation of Children's Residential Facilities, and the final repeal of 22VAC42-10, entitled Standards for Interdepartmental Regulation of Children's Residential Facilities were approved by the Board of Juvenile Justice on September 12, 2007; by the Board of Education on September 26, 2007; by the Board of Mental Health, Mental Retardation and Substance Abuse Services on October 4, 2007; and the Board of Social Services on October 17, 2007.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter numbers, if applicable, and (2) promulgating entity, i.e., agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

Authority to promulgate the regulation is found in §§ 22.1-321, 22.1-323, 22.1-323.2, 16.1-309.9, 66-10, 66-24, 37.2-403-422, 63.2-217, 63.2-1701, 63.2-1703, 63.2-1737, and 63.2-203 of the *Code of Virginia*.

The Boards of Education; Mental Health, Mental Retardation and Substance Abuse Services; Juvenile Justice; and Social Services are the promulgating entities. Regulation of children's residential facilities is mandatory.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons it is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

The purpose of the proposed action is to promulgate revised standards that better protect the health, safety and welfare of vulnerable children who are separated from their families and reside in children's residential facilities. The standards will assure that an acceptable level of care and education are provided to these children. Children placed in residential care typically need a higher level of service than can be provided in a foster home. It is important that staff who supervise these children have the appropriate knowledge and experience to make decisions regarding their care. The appropriate number of trained staff on duty is needed to give the children adequate time and attention to meet their needs. Staff also need the time to plan a structured program of care for the residents and to document planning and decision-making for each resident.

In the past, approximately 60 to 70 requests per year were received to operate a children's residential facility. Facilities were operated by organizations connected to groups with child welfare experience.

Facilities were most often operated as nonprofits. Today the Office of Interdepartmental Regulation receives an average of 35 inquiries each month to operate a children's residential facility. Inquirers are private individuals who may not have had any children's residential experience. Many want to open for profit facilities.

The Joint Legislative Audit and Review Commission's (JLARC) December 2006 report "Evaluation of Children's Residential Services Delivered through the Comprehensive Services Act," recommends that collecting licensure fees be considered. The report recommends that these fees be used to provide training. The report states that training of facility staff is not adequately addressed in the current standards. In order to ensure that residents receive the care and education they need, staff must have the training and experience, as well as the time, to make quality decisions about the residents they are serving. The proposed changes to the regulation concerning licensure fees, additional required training and additional qualifications for administrative staff address issues discussed in the JLARC report.

An emergency regulation was required by Chapters 168 and 781 of the 2006 Acts of Assembly. This proposed regulation is necessary to replace the emergency regulation as required by the *Code of Virginia*.

Substance

Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. A more detailed discussion is required under the "All changes made in this regulatory action" section.

Substantive changes include allowing the types of licenses issued to facilities regulated by DOE, DMHMRSAS, and DSS to be changed when compliance is an issue; adding the option of summary suspension of the license was added, to be consistent with the *Code of Virginia*; strengthening the qualifications of the staff who make administrative and supervision decisions at the facility and adding requirements ensuring that a qualified staff person is available to make decisions. All training requirements are moved to one section for clarity and additional training is required as suggested by the December 2006 JLARC report. Requirements are added that ensure that educational services are provided to the child in a timely manner. Record keeping requirements are clarified and written to comply with federal guidelines. Requirements for medical treatment and medication are improved according to guidance received from medical professionals. Staff supervision ratios are changed to better meet current practice and child advocacy guidelines. Emphasis has been redirected from behavior management to behavior support and helping residents to manage their own behavior. Recreation guidelines are written to ensure better planning and supervision during overnight trips or activities. Emergency procedures requirements are strengthened to ensure better preparation for an emergency in today's environment. Special requirements are added for specialized independent living programs, mother/baby programs, and for camping programs and programs that take residents on adventure activities. Requirements have also been added for every facility to name a community liaison person, to train staff and have policies and procedures regarding positive community relations.

Issues

Please identify the issues associated with the proposed regulatory action, including:

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
- 2) the primary advantages and disadvantages to the agency or the Commonwealth; and*
- 3) other pertinent matters of interest to the regulated community, government officials, and the public.*

If there are no disadvantages to the public or the Commonwealth, please indicate.

Primary advantages to the public:

- Better ensures that children placed in residential facilities receive the care and education that they need by requiring an adequate number of qualified staff;
- Families and parents that place their children in residential care are offered reassurance that their child is safe and that his needs are being met;
- Better ensures that tax payer funds are used to pay for adequate services for children; and
- Neighbors of facilities will see that there are requirements in place to protect their interests

Primary Disadvantages to the public:

- Although many providers are already meeting the proposed standards, operators of facilities that currently are not meeting the revised standards may incur additional expenses.

Changes made since the proposed stage

Please describe all changes made to the text of the proposed regulation since the publication of the proposed stage. For the Registrar’s office, please put an asterisk next to any substantive changes.

Section number	Requirement at proposed stage	What has changed	Rationale for change
10	“Annual” means within 12 months of the previous event or occurrence.	10 - Definitions “Annual” means within 12 13 months of the previous event or occurrence.	*Allows the provider greater flexibility.
10	“Application” means a document completed by the facility to furnish the regulatory authority details about the facility’s operations and includes certifications that the facility understands and intends to comply with regulatory requirements. An application includes inspection reports necessary to verify compliance with applicable requirements of other state agencies. An application is complete when all required information is provided and the application is signed and dated by the individual legally responsible for operation of the facility.	Deleted the definition.	The definition was unnecessary as all the information was provided in § 30.
10	"Aversive stimuli" means	The word individual was changed to	The word resident is used

	physical forces (e.g. sound, electricity, heat, cold, light, water, or noise) or substance (e.g. hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity which when applied to an individual are noxious or painful to the individual, but in no case shall the term "aversive stimuli" include striking or hitting the individual with any part of the body or with an implement or pinching, pulling, or shaking the individual.	resident. "Aversive stimuli" means physical forces (e.g. sound, electricity, heat, cold, light, water, or noise) or substance (e.g. hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity which when applied to an individual are noxious or painful to the individual <u>resident</u> , but in no case shall the term "aversive stimuli" include striking or hitting the individual with any part of the body or with an implement or pinching, pulling, or shaking the individual <u>resident</u> .	consistently throughout the standards.
10	"Child-placing agency" means any person licensed to place children in foster homes or adoptive homes or a local board of public welfare or social services authorized to place children in foster homes or adoptive homes.	The words "public welfare or" were deleted. "Child-placing agency" means any person licensed to place children in foster homes or adoptive homes or a local board of public welfare or social services authorized to place children in foster homes or adoptive homes.	The term "board of public welfare" is no longer used.
10	"Child with special needs" means a child in need of particular services because the child has mental retardation, a developmental disability, mental illness, emotional disturbance, a substance abuse problem, is in need of special educational services, or requires security services.	The definition was deleted.	The term is not used within the regulations.
10	"Child with a visual impairment" means one whose vision, after best correction, limits the child's ability to profit from a normal or unmodified educational or daily living setting.	Definition deleted.	The term is not used.
10	"Children's residential facility " or "facility" means a publicly or privately operated facility, other than a private family home, where 24-hour per day care is provided to children separated from their legal	Added "and the Individual and Family Development Disabilities Support Waiver" "Children's residential facility " or "facility" means a publicly or privately operated facility, other than a private family home, where 24-hour per day care is provided to children	Corrected the title of the DMHMRSAS standards.

	<p>guardians and which is required to be licensed or certified by the Code of Virginia except:</p> <p>1. Any facility licensed by the Department of Social Services as a child-caring institution as of January 1, 1987, and which receives no public funds; and</p> <p>2. Acute-care private psychiatric hospitals serving children that are licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services under the Rules and Regulations for the Licensing of Providers of Mental Health, Mental Retardation and Substance Abuse Services 12 VAC 35-105-10 et seq.</p>	<p>separated from their legal guardians and which is required to be licensed or certified by the Code of Virginia except:</p> <p>1. Any facility licensed by the Department of Social Services as a child-caring institution as of January 1, 1987, and which receives no public funds; and</p> <p>2. Acute-care private psychiatric hospitals serving children that are licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services under the Rules and Regulations for the Licensing of Providers of Mental Health, Mental Retardation and Substance Abuse Services <u>and the Individual and Family Development Disabilities Support Waiver, 12 VAC 35-105-10 et seq.</u></p>	
10	<p>“Confined in post-dispositional detention” means that a court has sentenced the juvenile to a detention home for a period exceeding 30 days as found in §16.1-284.1.B in the Code of Virginia.</p>	<p>Changed “in the Code of Virginia” to “of the Code of Virginia.”</p> <p>“Confined in post-dispositional detention” means that a court has sentenced the juvenile to a detention home for a period exceeding 30 days as found in §16.1-284.1.B in <u>to</u> the Code of Virginia.</p>	Preferred English usage.
10	<p>“Corrective action plan” means violations documented by the regulatory authority and the facility’s corrective action to the documented violations.</p>	<p>“Corrective action plan” means violations documented by the regulatory authority and the facility’s <u>submitted pledged</u> corrective action to the documented violations within a specified time frame, cited by the regulatory authority.</p>	Clarification.
10	<p>“Health record” means the file maintained by a provider which houses personal health information.</p>	<p>“Health record” means the file maintained by a provider which houses <u>contains</u> personal health information.</p>	Preferred language.
10	<p>"Human research" means any systematic investigation utilizing human subjects which may expose such human subjects to physical or psychological injury as a consequence of participation as subjects and which departs from the application of established</p>	<p>"Human research" means any systematic investigation <u>utilizing human subjects which may expose such human subjects to physical or psychological injury as a consequence of participation as subjects and which departs from the application of established and accepted therapeutic methods appropriate to meet the subjects' needs.</u> including research</p>	<p>To be consistent with the “Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services.”</p>

	and accepted therapeutic methods appropriate to meet the subjects' needs.	development, testing, and evaluation, utilizing human subjects, that is designed to develop or contribute to generalized knowledge. Human research shall not include research exempt from federal research regulations pursuant to 45 CFR46.101 (b).	
10	"Independent living program" means a competency-based program that is specifically approved to provide the opportunity for the residents to develop the skills necessary to live successfully on their own following completion of the program.	Added "by the regulatory authority" to indicate who will approve the program. "Independent living program" means a competency-based program that is specifically approved <u>by the regulatory authority</u> to provide the opportunity for the residents to develop the skills necessary to live successfully on their own following completion of the program.	Clarification.
10	"Individualized service plan" means a written plan of action developed, and modified at intervals, to meet the needs of a specific resident. It specifies measurable short and long-term goals, objectives, strategies and time frames for reaching the goals and the individuals responsible for carrying out a plan.	Changed "a" plan to "the" plan. "Individualized service plan" means a written plan of action developed, and modified at intervals, to meet the needs of a specific resident. It specifies measurable short and long-term goals, objectives, strategies and time frames for reaching the goals and the individuals responsible for carrying out <u>a</u> <u>the</u> plan.	Clarification.
10	"Medication error" means that an error has been made in administering a medication to a resident when any of the following occur-including the following: (i) the wrong medication is given to a resident; (ii) the wrong resident is given the medication; (iii) the wrong dosage is given to a resident; (iv) medication is given to a resident at the wrong time or not at all; and (v) the proper method is not used to give the medication to a resident. A medication error does not include a resident's refusal of offered medication.	"Medication error" means that an error has been made in administering a medication to a resident when any of the following occur -including the following: (i) the wrong medication is given to a resident; (ii) the wrong resident is given the medication; (iii) the wrong dosage is given to a resident; (iv) medication is given to a resident at the wrong time or not at all; and (v) the proper method is not used to give the medication to a resident. A medication error does not include a resident's refusal of offered medication.	Clarification.
10	"Parent" means a natural	Changed the word "evidence" to	Preferred language.

	or adoptive parent or a surrogate parent appointed pursuant to DOE’s regulations governing special education programs for students with disabilities. "Parent" means either parent unless the facility has been provided evidence that there is a legally binding instrument, a state law or a court order governing such matters as divorce, separation, or custody, which provides to the contrary.	“documentation.” "Parent" means a natural or adoptive parent or a surrogate parent appointed pursuant to DOE’s regulations governing special education programs for students with disabilities. "Parent" means either parent unless the facility has been provided evidence <u>documentation</u> that there is a legally binding instrument, a state law or a court order governing such matters as divorce, separation, or custody, which provides to the contrary.	
10	“Personal health information” means the information that encompasses the universe of oral, written or otherwise recorded information that is created or received by an entity and relating to either an individual’s physical or mental health or the provision of or payment for health care to an individual.	Deleted the word “and” after entity. “Personal health information” means the information that encompasses the universe of oral, written or otherwise recorded information that is created or received by an entity and relating to either an individual’s physical or mental health or the provision of or payment for health care to an individual.	Correction.
10	“Pharmacological restraint” means the use of a medication that is administered involuntarily for the emergency control of an individual’s behavior when the administered medication is not a standard treatment for the individual’s medical or psychiatric condition when that individual’s behavior places him or others at imminent risk.	“Pharmacological restraint” means the use of a medication that is administered involuntarily for the emergency control of an individual’s behavior <u>when the individual’s behavior places him or others at imminent risk and</u> when the administered medication is not a standard treatment for the individual’s medical or psychiatric condition when that individual’s behavior places him or others at imminent risk.	Clarification/consistency with the “Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services.”
10	“Provider or Licensee” means the person, corporation, partnership, association, or public agency to whom a license or certificate is issued and who is legally responsible for compliance with the standards and statutory requirements relating to the facility.	“Provider or Licensee <u>or Sponsor</u> ” means the person, corporation, partnership, association, or public agency to whom a license or certificate is issued and who is legally responsible for compliance with the standards <u>regulatory</u> and statutory requirements relating to the facility.	Added “sponsor” to clarify what a sponsor is. Changed “standards” to “regulatory” as this is preferred language.
10	"Regulatory authority" means the department or	"Regulatory authority <u>or agency</u> " means the department or state	Added “agency” as this term is also used in the

	state board that is responsible under the Code of Virginia for the licensure or certification of a children’s residential facility.	board that is responsible under the Code of Virginia for the licensure or certification of a children’s residential facility.	standards.
10	"Respite care facility" means a facility that is specifically approved to provide short-term, periodic residential care to children accepted into its program in order to give the legal guardians temporary relief from responsibility for their direct care.	"Respite care facility" means a facility that is specifically approved to provide short-term, periodic residential care to children accepted into its program in order to give the <u>parents or legal guardians</u> temporary relief from responsibility for their direct care.	Added "parents" as the child may be living with their parents at the time they are placed in respite care.
10	"Right" is something to which one has a legal or contractual claim.	Deleted this definition.	Not necessary.
10	"Rules of conduct" means a listing of rules or regulations which is maintained to inform residents and others about behaviors which are not permitted and the consequences applied when the behaviors occur.	Added "of a facility's." "Rules of conduct" means a listing of a facility's rules or regulations which is maintained to inform residents and others about behaviors which are not permitted and the consequences applied when the behaviors occur.	Clarification.
10	"Secure custody facility" means a detention home or a juvenile correctional center.	"Secure custody facility" means a detention home or a juvenile correctional center <u>with physical barriers that regulate movement.</u>	Clarification.
10	"Shall" means an obligation to act is imposed. "Shall not" means an obligation not to act is imposed.	Deleted these definitions.	Unnecessary.
10	"Standard" means a statement which describes in measurable terms a required minimum performance level.	"Standard" means a statement which describes in measurable terms a required minimum performance level. <u>The term standard and the term regulation may be used interchangeably.</u>	Clarification.
10	NA	<u>"Substantial compliance" means that while there may be noncompliance with one or more standards that represents minimal risk, compliance clearly and obviously exists with most of the standards as a whole.</u>	Added this definition as the term is used in the standards.
10	"Variance" means temporary or permanent waiver of compliance with a standard or portion of a standard, or permission to	"Variance" means temporary or permanent waiver of compliance with a standard or portion of a standard, or permission to meet the intent of the standard by a method	Deleted last sentence as it was unnecessary. <i>Code of Virginia</i> determines what can be appealed.

	meet the intent of the standard by a method other than that specified in the standard, when the regulatory authority, in its sole discretion, determines: (i) enforcement will create an undue hardship; and (ii) resident care will not be adversely affected.	other than that specified in the standard, when the regulatory authority, in its sole discretion, determines: (i) enforcement will create an undue hardship; and (ii) resident care will not be adversely affected. The denial of a request for a variance is appealable when it leads to the denial or revocation of a license or certificate.	
10	NA	<u>"Volunteers" means any individual or group who of their own free will, and without any financial gain, provides goods and services to the program without compensation.</u>	Added the definition as the term is used in the standards.
10	"Wilderness program" means a facility specifically approved to provide a primitive camping program with a nonpunitive environment and an experience curriculum for residents nine years of age and older who cannot presently function in home, school, and community. In lieu of or in addition to dormitories, cabins or barracks for housing residents, primitive campsites are used to integrate learning, mentoring, and group process with real living needs and problems for which the resident can develop a sense of social responsibility and self worth.	Changed the "and" to "or." "Wilderness program" means a facility specifically approved to provide a primitive camping program with a nonpunitive environment and an experience curriculum for residents nine years of age and older who cannot presently function in home, school, and <u>or</u> community. In lieu of or in addition to dormitories, cabins or barracks for housing residents, primitive campsites are used to integrate learning, mentoring, and group process with real living needs and problems for which the resident can develop a sense of social responsibility and self worth.	Correction.
30	A. Initial applications 1. A completed application includes, but is not limited to, an initial application form; proposed working budget for the year showing projected revenue and expenses for the first year of operation and a balance sheet showing assets and liabilities; evidence of financial resources, or, a line of credit sufficient to cover estimated operating expenses for 90 days	30 - Applications Changed "must" and "will" to "shall." A. Initial applications 1. A completed application includes, but is not limited to, an initial application form; proposed working budget for the year showing projected revenue and expenses for the first year of operation and a balance sheet showing assets and liabilities; evidence of financial resources, or, a line of credit sufficient to cover estimated operating expenses for 90 days unless the facility is operated by a state or local government agency,	Correct regulatory language.

	<p>unless the facility is operated by a state or local government agency, board, or commission; a description of the program; a proposed staffing/supervision plan including the staff information sheet; copies of all job descriptions; evidence of the applicant's authority to conduct business in Virginia; copy of floor plan with dimensions of rooms; a certificate of occupancy; current health inspection; evidence of consultation with state or local fire prevention authorities; a list of board members, if applicable; three references for the applicant; and if required by the regulatory authority, references for three officers of the board if applicable. This information must be submitted to and approved by the lead regulatory agency in order for the application to be considered complete.</p> <p>2. All initial applications which are not complete within 12 months will be closed.</p> <p>3. Facilities operated by state or local government agencies, boards, and commissions shall submit evidence of sufficient funds to operate including a working budget showing appropriated revenue and projected expenses for the coming year.</p> <p>4. Currently licensed providers must demonstrate that they are operating in substantial compliance with applicable regulations before new facilities operated by the same provider will be</p>	<p>board, or commission; a description of the program; a proposed staffing/supervision plan including the staff information sheet; copies of all job descriptions; evidence of the applicant's authority to conduct business in Virginia; copy of floor plan with dimensions of rooms; a certificate of occupancy; current health inspection; evidence of consultation with state or local fire prevention authorities; a list of board members, if applicable; three references for the applicant; and if required by the regulatory authority, references for three officers of the board, if applicable. This information must <u>shall</u> be submitted to and approved by the lead regulatory agency in order for the application to be considered complete.</p> <p>2. All initial applications which are not complete within 12 months will <u>shall</u> be closed.</p> <p>3. Facilities operated by state or local government agencies, boards, and commissions shall submit evidence of sufficient funds to operate including a working budget showing appropriated revenue and projected expenses for the coming year.</p> <p>4. Currently licensed providers must <u>shall</u> demonstrate that they are operating in substantial compliance with applicable regulations before new facilities operated by the same provider will be licensed.</p>	
--	---	---	--

	licensed.		
40	The regulatory authority or regulatory authorities will arrange and conduct an on-site inspection of the facility; a thorough review of the services; and investigate the character, reputation, status, and responsibility of the applicant.	40 – The Investigation The regulatory authority or regulatory authorities shall arrange and conduct an on-site inspection of the facility and a thorough review of the services, and <u>an investigate investigation of the character,</u> reputation, status, and responsibility of the applicant.	Wording was improved.
50	A. Representatives of the departments shall make announced and unannounced reviews during the effective dates of the license/certificate. The purpose of these reviews is to monitor compliance with applicable standards.	50 – Review of Facilities Changed “departments” to “regulatory authorities.” A. Representatives of the departments <u>regulatory authorities</u> shall make announced and unannounced reviews during the effective dates of the license/-certificate. The purpose of these reviews is to monitor compliance with applicable standards.	New term used in the standards.
60	A. Information concerning the application for initial licensure of children’s residential facilities shall be posted to the Interdepartmental Regulation web site, by locality.	60 – Posting of Information Changed “posted to”, to “posted on.” A. Information concerning the application for initial licensure of children’s residential facilities shall be posted to <u>on</u> the Interdepartmental Regulation web site, by locality.	Correction
70	A. The facility shall demonstrate full compliance with sufficient applicable standards to clearly demonstrate that its program and physical plant provides reasonably safe and adequate care while approved plans of action to correct findings of noncompliance are being implemented and there are no noncompliances which pose an immediate and direct danger to residents. C. The facility shall comply with the terms of its license or certificate. H. Each facility shall self-report within 72 hours, to the lead regulatory agency, lawsuits against or settlements with residential facility operators relating to	70 – General Requirements A. The facility provider shall demonstrate full <u>substantial</u> compliance with sufficient applicable <u>these</u> standards to clearly demonstrate that its program and physical plant provides reasonably safe and adequate care while approved plans of action to correct findings of noncompliance are being implemented and there are no noncompliances which pose an immediate and direct danger to residents. C. The facility provider shall comply with the terms of its license or certificate. H. Each facility provider shall self-report within 72 hours <u>10 days</u> , to the lead regulatory agency, lawsuits against or settlements with residential facility operators relating to the health and safety or human rights of residents and any criminal	Substantial compliance wording was clarified. Used the term “provider” for consistency. *10 days was determined to be a more realistic timeframe for reporting lawsuits. Changed “their” to “its” as this is correct English usage.

	<p>the health and safety or human rights of residents and any criminal charges against staff that may have been made relating to the health and safety or human rights of residents. K. The provider shall comply with its own policies and procedures.</p>	<p>charges against staff that may have been made relating to the health and safety or human rights of residents. K. The provider shall comply with their <u>its</u> own policies and procedures.</p>	
<p>80</p>	<p>A. If there is noncompliance with any of these standards during an initial or ongoing review or investigation, the regulatory authority shall issue a licensing report describing the noncompliance and requesting the provider to submit a corrective action plan. B. The provider shall submit to the regulatory authority and implement a written corrective action plan for each standard found to be in noncompliance as identified on the licensing report for which the provider is found to be in noncompliance. C. The plan of corrective action shall include a: 1. Description of each corrective action to be taken and person responsible for implementation; 2. Date of completion for each action; and 3. Signature of the person responsible for oversight of the implementation of the pledged corrective action. D. The provider shall submit the corrective action plan to the regulatory authority within 15 business days of the issuance of the licensing report. Extensions may be granted by the regulatory authority when requested prior to the due date, but</p>	<p>80 – Written Corrective Action Plans <u>A. Facilities regulated by the Department of Juvenile Justice shall comply with the Board of Juvenile Justice’s certification regulations governing corrective action plans.</u> AB. If there is noncompliance with <u>any of these applicable</u> standards during an initial or ongoing review or investigation, the regulatory authority shall issue a licensing report describing the noncompliance and requesting the provider to submit a corrective action plan. BC. The provider shall submit to the regulatory authority and implement a written corrective action plan for each standard found to be in noncompliance as identified on the licensing report for which the provider is found to be in noncompliance. CD. The plan of <u>plan</u> of corrective action shall include a: 1. Description of each corrective action to be taken and <u>the</u> person responsible for implementation; 2. Date of completion for each action; and 3. Signature of the person responsible for oversight of the implementation of the pledged corrective action. D. The provider shall submit the corrective action plan to the regulatory authority within 15 business days of the issuance of the licensing report. Extensions may be granted by the regulatory authority when requested prior to the due date, but extensions shall not exceed an additional 10 business days. An immediate corrective action shall be required if</p>	<p>*Clarified procedures for DJJ facilities by adding a new subsection A. Improved wording and made it consistent with regulatory language.</p>

	<p>extensions shall not exceed an additional 10 business days. An immediate corrective action shall be required if the regulatory authority determines that the violations are related to the health, safety or welfare of residents.</p> <p>E. A corrective action plan shall be approved by the regulatory authority. The provider has an additional 10 business days to submit a revised corrective action plan after receiving a notice that the plan submitted has not been approved.</p>	<p>the regulatory authority determines that the violations are related pose a threat to the health, safety or welfare of residents.</p> <p>E. A corrective action plan shall be approved by the regulatory authority. The provider has <u>shall have</u> an additional 10 business days to submit a revised corrective action plan after receiving a notice that the plan submitted has not been approved.</p>	
<p>90</p>	<p>B. Facilities Regulated by DOE, DMHMRSAS, or DSS.</p> <p>1. A conditional license shall be issued to a new provider that demonstrates compliance with administrative and policy requirements, but has not demonstrated compliance with all the Interdepartmental Standards. A conditional license shall not exceed six months unless allowed by the Code of Virginia.</p> <p>2. A provisional license may be issued to a provider that has demonstrated an inability to maintain compliance with the Interdepartmental Standards, or other applicable regulations; has violations of licensing standards that pose a threat to the health or safety of residents being served; has multiple violations of licensing standards; or has failed to comply with a previous corrective action plan and has one or more systemic deficiencies.</p> <p>a. A provisional license</p>	<p>90 – Licenses/Certificates</p> <p>B. Facilities Regulated by DOE, DMHMRSAS, or DSS.</p> <p>1. A conditional license shall be issued to a new provider that demonstrates compliance with administrative and policy requirements, but has not demonstrated compliance with all <u>of</u> the Interdepartmental Standards. A conditional license shall not exceed six months unless allowed by the Code of Virginia.</p> <p>2. A provisional license may be issued to a provider that has demonstrated an inability to maintain compliance with the Interdepartmental Standards, or other applicable regulations; has violations of licensing standards that pose a threat to the health or safety of residents being served; has multiple violations of licensing standards; or has failed to comply with a previous corrective action plan and has <u>one two</u> or more systemic deficiencies.</p> <p>a. A provisional license may be issued at any time.</p> <p>b. The term of a provisional license may not exceed six months unless allowed by the Code of Virginia.</p> <p>3. An annual license or certificate:</p> <p>a. Shall be issued when the provider applies for renewal while holding a conditional or provisional</p>	<p>*Vague and unnecessary language was eliminated in the provisional license section.</p> <p>The number of systemic deficiencies was changed back to two which is the current requirement.</p> <p>Changes were also made to improve the wording of the standard.</p>

	<p>may be issued at any time. b. The term of a provisional license may not exceed six months unless allowed by the Code of Virginia. 3. An annual license or certificate: a. Shall be issued when the provider applies for renewal while holding a conditional or provisional license or certificate and substantially meets or exceeds the requirements of the Interdepartmental Standards and other regulations and statutes. b. May be issued at any time, if the provider has received one systemic deficiency. c. May be renewed, but an annual license or certificate and any renewals thereof shall not exceed a period of 36 successive months for all annual licenses and renewals combined. 4. A triennial license or certificate shall be issued when the provider: a. Applies for renewal while holding an annual or triennial license or certificate and b. Substantially meets or exceeds the requirements of the Interdepartmental Standards and other applicable regulations and statutes. C. The term of a facility's license or certificate may be modified at any time during the licensure or certification period based on a change in the facility's compliance with this regulation.</p>	<p>license or certificate and substantially meets or exceeds the requirements of the Interdepartmental Standards and other regulations and statutes. b. May be issued at any time, if the provider has received one systemic deficiency. c. May be renewed, but an annual license or certificate and any renewals thereof shall not exceed a period of 36 successive months for all annual licenses and renewals combined. 4. A triennial license or certificate shall be issued when the provider: a. Applies for renewal while holding an annual or triennial license or certificate and b. Substantially meets or exceeds the requirements of the Interdepartmental Standards and other applicable regulations and statutes. C. The term of a facility's license or certificate may be modified at any time during the licensure or certification period based on a change in the facility's compliance with <u>this regulation these standards and other applicable statutes and regulations.</u></p>	
100	<p>A. There shall be a \$500 nonrefundable initial application fee. If the application is closed, denied, or withdrawn, all</p>	<p>100 – Application Fees A. There shall be a \$500 nonrefundable initial application fee. If the application is closed, denied, or withdrawn, all subsequent initial</p>	<p>Changes were made to improve wording and to use consistent regulatory language.</p>

	<p>subsequent initial applications will require another \$500 fee. B. There shall be a \$100 nonrefundable renewal application fee. C. No renewal fee will be charged to providers directly following the issuance of a conditional license. D. This application fee does not apply to state or locally owned, operated, or contracted facilities. E. Such fees are to be used for the development and delivery of training for providers and staff of children’s residential facilities and regulators of these facilities.</p>	<p>applications will <u>shall</u> require another \$500 fee. B. There shall be a \$100 nonrefundable renewal application fee. C. No <u>A</u> renewal fee will <u>shall not</u> be charged to providers directly following the issuance of a conditional license. D. This <u>The</u> application fee does <u>shall not</u> apply to state or locally owned, operated, or contracted facilities. E. Such <u>Application</u> fees are to <u>shall</u> be used for the development and delivery of training for providers and staff of children’s residential facilities and regulators of these facilities.</p>	
110	<p>C. A change shall not be implemented prior to approval by the regulatory authority. A determination will be made as to whether changes will be approved and the license or certificate modified accordingly or whether an application for a new license or certificate must be filed. The provider will be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license or certificate is required.</p>	<p>110 - Modification C. A change shall not be implemented prior to approval by the regulatory authority. A determination will be made as to whether changes will be approved and the license or certificate modified accordingly or whether an application for a new license or certificate must be filed. The provider will be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license or certificate is required.</p>	<p>The second sentence was deleted as it was unnecessary.</p>
120	<p>B. If denial of a license or certificate is recommended, the facility will be notified in writing of the deficiencies, the proposed action, the right to appeal, and the appeal process.</p>	<p>120 - Denial B. If denial of a license or certificate is recommended, the facility will <u>shall</u> be notified in writing of the deficiencies, the proposed action, the right to appeal, and the appeal process.</p>	<p>“Will” was replaced with “shall” to use consistent regulatory language.</p>
130	<p>A. The license or certificate may be revoked when the provider: 1. Violates any provision of applicable laws or applicable regulations made pursuant to such laws;</p>	<p>130 - Revocation A. The <u>A</u> license or certificate may be revoked when the provider: 1. Violates any provision of applicable laws or applicable regulations made pursuant to such laws;</p>	<p>Unnecessary language was deleted.</p>

<p>150</p>	<p>A. Any request for a variance shall be submitted in writing to the regulatory authority and should include a: 1. Justification why enforcement of the standard would create an undue hardship; and 2. Justification why resident care would not be adversely affected if the variance was granted. B. A variance shall not be effected prior to approval of the regulatory authority.</p>	<p>150 - Variances A. Any request for a variance shall be submitted in writing to the regulatory authority and should shall include a: 1. Justification why enforcement of the standard would create an undue hardship; and 2. <u>How the facility can comply with the intent of the standard; and</u> 23. Justification why resident care would not be adversely affected if the variance was granted. B. A variance shall not be effected <u>implemented</u> prior to approval of the regulatory authority.</p>	<p>*The second requirement was added at the request of a public commenter. Other changes were made to improve wording.</p>
<p>160</p>	<p>The departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Service; and Social Services are responsible for complete and prompt investigation of all complaints and allegations at the facilities where they have regulatory authority, and for notification of the appropriate persons or agencies when removal of residents may be necessary. Suspected criminal violations shall be reported to the appropriate law enforcement authority.</p>	<p>160 – Investigation of Complaints and Allegations The departments <u>Departments</u> of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Service <u>Services</u>; and Social Services are responsible for complete and prompt investigation of all complaints and allegations at the facilities where <u>made against providers for which</u> they have regulatory authority, and for notification of the appropriate persons or agencies when removal of residents may be necessary. Suspected criminal violations shall be reported to the appropriate law enforcement authority.</p>	<p>Changes were made to improve wording.</p>
<p>180</p>	<p>B. The provider shall develop and implement a written decision making plan which shall provide for a staff person with the qualifications of the chief administrative officer or program director to be designated to assume the temporary responsibility for the operation of the facility. Each plan must be approved by the-regulatory agency and include an organizational chart.</p>	<p>180 – Responsibilities of the Provider B. The provider shall develop and implement a written decision making plan which shall provide for a staff person with the qualifications of the chief administrative officer or program director to be designated to assume the temporary responsibility for the operation of the facility. Each plan must shall be approved by the regulatory agency <u>and</u> include an organizational chart.</p>	<p>*The requirement to have the regulatory agency approve the decision making plan was deleted as it was determined the approval was unnecessary.</p>
<p>200</p>	<p>A. The facility shall maintain liability insurance covering the premises and the facility's operations.</p>	<p>200 - Insurance A. The facility <u>provider</u> shall maintain liability insurance covering the premises and the facility's</p>	<p>Changes were made to improve wording and to use consistent language.</p>

	<p>B. The facility shall provide documentation that all vehicles used to transport residents are insured, including vehicles owned by staff.</p> <p>C. The members of the governing body and staff who have been authorized to handle the facility's or resident's funds shall be bonded or otherwise indemnified against employee dishonesty.</p>	<p>operations.</p> <p>B. The facility <u>provider</u> shall provide documentation that all vehicles used to transport residents are insured, including vehicles owned by staff.</p> <p>C. The members of the governing body and staff who have been authorized to handle the facility's or resident's <u>residents'</u> funds shall be bonded or otherwise indemnified against employee dishonesty.</p>	
210	<p>The facility shall not use residents in its fund-raising activities without written permission of the legal guardian and the permission of residents 14 years or older.</p>	<p>210 – Fund-Raising</p> <p>The facility <u>provider</u> shall not use residents in its fund-raising activities without written permission of the legal guardian and the permission of residents 14 years or older.</p>	<p>Wording was changed to be consistent.</p>
220	<p>The facility shall develop and implement a written policies and procedures governing the possession and use of firearms, pellet guns, air guns, and other weapons on the facility's premises and on facility related activities. The policy shall provide that no firearms, pellet guns, air guns, or other weapons shall be permitted on the premises or at facility sponsored activities unless the weapons are:</p>	<p>220 - Weapons</p> <p>The facility <u>provider</u> shall develop and implement a written policies and procedures governing the possession and use of firearms, pellet guns, air guns, and other weapons on the facility's premises and on <u>during</u> facility related activities. The policy shall provide that no firearms, pellet guns, air guns, or other weapons shall be permitted on the premises or at facility sponsored activities unless the weapons are:</p>	<p>Wording was improved.</p>
230	<p>B. The governing body or its official representative shall notify the regulatory authorities within five working days of any change in administrative structure or newly hired chief administrative officer.</p>	<p>230 – Relationship to Regulatory Authority</p> <p>B. The governing body or its official representative shall notify the regulatory authorities within five working days of any change in administrative structure or newly hired chief administrative officer <u>or program director.</u></p>	<p>**“Program director” was added as this is a key position in a children's residential facility.</p>
240	<p>Facilities which are approved to serve persons over the age of 17 years shall comply with these interdepartmental standards for all occupants regardless of age, except when it is determined by the regulatory authorities</p>	<p>240 – Facilities Serving Persons Over 17 Years</p> <p>Facilities which are approved to serve persons over the age of 17 years shall comply with these interdepartmental standards for all occupants regardless of age, except when it is determined by the regulatory authorities that housing,</p>	<p>“Other” was inserted for clarity.</p>

	that housing, programs, services, and supervision for such persons are provided separately from those for the residents.	programs, services, and supervision for such persons are provided separately from those for the <u>other</u> residents.	
250	<p>B. Tuberculosis Evaluation.</p> <p>1. At the time of hire, each individual shall submit the results of a screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.</p> <p>E. The facility shall report any active case of tuberculosis developed by a staff member or resident to the local health department.</p>	<p>250 – Health Information</p> <p>B. Tuberculosis Evaluation.</p> <p>1. At the time of hire <u>or residency at the facility</u>, each individual shall submit the results of a screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.</p> <p>E. The <u>facility provider</u> shall report any active case of tuberculosis developed by a staff member <u>or a resident</u> to the local health department.</p>	<p>**“Or residency at the facility” was added so individuals other than staff or residents who live in the facility would also be required to have a TB evaluation.</p> <p>“Facility” was changed to “provider” for consistency.</p> <p>*The resident was added in subsection E as any case of TB must be reported.</p>
270	<p>A. Standards establishing minimum position qualifications shall be applicable to all facilities. In lieu of the minimum position qualifications contained in this chapter, facilities subject to (i) the rules and regulations of the Virginia Department of Human Resource Management or (ii) the rules and regulations of a local government personnel office may develop written minimum entry level qualifications in accord with the rules and regulations of the supervising personnel authority.</p> <p>B. A person who assumes or is designated to assume the responsibilities of a position or any combination of positions described in these standards shall:</p>	<p>270 - Qualifications</p> <p>A. Standards establishing minimum position qualifications shall be applicable to all <u>facilities providers</u>. In lieu of the minimum position qualifications contained in this chapter, <u>facilities providers</u> subject to (i) the rules and regulations of the Virginia Department of Human Resource Management or (ii) the rules and regulations of a local government personnel office may develop written minimum entry level qualifications in accord with the rules and regulations of the supervising personnel authority.</p> <p>B. A person who assumes or is designated to assume the responsibilities of a position or any combination of positions described in these standards <u>after the effective date of these standards</u> shall:</p>	<p>Facility was changed to provider for consistency.</p> <p>**“After the effective date of these standards” was added to ensure that all current staff would be grandfathered</p>
300	Content of personnel	300 – Personnel Records	

	<p>records of volunteers, and contractual service providers may be limited to documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations.</p> <p>B. The records of each employee shall include: 6. Date of employment ; 9. Documentation of all training required by this regulation and any other training received by individual staff; and</p>	<p>Content of personnel records of volunteers, <u>students/interns</u> and contractual service providers may be limited to documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations.</p> <p>B. The records of each employee shall include: 6. Date of employment for <u>each position held</u> and separation; 9. Documentation of all training required by this regulation <u>these standards</u> and any other training received by individual staff; and</p>	<p>*“Student/interns” was added to be consistent with other standards.</p> <p>**“For each position held” was added in element 6 to more easily determine when an individual begins each job that may have different requirements.</p> <p>“This regulation” was changed to “these standards” in element 9 for consistency.</p>
<p>310</p>	<p>A. Required initial training: 2. Within 14 days following an individual’s begin date, or before an individual is alone supervising children, the provider shall implement <u>conduct</u> emergency preparedness and response training which shall include: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same sponsor, relief staff, volunteers and students/interns shall be given orientation and training regarding: 6. Within 30 days following their begin date all staff shall be trained on the facility’s policies and procedures regarding universal precautions. 7. Within 30 days following their begin date, all staff shall be trained on good neighbor policies and community relations. D. Each full time staff person who works with residents shall complete an additional 15 hours of annual training applicable to their job duties.</p>	<p>310 – Staff Development</p> <p>A. Required initial training: 2. Within 14 days following an individual’s begin date, or before an individual is alone supervising children, the provider shall implement <u>conduct</u> emergency preparedness and response training which shall include: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same sponsor <u>provider</u>, relief staff, volunteers and students/interns shall be given orientation and training regarding: 6. Within 30 days following their begin date <u>or as required by other state or federal regulations</u>, all staff shall be trained on the facility’s policies and procedures regarding universal <u>standard</u> precautions. 7. Within 30 days following their begin date, all staff shall be trained on <u>appropriate siting of children’s residential facilities</u> and good neighbor policies and community relations. D.C. Each full time staff person who works with residents shall complete an additional 15 hours of annual training applicable to their job duties. E.D. <u>Facilities Providers</u> shall develop and implement written policies and procedures to ensure</p>	<p>“Conduct” replaced “implemented” as this is preferred wording.</p> <p>“Sponsor” was changed to “provider” to be consistent.</p> <p>**“Or as required by other state or federal regulations” was added as these regulations may require that this training be provided sooner.</p> <p>“Universal” was changed to “standard” as this is the more current term.</p> <p>**“Training in appropriate siting of children’s residential facilities” was added as this requirement is in the <i>Code of Virginia</i>.</p> <p>A lettering error was corrected.</p> <p>Wording was changed for consistency.</p>

	<p>E. Facilities Providers shall develop and implement written policies and procedures to ensure that part time staff receive training applicable to their positions.</p> <p>F. Training provided will shall be comprehensive and based on the needs of the population served to ensure that staff have the competencies to perform their jobs.</p>	<p>that part time staff receive training applicable to their positions.</p> <p>E. Training provided will shall be comprehensive and based on the needs of the population served to ensure that staff have the competencies to perform their jobs.</p>	
330	<p>A. Each applicant shall show evidence that they have been trained on appropriate siting of children’s residential facilities.</p> <p>B. The applicant shall be interviewed in person by the regulatory authority to determine the qualifications of the owner or operator as set out in this regulation.</p> <p>C. Should the applicant not be qualified to perform the duties of the chief administrative officer, the applicant shall hire an individual with the qualifications, as set out in this regulation, to perform the duties of the chief administrative officer.</p>	<p>330 – The Applicant</p> <p>A. Each applicant shall show evidence <u>provide documentation</u> that they have been trained on appropriate siting of children’s residential facilities <u>and good neighbor policies and community relations</u>.</p> <p>B. The applicant shall be interviewed in person by the regulatory authority to determine the qualifications of the owner or operator as set out in this regulation <u>these standards</u>.</p> <p>C. Should the applicant not be qualified to perform the duties of the chief administrative officer, the applicant shall hire an individual with the qualifications, as set out in this regulation <u>these standards</u>, to perform the duties of the chief administrative officer.</p>	<p>Wording was changed for consistency.</p> <p>**“And good neighborhood policies and community relations” was added as this training is required for the applicant by the <i>Code of Virginia</i>.</p>
340	<p>A. The chief administrative officer shall have the following responsibilities:</p> <ol style="list-style-type: none"> 1. Responsibility for compliance with the Standards for Interdepartmental Regulation of Children’s Residential Facilities and other applicable standards; 2. Responsibility for all personnel; 3. Overseeing facility operation in its entirety, including the approval of the design of the structured program of care and its implementation; and 4. Responsibility for the 	<p>340 – Chief Administrative Officer</p> <p>A. The chief administrative officer shall have the following responsibilities:</p> <ol style="list-style-type: none"> 1. Responsibility for compliance with the Standards for Interdepartmental Regulation of Children’s Residential Facilities and other applicable standards <u>and statutes</u>; 2. Responsibility for <u>overseeing</u> all personnel; 3. Overseeing facility operation in its entirety, including the approval of the design of the structured program of care and its implementation; and 4. Responsibility for the facility’s financial integrity. 	<p>**“And statutes” was added in 340.A.1 as this is also a duty of the CAO.</p> <p>*Qualification requirements were revised to offer the provider greater flexibility in hiring a qualified CAO.</p>

	<p>facility's financial integrity.</p> <p>B. A chief administrative officer appointed after the effective date of these standards shall have at least:</p> <p>1. A master's degree in social work, psychology, counseling, or nursing and two years of full time paid work experience in a children's residential facility and one year full time experience in an administrative or supervisory capacity; or</p> <p>2. A baccalaureate degree in social work, psychology, counseling, or nursing and three years full time paid work experience with children, at least two of which were in a children's residential facility and one year of administrative or supervisory experience; or</p> <p>3. A master's in education and two years of full time paid work experience in a children's residential facility and one year full time experience in an administrative or supervisory capacity or baccalaureate degree in education and three years full time paid work experience with children, at least two of which were in a children's residential facility and one year of administrative or supervisory experience may be accepted for a chief administrative officer of a program whose lead regulatory agency is the Department of Education; or</p> <p>4. A baccalaureate degree and seven years of full time paid work experience with children at least four of which shall be in a children's residential facility</p>	<p>B. A chief administrative officer appointed after the effective date of these standards shall have at least:</p> <p>1. A master's degree in social work, psychology, counseling, or nursing <u>or administration</u> and two years of full time paid work experience in a children's residential facility and one year full time experience in an administrative or supervisory capacity <u>a combination of two years professional experience working with children and in administration and supervision</u> ; or</p> <p>2. A baccalaureate degree in social work, psychology, counseling, or nursing <u>or administration</u> and three years of <u>combined full time paid work professional experience with children, at least two of which were in a children's residential facility and one year of administrative or and supervisory experience</u>; or</p> <p>43. A baccalaureate degree and <u>a combination of seven four years of full time paid work professional experience with children at least four of which shall be in a children's residential facility and two years of administrative or supervisory experience</u> administration and supervision.</p> <p>34. For a program whose lead regulatory agency is the Department of Education, A a master's <u>degree</u> in education <u>and a combination of two years of full time paid work professional experience in a children's residential facility working with children and one year full time experience in an administrative or supervisory capacity <u>administration and supervision</u> or a baccalaureate degree in education <u>and a combination of three years full time paid work professional experience with children, at least two of which were in a children's residential facility and one year of administrative or supervisory experience</u> <u>and in administration and supervision</u> may be accepted</u></p>	
--	--	--	--

	<p>and two years of administrative or supervisory experience.</p>	<p>for a chief administrative officer of a program whose lead regulatory agency is the Department of Education;</p>	
<p>350</p>	<p>D. A person appointed after the effective date of these standards to direct programs shall have at least: 1. A master's degree in social work, psychology, counseling, or nursing and two years of full time paid work experience with children, one of which needs to be in a children's residential facility and one year of administrative or supervisory experience; 2. A baccalaureate degree in social work, psychology, counseling or nursing and three years full time paid experience working with children, one of which must be in a children's residential facility and one year of administrative or supervisory experience; 3. A license or certificate issued by the Commonwealth of Virginia as a drug or alcoholism counselor/worker if the facility's purpose is to treat drug abuse or alcoholism; 4. A baccalaureate degree and five years of full time paid experience working with children at least three of which must be in a children's residential facility and one year of full time supervisory or administrative experience; or 5. A master's degree in education and two years of full time paid work experience with children, one of which needs to be in a children's residential facility and one year of administrative or supervisory experience or</p>	<p>350 – Program Director D. A person appointed after the effective date of these standards to direct programs shall have at least: 1. A master's degree in social work, psychology, counseling, or nursing and <u>a combination of two years of full time paid work professional</u> experience with children, one of which needs to be in a children's residential facility and one year of <u>administrative or supervisory experience in administration or supervision</u>; 2. A baccalaureate degree in social work, psychology, counseling or nursing and <u>a combination of three years full time paid professional</u> experience working with children, one of which must be in a children's residential facility and one year of <u>administrative or supervisory experience in administration or supervision</u>; 43. A baccalaureate degree and <u>a combination of five</u> four years of <u>full time paid professional</u> experience working with children, at least three of which must be in a children's residential facility and one year of <u>full time supervisory or administrative experience in administration or supervision</u>; or 34. A license or certificate issued by the Commonwealth of Virginia as a drug or alcoholism counselor/worker if the facility's purpose is to treat drug abuse or alcoholism; 5. <u>For a program whose lead regulatory agency is the Department of Education, A-a</u> master's degree in education and <u>a combination of two years of full time paid work professional</u> experience with children, one of which needs to be in a children's residential facility and one year of <u>administrative or supervisory experience in administration or supervision</u> or a baccalaureate degree in education</p>	<p>*Qualification requirements were revised to offer the provider greater flexibility in hiring a qualified Program Director.</p>

	a baccalaureate degree in education with an endorsement in at least one area of disability served by the program and three years full time paid experience working with children, one of which must be in a children’s residential facility and one year of administrative or supervisory experience may be accepted for a program director of a program whose lead regulatory agency is the Department of Education.	with an endorsement in at least one area of disability served by the program <u>and a combination of three years full-time paid professional</u> experience working with children, one of which must be in a children’s residential facility and one year of administrative or supervisory experience in <u>administration or supervision</u> may be accepted for a program director of a program whose lead regulatory agency is the Department of Education.	
360	3. A baccalaureate degree and three years of full time paid experience working with children at least one of which shall be in a children’s residential facility.	360 – Case Manager 3. A baccalaureate degree and three years of full-time paid <u>professional</u> experience working with children at least one of which shall be in a children’s residential facility.	*The requirement to have experience working in a children’s residential facility was deleted as other administrative staff have this requirement. It is not necessary to require this experience for the case manager.
370	B. Child care supervisors shall have: 1. A baccalaureate degree in social work or psychology and two years of full time paid experience working with children one year of which must have been in a residential facility for children; 2. A high school diploma or a General Education Development Certificate (G.E.D.) and a minimum of five years full time paid experience working with children with at least two years in a residential facility for children; or 3. A combination of education and experience working with children as approved by the lead regulatory authority.	370 – Child Care Supervisor B. Child care supervisors shall have: 1. A baccalaureate degree in social work or psychology and two years of full-time paid <u>professional</u> experience working with children one year of which must have been in a residential facility for children; 2. A high school diploma or a General Education Development Certificate (G.E.D.) and a minimum of five years full-time paid <u>professional</u> experience working with children with at least two years in a residential facility for children; or 3. A combination of education and experience working with children as approved by the lead regulatory authority.	Wording was changed to be consistent with other qualification standards and to provide greater flexibility in hiring child care supervisors.
380	C. Child care staff with a high school diploma or G.E.D. with no experience working with children may	380 – Child Care Staff C. Child care staff with a high school diploma or G.E.D. with no experience working with children	*A change was made to allow providers to have greater flexibility in hiring

	not work alone, but may be employed as long as they are working directly with the child care supervisor, chief administrative officer, program director, or case manager.	may not work alone, but may be employed as long as they are working directly with the chief administrative officer, program director, or case manager, child care supervisor <u>or a child care worker with one or more years professional experience working with children. This section does not apply to the juvenile correctional facilities where staff are trained in a comprehensive basic skills curriculum before beginning their child care duties.</u>	child care staff.
400	B. The facility shall not be dependent upon use of volunteers or students/interns to provide basic services.	400 – Volunteers and Students/Interns B. The facility shall not be dependent upon use of volunteers or students/interns to provide basic services.	Unnecessary wording was deleted.
460	C. There shall be at least one toilet, one hand basin, and one shower or tub for every eight residents for facilities licensed before July 1, 1981, and have made no structural changes or constructed any buildings. D. There shall be one toilet, one hand basin, and one shower or tub for every four residents in any building constructed or structurally modified after July 1, 1981, except secure custody facilities. Facilities licensed after the effective date of these standards must comply with the one to four ratio.	460 – Toilet Facilities C. There shall be at least one toilet, one hand basin, and one shower or tub for every eight residents for facilities licensed before July 1, 1981, and have made no structural changes or constructed any buildings. D. There shall be one toilet, one hand basin, and one shower or tub for every four residents in any building constructed or structurally modified after July 1, 1981, except secure custody facilities. Facilities licensed after the effective date of these standards must <u>shall</u> comply with the one to four ratio.	Unnecessary wording was deleted. “Must” was changed to “shall” to use consistent regulatory language.
470	2. A covered diaper pail, or its equivalent, with leak proof disposable liners shall be available. If both cloth and disposable diapers are used there shall be a diaper pail for each.	470 – Personal Necessities 2. A covered diaper pail, or its equivalent, with leak proof disposable liners shall be available <u>used to dispose of diapers.</u> If both cloth and disposable diapers are used there shall be a diaper pail for each.	Wording was clarified.
480	B. No more than four children may shall share a bedroom or sleeping area except as provided by other applicable state	480 – Sleeping Areas B. No more than four children may <u>shall</u> share a bedroom or sleeping area except as provided by other applicable state regulations	“May” was changed to “shall” for consistency. Wording was improved in

	regulations governing juvenile correctional centers. K. The sleeping areas' environment shall be conducive to sleep and rest.	governing juvenile correctional centers. K. The sleeping areas ' environment <u>of the sleeping areas</u> shall be conducive to sleep and rest.	K.
500	E. Video and audio monitoring shall be permitted only in common hallways and common areas. All such monitoring shall have the approval of the regulatory authority and if licensed by DMHMRSAS the approval of the Office of Human Rights. DJJ certified facilities shall obtain the approval of the regulatory authority before any video or audio monitoring is permitted. Video and audio monitoring is prohibited in bathrooms, dressing areas, and bedrooms.	500 – Residents' Privacy E. Video and audio monitoring shall be permitted only in common hallways and common areas . All such monitoring shall have the approval of the regulatory authority and if licensed by DMHMRSAS the approval of the Office of Human Rights. DJJ certified facilities shall obtain the approval of the regulatory authority before any video or audio monitoring is permitted. Video and audio monitoring is prohibited in bathrooms, dressing areas, and bedrooms with the approval of the <u>lead regulatory agency and for facilities licensed by DMHMRSAS, the approval of the Office of Human Rights.</u>	*As situations where video and audio monitoring is permitted vary, the standard was changed to allow each regulatory agency to make the decision to permit monitoring.
510	C. Facilities licensed or certified to care for 13 or more residents shall have recreation space distinct from the living room.	510 – Living Room and Indoor Recreation Space C. Facilities licensed or certified to care for 13 or more residents shall have <u>indoor</u> recreation space distinct from the living room. <u>Recreation space is not required in every living unit.</u>	Wording was added for clarification.
640	A. A separate written or automated case record shall be maintained for each resident. In addition, all correspondence and documents received by the facility relating to the care of that resident should be maintained as part of the case record. A separate health record may be kept on each resident.	640 – Maintenance of Residents' Records A. A separate written or automated case record shall be maintained for each resident. In addition, all correspondence and documents received by the facility relating to the care of that resident should <u>shall</u> be maintained as part of the case record. A separate health record may be kept on each resident.	"Should" was changed to "shall" to have consistent regulatory language.
660	2. Document approval, as required by the regulatory authorities, for each research project using residents as subjects of human research.	660 – Participation of Residents in Human Research 2. Document approval, as required by the regulatory authorities, for each research project using residents as subjects of human research, <u>unless such research is exempt from review.</u>	Language was added at the advice of the Attorney General's office.
700	A. At the time of admission,	700 – Face Sheet	

	each resident’s record shall include a completed face sheet which contains (i) the resident’s full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident’s legal guardians, placing agency, and emergency contacts.	A. At the time of admission, each resident’s record shall include a completed face sheet which contains (i) the resident’s full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident’s legal guardians, placing agency, and emergency contacts <u>and parents, if appropriate.</u>	*Information on the resident’s parents should be maintained depending on each resident’s situation.
710	Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident’s record. The objectives and strategies shall be based on the reasons for admitting the resident. The requirements of this section do not apply to secure detention facilities, except when a juvenile is confined in post-dispositional detention.	710 – Initial Objectives and Strategies Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident’s record. The objectives and strategies shall be based on the reasons for admitting the resident. The requirements of this section do not apply to secure detention facilities, except when a juvenile is confined in post-dispositional detention.	*Secure detention is exempted from this requirement as DJJ standards cover the issue.
720	H. There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 1. The resident; 2. The resident’s family and legal guardian, or legally authorized representative; 3. The placing agency; and 4. Facility staff.	720 – Service Plans/Quarterly Reports H. There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 1. The resident; 2. The resident’s family, if appropriate, and legal guardian, or legally authorized representative; 3. The placing agency; and 4. Facility staff.	*The resident’s family should be involved with planning for the child, if appropriate. Legally authorized representative was deleted as children do not have legally authorized representatives.
760	A. The program of the facility, except a secure detention facility in which juveniles are not confined with a suspended	760 – Case Management Services A. The program of the facility, except a secure detention facility in which juveniles are not confined with a suspended commitment to	This portion of the standard was rewritten for clarification. “Which” was changed to

	commitment to the Department of Juvenile Justice, including shall be designed to provide case management services. Case managements services which address:	the Department of Juvenile Justice, including shall be designed to provide case management services. In secure detention this requirement applies only to residents confined in post-dispositional detention. Case managements services which shall address:	“shall” to use consistent regulatory language.
780	E. The identity of the individual making each entry in the daily activity log shall be recorded.	780 – Structured Program of Care E. The identity of the individual making each entry in the daily activity <u>communication</u> log shall be recorded.	The activity log was renamed the communication log.
800	B. At the time of placement, except for secure detention and emergency placements, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on current screening form published by the Virginia Department of Health. The screening assessment can be no older than 30 days. Secure detention and emergency placements shall have completed the screening assessment on each resident within five days of placement.	800 – Medical Examination and Treatment B. At the time of placement <u>Within seven days of placement</u> , except for secure detention and emergency placements , each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on current screening form published by the Virginia Department of Health. The screening assessment can be no older than 30 days. Secure detention and emergency placements shall have completed the screening assessment on each resident within five days of placement.	*The facility was given seven days to complete the screening assessment for tuberculosis as obtaining medical appointments for children is difficult.
810	F. A medication administration record shall be maintained of all medicines received by each resident and shall include: 1. Date the medication was prescribed; 2. Drug name; 3. Schedule for administration; 4. Strength; 5. Route; 6. Actual time administered; 7. Identity of the individual who administered the medication; and 8. Dates the medication	810 - Medication F. A medication administration record shall be maintained of all medicines received by each resident and shall include: 1. Date the medication was prescribed; 2. Drug name; 3. Schedule for administration; 4. Strength; 5. Route; 6. Actual time administered; 7. Identity of the individual who administered the medication; and 8. Dates the medication was discontinued or changed. H. Medication refusals shall be documented including action taken by staff. The prescribing	**“Actual time administered” is not usually a component of a medication administration record. The requirement was deleted. *The requirement to notify the prescribing professional was deleted as prescribing professionals are not easily available. Technical assistance will be provided with this standard to ensure the safety of the resident.

	<p>was discontinued or changed. H. Medication refusals shall be documented including action taken by staff. The prescribing professional shall be contacted unless the refusal is addressed in standing orders.</p>	<p>professional shall be contacted unless the refusal is addressed in standing orders.</p>	
820	<p>F. Providers shall assure that food is available to residents who wish to eat breakfast before the 15 hours have expired.</p>	<p>820 - Nutrition F. Providers shall assure that food is available to residents who wish <u>need</u> to eat breakfast before the 15 hours have expired.</p>	<p>"Wish" was changed to "need" for clarification.</p>
830	<p>A. No member of the child care staff shall be on duty more than six consecutive days without a rest day, except in an emergency.</p>	<p>830 – Staff Supervision of Residents A. No member of the child care staff shall be on duty more than six consecutive days without a rest day, except in an emergency <u>or as approved by the lead regulatory agency for live-in staff.</u></p>	<p>Wording was added to clarify that live-in staff are allowed for certain facilities.</p>
860	<p>A. Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized plan shall include: 1. Identification of positive and problem behaviors; 2. Identification of triggers for behaviors; 3. Identification of successful intervention strategies for problem behavior; 4. Techniques for managing anger and anxiety; and 5. Identification of interventions that may escalate inappropriate behaviors. B. Individualized behavior support plans shall be developed in consultation with the: 1. Resident; 2. Legal guardian; 3. Resident’s parents, if applicable; 4. Program director;</p>	<p>860 – Behavior Support A. Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized plan shall include: 1. Identification of positive and problem behaviors; 2. Identification of triggers for behaviors; 3. Identification of successful intervention strategies for problem behavior; 4. Techniques for managing anger and anxiety; and 5. Identification of interventions that may escalate inappropriate behaviors. B. Individualized behavior support plans shall be developed in consultation with the: 1. Resident; 2. Legal guardian; 3. Resident’s parents, if applicable; 4. Program director; 5. Placing agency staff; and 6. Other applicable individuals. c. Prior to working alone with an assigned resident each staff member shall demonstrate knowledge and understanding of</p>	<p>*DJJ requested the exception due to the variable and often short time frames children are placed in secure detention and the Reception and Diagnostic Center.</p>

	<p>5. Placing agency staff; and</p> <p>6. Other applicable individuals.</p> <p>c. Prior to working alone with an assigned resident each staff member shall demonstrate knowledge and understanding of that resident's behavior support plan.</p>	<p>that resident's behavior support plan.</p> <p><u>D. This section shall not apply to secure detention and the Reception and Diagnostic Center.</u></p>	
900	<p>3. Legal guardians within 72 hours following the resident's admission, except that this requirement does not apply:</p> <p>a. To secure detention facilities except when a juvenile is confined in post-dispositional;</p>	<p>900 – Behavioral Interventions</p> <p>3. Legal guardians within 72 hours following the resident's admission, except that this requirement does not apply:</p> <p>a. To secure detention facilities except when a juvenile is confined in post-dispositional <u>detention</u>;</p>	<p>Correction - The word "detention" was originally omitted.</p>
920	<p>A. Each resident of compulsory school attendance age shall be enrolled, as provided in the Code of Virginia, in an appropriate educational program within five school business days. Documentation of the enrollment process shall be kept in the resident's record.</p> <p>B. The provider shall ensure that educational guidance and counseling in selecting courses is provided for each resident and shall ensure that education is an integral part of the resident's total program.</p> <p>C. Providers operating educational programs for children with disabilities shall operate those programs in compliance with applicable state and federal statutes and regulations.</p> <p>D. When a child with disabilities has been placed in a residential facility without the knowledge of school division personnel in</p>	<p>920 - Education</p> <p>A. Each resident of compulsory school attendance age shall be enrolled, as provided in the Code of Virginia, in an appropriate educational program within five school business days. Documentation of the enrollment process shall be kept in the resident's record.</p> <p>D. When a child with disabilities <u>a disability</u> has been placed in a residential facility without the knowledge of school division personnel in the resident's home locality, the facility shall contact the division superintendent in that of the resident's home locality in order to effect compliance <u>comply with applicable state and federal requirements relative to the education of children with disabilities.</u> Documentation regarding <u>of</u> the contact with the resident's home school locality shall be kept in the resident's record.</p>	<p>Wording was changed for clarification.</p>

	the resident's home locality, the facility shall contact the division superintendent in that locality in order to effect compliance with applicable state and federal requirements relative to the education of children with disabilities. Documentation regarding the contact with the resident's home school locality shall be kept in the resident's record.		
940	10. Documentation of any variations from trip plans and reason and reason for the variation.	940 - Recreation 10. Documentation of any variations from trip plans and reason and reason for the variation.	Correction – “and reason” was repeated.
950	A. Opportunities shall be provided for the residents to participate in activities and to utilize resources in the community, except this section does not apply to secure custody facilities.	950 – Community Relationships A. Opportunities shall be provided for the residents to participate in activities and to utilize resources in the community, except this section subsection does not apply to secure custody facilities.	“Section” was changed to “subsection”.
1010	B. There shall be written safety rules which shall include taking head counts at each stop, which are appropriate to the population served, for transportation of children.	1010 – Vehicles and Power Equipment B. There shall be written safety rules <u>for transportation of residents appropriate to the population served</u> , which shall include taking head counts at each stop, which are appropriate to the population served, for transportation of children.	Rearranged wording for clarification.
1020	When the provider has received legal custody of a child pursuant to the Code of Virginia, copies of any foster care plans submitted to the court shall be placed in the resident's record.	1020 – Reports to Court When the provider has received legal custody of a child pursuant to the Code of Virginia, copies of any foster care plans submitted to the court shall be placed in the resident's record.	Deleted standard as it was unnecessary. Renumbered following standards.
1060	A. The provider shall develop a written emergency preparedness and response plan for all locations. The plan shall address: 1. Documentation of contact with the local emergency coordinator to determine local disaster risks and communitywide plans to address different disasters and emergency situations;	1050 – Emergency and Evacuation Procedures 1060 1050.A. The provider shall develop a written emergency preparedness and response plan for all locations. The plan shall address: 1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks and (ii) communitywide plans to address different disasters and emergency situations, <u>and (iii) assistance, if any, that the local emergency</u>	*Added “what assistance the local emergency management office will provide” as some localities will not be able to provide special services for residential facilities.

	<p>B. The provider shall develop emergency preparedness and response training for all employees, contractors, students, and volunteers which shall include responsibilities for:</p> <p>F. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety and welfare of residents, the provider should first respond and stabilize the disaster/emergency. After the disaster/emergency is stabilized, the provider shall report the disaster/emergency to the parent or guardian and the placing agency as soon as possible of the conditions at the facility and report the disaster/emergency to the lead regulatory authority as soon as possible, but no later than 72 hours after the incident occurs.</p> <p>L. A record shall be maintained for each evacuation drill and shall include the following:</p> <ol style="list-style-type: none"> 1. Buildings in which the drill was conducted; 2. Date and time of drill; 3. Amount of time to evacuate the buildings; 4. Specific problems encountered; 5. Staff tasks completed including: <ol style="list-style-type: none"> a. Head count, and b. Practice in notifying emergency authorities; 6. A summary; and 7. The name of the staff members responsible for conducting and documenting the drill and preparing the record. 	<p><u>management office will provide to the facility in an emergency;</u></p> <p>B. The provider shall develop emergency preparedness and response training for all employees, contractors, students <u>students/interns</u>, and volunteers which shall include responsibilities for:</p> <p>F. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety and welfare of residents, the provider should first respond and stabilize the disaster/emergency. After the disaster/emergency is stabilized, the provider shall report the disaster/emergency to the parent or legal guardian and the placing agency as soon as possible of the conditions at the facility and report the disaster/emergency to the lead regulatory authority as soon as possible, but no later than 72 hours after the incident occurs.</p> <p>L. A record shall be maintained for each evacuation drill and shall include the following:</p> <ol style="list-style-type: none"> 1. Buildings in which the drill was conducted; 2. Date and time of drill; 3. Amount of time to evacuate the buildings; 4. Specific problems encountered; 5. Staff tasks completed including: <ol style="list-style-type: none"> a. Head count, and b. Practice in notifying emergency authorities; <u>and</u> 6. A summary; and 76. The name of the staff members responsible for conducting and documenting the drill and preparing the record. 	<p>“Students” was replaced with “students/interns” for consistency.</p> <p>“Parent” was deleted as the legal guardian must be notified in the event of an emergency.</p> <p>The requirement for a summary was deleted as it was repetitive.</p>
<p>1070</p>	<p>C. The resident’s individualized service plan shall include, in addition to</p>	<p><u>1060 – Independent Living Programs</u> 4070 <u>1060</u>.C. The resident’s</p>	<p>Standard signs were deleted as they are</p>

	<p>the requirements found in §22VAC42-11-630, goals, objectives, and strategies addressing each of the following areas, as applicable: F. Each independent living program shall develop and implement written policies and procedures that ensure that each resident is receiving adequate nutrition as required in § 22VAC42-11-820.A-C. D. Each independent living program shall develop and implement policies and procedures to train all direct care staff within 14 days of employment on the content of the independent living curriculum, the use of the independent living materials, the application of the assessment tool, and the documentation methods used. Documentation of the orientation will <u>shall</u> be kept in the employee’s staff record.</p>	<p>individualized service plan shall include, in addition to the requirements found in §22VAC42-11-630, goals, objectives, and strategies addressing each of the following areas, as applicable: F. Each independent living program shall develop and implement written policies and procedures that ensure that each resident is receiving adequate nutrition as required in § 22VAC42-11-820.A-C.</p>	<p>unnecessary.</p> <p>“Will” was changed to “shall” to use consistent regulatory language.</p>
1080	<p>C. A placement agreement shall be signed by the legal guardian for each adolescent mother and a separate placement agreement shall be signed for each child at the time of admission.</p>	<p><u>1070 – Mother/Baby Programs</u> C. A placement agreement shall be signed by the legal guardian for each adolescent mother and a separate placement agreement shall be signed <u>by the legal guardian</u> for each child at the time of admission.</p>	<p>“By the legal guardian” was added for clarification.</p>

Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate.

Commenter	Comment	Agency response
1 provider	Suggests that these standards be shared with local DSS social workers.	Proposed standards have been shared and final standards will be shared. Requires no change to regulation.
1 provider group with	Requests a process to appeal	Requires no change to the regulations.

15 individuals/providers writing individually to support the provider group comments	violations.	<i>Code of Virginia</i> determines what is appealable. Citation of standards is not appealable. Each agency has a problem solving process to discuss issues that are not appealable.
1 provider group with 15 individuals/providers writing individually to support the provider group comments, 1 provider with 4 associated members of the public, 1 provider with 1 associated member of the public	Questions the interdepartmental or “one size fits all” approach as DSS facilities serve children with fewer and less severe behavioral difficulties. Standards apply to all facilities serving all types of children. Standards include “mental health standards” not applicable to DSS facilities. Standards should provide flexibility.	No change required. Comments address a licensing approach, not specific standards. Standards are written to protect all children in out-of-home care. Flexibility for different types of facilities is provided by requiring policies and procedures written specifically for the facility.
5 members of the public associated with 1 provider	Regulations usurp the responsibilities of non-profit boards.	The <i>Code of Virginia</i> requires that children’s residential facilities be licensed.
1 provider	Has concerns about the interpretations that will be developed. Interpretations may change the provider’s understanding of the standards.	No change required. Comment references unpromulgated material.
1 provider, 2 associated members of the public	Have concerns about the costs of new standards particularly standards regarding education requirements, training, and use of lifeguards.	Changes were made to educational requirements for staff to give providers more flexibility in hiring qualified staff. No change was made to training or lifeguard requirements. These new requirements were supported by the December 2006 JLARC report. Lifeguards are a basic safety issue. Cost was considered for all standards.
1 provider	Had concerns about the changes in background checks, especially concerning barrier crimes.	No change required. Background check requirements are found in the <i>Code of Virginia</i> .
Office of Attorney General (OAG)	Given the controversy surrounding parental relinquishment of custody in order to obtain funding for residential placements, it may be more sensitive on the part of regulatory agencies to recognize the standing of parents, when they have legal custody, as superior to that of other legal guardians by referencing parents throughout, rather than to alleviate that role.	“Parent” or “parent, if applicable” was added where appropriate throughout the regulations.
1 state agency	Supports the efforts to make regulatory language consistent across agencies.	No action necessary.
1 provider, 4 providers with 21 associated individuals	Recommended that substantial compliance be used when determining compliance with certain standards not associated	No action necessary. Comments refer to a compliance procedure, not a particular standard.

	with health and safety. Substantial compliance would allow regulators to serve in a teaching role and would allow for minor human errors. Providers are concerned about violations appearing on a licensing website.	
OAG	Made several general suggestions to improve wording or grammar throughout the regulations.	Clarifications and corrections were made.
DJJ	10- Definitions Annual should be defined as an event or occurrence completed within the same calendar month as the previous event or occurrence.	Annual was redefined as within 13 months of the previous event or occurrence to allow the provider flexibility.
OAG	The definition of human research should be consistent with the definition used by the Office of Human Rights.	The change was made.
2 providers, 16 individuals associated with 2 providers, 1 provider group	The denial of a variance should be appealable even if it does not result in the denial or revocation of a license.	The sentence regarding appeals was deleted from the definition as it was unnecessary and seemed to cause confusion. The <i>Code of Virginia</i> determines what issues are appealable.
5 providers	Requested a definition of post-dispositional detention.	No action needed. A definition was already provided under "confined in post-dispositional detention".
1 provider	Requested a definition of volunteer.	A definition of "volunteer" was added.
1 provider group	Requested that the definition of systemic deficiency be changed to require that a systemic deficiency only be given after the regulatory authority has given written notice to the facility and the defects continue to occur.	The definition of "systemic deficiency" was not changed. The regulations were changed to say that it would take two systemic deficiencies instead of one for a facility to receive a provisional license.
OAG	The term "standards" are used in the title of these regulations and in other licensing regulations of other state agencies. You and the other agencies may want to consider changing the term "standards" to "regulations." Standard usually implies something that one aspires to rather than a minimum requirement.	The term "standard" was not changed as this is the generally accepted term used by providers. A change was made to state that the term "standards" would be used interchangeably with the term "regulations".
OAG	Self-admission is defined as the	No change made. This information will be

	admission to a temporary care facility as permitted by Virginia statutory law without completing the requirements for "routine admission." What law is being referenced?	provided in technical assistance.
1 state agency	20 – Interdepartmental Cooperation Requested that even though the concept was implicit that a requirement be added that DJJ, DOE, DMHMRSAS, and DSS actively assist one another. The sharing of expertise and experience can only enhance the quality of the services provided.	No requirement was added. The four departments assist each other as resources allow. The Interdepartmental procedures will be reviewed to ensure more consistency.
1 provider and associated individuals 1 provider	30- Applications Support the concept of substantial compliance.	No action necessary.
2 providers and 9 associated individuals 1 state agency	50-Review of Facilities Want substantial compliance reinstated as was practiced in the 1995 regulations. Strongly supports requiring the regulatory authority to notify local governments and placing and funding agencies of health and safety or human rights violations when such violations result in a provisional license. Questions why the standard requires notification when multiple health and safety or human rights violations result in a provisional license. The number of violations is immaterial if they result in a provisional license.	No action necessary. Substantial compliance, as described, was a compliance category and as such would not be included in the promulgated standards. The standard was unchanged as it mirrors the language in the <i>Code of Virginia</i> .
1 provider group 1 state agency	60- Posting of Information Requested that a procedure be included in the standards that would (i) allow providers to receive advanced notice of the posting, (ii) afford the provider the opportunity to challenge the validity and accuracy of the posting; and (iii) allow the provider to include comments on the validity/accuracy of the posting on the website. Supports the standard as it helps ensure that the public is informed and understands the nature of the	The procedures for posting information are not included in the promulgated regulation. (Information is not posted without the knowledge of the facility. The pledged corrective action is also included.) The language in this standard mirrors the <i>Code of Virginia</i> and was not changed. Information regarding licensure status is

	<p>facilities being considered for placement of children. Suggests that the standard include more specific requirements on posting information including licensure status, reports of licensing inspections and complaint investigations. Suggests that it would be helpful if the data bases were searchable by services and age range served.</p>	<p>posted. Reports from licensing reviews are posted for DSS facilities. DMHMRSAS is also planning to have this information posted in the future.</p>
<p>2 provider groups with 13 associated individuals/providers, 4 providers and 24 associated individuals, 1 member of the public</p>	<p>70 – General requirements Suggested that the term “full compliance” be changed to “substantial compliance.” A facility can be offering quality services but not be in full compliance to every standard.</p>	<p>The change to the standard was made to clarify the standard. A definition of substantial compliance was added.</p>
<p>2 providers</p>	<p>Suggested that the licensing authority notify providers of applicable changes in state or federal laws.</p>	<p>It is the responsibility of providers to be knowledgeable of changes in state and federal laws. In a cooperative effort, licensing does notify providers of changes to laws.</p>
<p>1 provider</p>	<p>Wanted the appeal process added to in subsection G.</p>	<p>The appeal process is outlined in the <i>Code of Virginia</i>.</p>
<p>1 provider group</p>	<p>Suggested that 72 hours was not sufficient time for a facility to comply with the requirement to self-report lawsuits or settlements and suggested changing the time frame to 10 days.</p>	<p>The timeframe in subsection H was changed to 10 days.</p>
<p>1 state agency</p>	<p>Suggested that the standard be expanded to include findings of child abuse and neglect.</p>	<p>The current standard mirrors requirements found in the <i>Code of Virginia</i>. Facility related child abuse and neglect complaints regarding staff are already reported to the regulatory agencies.</p>
<p>1 provider group and 13 associated individuals/providers</p>	<p>80- Written Corrective Action Plans Suggests adding requirements that the receipt of a facility’s corrective action plan (CAP) be acknowledged in a timely manner and that once that the corrective action plan has been accepted that the violations on the website be removed.</p>	<p>No action taken. Facilities can send the corrective action plan by e-mail and request a return e-mail stating that the CAP has been received.</p> <p>Although facilities have taken steps to remediate the problems indicated in the violation notice, the violations did occur and need to remain on the website.</p>
<p>1 state agency</p>	<p>Supports the requirements of</p>	<p>No action needed.</p>

	<p>section 80 providing detail on corrective action plans as an important addition that sets meaningful, measurable and enforceable standards for remedy of violations.</p>	
<p>4 providers and 23 associated individuals, 1 provider group and 1 member of the public</p>	<p>90 – Licenses/certificates Suggested that substantial compliance be added in the standard and that in subsection B.2 that “multiple violations” be deleted as “failed to comply with corrective action plan” should suffice.</p>	<p>These licensing guidelines follow the <i>Code of Virginia</i>. Substantial compliance was not added here as this issue was addressed in Section 70. In Subsection B.2 “multiple violations” and “has failed to comply with a previous corrective action plan” were deleted as this language was unnecessary.</p>
<p>1 provider group</p>	<p>Suggested if substantial compliance is used to determine licenses, that a license should not be modified if the provider receives a systemic deficiency if the provider is in substantial compliance with all standards.</p>	<p>No change made. Regulatory agencies will use substantial compliance in issuing licenses, but if there are serious systemic deficiencies affecting a major aspect of the facility then a change in the terms of the license may be warranted.</p>
<p>1 provider group</p>	<p>There needs to be a procedural mechanism for challenging license modification.</p>	<p>All regulatory agencies follow problem solving or appeals procedures regarding the issuance of licenses.</p>
<p>1 state agency</p>	<p>Strongly supports the change that allows a facility’s license to be modified at any time based on a change in the facility’s compliance. Regulatory and oversight entities must be empowered, and expected, to significantly impact providers who are jeopardizing the health, safety and welfare of individuals they are to be providing for.</p>	<p>No action needed.</p>
<p>1 prospective provider and 1 provider</p>	<p>100- Application Fees Wants to know why application fees are being added. Is there a shortage of tax money to cover this? It is difficult to open a facility why add this fee? Need to know where money is going, how training is currently funded and a list of additional training to be provided.</p>	<p>No change was made. Procedures will be developed for the use of the money collected as a result of application fees. Application fees were suggested by the JLARC study.</p>
<p>1 provider</p>	<p>Application fees will be a hardship for small, non-profit agencies or homes.</p>	<p>An application fee is considered a normal business expense.</p>
<p>2 providers and 9 associated</p>	<p>120- Denial Suggests that any violation of any</p>	<p>No change made. There are safeguards in the <i>Code of Virginia</i> that prevent</p>

<p>individuals</p> <p>1 provider group</p> <p>1 state agency</p>	<p>standard would be sufficient for denial.</p> <p>Standard allows denial when there is any violation of any standard or law. Substantial compliance should be used.</p> <p>Supports the addition of “having a history of adverse licensing actions or sanctions” as a reason for denying an application.</p>	<p>inappropriate denials due to minor violations.</p> <p>No change made. There are safeguards in the <i>Code of Virginia</i> that prevent inappropriate denials due to minor violations. Substantial compliance does not apply to serious health and safety violations.</p> <p>No action needed.</p>
<p>1 provider group</p>	<p>130- Revocation This section could have the unintended consequence of diverting providers’ attention away from requirements directly impacting the health and safety of residents to technical compliance with other administrative requirements, if any violation of law or regulation could result in revocation.</p>	<p>There are safeguards in the <i>Code of Virginia</i> that prevent inappropriate denials due to minor violations. Substantial compliance does not apply to serious health and safety violations.</p>
<p>1 provider</p> <p>1 provider group</p> <p>1 locality</p>	<p>140 – Summary Suspension Suggested that regulatory agency be required to assist a facility restore their “good name” if the reasons for the suspension are not founded.</p> <p>Subject to the right of the provider to appeal the hearing officer’s recommendation under Section I, hearing officer’s findings should be made conclusive.</p> <p>Supports HB 577 issues and summary suspension.</p>	<p>No change made. Standard mirrors the <i>Code of Virginia</i>.</p> <p>No change made. Standard mirrors the <i>Code of Virginia</i>.</p> <p>No response needed.</p>
<p>1 provider</p>	<p>150- Variances Add “how a facility can substantially comply with the intent of the standard.”</p>	<p>Added “how the facility can comply with the intent of the standard.”</p>
<p>1 provider</p>	<p>180 – Responsibilities of the Provider Requiring approval of a document prior to implementation is burdensome and time-consuming.</p> <p>Recommend to define decision making plan or add technical assistance.</p>	<p>The requirement for the regulatory agency to approve decision-making plans was deleted.</p> <p>No change made. Technical assistance will be provided.</p>

<p>1 provider group</p>	<p>190- Fiscal Accountability Standard requires facilities to submit periodic in-depth financial information. Such financial information is proprietary to the facility in that it constitutes competitive information that the facility otherwise maintains as “confidential.” Nothing protects this information as confidential.</p>	<p>AG was asked for guidance and concluded there is nothing in <i>Code</i> that would allow regulatory agencies to keep all such information confidential. DSS has some language in the code that may provide for some confidentiality. Each agency will handle as allowed by the <i>Code of Virginia</i>.</p>
<p>DSS Regulators</p>	<p>230 – Relationship to Regulatory Authority Add program director to this requirement as a change in program director can affect the facility.</p>	<p>This change was made.</p>
<p>1 providers 1 provider OAG</p>	<p>250- Health Information Suggested changing the language regarding tuberculosis screening requirements for staff to allow the mantoux test as well as a screening assessment. Wanted language that would allow a certified health professional on staff to do the screenings. You may want to require that any individual who resides in the home, in addition to staff submit a tuberculosis evaluation.</p>	<p>No change. All requirements regarding tuberculosis were suggested and approved by the Virginia Department of Health. No change. This would be allowed with the current language as long as the health professional was acting under the direction of a doctor. Technical assistance will be provided. “Or residency” was added to the standard to cover individuals that reside in the facility that are not staff.</p>
<p>DJJ 1 state agency</p>	<p>300- Personnel Records The term student/intern needs to be included in the second sentence for consistency. Supports requiring that documentation of required education and training be maintained in the employee record and that records of students/interns and volunteers also meet the same standards.</p>	<p>The term was added. No action needed.</p>
<p>1 Behavior Management Association</p>	<p>310 – Staff Development Suggested that current standards are vague and should include more specific requirements regarding behavior interventions. Group recommended that 6-8 hours of initial behavior intervention training to include verbal de-escalation strategies, limit setting, how staff attitudes</p>	<p>No change. Technical assistance will be included with standard. Flexibility is needed in the standard so each facility can address their own needs.</p>

	impact client behavior, etc. be added.	
1 state agency	Supports the training requirements and the protection the requirements give children.	No action needed.
1 provider and 1 provider group	Suggested that the section be deleted as it is too burdensome.	No action taken. All training requirements were moved from other sections of the regulations to one standard so many of the requirements are not new. The JLARC study recommended additional training for staff.
1 provider	Wanted clarification if staff supervision would be counted as training.	No change. Staff supervision will not be counted as training. This will be covered in technical assistance.
2 providers, 1 provider association	Suggested that the requirement to train all staff in CPR and First Aid be changed to one staff on duty or before a staff supervises children alone. If the provider has nursing staff all staff should not have to be trained.	No change needed. Training in first aid and CPR is required for all staff to ensure the health and safety of residents. This is a basic health and safety issue. Nursing staff may not be immediately available.
2 providers, 1 locality	Questioned the availability of medication refresher training	No change needed. Refresher medication training is needed due to the significant number of medication errors that occur. It will be up to the provider to design refresher medication training to fit the needs of the facility and to improve services.
2 providers, 1 locality	Questioned what staff had to be trained in emergency procedures. Requested a definition of contractor.	No change needed. Technical assistance will be provided to identify what staff must be involved in specific training. Emergency training may have to be offered to a wider variety of staff because in an emergency it is unknown who will be available to assist residents.
2 providers	Questioned the 15 hours of additional training and suggested that the training be reduced to 8 hours. Cost of training was cited as an issue.	No action was taken. The December 2006 JLARC study recommended additional training for all staff.
1 provider, DJJ	Suggested that the term universal precautions be changed to standard precautions.	The change was made as this is now the term used by OSHA.
DJJ	Suggested that the requirement be consistent with OSHA requirements.	The standard was amended to read "or as required by other state or federal regulations."

1 provider	Suggested that the standard that requires training in quality improvements be deleted as some facilities do not have quality improvement plans.	No change was made. Technical assistance will be provided for this standard. Quality improvement plans are now required.
1 locality	Suggested that training time frames seem arbitrary.	No change was made. Many of the training time frames were unchanged. Staff need to be prepared to handle residents and the situations that arise at facilities as soon as possible.
1 locality	Supports additions that support quality and accountability improvements such as training on appropriate siting, good neighbor policies, and community relations. They suggest that more emphasis be placed on this training.	The regulatory agencies will be happy to work with this locality to develop training. Improving training can be done outside of the promulgation process.
OAG	The law does not recognize the fact that the facility has already been sited but requires “as a condition of initial licensure or renewal licensure, evidence of staff participation in training on appropriate siting of the residential facilities for children, good neighbor policies, and community relations.”	Training on the siting of a children's residential facility was added.
1 provider	Suggested that employees transferring from a facility operated by the same sponsor should not be required to repeat training in confidentiality practices, decision making, the standards or procedures common to all the sponsor's facilities.	No change made. Review of procedures can be beneficial. Not all procedures are the same at all facilities operated by the same sponsor.
1 provider	320 – Staff supervision Suggested that the new requirement to develop and implement supervision policies be deleted.	No change was made. Supervision of staff is a serious issue in facilities. It is important the facility has a plan to implement supervision.

<p>1 prospective provider</p>	<p>340 – Chief Administrative Officer (CAO) 350 – Program Director 360 – Case Manager 370 – Child Care Supervisor 380 - Child Care Worker</p> <p>Thought the qualification requirements were too high for CAO. He thought the requirements were restrictive and not justified. He thought that these requirements would slow the procedure to be licensed. He suggested that Virginia use the requirements used by Maryland or North Carolina.</p>	<p>Revised qualification requirements to be more flexible. Added a degree in administration to the list of possible degrees. Changed the specific number of years for each type of experience to a combination of years of experience in all types of experience. Qualification requirements do not restrict facilities to Master degreed individuals, but offer a variety of options to comply with the standard. One option does not limit the type of degree an individual must have to qualify. The requirement that the lead agency could approve a combination of education and experience was not reinstated as the regulatory agencies do not have the resources to review the number of resumes that were being received. Child Welfare League of America and others recommend higher qualifications for administrative staff at children’s residential facilities. The December 2006 JLARC study also recommended that the qualifications for the administrative staff be increased.</p>
<p>1 individual</p>	<p>Suggested that the requirements for program director of a child care center be substituted. The experience requirements should be minimal.</p>	<p></p>
<p>2 provider groups with 14 associated individuals/providers, 6 providers with 29 associated individuals, 2 potential providers</p>	<p>Suggested that the qualification requirements were too restrictive and costly. Suggested that a degree in business be allowed for the CAO. Suggested that qualifications approved by the regulatory agency be reinstated. In some areas the applicant pool is limited for individuals with Masters degrees. One provider suggested that facilities develop policies and procedures for hiring qualified staff. Others suggested that facilities with qualified people with a variety of degrees could offer quality services.</p>	<p></p>
<p>1 provider</p>	<p>Suggested that the standard should reflect an allowance for a regional director and a CAO to preside over several locations with qualified resident managers at each site. If this is not allowed cost for the facility increases.</p>	<p>No change was made. This issue will be handled in technical assistance. Qualified staff must be working at each location other wise child care staff are left to make programmatic decisions. This was an issue of concern in the December 2006 JLARC report.</p>
<p>1 provider</p>	<p>Wanted to know why a facility had to have a qualified CAO if they were only acting in the position.</p>	<p>No change was made. This issue will be handled in technical assistance. A qualified person needs to be in charge at all times.</p>
<p>1 provider</p>	<p>Suggested that the requirements for case manager do not need to</p>	<p>No change. The case manager needs to be qualified to provide case management</p>

<p>1 provider</p>	<p>be any higher than those required for the child care supervisor. Supports the requirement that child care workers with a college degree did not need to have experience. Suggested that an experienced child care worker should also be allowed to supervise individuals with a high school degree or GED with no experience.</p>	<p>services. Change was made to allow a child care worker with 1 year of professional experience working with children to supervise a child care worker with a high school diploma or GED with no experience.</p>
<p>2 individuals from one facility</p>	<p>Supported the age change from 18 to 21 for staff.</p>	<p>No change needed.</p>
<p>DJJ</p>	<p>Suggested that child care workers who have a high school diploma or GED but no experience but who have completed the DJJ 8 week training program be allowed to work alone.</p>	<p>Standard was changed as suggested.</p>
<p>1 provider group</p>	<p>360 – Case Manager, 370 – child care supervisor, and 380- child care worker The CAO and the Program director are “grandfathered” in order for facilities to keep current staff. No provision has been made to grandfather these three positions.</p>	<p>Wording was changed to ensure that only individuals hired or moving into the positions after the effective date of these standards must comply with these new requirements.</p>

1 provider	420 – Buildings, Inspections and Building Plans Supports the change that allows for “swimming pool businesses” to inspect pools.	No action needed.
1 provider	430- Heating systems, Ventilation and Cooling systems Does not support the change in temperatures.	No action taken. The change in temperatures is reasonable and is consistent with other state regulations.
8 providers, DJJ	500 – Residents Privacy Suggested that video and audio monitoring needed to be conducted in different areas of secure custody facilities for the safety of the residents.	The standard was changed to allow video and audio monitoring with the approval of the regulatory agency and the Office of Human Rights, if appropriate.
1 locality and 1 provider	510 – Living Rooms and Indoor Recreation Space Expressed concerns about a new requirement of separate indoor recreation space. Existing facilities would have to be reconfigured.	No new requirement was added. Wording was changed to clarify this issue.
1 provider	590 – Preplacement Visits Supported the deletion of this standard.	No action necessary.
2 providers and 9 associated individuals	630 Admission Procedures Support the concept that no child should be admitted that is not a good fit for the program. Courts should be informed so the placement is not ordered.	No action necessary.
1 state agency	Wants the requirement that “the facility’s criteria for admission shall be accessible to prospective resident, legal guardians, and placing agencies” be reinstated. Making this information available will serve to simplify the identification of an appropriate placement.	No change made. This is not a regulatory issue. Facilities will make their admission criteria accessible as they need placements. No problems have been encountered that this information was not available.
3 providers, DJJ	640 – Maintenance of Residents’ Records Records should be retained and disposed of in compliance with the Library of Virginia’s General Schedule 24 relative to maintenance of juvenile records.	No action taken. Standard states the requirements that should be followed unless specified by other state or federal requirements. The issue is covered in schedule 24.
1 provider	Facilities operated under a medical model can not separate their case record from their health record.	No action taken. Facilities operating under a medical model only have one health record.
1 provider and 9	680 – Application for Admission Recommend adding “along with	No action. Wording is unnecessary.

associated individuals	any additional information gathered per provider policy such as interviews or pre-placement visits.”	Provider can keep any additional information that they want to with the application.
1 state agency	690 – Written Placement Agreement Agency supports adding the requirement that the educational plan for the resident and the responsibilities of all parties be delineated in the written placement agreement.	No action necessary.
7 providers, DJJ	710- Initial Objectives and Strategies This requirement should not be applicable to secure detention. DJJ regulation addresses this issue with the five day plan.	Secure detention was given an exception to this requirement.
1 provider	720- Service Plan/Quarterly Reports Recommends that instead of saying confined in post – dispositional detention that wording be changed to a post-dispositional detention program.	No change. The term used throughout the standards is “confined in post-dispositional detention.”
1 state agency	Supports the definition of “individualized service plan” which “specifies measurable short and long-term goals, objectives” is a significant improvement and will make it easier to both plan and evaluate services needed and provided.	No change needed.
1 provider	720.D - Stated that this standard is difficult to understand both in content and intent. 720-I – Standard requires that the provider distribute the service plan and updates to the resident. This is not always a recommended practice.	No change was made. Technical assistance will be provided.
OAG	730- Resident Transfer between Residential facilities Located in Virginia and Operated by the Same Sponsor. What is a sponsor? Sponsor should be defined.	“Sponsor” was added to the definition of “Provider or Licensee”
2 providers and 9 associated individuals	740 – Discharge Recommended adding “unless the resident is 18 or older and able to sign himself/herself out of care.	No change. Technical assistance will be provided.
OAG	760- Case Management Services Paragraph A is confusing.	The standard was rewritten for clarity.

DSS Regulators	780 – Structured Program of Care The daily activity log was renamed to the daily communication log. Need to correct in subsection E.	Change was made.
1 state agency	790 – Health Care Procedures Supports the addition of the requirement that detailed written information concerning each resident to be available in case of an emergency as set forth in 22VAC42-11-790.	No change needed.
2 providers and 15 associated individuals and 1 provider group	800 – Medical Examinations and Treatment Suggests that 7 days be given to have new residents screened for tuberculosis instead of at the time of placement. Otherwise residents may have to accept youth on an emergency basis. Seven days would coincide with the requirement for a physical exam in seven days of admission.	Change was made to have the screening assessment coincide with the physical exam.
1 provider	Suggest that a Mantoux tuberculin skin test be accepted instead of the screening.	No change. The language regarding tuberculosis was suggested and approved by the Virginia Department of Health (VDH).
1 provider	Supports language about the screening form.	No action needed.
1 provider	Would like to have 15 days to get the physical examination instead of 7.	No change. Time frames were established by VDH.
1 locality	New wording implies that a staff person could conduct the TB assessment.	No change. Technical assistance will be provided.
1 locality and 1 provider	Suggested that the TB requirement be placed under the physical examination requirement.	No change. TB requirements will remain separate.
1 provider	Has concerns about the TB screening requirement for short term programs and thinks if a child is enrolled in schools that require up to date immunization and TB screening this is enough. Immediate testing should be required for children not enrolled in schools or who show respiratory problems.	No change. TB is a serious problem. VDH has suggested this requirement.
1 provider	Thank you for incorporating the revisions to the tuberculosis	No action necessary.

	protocol.	
8 providers, DJJ	810- Medication Recording actual time medication is given is not considered as an industry standard. This requirement is not found in the medication training.	Actual time was deleted from the standard.
2 providers with 9 associated individuals	Proposed adding “this may be accomplished by a standing order, signed by a person authorized by law to prescribe medication, and posted where staff can easily refer to it” for clarity.	No change was made. This information is procedural and can be included in technical assistance.
1 provider	Supports the deletion of the requirement to maintain activated charcoal and syrup of ipecac.	No action necessary.
1 locality, 1 provider group	Recommended to combine 810.H and 810.G.	No action taken. Errors and refusals are separate issues.
1 provider group	The requirement to contact the prescribing professional is impractical.	The requirement to contact the prescribing professional when a resident refuses medication was deleted. Technical assistance will be provided.
1 provider group	Suggested that there be a medication training program applicable to adolescents.	No such training program currently exists.
1 state agency	Supports the additional clarifications regarding the administration and documentation of administration of medications.	No action necessary.
1 provider	810 – B Nutrition The change to “actual meals” served appears excessive and unwarranted, contributing to the increase of undue record keeping.	No change. Menus may be wrong. Documentation of actual meals served is necessary.
3 providers and 38 associated individuals, and 1 provider group	830 – Staff Supervision of Residents Recommend that other than live-in staff be added to the standard.	The change was made as recommended.
1 state agency, 1 provider and 6 associated individuals	The new requirement for a detailed plan of supervision which reflects the specific population served is an important addition and forces consideration of a lot of specifics.	No action necessary.
	850 – Searches	

<p>1 provider group</p>	<p>Suggests adding “or are permitted only by authorities representing the local police force or health service.” Facilities enroll residents/students who are deemed inappropriate for public schools yet these facilities are not permitted the same search procedures that public schools are permitted to implement. This would be a preventative remedy not an attempt to invade the resident’s privacy. This is an example of not having the necessary tools. Such a limitation on supervisory authority places a liability on the residential facility.</p>	<p>No change made. Conducting strip searches is a violation of basic human rights and conflicts with the overall philosophy of the human care of children. Liability also exists if strip searches are allowed to be performed.</p>
<p>11 providers 1 provider 1 state agency</p>	<p>860 – Behavior Support Recommend that secure detention be exempt from this requirement.</p> <p>Disagrees with the implementation of behavior support plans. Doesn’t see the necessity for another plan. Behavior is not always a problem. If the family and child recognized successful strategies for problem behavior they wouldn’t be utilizing the psychiatric residential level of care.</p> <p>The change for “management of resident” to “Behavior Support” is indicative of the improvements to this section and to the supporting section on behavior interventions. The new standards stress the need to identify both challenging and positive behaviors and to identify triggers for behavior and successful intervention practices. These and the intervening sections relating to behavioral interventions reflect the intent to place less focus on “management” and “restraint” and more on helping the child control his/her own behavior.</p>	<p>Secure detention and the Reception and Diagnostic Center were excluded from this standard. The average length of stay in detention is 23 days.</p> <p>No change made. Helping the child manage his/her own care is the accepted philosophy of child welfare. Behavior support planning is consistent with this provider’s program.</p> <p>No change required.</p>
<p>2 providers</p>	<p>870 – Timeout Secure detention should be excluded.</p>	<p>No change made. This requirement is necessary for the safety of children.</p>

<p>1 provider, 1 locality</p> <p>1 state agency</p>	<p>Timeout should be based on the resident’s chronological and developmental level and current emotional state – staff checks should remain at 30 minutes instead of changing to 15 minutes.</p> <p>Strongly supports the time change in this standard.</p>	<p>No change made. This requirement is necessary for the safety of children.</p> <p>No action necessary.</p>
<p>1 provider</p> <p>1 state agency</p>	<p>900 – Behavioral Interventions In subsection J recommend deleting language regarding an individual experienced in training staff in the management of behavior for the population served.</p> <p>The change for “management of resident” to “Behavior Support” is indicative of the improvements to this section and to the supporting section on behavior interventions. The new standards stress the need to identify both challenging and positive behaviors and to identify triggers for behavior and successful intervention practices. These and the intervening sections relating to behavioral interventions reflect the intent to place less focus on “management” and “restraint” and more on helping the child control his/her own behavior.</p>	<p>Language was deleted. Technical assistance will be provided.</p> <p>No action necessary.</p>
<p>4 providers and 9 associated individuals</p> <p>2 providers and 9 associated individuals, 1 member of the public</p>	<p>940 – Recreation Recommended different ways to safeguard children other than requiring a life guard for swimming activities such as evaluate children for swimming proficiency and require non-swimmers to wear floatation devices or just require “appropriate supervision.”</p> <p>Standard appears burdensome in recordkeeping. Recordkeeping may discourage valuable and often unforgettable experiences that are inevitably associated with such trips. The impact of these standards in reducing or discouraging such trip planning will undermine the facility’s attempt to provide troubled youth with positive experiential learning</p>	<p>No change made. Being a good swimmer does not eliminate the need for a lifeguard. This is a safety and health issue. JLARC also made the recommendation that a lifeguard be required.</p> <p>No change was made. Basic adequate planning ensures that supervision, medical needs, and other safety issues are met while residents are off campus on overnight activities. Events harmful to residents have occurred on overnight trips that have necessitated these requirements. Wording of the standards was developed in consultation with facilities that have experience with well-planned trips.</p>

	opportunities.	
DSS Regulators	Delete the second “and reason”.	Correction was made.
1 provider association	1000 – Resident visitation at the Homes of Staff Suggested that resident visits to the homes of staff be prohibited.	No change was made. Standard allows flexibility for programs that close during holiday periods.
OAG	1020 – Reports to Court This regulation relates to foster care plans when the provider has been awarded custody pursuant to the <i>Code of Virginia</i> . What provision is being referenced?	The standard was deleted as no facilities take custody of the children.
1 state agency	1030 (new 1020) – Serious Incident Reports 1040 (new 1030) – Suspected Child Abuse or Neglect The revisions to these sections enhance the safety of residents by ensuring that the appropriate enforcement and regulatory agencies are made aware of incidents and have the opportunity for timely responses.	No action required.
1 state agency	1060 (new 1050) – Emergency and Evacuation Procedures The increased focus and detail regarding emergency preparedness and response is welcome. The requirement to coordinate with the local emergency coordinator is critical in ensuring that plans are coordinated and that both parties have an understanding of the needs and expectations of the other. It also requires the necessary detailed analysis of specific hazards and capabilities. However, preparation for epidemics/pandemics is not specifically addressed (although is certainly an “other condition”). VOPA recommends adding language referencing preparation for epidemics and pandemics recognizing that it is a matter of when, not if, they will occur. Congregate care facilities will be particularly impacted by such disasters.	No change was made. The requirements for this standard contain the language agreed upon for state agencies. Technical assistance will be provided and will include the examples of epidemics/pandemics as other conditions.

1 provider	1090 (new 1080) – Campsite Programs or Adventure Activities. Change language from within 72 hours of the group’s return to something more reasonable such as 4 traditional business days of the group’s return. Staff members and leaders that go on extended wilderness trips return and frequently are off-duty for 2-3 days after the trip.	No change. This standard was written with the consultation of programs who regularly take this kind of trip. Waiting to conduct the trip debriefing may reduce the therapeutic value of the trip.
1 provider	Suggests that only the trip leader receive wilderness first aid. The course is expensive and only offered on a limited basis.	No change. This is a basic health and safety issue. There is no guarantee that the trip leader will be with the child that encounters the medical problem. Programs that take wilderness trips on a regular basis suggested these requirements. Technical assistance will be provided.

All changes made in this regulatory action

Please detail all changes that are being proposed and the consequences of the proposed changes. Detail new provisions and/or all changes to existing sections.

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
10		<p>"Aversive stimuli" means physical forces (e.g. sound, electricity, heat, cold, light, water, or noise) or substance (e.g. hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity which when applied to a client are noxious or painful to the client, but in no case shall the term "aversive stimuli" include striking or hitting the client with any part of the body or with an implement or pinching, pulling, or shaking the client.</p>	<p>*Deleted the following definitions as they are no longer found in the regulation or are unnecessary: adaptive behavior, application, boot camp, chemical restraint, child with special needs, child with a visual impairment, client, confinement, intrusive aversive therapy, public funding, responsible adult, right, shall, and shall not.</p> <p>Added the definition of annual. "<u>Annual</u>" means within 13 months of the previous event or occurrence.</p> <p>Revised the definition of aversive stimuli. "Aversive stimuli" means physical forces (e.g. sound, electricity, heat, cold, light, water, or noise) or substance (e.g. hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity which when applied to a resident are noxious or painful to the individual, but in no case shall the term "aversive stimuli" include striking or hitting the individual with any</p>

		<p><u>Behavior management</u>" means those principles and methods employed by a licensee to help a child achieve positive behavior and to address and correct a child's inappropriate behavior in a constructive and safe manner, in accordance with written policies and procedures governing program expectations, treatment goals, child and staff safety and security, and the child's service plan.</p> <p><u>"Child placing agency"</u> means any person licensed to place children in foster homes or adoptive homes or a local board of public welfare or social services authorized to place children in foster homes or adoptive homes.</p> <p><u>"Residential facility for children"</u> or <u>"facility"</u> means a publicly or privately operated facility, other than a private family home, where 24-hour per day care is provided to children separated from their legal guardians and which is required to be licensed or certified by the <i>Code of Virginia</i> except: 1. Any facility licensed by the Department of Social Services as a child-caring institution as of January 1, 1987, and which receives no public funds; and 2. Private psychiatric hospitals serving children that are licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services under Rules and Regulations for the Licensure of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse, 12 VAC 35-102-10 et. seq.</p> <p>Group homes are included under this definition of residential facility for children. Group home means a community-based, home-like single dwelling, or its acceptable equivalent, other than the private home of the operator, and serves up to 12 residents.</p>	<p>part of the body or with an implement or pinching, pulling, or shaking the resident.</p> <p>The definition of behavior management was renamed behavior support.</p> <p><u>Behavior support</u>" means those principles and methods employed by a licensee to help a child achieve positive behavior and to address and correct a child's inappropriate behavior in a constructive and safe manner, in accordance with written policies and procedures governing program expectations, treatment goals, child and staff safety and security, and the child's service plan.</p> <p>Added a definition of behavior support assessment as a requirement for a behavior support assessment or plan is being added as a protection to children and to ensure facility staff can manage the children they accept. <u>"Behavior support assessment"</u> means identification of a resident's behavior triggers, successful intervention strategies, anger and anxiety management options for calming, techniques for self-management, and specific goals that address the targeted behaviors that lead to emergency safety interventions.</p> <p><u>"Child-placing agency"</u> means any person licensed to place children in foster homes or adoptive homes or a local board of social services authorized to place children in foster homes or adoptive homes.</p> <p><u>"Public welfare"</u> was deleted as the term is no longer used.</p> <p>Changed "Residential Facility for Children" to "Children's Residential Facility" and corrected the title of the DMHMRSAS standards. <u>"Children's residential facility"</u> or <u>"facility"</u> means a publicly or privately operated facility, other than a private family home, where 24-hour per day care is provided to children separated from their legal guardians and which is required to be licensed or certified by the Code of Virginia except: 1. Any facility licensed by the Department of Social Services as a child-caring institution as of January 1, 1987, and which receives no public funds; and 2. Acute-care private psychiatric hospitals serving children that are licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services under the Rules and Regulations for the Licensing of Providers of Mental Health, Mental Retardation and Substance Abuse Services and the Individual and Family Development Disabilities Support Waiver, 12 VAC 35-105-10 et seq.</p> <p>The definition of "group home" was</p>
--	--	--	---

		<p><u>"Compliance Plan"</u> means violations documented by the regulatory authority and the facility's corrective action to the documented violations within a specified time frame.</p> <p><u>"Confined in detention with a suspended commitment to the Department of Juvenile Justice"</u> means that a court has committed the juvenile to the Department of Juvenile Justice but has suspended the commitment and ordered the juvenile confined in a local detention home for a period not to exceed six months as found in §16.1-284.1.B in the <i>Code of Virginia</i>.</p> <p><u>"Human research"</u> means any systematic investigation utilizing human subjects which may expose such human subjects to physical or psychological injury as a consequence of participation as subjects and which departs from the application of established and accepted therapeutic methods appropriate to meet the subjects' needs.</p> <p><u>"Independent living program"</u> means a program that is specifically approved to provide the opportunity for the residents to develop the skills necessary to live successfully on their own following completion of the program.</p> <p><u>"Licensee"</u> means the person, corporation, partnership, association, or public agency to whom a license or certificate is issued and who is legally responsible for compliance with the standards and statutory requirements relating to the facility.</p> <p><u>"Mechanical restraint"</u> means use of devices to</p>	<p>separated from the definition of "children's residential facility".</p> <p>"Compliance Plan" was changed to "Corrective Action Plan" and wording was changed for clarification. <u>"Corrective action plan"</u> means violations documented by the regulatory authority and the facility's submitted pledged corrective action to the documented violations cited by the regulatory authority.</p> <p>"Confined in detention with a suspended commitment to the Department of Juvenile Justice" was changed to "Confined in post-dispositional detention." And the definition was updated. <u>"Confined in post-dispositional detention"</u> means that a court has sentenced the juvenile to a detention home for a period exceeding 30 days as found in §16.1-284.1.B of the Code of Virginia.</p> <p>Added <u>"DJJ"</u> means the department of Juvenile Justice.</p> <p>A definition of "health record" was added. <u>"Health record"</u> means the file maintained by a provider which contains personal health information.</p> <p>The definition of "human research" was updated to be consistent with the "Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services."</p> <p><u>"Human research"</u> means any systematic investigation including research development, testing, and evaluation, utilizing human subjects, that is designed to develop or contribute to generalized knowledge. Human research shall not include research exempt from federal research regulations pursuant to 45 CFR46.101 (b).</p> <p>"Independent living program" was updated. <u>"Independent living program"</u> means a competency-based program that is specifically approved by the regulatory agency to provide the opportunity for the residents to develop the skills necessary to live successfully on their own following completion of the program.</p> <p>The definition of "licensee" was changed to include the term "provider" and "sponsor". <u>"Provider or Licensee or Sponsor"</u> means the person, corporation, partnership, association, or public agency to whom a license or certificate is issued and who is legally responsible for compliance with the regulatory and statutory requirements relating to the facility.</p> <p>The term "mechanical restraint" was updated.</p>
--	--	---	---

		<p>restrict the movement of an individual or the movement or normal function of a portion of the individual's body, but does not include the appropriate use of those devices used to provide support for the achievement of functional body position or proper balance and those devices used for specific medical and surgical treatment or treatment for self-injurious behavior.</p> <p><u>"Medication error"</u> means that an error has been made in administering a medication to a resident when any of the following occur: (i) the wrong medication is given to a resident; (ii) the wrong resident is given the medication; (iii) the wrong dosage is given to a resident; (iv) medication is given to a resident at the wrong time or not at all; and (v) the proper method is not used to give the medication to a resident.</p> <p><u>"Parent"</u> means a natural or adoptive parent or a surrogate parent appointed pursuant to DOE's regulations governing special education programs for students with disabilities. "Parent" means either parent unless the facility has been provided evidence that there is a legally binding instrument, a state law or a court order governing such matters as divorce, separation, or custody, which provides to the contrary.</p> <p><u>"Physical restraint"</u> means the restraint of a resident's body movements by means of physical contact by staff members. Physical restraint does not include physical prompts or guidance used with individuals with diagnosed mental disabilities in the education or training of adaptive behaviors. (See definition of "adaptive behavior.")</p> <p><u>"Program"</u> means a combination of procedures or</p>	<p><u>"Mechanical restraint"</u> means the use of devices that involuntarily restricts the freedom of movement or voluntary functioning of a limb or portion of a person's body as a means to control his physical activities when the individual receiving services does not have the ability to remove the device.</p> <p>A clarifying sentence was added to "medication error". <u>"Medication error"</u> means an error made in administering a medication to a resident including the following: (i) the wrong medication is given to a resident; (ii) the wrong resident is given the medication; (iii) the wrong dosage is given to a resident; (iv) medication is given to a resident at the wrong time or not at all; and (v) the proper method is not used to give the medication to a resident. A medication error does not include a resident's refusal of offered medication.</p> <p>Wording was changed in <u>"Parent"</u> means a natural or adoptive parent or a surrogate parent appointed pursuant to DOE's regulations governing special education programs for students with disabilities. <u>"Parent"</u> means either parent unless the facility has been provided documentation that there is a legally binding instrument, a state law or a court order governing such matters as divorce, separation, or custody, which provides to the contrary.</p> <p>"Personal health information" definition was added because of federal requirements. <u>"Personal health information"</u> means the information that encompasses the universe of oral, written or otherwise recorded information that is created or received by an entity relating to either an individual's physical or mental health or the provision of or payment for health care to an individual.</p> <p>A definition of "Pharmacological restraint" was added. <u>"Pharmacological restraint"</u> means the use of a medication that is administered involuntarily for the emergency control of an individual's behavior when the individual's behavior places him or others at imminent risk and the administered medication is not a standard treatment for the individual's medical or psychiatric condition.</p> <p>The updated definition states <u>"Physical restraint"</u> (also referred to as a "manual hold") means use of a physical intervention or "hands-on" hold to prevent an individual from moving his body when that individual's behavior places him or others at imminent risk. This definition is consistent with other state regulations.</p> <p>The definition of "program" was replaced</p>
--	--	---	--

		<p>activities carried out in order to meet a specific goal or objective.</p> <p><u>"Regulatory authority"</u> means the department or state board that is responsible under the <i>Code of Virginia</i> for the licensure or certification of a residential facility for children.</p> <p><u>"Resident"</u> means a person admitted to a children's residential facility for supervision, care, training or treatment on a 24-hour per day basis. Resident includes children making preplacement visits to the facility. When the term is used, the requirement applies only to individuals who have been admitted to the facility and those making preplacement visits.</p> <p><u>"Respite care facility"</u> means a facility that is specifically approved to provide short-term, periodic residential care to children accepted into its program in order to give the legal guardians temporary relief from responsibility for their direct care.</p> <p><u>"Rest day"</u> means a period of not less than 32 consecutive hours during which a staff person has no responsibility to perform duties related to the facility. Two successive rest days means a period of not less than 48 consecutive hours during which a staff person has no responsibility to perform duties related to the facility. Each successive rest day immediately following the second shall consist of not less than 24 additional consecutive hours.</p> <p><u>"Routine admission"</u> means the admittance of a child following evaluation of an application for admission, completion of preplacement activities, and execution of a written placement agreement.</p> <p><u>"Rules of conduct"</u> means a listing of rules or regulations which is maintained to inform residents and others about behaviors which are not permitted and the consequences applied when the behaviors occur.</p> <p><u>"Sanitizing agent"</u> means a laundry bleach with an active ingredient of 5.25% sodium hypochlorite.</p> <p><u>"Seclusion"</u> means placing a resident in a room with</p>	<p>with the definition of "structured program of care".</p> <p><u>"Structured Program of Care"</u> means a comprehensive planned daily routine including appropriate supervision that meets the needs of each resident both individually and as a group.</p> <p>"Agency" was added to the definition of "regulatory authority" as this term is also used in the regulations.</p> <p><u>"Regulatory authority or agency"</u> means the department or state board that is responsible under the Code of Virginia for the licensure or certification of a children's residential facility.</p> <p>Unnecessary wording was deleted from the definition of resident. The requirement for preplacement visits was deleted from the standards. <u>"Resident"</u> means a person admitted to a children's residential facility for supervision, care, training or treatment on a 24-hour per day basis.</p> <p>Parents were added to the definition of respite care as some children will becoming from their parents home.</p> <p><u>"Respite care facility"</u> means a facility that is specifically approved to provide short-term, periodic residential care to children accepted into its program in order to give the parents or legal guardians temporary relief from responsibility for their direct care.</p> <p>The definition of "rest day" was simplified. <u>"Rest day"</u> means a period of not less than 24 consecutive hours during which a staff person has no responsibility to perform duties related to the facility.</p> <p>Unnecessary wording was deleted from "routine admission." The requirement for preplacement visits has been deleted from the standards. <u>"Routine admission"</u> means the admittance of a child following evaluation of an application for admission, and execution of a written placement agreement.</p> <p>Clarifying language was added to "rules of conduct". <u>"Rules of conduct"</u> means a listing of a facility's rules or regulations which is maintained to inform residents and others about behaviors which are not permitted and the consequences applied when the behaviors occur.</p> <p>The definition of "sanitizing agent" was updated. <u>"Sanitizing agent"</u> means any substance approved by the Environmental Protection Agency to destroy bacteria.</p> <p>The definition of "seclusion" was updated.</p>
--	--	---	---

		<p>the door secured in any manner that prevents the resident from opening it.</p> <p>"Secure custody facility" means a detention home or a juvenile correctional center.</p> <p>"Standard" means a statement which describes in measurable terms a required minimum performance level.</p> <p>"Timeout" means temporarily removing a resident and placing the resident alone in a special timeout room that is unfurnished or sparsely furnished and which contains few reinforcing environmental stimuli.</p> <p>"Treatment" means any action which helps a person in the reduction of disability or discomfort, the amelioration of symptoms, undesirable conditions or changes in specific physical, mental, behavioral or social functioning.</p> <p>"Variance" means temporary or permanent waiver of compliance with a standard or portion of a standard, or permission to meet the intent of the</p>	<p>"Seclusion" means the involuntary placement of an individual alone, in an area secured by a door that is locked or held shut by a staff person by physically blocking the door or by any other physical or verbal means so that the individual cannot leave it. This definition is consistent with other state regulations.</p> <p>Clarifying language was added to the definition of "secure custody". "<u>Secure custody facility</u>" means a detention home or a juvenile correctional center with physical barriers that regulate movement.</p> <p>Clarifying language was added to the definition of "standard". "<u>Standard</u>" means a statement which describes in measurable terms a required minimum performance level. The term standard and the term regulation may be used interchangeably.</p> <p>Definition of substantial compliance was added as the term is used in the standards. "<u>Substantial compliance</u>" means that while there may be noncompliance with one or more standards that represents minimal risk, compliance clearly and obviously exists with most of the standards as a whole.</p> <p>"Temporary contract worker" was added as the term is used in the standards. "<u>Temporary contract worker</u>" means an individual who is not a direct salaried employee of the provider but is employed by a third party and is not a consistently scheduled staff member.</p> <p>The definition of "timeout" was updated. "<u>Time out</u>" means the involuntary removal of a resident by a staff person from a source of reinforcement to a different, open location for a specified period of time or until the problem behavior has subsided to discontinue or reduce the frequency of problematic behavior.</p> <p>This definition is consistent with other state regulations.</p> <p>The definition of "treatment" was updated. "<u>Treatment</u>" means individually planned, sound, and therapeutic interventions that are intended to improve or maintain functioning of an individual receiving services in those areas that show impairment as the result of mental disability, substance addiction, or physical impairment. In order to be considered sound and therapeutic, the treatment must conform to current acceptable professional practice.</p> <p>Unnecessary language was deleted from the definition of "variance". "<u>Variance</u>" means temporary or permanent waiver of</p>
--	--	---	--

		<p>standard by a method other than that specified in the standard, when the regulatory authority, in its sole discretion, determines: (i) enforcement will create an undue hardship; (ii) the standard is not specifically required by statute or by the regulations of another government agency; and (iii) resident care will not be adversely affected. The denial of a request for a variance is appealable when it leads to the denial or revocation of a license or certificate.</p> <p>"Wilderness camp" means a facility specifically approved to provide a primitive camping program with a nonpunitive environment and an experience curriculum for residents nine years of age and older who cannot presently function in home, school, and community. In lieu of or in addition to dormitories, cabins or barracks for housing residents, primitive campsites are used to integrate learning and therapy with real living needs and problems for which the resident can develop a sense of social responsibility and self worth.</p>	<p>compliance with a standard or portion of a standard, or permission to meet the intent of the standard by a method other than that specified in the standard, when the regulatory authority, in its sole discretion, determines: (i) enforcement will create an undue hardship and (ii) resident care will not be adversely affected.</p> <p>A definition of volunteers was added as the term is used in the standards. "Volunteers" means any individual or group who of their own free will, and without any financial gain, provides goods and services to the program without compensation.</p> <p>A correction was made in the definition of "wilderness program". "Wilderness program" means a facility specifically approved to provide a primitive camping program with a nonpunitive environment and an experience curriculum for residents nine years of age and older who cannot presently function in home, school, or community. In lieu of or in addition to dormitories, cabins or barracks for housing residents, primitive campsites are used to integrate learning, mentoring, and group process with real living needs and problems for which the resident can develop a sense of social responsibility and self worth.</p>
NA	20	NA	<p>22VAC42-11-20. Interdepartmental Cooperation. The Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services shall assist and cooperate with each other in the licensing and certification of children's residential facilities. This section was added as consistent regulation of children's residential facilities will promote the health, safety and welfare of the residents.</p>
20	30	<p>Applications</p> <p>A. Initial applications</p> <p>1. A completed application shall be submitted at least 60 days in advance of the planned opening date.</p> <p>2. The applicant shall document funds or a line of credit sufficient to cover at least 90 days of operating expenses unless the facility is operated by a state or local government agency, board or commission.</p> <p>3. A corporation, unincorporated organization or association, an individual or a partnership proposing to operate a facility shall submit with the initial application evidence of</p>	<p>A. Initial applications</p> <p>1. A completed application includes, but is not limited to, an initial application form; proposed working budget for the year showing projected revenue and expenses for the first year of operation and a balance sheet showing assets and liabilities; evidence of financial resources, or, a line of credit sufficient to cover estimated operating expenses for 90 days unless the facility is operated by a state or local government agency, board, or commission; a description of the program; a proposed staffing/supervision plan including the staff information sheet; copies of all job descriptions; evidence of the applicant's authority to conduct business in Virginia; copy of floor plan with dimensions of rooms; a certificate of occupancy; current health inspection;</p>

		<p>financial responsibility and sufficient funds to operate. This shall include:</p> <p>a. A working budget showing projected revenue and expenses for the first year of operation; and</p> <p>b. A balance sheet showing assets and liabilities.</p> <p>4. Facilities operated by state or local government agencies, boards and commissions shall submit evidence of sufficient funds to operate including a working budget showing appropriated revenue and projected expenses for the coming year.</p>	<p>evidence of consultation with state or local fire prevention authorities; a list of board members, if applicable; three references for the applicant; and if required by the regulatory authority, references for three officers of the board, if applicable. This information shall be submitted to and approved by the lead regulatory agency in order for the application to be considered complete.</p> <p>2. All initial applications which are not complete within 12 months shall be closed.</p> <p>3. Facilities operated by state or local government agencies, boards, and commissions shall submit evidence of sufficient funds to operate including a working budget showing appropriated revenue and projected expenses for the coming year.</p> <p>4. Currently licensed providers shall demonstrate that they are operating in substantial compliance with applicable regulations before new facilities operated by the same provider will be licensed.</p> <ul style="list-style-type: none"> For clarification, a complete listing of documents that are required for an initial application was added to the section. Added a requirement that new applications which are not complete in 12 months will be closed to clarify procedures. Added a requirement that a provider must substantially comply with applicable regulations before new facilities can be licensed to clarify procedures.
25	40	<p>The investigation</p> <p>The regulatory authority or regulatory authorities will arrange and conduct an on-site inspection of the facility; a thorough review of the services; and investigate the character, reputation, status, and responsibility of the applicant.</p>	<p>The regulatory authority or regulatory authorities shall arrange and conduct an on-site inspection of the facility and a thorough review of the services, and <u>an investigation</u> of the character, reputation, status, and responsibility of the applicant.</p> <p>Wording was improved.</p>
30	50	<p>Visitation of facilities.</p> <p>Representatives of the departments shall make announced and unannounced visits during the effective dates of the license/certificate. The purpose of these visits is to monitor compliance with applicable standards.</p>	<p>Review of Facilities.</p> <p>A. Representatives of the regulatory authorities shall make announced and unannounced reviews during the effective dates of the license/certificate. The purpose of these reviews is to monitor compliance with applicable standards.</p> <p>B. The regulatory authority shall notify relevant local governments and placing and funding agencies, including the Office of Comprehensive Services, of multiple health and safety or human rights violations in children’s residential facilities when such violations result in the lowering of the license or certificate to provisional status.</p> <ul style="list-style-type: none"> Departments was changed to regulatory authorities as that is

			<p>the term defined in the standards</p> <ul style="list-style-type: none"> • B was added as it is now a requirement in the <i>Code of Virginia</i>.
NA	60	NA	<p>Posting of Information.</p> <p>A. Information concerning the application for initial licensure of children’s residential facilities shall be posted on the Interdepartmental Regulation web site, by locality.</p> <p>B. An accurate listing of all licensed or certified facilities including information on renewal, denial, or provisional licensure, services and identification of the lead regulatory authority shall be posted on the Interdepartmental Regulation web site, by locality.</p> <p>New requirements were added as required by the <i>Code of Virginia</i>.</p>
35	70	<p>General requirements</p> <p>A. The facility shall demonstrate full compliance with sufficient applicable standards to clearly demonstrate that its program and physical plant can provide reasonable safe and adequate care while approved plans of action to correct findings of noncompliance are being implemented and there are no noncompliances which pose an immediate and direct danger to residents.</p> <p>B. Corporations sponsoring residential facilities for children shall maintain their corporate status in accordance with Virginia law. Corporations not organized and empowered solely to operate residential facilities for children shall provide for such operations in their charters.</p> <p>C. The facility shall comply with the terms of its license or certificate.</p> <p>G. Intermediate sanctions authorized by statute may be imposed at the discretion of the regulatory authorities in addition to the sanctions specified in this chapter.</p>	<p>A. The provider shall demonstrate <u>substantial</u> compliance with these standards to demonstrate that its program and physical plant provides reasonably safe and adequate care while approved plans of action to correct findings of noncompliance are being implemented and there are no noncompliances which pose an immediate and direct danger to residents.</p> <p>Wording was changed to clarify substantial compliance.</p> <p>B. Corporations sponsoring residential facilities for children shall maintain their corporate status in accordance with Virginia law.</p> <p>The second sentence in B was deleted as it is no longer required.</p> <p>C. The provider shall comply with the terms of its license or certificate.</p> <p>The term provider was used for consistency.</p> <p>G. Intermediate sanctions authorized by statute may be imposed at the discretion of the regulatory authorities</p> <p>No additional sanctions are specified so the wording was deleted.</p> <p>H. Each provider shall self-report within 10 days, to the lead regulatory agency, lawsuits against or settlements with residential facility operators relating to the health and safety or human rights of residents and any criminal charges against staff that may have been made relating to</p>

			<p>the health and safety or human rights of residents.</p> <p>The requirement to self-report lawsuits was added as it is a requirement in the <i>Code of Virginia</i>.</p> <p>I. The provider shall comply with all other applicable federal, state, or local laws and regulations.</p> <p>J. The provider's current policy and procedure manual shall be readily accessible to all staff.</p> <p>K. The provider shall comply with its own policies and procedures.</p> <p>Subsections I, J, and K were added to clarify expectations.</p>
NA	80	NA	<p>A. Facilities regulated by the Department of Juvenile Justice shall comply with the Board of Juvenile Justice's certification regulations governing corrective action plans.</p> <p>B. If there is noncompliance with applicable standards during an initial or ongoing review or investigation, the regulatory authority shall issue a licensing report describing the noncompliance and requesting the provider to submit a corrective action plan.</p> <p>C. The provider shall submit to the regulatory authority and implement a written corrective action plan for each standard for which the provider is found to be in noncompliance.</p> <p>D. The corrective action plan shall include a:</p> <ol style="list-style-type: none"> 1. Description of each corrective action to be taken and the person responsible for implementation; 2. Date of completion for each action; and 3. Signature of the person responsible for oversight of the implementation of the pledged corrective action. <p>D. The provider shall submit the corrective action plan to the regulatory authority within 15 business days of the issuance of the licensing report. Extensions may be granted by the regulatory authority when requested prior to the due date, but extensions shall not exceed an additional 10 business days. An immediate corrective action shall be required if the regulatory authority determines that the violations pose a threat to the health, safety or welfare of residents.</p> <p>E. A corrective action plan shall be approved by the regulatory authority. The provider shall have an additional 10 business days to submit a revised corrective action plan after receiving a notice that the plan submitted has not been approved.</p> <p>For clarity, added a section regarding corrective action plans stating what is required and time frames for the return of</p>

<p>40</p>	<p>90</p>	<p>Licenses/certificates. B. Facilities Regulated by DOE, DMHMRSAS, or DSS 1. A triennial license or certificate shall be issued when the facility (i) applies for renewal while holding an annual or triennial license or certificate and (ii) substantially meets or exceeds the requirements of the interdepartmental standards and other applicable regulations and statutes. 2. Annual Licenses/Certificates. a. An annual license or certificate shall be issued when the facility: (1) Applies for renewal while holding a conditional or provisional license or certificate and substantially meets or exceeds the requirements of the interdepartmental standards and other applicable regulations and statutes; or (2) Applies for renewal while holding an annual or triennial license or certificate and one systemic deficiency has been identified during the licensure or certification period without the facility taking acceptable, documented corrective action; b. An annual license or certificate may be issued to a facility whose sponsor requests establishment of a new facility to serve the same target population as that currently being served by the sponsor in facilities regulated through the Interdepartmental Regulatory Program. c. An annual license or certificate may be renewed, but an annual license or certificate and any renewals thereof shall not exceed a period of 36 successive months for all annual licenses and renewals combined. 3. Provisional Licenses/Certificates a. A provisional license or certificate shall be issued when the facility: (1) Applies for renewal while holding an annual or triennial license or certificate, and during the licensure or certification period there have been two or more occasions when systemic deficiencies have been identified without the facility taking acceptable, documented corrective action; or (2) Applies for renewal while holding a conditional license or certificate and, during the licensure or certification period, has demonstrated that its programs and services do not substantially comply with the interdepartmental standards or other applicable regulations or statutes. b. A provisional license or certificate may be renewed, but a provisional license or certificate and any renewals thereof shall not exceed a period of six successive months for all provisional licenses and renewals combined. c. A facility holding a provisional license or certificate shall demonstrate progress toward compliance. 4. Conditional Licenses/Certificates a. A conditional license or certificate shall be issued to a facility which demonstrates an acceptable level of compliance and is: (1) Beginning initial operation and whose sponsor is not operating one or more additional facilities regulated through the Interdepartmental Regulatory Program, or (2) Sponsored by a currently established Interdepartmental Regulatory Program sponsor who is beginning operation, at a new or currently regulated site, of a program serving a different target</p>	<p>the corrective action plan. B. Facilities Regulated by DOE, DMHMRSAS, or DSS. 1. A conditional license shall be issued to a new provider that demonstrates compliance with administrative and policy requirements, but has not demonstrated compliance with all of the Interdepartmental Standards. A conditional license shall not exceed six months unless allowed by the Code of Virginia. 2. A provisional license may be issued to a provider that has demonstrated an inability to maintain compliance with the Interdepartmental Standards, or other applicable regulations; has violations of licensing standards that pose a threat to the health or safety of residents being served; has two or more systemic deficiencies. a. A provisional license may be issued at any time. b. The term of a provisional license may not exceed six months unless allowed by the Code of Virginia. 3. An annual license or certificate: a. Shall be issued when the provider applies for renewal while holding a conditional or provisional license or certificate and substantially meets or exceeds the requirements of the Interdepartmental Standards and other regulations and statutes. b. May be issued at any time, if the provider has received one systemic deficiency. c. May be renewed, but an annual license or certificate and any renewals thereof shall not exceed a period of 36 successive months for all annual licenses and renewals combined. 4. A triennial license or certificate shall be issued when the provider: a. Applies for renewal while holding an annual or triennial license or certificate and b. Substantially meets or exceeds the requirements of the Interdepartmental Standards and other applicable regulations and statutes. C. The term of a facility's license or certificate may be modified at any time during the licensure or certification period based on a change in the facility's compliance with these standards and other applicable statutes and regulations. <ul style="list-style-type: none"> • Subsection A remained the same. • Allows the facility's license or certificate to be modified during the licensure or certification period if there is a change in compliance. This will allow the licensure period to be reduced if a facility is not in compliance with standards. (Changes regulation to be consistent with Code of Virginia.) • *All references to corrective </p>
-----------	-----------	--	---

		<p>population than that being served by the sponsor.</p> <p>b. A facility holding a conditional license or certificate shall demonstrate progress toward compliance.</p> <p>c. A conditional license or certificate may be renewed, but a conditional license or certificate and any renewals thereof shall not exceed a period of six successive months for all conditional licenses and renewals combined.</p>	<p>action regarding systemic deficiencies were deleted as most systemic deficiencies are cited at the time the license is issued. There is no time to take corrective action.</p>
50	100	<p>There shall be no fee to the licensee for licensure or certification.</p>	<p>A. There shall be a \$500 nonrefundable initial application fee. If the application is closed, denied, or withdrawn, all subsequent initial applications shall require another \$500 fee.</p> <p>B. There shall be a \$100 nonrefundable renewal application fee.</p> <p>C. A renewal fee shall not be charged to providers directly following the issuance of a conditional license.</p> <p>D. The application fee shall not apply to state or locally owned, operated, or contracted facilities.</p> <p>E. Application fees shall be used for the development and delivery of training for providers and staff of children's residential facilities and regulators of these facilities.</p> <p>Established a \$500 fee for initial application fee and a \$100 fee for renewal application. No fees will be charged to state or locally operated facilities. Fees to be used for training as suggested by the December 2006 JLARC study.</p>
60	110	<p>Modification.</p> <p>A. The conditions of a license or certificate may be modified during the term of the license or certificate with respect to the capacity, residents' age range, facility location, or changes in the services.</p> <p>B. The licensee shall submit a written report of any contemplated changes in operation which would affect the terms of the license or certificate or the continuing eligibility for licensure or certification.</p> <p>C. A change shall not be implemented prior to approval by the regulatory authority. A determination will be made as to whether changes will be approved and the license or certificate modified accordingly or whether an application for a new license or certificate must be filed. The licensee will be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license or certificate is required.</p>	<p>A. The conditions of a license or certificate may be modified during the term of the license or certificate with respect to the capacity, residents' age range, facility location, gender, or changes in the services. Limited modifications may be approved during the conditional licensure or certification period.</p> <p>B. The provider shall submit a written report of any contemplated changes in operation which would affect the terms of the license or certificate or the continuing eligibility for licensure or certification to the lead regulatory authority.</p> <p>C. A change shall not be implemented prior to approval by the regulatory authority. The provider will be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license or certificate is required.</p> <ul style="list-style-type: none"> • A sentence was added to inform providers that only limited modifications will be made during the conditional license. • Clarification was added to subsection B. • A sentence was deleted in subsection C as it was redundant.
70	120	<p>Denial.</p> <p>A. An application for licensure or certification may</p>	<p>A. An application for licensure or certification may be denied when the</p>

		<p>be denied when the applicant:</p> <ol style="list-style-type: none"> 1. Violates any provision of applicable laws or regulations made pursuant to such laws; 2. Has a founded disposition of child abuse or neglect after the appeal process has been completed; 3. Has been convicted of a crime listed in §§ 37.1-183.3 and 63.1-248.7:2 of the Code of Virginia; 4. Has made false statements on the application or misrepresentation of facts in the application process; 5. Has not demonstrated good character and reputation as determined through references, background investigations, driving records, and other application materials. <p>B. If denial of a license or certificate is recommended, the facility will be notified in writing of the deficiencies, the proposed action, the right to appeal, and the appeal process.</p>	<p>applicant:</p> <ol style="list-style-type: none"> 1. Violates any provision of applicable laws or regulations made pursuant to such laws; 2. Has a founded disposition of child abuse or neglect after the appeal process has been completed; 3. Has been convicted of a crime listed in §§ 37.2-416 or 63.2-1726 of the Code of Virginia; 4. Has made false statements on the application or misrepresentation of facts in the application process; 5. Has not demonstrated good character and reputation as determined through references, background investigations, driving records, and other application materials; or 6. Has a history of adverse licensing actions or sanctions. <ul style="list-style-type: none"> • Code sections were updated. • A new requirement was added to allow the denial of applicants that have adverse licensing histories.
80	130	<p>Revocation.</p> <p>A. The license or certificate may be revoked when the licensee:</p> <ol style="list-style-type: none"> 1. Violates any provision of applicable laws or applicable regulations made pursuant to such laws; 2. Permits, aids or abets the commission of any illegal act in the regulated facility; 3. Engages in conduct or practices which are in violation of statutes related to abuse or neglect of children; 4. Deviates significantly from the program or services for which a license or certificate was issued without obtaining prior written approval from the regulatory authority or fails to correct such deviations within the specified time; or 5. Engages in a willful action or gross negligence which jeopardizes the care or protection of residents. <p>B. If revocation of a license or certificate is recommended, the facility will be notified in writing of the deficiencies, the proposed action, the right to appeal, and the appeal process.</p>	<p>A. A license or certificate may be revoked when the provider:</p> <ol style="list-style-type: none"> 1. Violates any provision of applicable laws or regulations; 2. Engages in conduct or practices which are in violation of statutes related to abuse or neglect of children; 3. Deviates significantly from the program or services for which a license or certificate was issued without obtaining prior written approval from the regulatory authority or fails to correct such deviations within the specified time; or 4. Engages in a willful action or gross negligence which jeopardizes the care or protection of residents. <p>B. If revocation of a license or certificate is recommended, the facility shall be notified in writing of the deficiencies, the proposed action, the right to appeal, and the appeal process.</p> <ul style="list-style-type: none"> • “Licensee” was changed to “provider.” • A repetitive section was deleted (former A.2).
NA	140	NA	<p>Summary Suspension.</p> <p>A. In conjunction with any proceeding for revocation, denial, or other action, when conditions or practices exist that pose an immediate and substantial threat to the health, safety, and welfare of the residents, the lead regulatory authority agency head may issue an order of summary suspension of the license or certificate to operate a children’s residential facility when he believes the operation of the facility should be suspended during the pendency of such proceeding.</p> <p>B. Prior to the issuance of an order of</p>

			<p>summary suspension, the regulatory authority shall contact the Executive Secretary of the Supreme Court of Virginia to obtain the name of a hearing officer. The lead regulatory authority shall schedule the time, date, and location of the administrative hearing with the hearing officer.</p> <p>C. The order of summary suspension shall take effect upon its issuance. It shall be delivered by personal service and certified mail, return receipt requested, to the address of record of the facility as soon as practicable. The order shall set forth:</p> <ol style="list-style-type: none"> 1. The time, date, and location of the hearing; 2. The procedures for the hearing; 3. The hearing and appeal rights; and 4. Facts and evidence that formed the basis for the order of summary suspension. <p>D. The hearing shall take place within three business days of the issuance of the order of summary suspension.</p> <p>E. The regulatory authority shall have the burden of proving in any summary suspension hearing that it had reasonable grounds to require the facility to cease operations during the pendency of the concurrent revocation, denial, or other proceeding.</p> <p>F. The administrative hearing officer shall provide written findings and conclusions, together with a recommendation as to whether the license or certificate should be summarily suspended, to the lead regulatory agency head within five business days of the hearing.</p> <p>G. The lead regulatory agency head shall issue a final order of summary suspension or make a determination that the summary suspension is not warranted based on the facts presented and the recommendation of the hearing officer within seven business days of receiving the recommendation of the hearing officer.</p> <p>H. The lead regulatory agency head shall issue and serve on the children's residential facility or its designee by personal service or by certified mail, return receipt requested either:</p> <ol style="list-style-type: none"> 1. A final order of summary suspension including (i) the basis for accepting or rejecting the hearing officer's recommendations, and (ii) notice that the children's residential facility may appeal the lead regulatory agency head's decision to the appropriate circuit court no later than 10 days following issuance of the order; or 2. Notification that the summary suspension is not warranted by the facts and circumstances presented and that the order of summary suspension is rescinded. <p>I. The facility may appeal the lead regulatory agency head's decision on the summary suspension to the appropriate circuit court no more than ten days after</p>
--	--	--	--

			<p>issuance of the final order.</p> <p>J. The outcome of concurrent revocation, denial, and other proceedings shall not be affected by the outcome of any hearing pertaining to the appropriateness of the order of summary suspension.</p> <p>K. At the time of the issuance of the order of summary suspension, the lead regulatory authority shall contact the appropriate agencies to inform them of the action and the need to develop relocation plans for residents, and ensure that parents and guardians are informed of the pending action.</p> <p>Added the procedures for summary suspension to be consistent with <i>Code of Virginia</i>. In egregious situations, this will allow the lead regulatory agency to remove the residents during the pendency of the revocation, denial, or other action.</p>
90	150	<p>Variations.</p> <p>A. Any request for a variance shall be submitted in writing to the regulatory authority.</p> <p>B. A variance shall not be effected prior to approval of the regulatory authority.</p>	<p>A. Any request for a variance shall be submitted in writing to the regulatory authority and shall include a:</p> <ol style="list-style-type: none"> 1. Justification why enforcement of the standard would create an undue hardship; 2. How the facility can comply with the intent of the standard; and 3. Justification why resident care would not be adversely affected if the variance was granted. <p>B. A variance shall not be implemented prior to approval of the regulatory authority.</p> <p>The elements of a variance request were added, as requested by regulators.</p>
95	160	<p>Investigation of complaints and allegations</p> <p>The four departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Service; and Social Services are responsible for complete and prompt investigation of all complaints and allegations at the facilities where they have regulatory authority, and for notification of the appropriate persons or agencies when removal of residents may be necessary. Suspected criminal violations shall be reported to the appropriate law enforcement authority.</p>	<p>The Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services are responsible for complete and prompt investigation of all complaints and allegations made against providers for which they have regulatory authority, and for notification of the appropriate persons or agencies when removal of residents may be necessary. Suspected criminal violations shall be reported to the appropriate law enforcement authority.</p> <p>Changes were made to improve wording.</p>
100	170	<p>Governing body.</p> <p>A. The facility shall clearly identify the corporation, association, partnership, individual, or public agency that is the licensee.</p> <p>B. The licensee shall clearly identify any governing board, body, entity or person to whom it delegates the legal responsibilities and duties of the licensee.</p>	<p>A. The provider shall clearly identify the corporation, association, partnership, individual, or public agency that is the licensee.</p> <p>B. The provider shall clearly identify any governing board, body, entity or person to whom it delegates the legal responsibilities and duties of the provider.</p> <p>“Facility” and “Licensee” were changed to provider.</p>

<p>110</p>	<p>180</p>	<p>Responsibilities of the licensee. A. The licensee shall appoint a qualified chief administrative officer to whom it delegates in writing the authority and responsibility for administrative direction of the facility. B. A qualified staff member shall be designated to assume responsibility for operation of the facility in the absence of the chief administrative officer. C. The licensee shall develop a written statement of the philosophy and the objectives of the facility including a description of the target population and the program to be offered. D. The licensee shall review, at least annually, the program of the facility in light of the population served and the objectives of the facility. E. The licensee shall review, develop and implement programs and administrative changes in accord with the defined purpose of the facility.</p>	<p>Responsibilities of the Provider. A. The provider shall appoint a qualified chief administrative officer to whom it delegates, in writing, the authority and responsibility for administrative direction of the facility. B. The provider shall develop and implement a written decision making plan which shall provide for a staff person with the qualifications of the chief administrative officer or program director to be designated to assume the temporary responsibility for the operation of the facility. Each plan shall include an organizational chart. C. The provider shall develop a written statement of the objectives of the facility including a description of the target population and the programs to be offered. D. The provider shall develop and implement written policies and procedures to monitor and evaluate service quality and effectiveness, on a systematic and on-going basis. The provider shall implement improvements when indicated.</p> <ul style="list-style-type: none"> • The requirement to designate a qualified staff person to assume responsibility of the chief administrative officer in his absence was replaced with a requirement to develop and implement a decision making plan including an organizational chart to clarify who can make decisions. • The requirement of the provider to review the program annually was revised to require that the provider develop policies and procedures to evaluate service quality and effectiveness to ensure that providers are evaluating their services. • The provider is required to make improvements as identified by the on-going evaluation.
<p>120</p>	<p>190</p>	<p>Fiscal accountability. A. Facilities operated by corporations, unincorporated organizations or associations, individuals or partnerships shall prepare, at the end of each fiscal year: 1. An operating statement showing revenue and expenses for the fiscal year just ended; 2. A working budget showing projected revenue and expenses for the next fiscal year that gives evidence that there are sufficient funds to operate; and 3. A balance sheet showing assets and liabilities for the fiscal year just ended. B. There shall be a system of financial record keeping that shows a separation of the facility's accounts from all other records.</p>	<p>A. Facilities operated by corporations, unincorporated organizations or associations, individuals, or partnerships shall prepare, at the end of each fiscal year: 1. An operating statement showing revenue and expenses for the fiscal year just ended; 2. A working budget showing projected revenue and expenses for the next fiscal year that gives evidence that there are sufficient funds to operate; and 3. A balance sheet showing assets and liabilities for the fiscal year just ended. B. There shall be a system of financial record keeping that shows a separation of the facility's accounts from all other records. C. The provider shall develop and implement written policies and procedures</p>

			<p>that address the day-to-day handling of facility funds to include:</p> <ol style="list-style-type: none"> 1. Handling of deposits; 2. Writing of checks; and 3. Handling of petty cash. <p>Subsection C was added.</p> <p>The provider is required to develop policies and procedures to address the day-to-day handling of funds to prevent problems.</p>
130	200	<p>Insurance.</p> <p>A. The facility shall maintain liability insurance covering the premises and the facility's operations.</p> <p>B. The facility shall maintain liability insurance on vehicles operated by the facility.</p> <p>C. The members of the governing body and staff who have been authorized to handle the facility's funds shall be bonded or otherwise indemnified.</p>	<p>A. The provider shall maintain liability insurance covering the premises and the facility's operations.</p> <p>B. The provider shall provide documentation that all vehicles used to transport residents are insured, including vehicles owned by staff.</p> <p>C. The members of the governing body and staff who have been authorized to handle the facility's or residents' funds shall be bonded or otherwise indemnified against employee dishonesty.</p> <ul style="list-style-type: none"> • "Facility" was changed to "provider" for consistency. • "Against employee dishonesty" was added for clarity. • A requirement was added to ensure that staff cars used to transport residents are insured as an added protection.
140	210	<p>Fund-raising.</p> <p>The facility shall not use residents in its fund-raising activities without written permission of the legal guardian and the permission of residents 14 years or older.</p>	<p>The provider shall not use residents in its fund-raising activities without written permission of the legal guardian and the permission of residents 14 years or older.</p> <p>"Facility" was changed to "provider" for consistency.</p>
150	220	<p>Weapons.</p> <p>The facility shall have and implement a written policy governing the possession and use of firearms, pellet guns, air rifles, and other weapons on the facility's premises. The policy shall provide that no firearms, pellet guns, air rifles, or other weapons shall be permitted on the premises unless the weapons are:</p> <ol style="list-style-type: none"> 1. In the possession of licensed security personnel, 2. Kept securely under lock and key, or 3. Used under the supervision of a responsible adult in accord with policies and procedures developed by the facility for the weapons' lawful and safe use. 	<p>The provider shall develop and implement written policies and procedures governing the possession and use of firearms, pellet guns, air guns, and other weapons on the facility's premises and during facility related activities. The policy shall provide that no firearms, pellet guns, air guns, or other weapons shall be permitted on the premises or at facility sponsored activities unless the weapons are:</p> <ol style="list-style-type: none"> 1. In the possession of licensed security personnel or law enforcement officers; 2. Kept securely under lock and key; or 3. Used by a resident with the legal guardian's permission, under the supervision of a responsible adult, in accord with policies and procedures developed by the facility for the weapons' lawful and safe use. <ul style="list-style-type: none"> • "Have and implement" was changed to "develop and Implement" to be consistent with other standards. • Added the possession of licensed law enforcement officers, as facilities sometimes

			<p>have officers come to their facilities.</p> <ul style="list-style-type: none"> • Added facility related activities to cover when residents and staff may be off premises. • Added a requirement that if residents are to use weapons, permission from the resident's legal guardian is required. • Wording was improved.
160	230	<p>Relationship to regulatory authority.</p> <p>A. The facility shall submit or make available to the regulatory authority such reports and information as the regulatory authority may require to establish compliance with these interdepartmental standards and other applicable regulations and statutes.</p> <p>B. The governing body or its official representative shall notify the regulatory authorities within five working days of:</p> <ol style="list-style-type: none"> 1. Any change in administrative structure or newly hired chief administrative officer; and 2. Any pending changes in the program including, but not necessarily limited to: the setting where services are performed, the services provided, staff qualifications, organizational structure, target population, or capacity. 	<p>A. The provider shall submit or make available to the regulatory authority such reports and information as the regulatory authority may require to establish compliance with these interdepartmental standards and other applicable regulations and statutes.</p> <p>B. The governing body or its official representative shall notify the regulatory authorities within five working days of any change in administrative structure or newly hired chief administrative officer or program director.</p> <ul style="list-style-type: none"> • This standard was revised to make it more consistent with the section on modification. • "Program director" was added as this is a key position in a children's residential facility.
170	240	<p>Facilities Serving Persons Over the Age of 17 Years</p> <p>Facilities which are approved to serve persons over the age of 17 years shall comply with these interdepartmental standards for all occupants regardless of age, except when it is determined by the regulatory authorities that housing, programs, services, and supervision for such persons are provided separately from those for the residents.</p>	<p>Persons Over the Age of 17 Years</p> <p>Facilities which are approved to serve persons over the age of 17 years shall comply with these interdepartmental standards for all occupants regardless of age, except when it is determined by the regulatory authorities that housing, programs, services, and supervision for such persons are provided separately from those for the <u>other</u> residents.</p> <p>"Other" was inserted for clarity.</p>
180	250	<p>Health information.</p> <p>A. Health information required by this section shall be maintained for each staff member and for each individual who resides in a building occupied by residents, including each person who is not a staff member or resident of the facility.</p> <p>B. Initial Screening for Tuberculosis</p> <ol style="list-style-type: none"> 1. Each individual shall obtain an evaluation documenting the absence of tuberculosis in a communicable form no earlier than 30 days before or no later than seven days after employment or contact with residents. 2. Each individual shall annually submit the results of a Mantoux tuberculin skin test, chest x-ray or bacteriological examination, as deemed appropriate by the examining physician, documenting that the individual is free of tuberculosis in a communicable form. 3. The documentation shall include all information contained on a "Report of Tuberculosis Screening" form recommended by the Virginia Department of Health. 4. An evaluation shall not be required for an individual who (i) has separated from employment 	<p>A. Health information required by this section shall be maintained for each staff member and for each individual who resides in a building occupied by residents, including each person who is not a staff member or resident of the facility. Health information is to be handled, maintained and stored in a fashion which maintains confidentiality of the information at all times.</p> <p>B. Tuberculosis Evaluation.</p> <ol style="list-style-type: none"> 1. At the time of hire or residency at the facility, each individual shall submit the results of a screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days. 2. Each individual shall annually submit the results of a screening assessment,

		<p>with a facility licensed or certified by the Commonwealth of Virginia, (ii) has a break in service of six months or less, and (iii) submits the original statement of tuberculosis screening to his new employer.</p> <p>C. Subsequent Evaluations for Tuberculosis</p> <p>1. An individual who comes in contact with a known case of infectious tuberculosis shall be screened as determined appropriate based on consultation with the local health department.</p> <p>2. An individual who develops chronic respiratory symptoms of three weeks duration shall be evaluated immediately for the presence of infectious tuberculosis.</p> <p>D. An individual suspected of having infectious tuberculosis shall not be permitted to return to work or have contact with staff or residents until a physician has determined that the individual is free of infectious tuberculosis.</p> <p>E. The facility shall report any active case of tuberculosis developed by a staff member to the local health department.</p>	<p>documenting that the individual is free of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health.</p> <p>C. Subsequent Evaluations for Tuberculosis</p> <p>1. An individual who comes in contact with a known case of infectious tuberculosis shall be screened as determined appropriate based on consultation with the local health department.</p> <p>2. An individual who develops chronic respiratory symptoms of three weeks duration shall be evaluated immediately for the presence of infectious tuberculosis.</p> <p>D. An individual suspected of having infectious tuberculosis shall not be permitted to return to work or have contact with staff or residents until a physician has determined that the individual is free of infectious tuberculosis.</p> <p>E. The provider shall report any active case of tuberculosis developed by a staff member or resident to the local health department.</p> <ul style="list-style-type: none"> • Added that health information should be maintained in a confidential manner. • Each new staff person should obtain a screening assessment for TB as evidenced by a completed form with the elements contained on a current risk assessment screening form published by the Department of Health. The risk assessment must be completed at the time of hire and no earlier than 30 days before the date of hire. Deletes exceptions. This is the Department of Health's recommendation. • Each staff person shall have an annual screening assessment as evidenced by a completed form containing the elements of the current risk assessment screening form published by the Department of Health. • "Or residency" was added so individuals other than staff or residents who live in the facility would also be required to have a TB evaluation. • The resident was added in subsection E as any case of TB must be reported. <p>Protects children from TB and protects staff from unnecessary medical procedures.</p>
190	260	<p>Physical or mental health of personnel.</p> <p>A. The licensee or the regulatory authority may require a report of examination by a licensed physician or mental health professional when there are indications that an individual's physical, mental or emotional health may jeopardize the care of</p>	<p>A. The provider or the regulatory authority may require a report of examination by a licensed physician or mental health professional when there are indications that an individual's physical, mental or</p>

		residents.	emotional health may jeopardize the care of residents. "Licensee" was changed to "provider" for consistency.
200	270	<p>Qualifications.</p> <p>A. Standards establishing minimum position qualifications shall be applicable to all facilities. In lieu of the minimum position qualifications contained in this chapter, facilities subject to (i) the rules and regulations of the Virginia Department of Personnel and Training, or (ii) the rules and regulations of a local government personnel office may develop written minimum entry level qualifications in accord with the rules and regulations of the supervising personnel authority.</p> <p>B. A person who assumes or is designated to assume the responsibilities of a position or any combination of positions described in these standards shall:</p> <ol style="list-style-type: none"> 1. Meet the qualifications of the position or positions; 2. Fully comply with all applicable standards for each function; and 3. Demonstrate a working knowledge of the policies and procedures that are applicable to his specific position or positions. <p>C. When services or consultation are obtained on a contractual basis they shall be provided by professionally qualified personnel.</p>	<p>A. Standards establishing minimum position qualifications shall be applicable to all providers. In lieu of the minimum position qualifications contained in this chapter, providers subject to (i) the rules and regulations of the Virginia Department of Human Resource Management or (ii) the rules and regulations of a local government personnel office may develop written minimum entry level qualifications in accord with the rules and regulations of the supervising personnel authority.</p> <p>B. A person who assumes or is designated to assume the responsibilities of a position or any combination of positions described in these standards after the effective date of these standards shall:</p> <ol style="list-style-type: none"> 1. Meet the qualifications of the position or positions; 2. Fully comply with all applicable standards for each function; and 3. Demonstrate a working knowledge of the policies and procedures that are applicable to his specific position or positions. <p>C. When services or consultation are obtained on a contractual basis they shall be provided by professionally qualified personnel.</p> <ul style="list-style-type: none"> • Updates the name of the Virginia Department of Personnel and Training to Human Resource Management • "Facilities" is changed to "providers". • "After the effective date of these standards" was added to ensure that all current staff would be grandfathered.
210	280	<p>Job descriptions.</p> <p>A. There shall be a written job description for each position which, at a minimum, includes the:</p> <ol style="list-style-type: none"> 1. Job title; 2. Duties and responsibilities of the incumbent; 3. Job title of the immediate supervisor; and 4. Minimum knowledge, skills and abilities required for entry level performance of the job. <p>B. A copy of the job description shall be given to each person assigned to a position at the time of employment or assignment.</p>	<p>A. There shall be a written job description for each position which, at a minimum, includes the:</p> <ol style="list-style-type: none"> 1. Job title; 2. Duties and responsibilities of the incumbent; 3. Job title of the immediate supervisor; and 4. Minimum education, experience, knowledge, skills, and abilities required for entry level performance of the job. <p>B. A copy of the job description shall be given to each person assigned to a position at the time of employment or assignment.</p> <p>Added a requirement that minimum education and experience be added to the job description to insure that staff have the proper qualifications</p>

220	290	<p>Written personnel policies and procedures.</p> <p>A. The licensee shall approve written personnel policies and make its written personnel policies readily accessible to each staff member.</p> <p>B. The facility shall develop and implement written policies and procedures to assure that persons employed in or designated to assume the responsibilities of each position possess the knowledge, skills and abilities specified in the job description for the position.</p> <p>C. Written policies and procedures related to child abuse and neglect shall be distributed to all staff members. These shall include procedures for:</p> <ol style="list-style-type: none"> 1. Handling accusations against staff; and 2. Promptly referring, consistent with requirements of the Code of Virginia, suspected cases of child abuse and neglect to the local child protective services unit and for cooperating with the unit during any investigation. 	<p>A. The provider shall have and implement provider approved written personnel policies and make its written personnel policies readily accessible to each staff member.</p> <p>B. The provider shall develop and implement written policies and procedures to assure that persons employed in or designated to assume the responsibilities of each position possess the education, experience, knowledge, skills, and abilities specified in the job description for the position.</p> <ul style="list-style-type: none"> • Clarified that the provider have approved policies and procedures, as some providers cannot approve their own policies and procedures because they are part of a bigger organization e.g. local government. • Added a requirement that individuals hired for a position have the education and experience for the position as described in the job description. • Deleted requirements regarding child abuse and neglect, because they are in another section.
230	300	<p>Personnel records.</p> <p>A. Separate up-to-date written or automated personnel records shall be maintained for each employee and volunteer and contractual service provider for whom background investigations are required by Virginia statute. Content of personnel records of volunteers and contractual service providers may be limited to documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations.</p> <p>B. The records of each employee shall include:</p> <ol style="list-style-type: none"> 1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number; 2. Educational background and employment history; 3. Written references or notations of oral references; 4. Reports of required health examinations; 5. Annual performance evaluations; 6. Date of employment and separation; and 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations. <p>C. Personnel records shall be retained in their entirety for three years after separation from employment, contractual service, or volunteer service.</p>	<p>A. Separate up-to-date written or automated personnel records shall be maintained for each employee, student/intern, volunteer, and contractual service provider for whom background investigations are required by Virginia statute. Content of personnel records of volunteers, student/interns and contractual service providers may be limited to documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations.</p> <p>B. The records of each employee shall include:</p> <ol style="list-style-type: none"> 1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number or other unique identifier; 2. Educational background and employment history; 3. Written references or notations of oral references; 4. Reports of required health examinations; 5. Annual performance evaluations; 6. Date of employment for each position held and separation; 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations; 8. Documentation of educational degrees and of professional certification or licensure;

			<p>9. Documentation of all training required by these standards and any other training received by individual staff; and</p> <p>10. A current job description.</p> <p>C. Personnel records, including separate health records, shall be retained in their entirety for at least three years after separation from employment, contractual service, student/intern, or volunteer service.</p> <ul style="list-style-type: none"> • Added that providers keep personnel records on students/interns. • Allows providers to use a unique identifier instead of a social security number to protect against identity theft. • Added a requirement that documentation of educational degrees and professional certification be kept in the record. • Added that documentation of medication, first aid, CPR, and all other training be kept in the record. This will help determine staff qualifications. • Added student/intern records must be kept for 3 years. • Added health records can be maintained separately as required by federal regulation. • Students/interns was added to be consistent with other standards. • "For each position held" was added in element 6 to more easily determine when an individual begins each job that may have different requirements. • "This regulation" was changed to "these standards" in element 9 for consistency.
240	310	<p>Staff development.</p> <p>A. New employees, relief staff, volunteers and students/interns shall within one calendar month of employment be given orientation and training regarding the objectives and philosophy of the facility, practices of confidentiality, other policies and procedures that are applicable to their positions, and their duties and responsibilities.</p> <p>B. The facility shall develop a staff training plan that addresses the knowledge, skills, and abilities that employees need to perform their job.</p> <p>C. Regular supervision of staff shall not be the only method of staff development</p> <p>D. All personnel shall receive documented training and other staff development activities as necessary to enable them to adequately perform their job responsibilities.</p>	<p>A. Required initial training:</p> <p>1. Within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures and techniques regarding less restrictive interventions, timeout, and physical restraint.</p> <p>2. Within 14 days following an individual's begin date, or before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training which shall include:</p> <ol style="list-style-type: none"> a. Alerting emergency personnel and sounding alarms; b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, non-ambulatory); c. Using, maintaining, and operating emergency equipment; d. Accessing emergency information for

		<p>residents including medical information; and</p> <p>e. Utilizing community support services.</p> <p>3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers and students/interns shall be given orientation and training regarding:</p> <ul style="list-style-type: none"> a. The objectives of the facility; b. Practices of confidentiality; c. The decision making plan; d. The Standards for Interdepartmental Regulation of Children’s Residential Facilities including the prohibited actions as outlined in this regulation; and e. Other policies and procedures that are applicable to their positions and their duties and responsibilities. <p>4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.</p> <p>5. Within 30 days following their begin date, all staff working with residents shall be trained in child abuse and neglect; mandatory reporting; maintaining appropriate professional relationships and interaction among staff and residents; and suicide prevention.</p> <p>6. Within 30 days following their begin date or as required by other state or federal regulations, all staff shall be trained on the facility’s policies and procedures regarding standard precautions.</p> <p>7. Within 30 days following their begin date, all staff shall be trained on appropriate siting of children’s residential facilities and good neighbor policies and community relations.</p> <p>8. Before they can administer medication, all staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications.</p> <p>9. All staff shall be trained in any area of quality improvement as identified from the results of the quality improvement plan.</p> <p>B. Required annual retraining:</p> <ul style="list-style-type: none"> 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training which shall include: <ul style="list-style-type: none"> a. Alerting emergency personnel and sounding alarms; b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, non-ambulatory); c. Using, maintaining, and operating emergency equipment; d. Accessing emergency information for
--	--	---

			<p>residents including medical information; and e. Utilizing community support services. 2. All staff who administer medication shall complete annual refresher medication training. 3. All child care staff shall receive annual retraining on the provider's behavior intervention and timeout policies and procedures. 4. All staff working with residents shall receive annual retraining in child abuse and neglect; mandatory reporting; maintaining appropriate professional relationships and interaction among staff and residents; and suicide prevention. 5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions. C. Each full time staff person who works with residents shall complete an additional 15 hours of annual training applicable to their job duties. D. Providers shall develop and implement written policies and procedures to ensure that part time staff receive training applicable to their positions. E. Training provided shall be comprehensive and based on the needs of the population served to ensure that staff have the competencies to perform their jobs.</p> <ul style="list-style-type: none"> • Added that employees transferring from other facilities operated by the provider be given orientation and training regarding the new facility. • Changed the requirement for new employees, volunteers, students to have orientation and training regarding the facility within 14 days instead of 30 days. • Added that part of this orientation include information about the provider's decision making plan and the Interdepartmental Standards, including the prohibited actions outlined in the standards. • Reorganized all training requirements and brought all requirements to this section. • Added initial and annual training requirements for emergency response. • Required that all staff working with residents be enrolled in CPR and first aid classes within 30 days of hire. • Added a requirement that all staff be trained within 30 days on the provider's policies and procedures regarding standard (formerly called universal) precautions and annually thereafter. • Requires that all staff working
--	--	--	--

			<p>with residents be trained in child abuse and neglect, mandatory reporting, boundary issues, and suicide prevention within 30 days of hire and annually.</p> <ul style="list-style-type: none"> • Requires an additional 15 hours of training. • Added a requirement that policies and procedures be developed to require training for part time staff. • Training must be comprehensive and ensure that staff have the competencies to perform their duties. • “Conduct” replaced “implemented” as this is preferred wording. • “Sponsor” was changed to “provider” to be consistent. • “Or as required by other state or federal regulations” was added as these regulations may require that this training be provided sooner. • “Universal” was changed to “standard” as this is the more current term. • “Training in appropriate siting of children’s residential facilities” was added as this requirement is in the <i>Code of Virginia</i>. • A lettering error was corrected. • Wording was changed for consistency. <p>Increased training was recommended by the December 2006 JLARC study.</p>
250	320	Supervision. Regular supervision of staff, volunteers, and students/interns shall be provided.	<p>The provider shall develop and implement written policies and procedures regarding the supervision of staff, volunteers, contractors and students/interns. These policies and procedures shall include:</p> <ol style="list-style-type: none"> 1. Type of supervision; 2. Frequency of supervision; and 3. How the supervision will be documented. <p>Requires policies and procedures for supervision of staff, volunteers and students/interns to ensure that the facility has a plan for supervision.</p>
NA	330	NA	<p>The applicant</p> <ol style="list-style-type: none"> A. Each applicant shall provide documentation that they have been trained on appropriate siting of children’s residential facilities and good neighbor policies and community relations. B. The applicant shall be interviewed in person by the regulatory authority to determine the qualifications of the owner or operator as set out in these standards. C. Should the applicant not be qualified to perform the duties of the chief administrative officer, the applicant shall hire an individual with the qualifications, as set out in these standards, to perform the duties of the chief administrative officer.

			<ul style="list-style-type: none"> • Added requirements for the applicant. The applicant must be trained on the siting of a facility, the applicant must be interviewed in person by the regulatory authority to determine qualifications and the applicant must hire someone with the required qualifications to be chief administrative officer if the applicant is not qualified. This will better ensure that the person making administrative decisions at the facility is qualified. • “And good neighborhood policies and community relations” was added as this training is required for the applicant by the <i>Code of Virginia</i>.
260	340	<p>The chief administrative officer A chief administrative officer appointed after July 1, 2000 shall have at least:</p> <ol style="list-style-type: none"> 1. A baccalaureate degree from an accredited college or university in the field of human services, institutional management, social work, education or other allied discipline; or 2. A baccalaureate degree from an accredited college or university with two years of successful work experience with children in the field of institutional management, social work, education or other allied profession. 	<p>A. The chief administrative officer shall have the following responsibilities:</p> <ol style="list-style-type: none"> 1. Responsibility for compliance with the Standards for Interdepartmental Regulation of Children’s Residential Facilities and other applicable standards and statutes; 2. Responsibility for overseeing all personnel; 3. Overseeing facility operation in its entirety, including the approval of the design of the structured program of care and its implementation; and 4. Responsibility for the facility’s financial integrity. <p>B. A chief administrative officer appointed after the effective date of these standards shall have at least:</p> <ol style="list-style-type: none"> 1. A master’s degree in social_work, psychology, counseling, nursing or administration and a combination of two years professional experience working with children and in administration and supervision ; or 2. A baccalaureate degree in social work, psychology, counseling, nursing or administration and three years of combined professional experience with children, and in administrative and supervisory experience; or 3. A baccalaureate degree and a combination of four years professional experience in a children’s residential facility and in administration and supervision. 4. For a program whose lead regulatory agency is the Department of Education, a master’s in education and a combination of two years of professional experience working with children and in administration and supervision or a baccalaureate degree in education and a combination of three years professional experience with children, and in administration and supervision may be accepted.

			<p>C. Any applicant for the chief administrative officer position shall submit the following to demonstrate compliance with the qualifications required by this regulation for the chief administrative officer:</p> <ol style="list-style-type: none"> 1. Official transcripts from the accredited college or university of attendance within 30 days of hire; and 2. Documentation of prior relevant experience. <ul style="list-style-type: none"> • Added duties of the chief administrative officer, as these duties are critical to the successful operation of the facility and involve decisions that need to be made by qualified staff. • Strengthened education and experience requirements. Offered several options to allow the provider flexibility in finding a qualified person • Added that the chief administrative officer must provide transcripts within 30 days of hire certified by the accredited college or university of attendance and documentation of prior relevant experience to ensure that the chief administrative officer is qualified.
270	350	<p>Program director</p> <p>B. Persons directing programs shall be responsible for the development and implementation of the programs and services offered by the facility.</p> <p>C. Persons directing programs of a facility licensed or certified to care for 13 or more residents shall be full-time, qualified staff members.</p> <p>D. A person appointed after July 1, 1981, to direct programs shall have:</p> <ol style="list-style-type: none"> 1. A baccalaureate degree from an accredited college or university with two years of successful work experience with children in the field of institutional management, social work, education or other allied discipline; 2. A graduate degree from an accredited college or university in a profession related to child care and development; or 3. A license or certificate issued by the Commonwealth of Virginia as a drug or alcoholism counselor/worker if the facility's purpose is to treat drug abuse or alcoholism. 	<p>B. Persons directing programs shall be responsible for the development and implementation of the programs and services offered by the facility, including overseeing assessments, service planning, staff scheduling, and supervision.</p> <p>C. Persons directing programs of a facility licensed or certified to care for 13 or more residents shall be full time, qualified staff members.</p> <p>D. A person appointed after the effective date of these standards to direct programs shall have at least:</p> <ol style="list-style-type: none"> 1. A master's degree in social work, psychology, counseling, or nursing and a combination of two years experience with children, in a children's residential facility and administration or supervision; 2. A baccalaureate degree in social work, psychology, counseling or nursing and a combination of three years professional experience with children, in a children's residential facility and in administration or supervision; 3. A baccalaureate degree and a combination of four years of professional experience working with children, in a children's residential facility and in administration or supervision; or 4. A license or certificate issued by the Commonwealth of Virginia as a drug or alcoholism counselor/worker if the facility's purpose is to treat drug abuse or

			<p>alcoholism;</p> <p>5. For a program whose lead regulatory agency is the Department of Education, a master's degree in education and a combination of two years of professional experience with children, in a children's residential facility and in administration or supervision or a baccalaureate degree in education with an endorsement in at least one area of disability served by the program and a combination of three years professional experience working with children, in a children's residential facility and in administration or supervision.</p> <p>E. Any applicant for the program director position shall submit the following to demonstrate compliance with the qualifications required by this regulation for the program director:</p> <ol style="list-style-type: none"> 1. Official transcripts from the accredited college or university of attendance within 30 days of hire; and 2. Documentation of prior relevant experience. <ul style="list-style-type: none"> • Changed the title of the section to Program Director. • Added the duties of overseeing assessments, service planning, staff scheduling, and supervision to clarify who should be performing these critical functions. • Strengthened education and experience requirements. Offered several options to allow the provider some flexibility in finding a qualified person. • Added the program director must provide transcripts within 30 days of hire certified by the college or university of attendance and documentation of prior relevant experience to ensure the program director is qualified to work with the residents.
<p>NA (part of former 670)</p>	<p>360</p>	<p>Case manager</p> <p>C. Social services consistent with the goals of the service plan shall be provided to meet the specific needs of each resident, except residents of secure detention facilities who are not confined with a suspended commitment to the Department of Juvenile Justice, in one of the following ways:</p> <ol style="list-style-type: none"> 1. By or under the direct supervision of a staff member who (i) holds a bachelor's degree in psychology, counseling, social work, or other discipline specifically approved by the regulatory authority and (ii) has completed two years of successful experience in psychology, counseling, social work, or other field specifically approved by the regulatory authority (In lieu of two years experience, the person may work under the direct supervision of a qualified supervisor for a period of two years.) 	<p>A. Case managers shall have the responsibility for:</p> <ol style="list-style-type: none"> 1. Coordination of all services offered to each resident; and 2. Provision of case management services as required in 22VAC42-11-760.A. <p>B. Case managers shall have:</p> <ol style="list-style-type: none"> 1. A master's degree in social work, psychology, or counseling; or 2. A baccalaureate degree in social work or psychology with documented field work experience and must be supervised by the program director or other staff employed by the provider with the same qualifications as required by 22VAC42 -11-350.D; or 3. A baccalaureate degree and three years of professional experience working with children.

			Added to ensure that someone qualified is making the decisions at the facility on a day- to-day basis.
280	370	<p>Child care supervisor</p> <p>D. An individual supervising child care workers shall have:</p> <ol style="list-style-type: none"> 1. A baccalaureate degree from an accredited college or university and two years experience in the human services field, at least one of which shall have been in a residential facility for children; or 2. A high school diploma or a General Education Development Certificate (G.E.D.) and a minimum of five years experience in the human service field with at least two years in a residential facility for children 	<p>A. Child care supervisors shall have responsibility for the:</p> <ol style="list-style-type: none"> 1. Development of the daily living program within each child care unit; and; 2. Orientation, training and supervision of direct care workers. <p>B. Child care supervisors shall have:</p> <ol style="list-style-type: none"> 1. A baccalaureate degree in social work or psychology and two years of professional experience working with children, one year of which must have been in a residential facility for children; 2. A high school diploma or a General Education Development Certificate (G.E.D.) and a minimum of five years professional experience working with children with at least two years in a residential facility for children; or 3. A combination of education and experience working with children as approved by the lead regulatory authority. <ul style="list-style-type: none"> • Separated the child care supervisor from the rest of the child care staff standard so it would be more visible. • Added duties for the child care supervisor. • Strengthened education and experience requirements. <p>Offered several options to allow the provider flexibility in finding a qualified person.</p>
280	380	<p>Child care staff</p> <p>E. The child care worker shall have direct responsibility for guidance and supervision of the children to whom he is assigned including:</p> <ol style="list-style-type: none"> 1. Overseeing physical care; 2. Development of acceptable habits and attitudes; 3. Management of resident behavior; and 4. Helping to meet the goals and objectives of any required service plan. <p>F. A child care worker shall:</p> <ol style="list-style-type: none"> 1. Be a high school graduate or have a General Education Development Certificate (G.E.D.); and 2. Have demonstrated, through previous life and work experiences, an ability to maintain a stable environment and to provide guidance to children in the age range for which the child care worker will be responsible. <p>G. An individual hired, promoted, demoted, or transferred to a child care worker's position after July 1, 2000 shall be at least 18 years older.</p>	<p>A. The child care worker shall have responsibility for guidance and supervision of the children to whom he is assigned including:</p> <ol style="list-style-type: none"> 1. Overseeing physical care; 2. Development of acceptable habits and attitudes; 3. Management of resident behavior; and 4. Helping to meet the goals and objectives of any required service plan. <p>B. A child care worker and a relief child care worker shall:</p> <ol style="list-style-type: none"> 1. Have a baccalaureate degree in human services; 2. Have an associates degree and three months experience working with children; or 3. Be a high school graduate or have a General Education Development Certificate (G.E.D.) and have six months of experience working with children. <p>C. Child care staff with a high school diploma or G.E.D. with no experience working with children may not work alone, but may be employed as long as they are working directly with the chief administrative officer, program director, or case manager, child care supervisor or a child care worker with one or more years professional experience working with children. This section does not apply to</p>

			<p>the juvenile correctional facilities where staff are trained in a comprehensive basic skills curriculum before beginning their child care duties.</p> <p>D. An individual hired, promoted, demoted, or transferred to a child care worker's position after the effective date of these standards shall be at least 21 years old, except as provided in 22VAC42-11-270.A.</p> <p>E. The provider shall not be dependent on temporary contract workers to provide resident care.</p> <ul style="list-style-type: none"> • Increased age of child care workers from 18 to 21. • Added the requirement that the provider could not be dependent on temporary contract workers (added definition) to provide direct care to ensure staff consistency. • Strengthened education and experience requirements. Offered several options to allow the provider flexibility in finding a qualified person.
290	390	<p>Relief Staff</p> <p>Qualified relief staff shall be employed as necessary to maintain required staff/child ratios at all times and to maintain a structured program of care in accordance with 22VAC42-10-690.</p>	<p>Qualified relief staff shall be employed as necessary to meet the needs of the programs and services offered and to maintain a structured program of care in accordance with 22VAC42-11-780.</p> <p>Changed wording to say that enough relief staff must be available to maintain the structured program of care. Relief child care staff requirements added in child care section.</p>
300	NA	<p>Medical Staff</p> <p>A. Services of a licensed physician shall be available for treatment of residents as needed.</p> <p>B. Each nurse shall hold a current nursing license issued by the Commonwealth of Virginia.</p> <p>C. At all times that children are present there shall be at least one responsible adult on the premises who has received within the past three years a basic certificate in standard first aid issued by the American Red Cross or other recognized authority for each 16 children or portion thereof on the premises. Each nurse on the premises who holds a current nursing license issued by the Commonwealth of Virginia may be considered to hold a current certificate in first aid.</p> <p>D. At all times that children are present there shall be at least one responsible adult on the premises who has a current certificate in cardiopulmonary resuscitation issued by the American Red Cross or other recognized authority for each 16 children or portion thereof on the premises. (portions moved to new 310 and 830)</p>	<p>This section was deleted as all requirements were moved to other sections or were deleted as they were repetitive.</p>
310	400	<p>Volunteers and student interns</p> <p>A. A facility that uses volunteers or students/interns shall develop and implement written policies and procedures governing their selection and use.</p> <p>B. The facility shall not be dependent upon use of volunteers or students/interns to provide</p>	<p>A. A facility that uses volunteers or students/interns shall develop and implement written policies and procedures governing their selection and use.</p> <p>B. The facility shall not be dependent upon volunteers or students/interns to provide</p>

		<p>basic services.</p> <p>C. Responsibilities of volunteers and students/interns shall be clearly defined in writing.</p> <p>D. Volunteers and students/interns shall have qualifications appropriate to the services they render.</p> <p>E. Volunteers and students/interns shall comply with all regulations governing confidential treatment of personal information.</p> <p>F. Volunteers and students/interns shall be informed of liability protection, if any, provided by the facility.</p>	<p>basic services.</p> <p>C. Responsibilities of volunteers and students/interns shall be clearly defined in writing.</p> <p>D. Volunteers and students/interns shall have qualifications appropriate to the services they render.</p> <ul style="list-style-type: none"> Deleted the requirements that volunteers comply with confidentiality policies as it is covered in another section of the standards. Deleted the requirement that volunteers be informed of liability protection as this is good practice but not a regulatory issue.
330	420	<p>Buildings, inspections and building plans</p> <p>A. All buildings and building related equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy indicating that the building is classified for its proposed use.</p> <p>B. The facility shall document at the time of its original application and annually thereafter that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13 VAC 5-51-10 et. seq.).</p> <p>C. At the time of the original application and at least annually thereafter the buildings shall be inspected and approved by state or local health authorities, whose inspection and approval shall include:</p> <ol style="list-style-type: none"> General sanitation; The sewage disposal system; The water supply; Food service operations; and Swimming pools. <p>D. The buildings shall provide adequate space and shall be of a design that is suitable to house the programs and services provided.</p>	<p>A. All buildings and building related equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy.</p> <p>B. The facility shall document at the time of its original application evidence of consultation with state or local fire prevention authorities.</p> <p>C. The facility shall document annually after the initial application that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13 VAC 5-51-10 et. seq.).</p> <p>D. At the time of the original application and at least annually thereafter the buildings shall be inspected and approved by state or local health authorities, whose inspection and approval shall include:</p> <ol style="list-style-type: none"> General sanitation; The sewage disposal system; The water supply; and Food service operations. <p>E. The buildings and physical environment shall provide adequate space and shall be of a design that is suitable to house the programs and services provided and meet specialized needs of the residents.</p> <p>F. Building plans and specifications for new construction, change in use of existing buildings, and any structural modifications or additions to existing buildings shall be submitted to and approved by the lead regulatory agency and by other appropriate regulatory authorities.</p> <p>G. Swimming pools shall be inspected annually by the state or local health authorities or by a swimming pool business.</p> <ul style="list-style-type: none"> Added to the requirement that buildings provide adequate space and be of a design suitable to house the programs and services provided, that physical environment also shall provide adequate space and design. Also, adds the requirement that buildings and

			<p>physical environment meet the specialized needs of the residents. This will ensure that the residential environment will be suitable for the population served.</p> <ul style="list-style-type: none"> • Changed wording as the fire inspector can only provide consultation at the initial visit. • Deleted the requirement that the certificate of occupancy state the proposed use of the building as many localities will not do this. • A change was made to allow swimming pool companies to inspect swimming pools at the suggestion of the Department of Health.
335	430	<p>Heating systems, ventilation and cooling systems</p> <p>A. Heat shall be evenly distributed in all rooms occupied by the residents such that a temperature no less than 65°F is maintained, unless otherwise mandated by state or federal authorities.</p> <p>C. Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided in all rooms occupied by residents when the temperature in those rooms exceeds 85°F.</p>	<p>A. Heat shall be evenly distributed in all rooms occupied by the residents such that a temperature no less than 68°F is maintained, unless otherwise mandated by state or federal authorities.</p> <p>C. Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided in all rooms occupied by residents when the temperature in those rooms exceeds 80°F.</p> <ul style="list-style-type: none"> • The lowest temperature of a living area was increased from 65° to 68° F. • The highest temperature of a living area was decreased from 85° to 80° F.
340	440	<p>Lighting</p> <p>B. All areas within buildings shall be lighted for safety.</p> <p>C. Lighting in halls and bathrooms shall be adequate and shall be continuous at night.</p> <p>D. Lighting shall be sufficient for the activities being performed.</p> <p>E. Operable flashlights or battery powered lanterns shall be available for each staff member on the premises between dusk and dawn to use in emergencies.</p> <p>F. Outside entrances and parking areas shall be lighted for protection against injuries and intruders.</p>	<p>B. All areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed.</p> <p>C. Lighting in halls shall be adequate and shall be continuous at night.</p> <p>D. Operable flashlights or battery powered lanterns shall be available for each staff member on the premises between dusk and dawn to use in emergencies.</p> <p>E. Outside entrances and parking areas shall be lighted for protection against injuries and intruders.</p> <p>Combined 2 standards to require lighting to be sufficient for safety and for activities performed</p>
350	450	<p>Plumbing</p> <p>C. Precautions shall be taken to prevent scalding from running water.</p> <p>D. Mixing faucets shall be installed in all newly constructed buildings and when making structural modifications or additions to existing buildings.</p>	<p>C. Precautions shall be taken to prevent scalding from running water. Water temperatures should be maintained at 100° – 120° F.</p> <ul style="list-style-type: none"> • A requirement for mixing faucets was deleted as the use of mixing faucets is the accepted practice of builders at this time. The Department of Housing and Community Development advised that this requirement was no longer needed. • Added that water temperatures

			should be maintained at 100°-120° F.
360	460	<p>C. There shall be at least one toilet, one hand basin and one shower or tub for every eight residents.</p> <p>D. There shall be one toilet, one hand basin and one shower or tub for every four residents in any building constructed or structurally modified after July 1, 1981 except secure detention facilities.</p>	<p>C. There shall be at least one toilet, one hand basin, and one shower or tub for every eight residents for facilities licensed before July 1, 1981.</p> <p>D. There shall be one toilet, one hand basin, and one shower or tub for every four residents in any building constructed or structurally modified after July 1, 1981, except secure custody facilities. Facilities licensed after the effective date of these standards shall comply with the one to four ratio.</p> <p>All facilities licensed after the effective date of these standards will be required to have 1 toilet, 1 hand basin, and 1 shower or tub for every 4 residents.</p>
370	470	<p>Personal necessities</p> <p>A. An adequate supply of personal necessities shall be available to the residents at all times for purposes of personal hygiene and grooming. Personal necessities include, but are not necessarily limited to, soap, toilet tissue, toothpaste, individual tooth brushes, individual combs and shaving equipment.</p> <p>C. When residents are incontinent or not toilet trained:</p> <ol style="list-style-type: none"> Provision shall be made for sponging, diapering or other similar care on a nonabsorbent changing surface which shall be cleaned with warm soapy water after each use. A covered diaper pail, or its equivalent, with leak proof disposable liners shall be available. If both cloth and disposable diapers are used there shall be a diaper pail for each. Adapter seats and toilet chairs shall be cleaned immediately after each use with warm soapy water; Staff shall thoroughly wash their hands with warm soapy water immediately after assisting a child or themselves with toileting. 	<p>A. An adequate supply of personal necessities shall be available to the residents at all times for purposes of personal hygiene and grooming.</p> <p>B. Clean, individual washcloths and towels shall be in good repair and available once each week and more often, if needed.</p> <p>C. When residents are incontinent or not toilet trained:</p> <ol style="list-style-type: none"> Provision shall be made for sponging, diapering or other similar care on a nonabsorbent changing surface which shall be cleaned with warm soapy water after each use. A covered diaper pail, or its equivalent, with leak proof disposable liners shall be used to dispose of diapers. If both cloth and disposable diapers are used there shall be a diaper pail for each. Adapter seats and toilet chairs shall be cleaned immediately after each use with appropriate cleaning materials. Staff shall thoroughly wash their hands with warm soapy water immediately after assisting a child or themselves with toileting. Appropriate privacy, confidentiality and dignity shall be maintained for residents during toileting and diapering. <ul style="list-style-type: none"> Deleted from the standard the listing of personal items as it was thought this information should be included in the interpretive material. Added a requirement that towels and wash cloths be in good repair. Changed the requirement to use warm, soapy water to clean toilets and adapter seats, to use appropriate cleaning materials. Added a requirement that privacy, dignity, and confidentiality be maintained during toileting and diapering of older residents.
380	480	Sleeping areas.	

		<p>A. When residents are four years of age or older, boys and girls shall have separate sleeping areas.</p> <p>B. No more than four children may share a bedroom or sleeping area except as provided by other applicable state regulations governing juvenile correctional centers and boot camps.</p> <p>C. Children who use wheelchairs, crutches, canes or other mechanical devices for assistance in walking shall be provided with a planned, personalized means of effective egress for use in emergencies.</p> <p>D. Beds shall be at least three feet apart at the head, foot and sides and double-decker beds shall be at least five feet apart at the head, foot and sides.</p> <p>E. Sleeping quarters in facilities licensed by the DSS prior to July 1, 1981 and facilities established, constructed or structurally modified after July 1, 1981, except for primitive campsites, shall have:</p> <ol style="list-style-type: none"> 1. At least 80 square feet of floor area in a bedroom accommodating one person; 2. At least 60 square feet of floor area per person in rooms accommodating two or more persons; and 3. Ceilings at least 7½ feet in height. <p>F. Each child shall have a separate, clean, comfortable bed equipped with mattress, pillow, blankets, bed linens, and, if needed, a waterproof mattress cover.</p> <p>G. Bed linens shall be changed at least every seven days and more often, if needed.</p> <p>H. Mattresses and pillows shall be clean.</p> <p>I. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer.</p> <p>J. Cribs shall be provided for residents under two years of age.</p> <p>K. Each resident shall be assigned drawer space and closet space, or their equivalent, which is accessible to the sleeping area for storage of clothing and personal belongings except in secure custody facilities.</p> <p>L. The sleeping areas' environment shall be conducive to sleep and rest.</p>	<p>A. When residents are four years of age or older, boys and girls shall have separate sleeping areas.</p> <p>B. No more than four children shall share a bedroom or sleeping area except as provided by other applicable state regulations governing juvenile correctional centers.</p> <p>C. Children who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking shall be provided with a planned, personalized means of effective egress for use in emergencies.</p> <p>D. Beds shall be at least three feet apart at the head, foot, and sides and double-decker beds shall be at least five feet apart at the head, foot, and sides.</p> <p>E. Sleeping quarters in facilities licensed by the DSS prior to July 1, 1981, and facilities established, constructed or structurally modified after July 1, 1981, except for primitive campsites, shall have:</p> <ol style="list-style-type: none"> 1. At least 80 square feet of floor area in a bedroom accommodating one person; 2. At least 60 square feet of floor area per person in rooms accommodating two or more persons; and 3. Ceilings with a primary height at least 7½ feet in height exclusive of protrusions, duct work, or dormers. <p>F. Each child shall have a separate, clean, comfortable bed equipped with a clean mattress, clean pillow, clean blankets, clean bed linens, and, if needed, a clean waterproof mattress cover.</p> <p>G. Bed linens shall be changed at least every seven days and more often, if needed.</p> <p>H. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer except in buildings equipped with an automated sprinkler system as required by the Virginia Uniform Statewide Building Code.</p> <p>I. Cribs shall be provided for residents under two years of age.</p> <p>J. Each resident shall be assigned drawer space and closet space, or their equivalent, which is accessible to the sleeping area for storage of clothing and personal belongings except in secure custody facilities.</p> <p>K. The environment of sleeping areas shall be conducive to sleep and rest.</p> <ul style="list-style-type: none"> • Combined standards by adding the word clean to the standard requiring separate bedding. • Changed standard regarding mattresses to be consistent with Fire Code. • Revised ceiling height requirements.
390	500	<p>Resident's privacy Moved from previous 760 Children shall be provided privacy from routine sight supervision by staff members of the opposite gender while bathing, dressing, or conducting</p>	<p>D. Residents shall be provided privacy from routine sight supervision by staff members of the opposite gender while bathing, dressing, or conducting toileting</p>

		<p>toileting activities. This section does not apply to medical personnel performing medical procedures, to staff providing assistance to infants, or to staff providing assistance to children whose physical or mental disabilities dictate the need for assistance with these activities as justified in the client's record.</p>	<p>activities. This section does not apply to medical personnel performing medical procedures, to staff providing assistance to infants, or to staff providing assistance to residents whose physical or mental disabilities dictate the need for assistance with these activities as justified in the resident's record.</p> <p>E. Video and audio monitoring shall be permitted only with the approval of the lead regulatory agency and for facilities licensed by DMHMRSAS, the approval of the Office of Human Rights.</p> <ul style="list-style-type: none"> • Moved another standard regarding privacy to this section. • Permitted video and audio monitoring only with the permission of the regulatory agency and Human Rights, if applicable.
400	510	<p>Living rooms and indoor recreation space</p> <p>A. Each living unit shall have a living room, or other area for informal use, for relaxation and entertainment. The furnishings shall provide a comfortable, home-like environment that is appropriate to the ages of the residents.</p> <p>B. Facilities licensed or certified to care for 13 or more residents shall have indoor recreation space that contains recreation equipment appropriate to the ages and interests of the residents. The indoor recreation space shall be distinct from the living room, but recreation space is not required in every living unit.</p>	<p>A. Each living unit, except for secure custody, shall have a living room, or other area for informal use, for relaxation and entertainment. The furnishings shall provide a comfortable, home-like environment that is appropriate to the ages of the residents.</p> <p>B. All facilities shall have indoor recreation space that contains indoor recreation materials appropriate to the ages and interests of the residents.</p> <p>C. Facilities licensed or certified to care for 13 or more residents shall have indoor recreation space distinct from the living room. Recreation space is not required in every living unit.</p> <ul style="list-style-type: none"> • Clarified that secure custody does not have to have a living room area. • Clarified that all facilities need to have indoor recreation space and materials. • Clarified that facilities with 13 or more residents need to have indoor recreation space separate from the living room.
450	560	<p>Staff Quarters</p> <p>D. When 13 or more residents reside in a living unit a separate, private living room shall be provided for child care staff who are required to be in the living unit for 24 hours or more, except at primitive campsites.</p> <p>E. When child care staff are on duty for less than 24 hours, a bed shall be provided for use by each staff member on duty during night hours unless the staff member is required to stay awake.</p>	<ul style="list-style-type: none"> • Deleted the requirement that live-in staff have a separate living room. • Deleted the requirement that a bed be provided for overnight staff.
490	600	<p>Housekeeping and maintenance</p> <p>D. All linens shall be kept clean and in good repair.</p>	<p>Deleted the requirement for linens to be clean and in good repair, as this is required in another standard.</p>
500	610	<p>Farm and domestic animals</p> <p>A. Horses and other animals maintained on the premises shall be quartered at a reasonable distance from sleeping, living, eating and food</p>	<p>A. Horses and other animals maintained on the premises shall be quartered at a reasonable distance from sleeping, living,</p>

		<p>preparation areas.</p> <p>B. Stables and corrals shall be located so as to prevent contamination of water supplies.</p> <p>C. Manure shall be removed from stalls and corrals as often as necessary to prevent fly problems.</p>	<p>eating and food preparation areas, as well as a safe distance from water supplies.</p> <ul style="list-style-type: none"> • Combined the standards for quartering animals a reasonable distance from sleeping, eating, food preparation areas, and from water supplies. • Deleted the requirement for removing manure as this is required in another standard.
510	1080	<p>Campsite</p> <p>A. This section is applicable exclusively to the residential environment and equipment at wilderness camps. Permanent buildings and other aspects of the residential environment at a wilderness camp shall comply with all other standards in this part.</p> <p>B. Campsites shall be well drained and free from depressions in which water may stand.</p> <p>C. Natural sink-holes and other surface collectors of water shall be either drained or filled to prevent the breeding of mosquitoes.</p> <p>D. Campsites shall not be located in proximity to conditions that create or are likely to create offensive odors, flies, noise, traffic, or other hazards.</p> <p>E. Campsites shall be free from debris, noxious plants, and uncontrolled weeds or brush.</p> <p>F. Drinking water used at campsites and during activities away from permanent campsites shall be from a source known to be free of coliform organisms or shall be treated before use in a manner approved by the Virginia Department of Health.</p> <p>G. An adequate supply of water, under pressure where possible, shall be provided at the cooking area for hand washing, dish washing, food preparation and drinking.</p> <p>H. Food shall be obtained from approved sources and shall be properly identified.</p> <p>I. Milk products shall be pasteurized.</p> <p>J. Food and drink shall be maintained and stored using methods that prevent contamination.</p> <p>K. Utensils shall be used to minimize the handling of food.</p> <p>L. Fruits and vegetables shall be properly washed prior to use.</p> <p>M. Food and food containers shall be covered and stored (i) off the ground and (ii) on clean surfaces. Refrigerated food shall be covered.</p> <p>N. Sugar and other condiments shall be packaged or served in closed dispensers.</p> <p>O. Poisonous and toxic materials shall be properly used, properly identified and stored separately from food.</p> <p>P. Persons with wounds or communicable diseases shall be prohibited from handling food.</p> <p>Q. Persons who handle food and eating utensils for the group shall maintain personal cleanliness, keep their hands clean at all times, and thoroughly wash their hands with soap and water after each visit to the toilet.</p> <p>R. Food contact surfaces shall be kept clean.</p> <p>S. All eating utensils and cookware shall be properly stored.</p> <p>T. Disposable and single use dishes, receptacles and utensils shall be properly stored, handled and used only once.</p>	<p>Campsite programs or adventure activities</p> <p>A. All wilderness campsite programs and providers that take residents on wilderness/adventure activities shall develop and implement policies and procedures that include:</p> <ol style="list-style-type: none"> 1. Staff training and experience requirements for each activity; 2. Resident training and experience requirements for each activity; 3. Specific staff-to-resident ratio and supervision plan appropriate for each activity; including sleeping arrangements and supervision during night time hours; 4. Plans to evaluate and document each participant's physical health throughout the activity; 5. Preparation and planning needed for each activity and time frames; 6. Arrangement, maintenance, and inspection of activity areas; 7. A plan to ensure that any equipment and gear that is to be used in connection with a specified wilderness/adventure activity is appropriate to the activity, certified if required, in good repair, in operable condition, and age and body size appropriate; 8. Plans to ensure that all ropes and paraphernalia used in connection with rope rock climbing, rappelling, high and low ropes courses or other adventure activities in which ropes are used are approved annually by an appropriate certifying organization, and have been inspected by staff responsible for supervising the adventure activity before engaging residents in the activity; 9. Plans to ensure that all participants are appropriately equipped, clothed, and wearing safety gear, such as a helmet, goggles, safety belt, life jacket or a flotation device, that is appropriate to the adventure activity in which the resident is engaged; 10. Plans for food and water supplies and management of these resources; 11. Plans for the safekeeping and distribution of medication; 12. Guidelines to ensure that participation is conducted within the boundaries of the resident's capabilities, dignity and respect for self-determination; 13. Overall emergency, safety, and communication plans for each activity including rescue procedures, frequency of drills, resident accountability, prompt evacuation, and notification of outside emergency services; and

		<p>U. Eating utensils shall not be stored with food or other materials and substances.</p> <p>V. Use of a common drinking cup shall be prohibited.</p> <p>W. Only food which can be maintained in wholesome condition with the available equipment shall be used.</p> <p>X. Ice which comes in contact with food or drink shall be obtained from an approved source and shall be made, delivered, stored, handled and dispensed in a sanitary manner and shall be free from contamination.</p> <p>Y. When ice and ice chests are used, meats and other perishable foods shall not be stored for more than 24 hours.</p> <p>Z. Eating utensils and cookware shall be washed after each use.</p> <p>AA. No dish, receptacle or utensil used in handling food for human consumption shall be used or kept for use if chipped, cracked, broken, damaged or constructed in a manner that prevents proper cleaning and sanitizing.</p> <p>BB. Solid wastes which are generated shall be disposed of at an approved sanitary landfill or similar disposal facility. Where sanitary landfill facilities are not available, solid wastes shall be disposed of daily by burial under at least two feet of compacted earth cover in a location which is not subject to flooding.</p> <p>CC. Sanitary-type privies or portable toilets shall be provided where a water supply is not available. Such facilities shall be constructed as required by the Virginia Department of Health.</p> <p>DD. All facilities provided for excreta and liquid waste disposal shall be maintained and operated in a sanitary manner to eliminate possible health or pollution hazards, to prevent access of flies and animals to their contents, and to prevent fly breeding.</p> <p>EE. Privies shall be located at least 150 feet from streams, lakes, and wells and at least 75 feet from sleeping and housing facilities.</p> <p>FF. Campsites which do not have approved permanent toilet facilities shall have a minimum ratio of one toilet seat for every 15 persons.</p> <p>GG. If chemical control is used to supplement good sanitation practices, proper pesticides and other chemicals shall be used safely and in strict accordance with label instructions.</p> <p>HH. Bedding shall be clean, dry, sanitary, and in good repair.</p> <p>II. Bedding shall be adequate to ensure protection and comfort in cold weather.</p> <p>JJ. Sleeping bags, if used, shall be fiberfill and rated for 0°F.</p> <p>KK. Linens shall be changed as often as required for cleanliness and sanitation but not less frequently than once a week.</p> <p>LL. Bed wetters shall have their bedding changed or dried as often as it is wet.</p> <p>MM. Mattresses, if used, shall be clean.</p> <p>NN. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer.</p> <p>OO. A mattress cover shall be provided for each mattress.</p> <p>PP. Sleeping areas shall be protected by screening or other means to prevent admittance of flies and mosquitoes.</p>	<p>14. Review of trip plans by the trip coordinator.</p> <p>B. All wilderness campsite programs and providers that take residents on wilderness/adventure activities must designate one staff person to be the trip coordinator who will be responsible for all facility wilderness or adventure trips.</p> <ol style="list-style-type: none"> 1. This person must have experience in and knowledge regarding wilderness activities and be trained in wilderness first aid. The individual must also have at least one year experience at the facility and be familiar with the facility procedures, staff, and residents. 2. Documentation regarding this knowledge and experience shall be found in the individual's staff record. 3. The trip coordinator will review all trip plans and procedures and will ensure that staff and residents meet the requirements as outlined in the facility's policy regarding each wilderness/adventure activity to take place during the trip. 4. The trip coordinator will review all trip plans and procedures and will ensure that staff and residents meet the requirements as outlined in the facility's policy regarding each wilderness/adventure activity to take place during the trip. <p>C. The trip coordinator shall conduct a post trip debriefing within 72 hours of the group's return to base to evaluate individual and group goals as well as the trip as a whole.</p> <p>D. The trip coordinator will be responsible for writing a summary of the debriefing session and shall be responsible for ensuring that procedures and policies are updated to reflect improvements needed.</p> <p>E. A trip folder will be developed for each wilderness/adventure activity conducted away from the facility and shall include:</p> <ol style="list-style-type: none"> 1. Medical release forms including pertinent medical information on the trip participants; 2. Phone numbers for administrative staff and emergency personnel; 3. Daily trip logs; 4. Incident reports; 5. Swimming proficiency list if trip is near water; 6. Daily logs; 7. Maps of area covered by the trip; and 8. Daily plans. <p>F. Initial physical forms used by wilderness campsite programs and providers that take residents on wilderness or adventure activities shall include:</p> <ol style="list-style-type: none"> 1. A statement notifying the doctor of the types of activities the resident will be participating in; and 2. A statement signed by the doctor stating the individual's health does not prevent him from participating in the described activities. <p>G. First aid kits used by wilderness campsite programs and providers that take residents on adventure activities shall be</p>
--	--	---	--

		<p>QQ. A separate bed, bunk or cot shall be made available for each person.</p> <p>RR. Each resident shall be provided with an adequate supply of clean clothing which is suitable for outdoor living and is appropriate to the geographic location and season.</p> <p>SS. Sturdy, water-resistant, outdoor footwear shall be provided for each resident.</p> <p>TT. Each resident shall have adequate personal storage area.</p> <p>UU. Fire extinguishers of a 2A 10BC rating shall be maintained so that it is never necessary to travel more than 75 feet to a fire extinguisher from combustion-type heating devices, campfires or other source of combustion.</p> <p>VV. Artificial lighting shall be provided in a safe manner.</p> <p>WW. All areas of the campsite shall be lighted for safety when occupied by residents.</p> <p>XX. Staff of the same sex may share a sleeping area with the residents.</p> <p>YY. A telephone or other means of communication is required at each area where residents sleep or participate in programs.</p>	<p>activity appropriate and shall be accessible at all times.</p> <p>H. Direct care workers hired by wilderness campsite programs and providers that take residents on wilderness/adventure activities shall be trained in a wilderness first aid course.</p> <p>I. The provider shall ensure that before engaging in any aquatic activity, each resident shall be classified by the trip coordinator or his designee according to swimming ability in one of two classifications: swimmer and non-swimmer. This shall be documented in the resident's record and in the trip folder.</p> <p>J. The provider shall ensure that lifesaving equipment is provided for all aquatic activities and is placed so that it is immediately available in case of an emergency. At a minimum, the equipment shall include:</p> <ol style="list-style-type: none"> 1. A whistle or other audible signal device; and 2. A lifesaving throwing device. <p>K. A separate bed, bunk or cot shall be made available for each person.</p> <p>L. A mattress cover shall be provided for each mattress.</p> <p>M. Sleeping areas shall be protected by screening or other means to prevent admittance of flies and mosquitoes.</p> <p>N. Bedding shall be clean, dry, sanitary, and in good repair.</p> <p>O. Bedding shall be adequate to ensure protection and comfort in cold weather.</p> <p>P. Sleeping bags, if used, shall be fiberfill and rated for 0°F.</p> <p>Q. Linens shall be changed as often as required for cleanliness and sanitation but not less frequently than once a week.</p> <p>R. Each resident shall be provided with an adequate supply of clean clothing which is suitable for outdoor living and is appropriate to the geographic location and season.</p> <p>S. Sturdy, water-resistant, outdoor footwear shall be provided for each resident.</p> <p>T. Each resident shall have adequate personal storage area.</p> <p>U. Fire extinguishers of a 2A 10BC rating shall be maintained so that it is never necessary to travel more than 75 feet to a fire extinguisher from combustion-type heating devices, campfires, or other source of combustion.</p> <p>V. Artificial lighting shall be provided in a safe manner.</p> <p>W. All areas of the campsite shall be lighted for safety when occupied by residents.</p> <p>X. Staff of the same sex may share a sleeping area with the residents.</p> <p>Y. A telephone or other means of communication is required at each area where residents sleep or participate in programs.</p>
--	--	--	--

			<ul style="list-style-type: none"> • Moved this section to Special Programs • All standards that duplicated the Department of Health’s summer camp regulation were deleted, as Department of Health standards should be applied to these facilities. • Added standards to ensure safety of residents while involved in wilderness/adventure activities.
530	630	<p>Admission procedures.</p> <p>A. The facility shall have written criteria for admission which shall include:</p> <ol style="list-style-type: none"> 1. A description of the population to be served; 2. A description of the types of services offered; and 3. Intake and admission procedures. <p>B. The facility's criteria for admission shall be accessible to prospective residents, legal guardians, and placing agencies.</p> <p>C. The facility shall accept and serve only those children whose needs are compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction.</p> <p>D. Acceptance of a child as eligible for respite care by a facility approved to provide residential respite care is considered admission to the facility. Each individual period of respite care is not considered a separate admission.</p>	<p>A. The facility shall have written criteria for admission which shall include:</p> <ol style="list-style-type: none"> 1. A description of the population to be served; 2. A description of the types of services offered; 3. Intake and admission procedures; 4. Exclusion criteria to define those behaviors or problems that the facility does not have the staff with experience or training to manage; and 5. Description of how educational services will be provided to the population being served. <p>B. The facility shall accept and serve only those children whose needs are compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction.</p> <p>C. Acceptance of a child as eligible for respite care by a facility approved to provide residential respite care is considered admission to the facility. Each individual period of respite care is not considered a separate admission.</p> <p>D. Each facility shall provide documentation showing proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services, or any other services needed to serve the residents in accordance with the facility's program description as defined by the facility's criteria of admission.</p> <ul style="list-style-type: none"> • Added exclusion criteria and a description of how educational services will be provided to the population served to the admission criteria requirements to better determine that the facility is serving a population they can manage. • Added a requirement that each facility shall provide documentation showing proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services or any other services needed to serve the resident. This requirement better ensures that staff are qualified to work

			<p>with the residents and is a requirement of the <i>Code of Virginia</i>.</p> <ul style="list-style-type: none"> Deleted the requirement that admission criteria be available to prospective residents, guardians, and placing agencies.
540	640	<p>Maintenance of resident's records</p> <p>A. A separate written or automated case record shall be maintained for each resident. In addition, all correspondence and documents received by the facility relating to the care of that resident should be maintained as part of the case record.</p> <p>B. Each case record shall be kept up to date and in a uniform manner.</p> <p>C. The facility shall make information available only to persons/organizations legally authorized to have access to the information under federal and state laws.</p> <p>D. The facility shall have and implement written policies and procedures to protect the confidentiality of records. The policy shall address acquiring information, access, duplication, and dissemination of any portion of the records. The policy shall specify what information is available to the resident.</p> <p>E. Records shall be kept in areas which are accessible to authorized staff and protected from unauthorized access, fire, and flood.</p> <p>1. When not in use written records shall be stored in a metal file cabinet or other metal compartment.</p> <p>2. Facility staff shall assure the confidentiality of the residents' records by placing them in a locked cabinet or drawer or in a locked room when the staff member is not present.</p> <p>F. All portions of each resident's written records shall be consolidated prior to the resident's discharge.</p> <p>G. Written and automated records shall be retained in their entirety for a minimum of three years after the date of discharge unless otherwise specified by state or federal requirements.</p> <p>I. The facility shall have a written policy to provide for:</p> <p>1. The preservation of records in the event the facility ceases operation;</p> <p>2. Notifying the regulatory authority of the preservation plan; and</p> <p>3. Retention of and access to automated records.</p> <p>J. Facilities using automated records shall develop and implement procedures for backing up records.</p>	<p>A. A separate written or automated case record shall be maintained for each resident. In addition, all correspondence and documents received by the facility relating to the care of that resident shall be maintained as part of the case record. A separate health record may be kept on each resident.</p> <p>B. Each case record and health record shall be kept up to date and in a uniform manner.</p> <p>C. The provider shall develop and implement written policies and procedures for management of all records, written and automated, that shall describe confidentiality, accessibility, security, and retention of records pertaining to residents, including:</p> <ol style="list-style-type: none"> Access, duplication, dissemination, and acquiring of information only to persons legally authorized according to federal and state laws; Facilities using automated records shall address procedures which include: <ol style="list-style-type: none"> How records are protected from unauthorized access; How records are protected from unauthorized Internet access; How records are protected from loss; How records are protected from unauthorized alteration; and How records are backed up; Security measures to protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites; Designation of person responsible for records management; and Disposition of records in the event the facility ceases to operate. <p>D. The policy shall specify what information is available to the resident.</p> <p>E. Active and closed records shall be kept in areas which are accessible to authorized staff and protected from unauthorized access, fire, and flood.</p> <p>1. When not in use written records shall be stored in a metal file cabinet or other metal compartment.</p> <p>2. Facility staff shall assure the confidentiality of the residents' records by placing them in a locked cabinet or drawer or in a locked room when the staff member is not present.</p> <p>F. Each resident's written case and health records shall be stored separately subsequent to the resident's discharge according to applicable statutes and</p>

			<p>regulations. G. Written and automated records shall be retained in their entirety for a minimum of three years after the date of discharge unless otherwise specified by state or federal requirements. H. The face sheet shall be retained permanently unless otherwise specified by state or federal requirements.</p> <ul style="list-style-type: none"> • Added requirement for policies and procedures for management and protection of records, both written and automated records. • Added that a separate health record may be kept for residents. (HIPAA) • Changed requirement to consolidate a resident's record to allowing the case and health record to be kept separate.
550	650	<p>Interstate compact A. Documentation of the prior approval of the administrator of the Interstate Compact on the Placement of Children, Virginia Department of Social Services, shall be retained in the record of each resident admitted from outside Virginia. The requirements of this section shall not apply to a facility providing documentation that the administrator of the interstate compact has determined the facility is statutorily exempt from the compact's provisions. B. No later than 10 days after discharge the resident's record shall contain documentation that the administrator of the Interstate Compact on the Placement of Children was notified of the discharge.</p>	<p>A. Documentation of the prior approval of the administrator of the Virginia Interstate Compact on the Placement of Children, Virginia Department of Social Services, shall be retained in the record of each resident admitted from outside Virginia. The requirements of this section shall not apply to a facility providing documentation that the administrator of the Virginia interstate compact has determined the facility is statutorily exempt from the compact's provisions. B. Documentation that the provider has sent copies of all serious incident reports regarding any child placed through the Interstate Compact to the administrator of the Virginia Interstate Compact on the Placement of Children shall be kept in the resident's record. C. No later than five days after a resident has been transferred to another facility operated by the same sponsor, the resident's record shall contain documentation that the administrator of the Virginia Interstate Compact on the Placement of Children was notified in writing of the resident's transfer. D. No later than 10 days after discharge the resident's record shall contain documentation that the administrator of the Virginia Interstate Compact on the Placement of Children was notified in writing of the discharge. E. The provider shall not discharge or send out-of-state youth in the custody of out-of-state social services agencies and courts to reside with a parent, relative, or other individual who lives in Virginia without the approval of the administrator of the Virginia Interstate Compact on the Placement of Children.</p> <ul style="list-style-type: none"> • Added a requirement that documentation that the provider

			<p>send all serious incident reports to the administrator of the Virginia Interstate Compact on the Placement of Children and that it be kept in the resident's record.</p> <ul style="list-style-type: none"> • Added a requirement that within 5 days, documentation of the notification that a resident has been transferred to another facility sponsored by the same agency must be in the record. • Clarified that the administrator of the Virginia Interstate Compact be notified in writing within 10 days that the resident has been discharged. • Added that the provider shall not discharge or send out-of-state youth in the custody of out-of-state social services agencies and courts to reside with a parent, relative, or other individual who lives in Virginia without the approval of the administrator of the Virginia Interstate Compact on the Placement of Children. <p>All additions are current requirements of the Interstate Compact.</p>
560	660	<p>Human research.</p> <p>The facility shall: 2. Document approval, as required by the appropriate regulatory authorities, for each research project using residents as subjects of human research.</p>	<p>2. Document approval, as required by the regulatory authorities, for each research project using residents as subjects of human research, unless such research is exempt from review.</p> <p>Standard remained the same except "except such research is exempt from review." Was added to element 2 as this is a change in the <i>Code of Virginia</i>.</p>
570	670	<p>Emergency and self-admission Facilities accepting emergency or self-admissions shall:</p> <ol style="list-style-type: none"> 1. Have and implement written policies and procedures governing such admissions which shall include procedures to make and document prompt efforts to obtain (i) a written placement agreement signed by the legal guardian or (ii) the order of a court of competent jurisdiction; 2. Place in each resident's record the order of a court of competent jurisdiction, a written request for care, or documentation of an oral request for care; 	<p>Providers accepting emergency or self-admissions shall:</p> <ol style="list-style-type: none"> 1. Develop and implement written policies and procedures governing such admissions which shall include procedures to make and document prompt efforts to obtain (i) a written placement agreement signed by the legal guardian or (ii) the order of a court of competent jurisdiction; 2. Place in each resident's record the order of a court of competent jurisdiction, a written request for care, or documentation of an oral request for care; and justification of why the resident is to be admitted on an emergency basis; and 3. Clearly document in written assessment information gathered for the emergency admission that the individual meets the facility's criteria for admission. <ul style="list-style-type: none"> • Deleted item 3, as this requirement is a repeat of the first requirement and was an error. • Adds a requirement to justify why a child was admitted on an

			<p>emergency basis to ensure that admissions are assessed appropriately.</p> <ul style="list-style-type: none"> Added a requirement for documentation that an emergency admission meets the facility's admission criteria to ensure that the facility is only accepting residents they can manage.
580	680	<p>Application for admission</p> <p>A. Admission, other than an emergency or diagnostic admission, shall be based on evaluation of an application for admission. The requirements of this section do not apply to (i) temporary care facilities, (ii) court ordered placements, or (iii) transfer of a resident between residential facilities located in Virginia and operated by the same sponsor.</p> <p>B. Facilities accepting routine admissions shall develop, and fully complete prior to acceptance for care, an application for admission which is designed to compile information necessary to determine:</p> <ol style="list-style-type: none"> The physical needs of the prospective resident; The educational needs of the prospective resident; The mental health, emotional and psychological needs of the prospective resident; The physical health needs of the prospective resident; The protection needs of the prospective resident; The suitability of the prospective resident's admission; Whether the prospective resident's admission would pose any significant risk to (i) the prospective resident or (ii) the facility's residents or staff; and Information necessary to develop a service plan. <p>C. The resident's record shall contain a completed application for admission at the time of a routine admission or within 30 days after an emergency admission.</p>	<p>A. Admission shall be based on evaluation of an application for admission. The requirements of this section do not apply to court ordered placements or transfer of a resident between residential facilities located in Virginia and operated by the same sponsor.</p> <p>B. Providers shall develop, and fully complete prior to acceptance for care, an application for admission which is designed to compile information necessary to determine:</p> <ol style="list-style-type: none"> The educational needs of the prospective resident; The mental health, emotional, and psychological needs of the prospective resident; The physical health needs, including the immunization needs, of the prospective resident; The protection needs of the prospective resident; The suitability of the prospective resident's admission; The behavior support needs of the prospective resident; and Information necessary to develop a service plan and a behavior support plan. <p>C. The resident's record shall contain a completed application for admission at the time of a routine admission or within 30 days after an emergency admission.</p> <p>D. Each facility shall develop and implement written policies and procedures to assess each prospective resident as part of the application process to ensure that:</p> <ol style="list-style-type: none"> The needs of the prospective resident can be addressed by the facility's services; The facility's staff are trained to meet the prospective resident's needs; and The admission of the prospective resident would not pose any significant risk to (i) the prospective resident or (ii) the facility's residents or staff. <ul style="list-style-type: none"> Changed the admissions requirement to require that all admissions be based on an application, except for court ordered placements and transfers between facilities operated by the same sponsor. Added a requirement that facilities accepting emergency or diagnostic admissions develop an admission application to be

			<p>completed at the time of placement or prior to placement.</p> <ul style="list-style-type: none"> • Added to the requirement that facilities gather health information during the admission process that immunization requirements also be obtained to better ensure that health needs are met for each resident. • Added requirement to compile information on behavior support needs of the resident to ensure that the applicant is suitable for the program. • Added a requirement that each facility develop and implement policies and procedures to assess each application for admission to ensure that each resident is suitable for the program.
590	NA	<p>Preplacement activities documentation At the time of each routine admission, the facility shall document:</p> <ol style="list-style-type: none"> 1. A preplacement visit by the resident accompanied by a family member, agency representative or other responsible adult; 2. Preparation through sharing information with the family or placing agency and with the resident about the facility, the staff, the population served, activities and criteria for admission; and 3. Written confirmation of the admission decision to the legal guardian and to the placing agency. 	<p>*The requirements regarding preplacement visits were deleted, as preplacement visits are often conducted at the time of placement.</p>
600	690	<p>Written placement agreement</p> <p>A. The facility, except a facility which accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement which:</p> <ol style="list-style-type: none"> 1. Authorizes the resident's placement; 2. Addresses acquisition of and consent for any medical treatment needed by the resident; 3. Addresses the rights and responsibilities of each party involved; 4. Addresses financial responsibility for the placement; 5. Addresses resident absences from the facility; and 6. Addresses visitation with the resident. 	<p>A. The facility, except a facility which accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement which:</p> <ol style="list-style-type: none"> 1. Authorizes the resident's placement; 2. Addresses acquisition of and consent for any medical treatment needed by the resident; 3. Addresses the rights and responsibilities of each party involved; 4. Addresses financial responsibility for the placement; 5. Addresses visitation with the resident; and 6. Addresses the education plan for the resident and the responsibilities of all parties. <p>B. Each resident's record shall contain, prior to a routine admission, a completed placement agreement signed by a facility representative and the legal guardian or placing agency, except as permitted for temporary emergency shelters pursuant to § 63.2-1817 of the <i>Code of Virginia</i>.</p> <p>C. The record of each person admitted based on a court order shall contain a copy of the court order.</p> <ul style="list-style-type: none"> • Clarified that the placement agreement be signed by a facility representative and corrected the <i>Code</i> cite.

			<ul style="list-style-type: none"> Added a requirement that the educational plan for the resident and the responsibilities of all parties regarding the educational plan be included in the placement agreement. This addition is added to insure that educational planning begins with the application and to insure that the resident begins school in a timely manner. Deleted requirement addressing absences of the resident.
610	700	<p>Face sheet</p> <p>A. At the time of admission, each resident's record shall include a completed face sheet which contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, and emergency contacts.</p> <p>B. Missing information shall be obtained promptly and information shall be updated when changes occur.</p>	<p>A. At the time of admission, each resident's record shall include a completed face sheet which contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts and parents, if appropriate.</p> <p>B. Information shall be updated when changes occur.</p> <p>C. The face sheet for pregnant teens shall also include the expected date of delivery and the name of the hospital to provide delivery services to the resident.</p> <p>D. The face sheet of residents who are transferred to facilities operated by the same sponsor shall indicate the address and dates of placement and transfer at each location.</p> <p>E. At the time of discharge the following information shall be added to the face sheet:</p> <ol style="list-style-type: none"> Date of discharge; Reason for discharge; Names and addresses of persons to whom the resident was discharged; and Forwarding address of the resident, if known. <ul style="list-style-type: none"> Allows for a unique identifier instead of a social security number. Clarified that information on the face sheet is to be updated when changes occur. Added a requirement that placement changes among facilities with the same sponsor be documented on the face sheet for easier location of the child.
620	710	<p>Initial objectives and strategies</p> <p>Within three days following admission, individualized objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident. The requirements of this section do not apply to secure detention facilities, except when a juvenile is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p>	<p>Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident. The requirements of this section do not apply to secure detention facilities.</p> <ul style="list-style-type: none"> Clarified that the initial strategies

			<p>and objectives are to be measurable.</p> <ul style="list-style-type: none"> • Gave an exception to all resident in secure detention facilities.
630	720	<p>Service plan</p> <p>B. Individualized service plans shall describe the:</p> <ol style="list-style-type: none"> 1. Strengths and needs of the resident; 2. Resident's current level of functioning; 3. Goals, objectives and strategies established for the resident; 4. Projected family involvement; 5. Projected date for accomplishing each objective; and 6. Status of discharge planning except that this requirement shall not apply to a facility which discharges only upon receipt of the order of a court of competent jurisdiction. <p>C. Each plan shall be updated quarterly, or more frequently if necessary, and shall report the:</p> <ol style="list-style-type: none"> 1. Resident's progress toward meeting the plan's objectives; 2. Family's involvement; 3. Continuing needs of the resident; 4. Resident's progress towards discharge; 5. Status of discharge planning; and 6. Revisions, if any, to the plan. <p>D. Each plan and update shall include the date it was developed and the signature of the person who developed it.</p> <p>E. Staff responsible for daily implementation of the resident's individualized service plan shall be able to describe the resident's behavior in terms of the objectives in the plan.</p> <p>F. The following parties shall participate, unless clearly inappropriate, in developing the individualized service plan and in updating the plan quarterly, or more frequently, if necessary:</p> <ol style="list-style-type: none"> 1. The resident; 2. The resident's family, legal guardian, or legally authorized representative; 3. The placing agency; and 4. Facility staff. <p>G. The initial individualized service plan, each update, and all other revisions shall be distributed to the parties who participated in development of the plan. Documentation of distribution shall be included in the resident's record.</p> <p>H. The requirements of this section do not apply to secure detention facilities except when a juvenile is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p>	<p>A. An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.</p> <p>B. Individualized service plans shall describe in measurable terms the:</p> <ol style="list-style-type: none"> 1. Strengths and needs of the resident; 2. Resident's current level of functioning; 3. Goals, objectives and strategies established for the resident; 4. Projected family involvement; 5. Projected date for accomplishing each objective; and 6. Status of the projected discharge plan and estimated length of stay except that this requirement shall not apply to a facility which discharges only upon receipt of the order of a court of competent jurisdiction. <p>C. The initial service plan shall be reviewed within 60 days of the initial plan and within each 90 day period thereafter and revised as necessary.</p> <p>D. The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting goals and objectives of the service plan which shall include the:</p> <ol style="list-style-type: none"> 1. Format; 2. Frequency; and 3. Person responsible. <p>E. There shall be a documented quarterly review of each resident's progress 60 days following the initial service plan and within each 90 day period thereafter and shall report the:</p> <ol style="list-style-type: none"> 1. Resident's progress toward meeting the plan's objectives; 2. Family's involvement; 3. Continuing needs of the resident; 4. Resident's progress towards discharge; and 5. Status of discharge planning. <p>F. Each plan and quarterly progress report shall include the date it was developed and the signature of the person who developed it.</p> <p>G. Staff responsible for daily implementation of the resident's individualized service plan shall be able to describe the resident's behavior in terms of the objectives in the plan.</p> <p>H. There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report:</p> <ol style="list-style-type: none"> 1. The resident; 2. The resident's family, if appropriate, and legal guardian; 3. The placing agency; and 4. Facility staff.

			<p>I. The initial individualized service plan, each update, and all quarterly progress reports shall be distributed to the resident; the resident's family, legal guardian, or legally authorized representative; the placing agency; and appropriate facility staff if allowed by federal guidelines and using all procedures as required by federal guidelines.</p> <p>J. The requirements of this section do not apply to secure detention facilities except when a juvenile is confined in post-dispositional detention.</p> <ul style="list-style-type: none"> • Combined the service plan and quarterly report sections. • Added that the service plan is to be written in measurable terms. • Clarified that the discharge plan was a projected plan with an estimated length of stay. • Time frames for reviewing the service plan were clarified. • Added a requirement that the provider develop policies and procedures for a system to document progress of the resident towards obtaining goals and objectives of the service plan which shall include the format; the frequency; and the person responsible. • Time frames for writing the quarterly progress report were clarified. • Clarified that each service plan and revision and each quarterly progress report be signed and dated. • The requirement that requires participation in the service plan reviews and in the development of the quarterly progress report was clarified to require documentation in the resident's record of the participation. • Distribution of the service plan and quarterly progress reports is required, if allowed by federal regulations.
640	730	<p>Resident transfer between residential facilities located in VA and operated by the same sponsor</p> <p>A. Except when transfer is ordered by a court of competent jurisdiction, the receiving facility shall document at the time of transfer:</p> <ol style="list-style-type: none"> 1. Preparation through sharing information with the resident, the family and the placing agency about the facility, the staff, the population served, activities and criteria for admission; 2. Written confirmation of the admission decision to the legal guardian and to the placing agency; 3. Receipt from the sending facility of a written summary of the resident's progress while at the facility and the resident's current strengths and needs; and 4. Receipt of the resident's record. <p>B. The sending facility shall retain a copy of the face sheet and a written summary of the child's</p>	<p>A. Except when transfer is ordered by a court of competent jurisdiction, the receiving provider shall document at the time of transfer:</p> <ol style="list-style-type: none"> 1. Preparation through sharing information with the resident, the family and the placing agency about the facility, the staff, the population served, activities and criteria for admission; 2. Notification to the family, if appropriate; the resident, the placement agency and the legal guardian; 3. Receipt from the sending facility of a written summary of the resident's progress while at the facility, justification for the transfer, and the resident's current strengths and needs; and

		<p>progress while at the facility and shall document the date of transfer.</p>	<p>4. Receipt of the resident's record. B. The sending facility shall retain a copy of the face sheet and a written summary of the child's progress while at the facility and shall document the date of transfer and the name of the facility to which the resident has been transferred.</p> <ul style="list-style-type: none"> • The requirement to document a written admission decision was deleted. Changes were made to notifications. • A requirement was added that the justification of the transfer be documented in the record. • A requirement was added that the sending agency document on the face sheet the name of the facility the resident was transferred to.
650	740	<p>Discharge F. Information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care shall be made available to or provided to the legal guardian or legally authorized representative.</p>	<p>F. Information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care shall be provided to the legal guardian or legally authorized representative, as appropriate.</p> <p>The requirement to make available or to provide information to the legal guardian or legally authorized representative was revised to require that the information be provided, if appropriate.</p>
670	760	<p>Social services A. The program of the facility, except a secure detention facility in which juveniles are not confined with a suspended commitment to the Department of Juvenile Justice, shall be designed to provide social services which address: 1. Helping the resident and the parents or legal guardian to understand the effects on the resident of separation from the family and the effect of group living; 2. Assisting the resident and the family to maintain their relationships and prepare for the resident's future care; 3. Utilizing appropriate community resources to provide services and maintain contacts with such resources; 4. Helping the resident strengthen his capacity to function productively in interpersonal relationships; 5. Conferring with the child care staff to help them understand the resident's needs in order to promote adjustment to group living; and 6. Working with the resident and with the family or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family, for independent living, or for other residential care. B. The provision of social services shall be documented in each resident's record. C. Social services consistent with the goals of the service plan shall be provided to meet the specific</p>	<p>Case Management Services. A. The program of the facility shall be designed to provide case management services. In secure detention this requirement applies only to residents confined in post-dispositional detention. Case managements services shall address: 1. Helping the resident and the parents or legal guardian to understand the effects on the resident of separation from the family and the effect of group living; 2. Assisting the resident and the family to maintain their relationships and prepare for the resident's future care; 3. Utilizing appropriate community resources to provide services and maintain contacts with such resources; 4. Helping the resident strengthen his capacity to function productively in interpersonal relationships; 5. Conferring with the child care staff to help them understand the resident's needs in order to promote adjustment to group living; and 6. Working with the resident and with the family or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family, for independent living, or for other residential</p>

		<p>needs of each resident, except residents of secure detention facilities who are not confined with a suspended commitment to the Department of Juvenile Justice, in one of the following ways:</p> <ol style="list-style-type: none"> 1. By or under the direct supervision of a staff member who (i) holds a bachelor's degree in psychology, counseling, social work, or other discipline specifically approved by the regulatory authority and (ii) has completed two years of successful experience in psychology, counseling, social work, or other field specifically approved by the regulatory authority (In lieu of two years experience, the person may work under the direct supervision of a qualified supervisor for a period of two years.); 2. By service staff of the agency that placed the resident provided such staff is available on an as needed basis rather than on a limited basis (e.g. quarterly or semi-annually); 3. On a contract basis by a professional licensed to practice in the Commonwealth of Virginia, other state or the District of Columbia; or 4. On a contract basis by a professional child and family service worker who is working under the auspices of a public or private, nonprofit agency sponsored by a community-based group. 	<p>care. B. The provision of case management services shall be documented in each resident's record.</p> <ul style="list-style-type: none"> • "Social services" was changed to "case management services" for clarity. • The qualifications section to provide case management services was deleted here and added to a new section called case worker. • Wording was clarified regarding secure detention.
690	780	<p>Structured program of care C. A daily activity log shall be maintained to inform staff of significant happenings or problems experienced by residents. E. The identity of the individual making each entry in the daily activity log shall be recorded.</p>	<p>C. A daily communication log shall be maintained to inform staff of significant happenings or problems experienced by residents. E. The identity of the individual making each entry in the daily communication log shall be recorded.</p> <ul style="list-style-type: none"> • The activity log was renamed communication log. • Added a requirement that the daily routine complies with any facility or locally imposed curfews.
700	790	<p>Health care procedures A. The facility shall have and implement written procedures for promptly: 1. Providing or arranging for the provision of medical and dental services for health problems identified at admission; 2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission; 3. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian; and 4. Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems. B. The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 1. Name, address, and telephone number of the physician and dentist to be notified; 2. Name, address, and telephone number of a relative or other person to be notified; 3. Medical insurance company name and</p>	<p>A. The provider shall have and implement written procedures for promptly: 1. Providing or arranging for the provision of medical and dental services for health problems identified at admission; 2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission; 3. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian; 4. Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems; and 5. Ensuring that the required information in 22VAC42-11-790. B is accessible and up-to-date. B. The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency:</p>

		<p>policy number or Medicaid number;</p> <p>4. Information concerning:</p> <p>a. Use of medication;</p> <p>b. Medication allergies;</p> <p>c. Substance abuse; and</p> <p>d. Significant past or present medical problems;</p> <p>5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent; and</p> <p>6. Subsections 3 and 5 do not apply to secure detention facilities except when a resident is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p>	<p>1. Name, address, and telephone number of the physician and dentist to be notified;</p> <p>2. Name, address, and telephone number of a relative or other person to be notified;</p> <p>3. Medical insurance company name and policy number or Medicaid number;</p> <p>4. Information concerning:</p> <p>a. Use of medication;</p> <p>b. All allergies, including medication allergies;</p> <p>c. Substance abuse and use; and</p> <p>d. Significant past and present medical problems.</p> <p>5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent; and</p> <p>6. Subsections 3 and 5 do not apply to secure detention facilities except when a resident is confined in post-dispositional detention.</p> <p>C. Facilities approved to provide respite care shall update the information required by subsection B of this section at the time of each stay at the facility.</p> <ul style="list-style-type: none"> • A new requirement was added for a policy and procedure to assure that information required in 790.B (emergency information) was promptly available. • Clarifications were made to the emergency information section to require information about all allergies including medication allergies, information about substance abuse and use, and past and present medical problems.
710	800	<p>Medical examination and treatment</p> <p>B. Each resident's record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by a licensed physician including any recommendation for follow up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.</p> <p>C. Each physical examination report shall include:</p> <p>1. Information necessary to determine the health and immunization needs of the resident, including:</p> <p>a. Immunizations administered;</p> <p>b. Vision exam;</p> <p>c. Hearing exam;</p> <p>d. General physical condition, including documentation of apparent freedom from communicable disease including tuberculosis;</p> <p>e. Allergies, chronic conditions, and handicaps, if any;</p> <p>f. Nutritional requirements, including special diets, if any;</p> <p>g. Restrictions on physical activities, if any; and</p>	<p>B. Within seven days of placement, except for secure detention, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on current screening form published by the Virginia Department of Health. The screening assessment can be no older than 30 days. Secure detention shall have completed the screening assessment on each resident within five days of placement.</p> <p>C. A screening assessment for tuberculosis shall be completed annually on each resident as evidenced by the completion of a form containing, at a minimum, the elements of the screening form published by the Virginia Department of Health.</p> <p>D. Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including</p>

		<p>h. Recommendations for further treatment, immunizations, and other examinations indicated;</p> <p>2. Date of the physical examination; and</p> <p>3. Signature of a licensed physician, the physician's designee, or an official of a local health department.</p> <p>D. A child with a communicable disease shall not be admitted unless a licensed physician certifies that:</p> <p>1. The facility is capable of providing care to the child without jeopardizing residents and staff; and</p> <p>2. The facility is aware of the required treatment for the child and the procedures to protect residents and staff. The requirements of this subsection shall not apply to temporary shelters and secure detention facilities.</p> <p>E. Each resident's record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to secure detention facilities, temporary care facilities, and respite care facilities.</p> <p>F. Each resident's record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.</p> <p>G. Each resident's record shall include, or document the facility's efforts to obtain, treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable. This subsection does not apply to secure detention facilities except when a juvenile is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p> <p>H. Written policies and procedures, which include use of universal precautions, shall be developed and implemented to address communicable and contagious medical conditions.</p>	<p>any recommendation for follow up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.</p> <p>E. Each physical examination report shall include:</p> <p>1. Information necessary to determine the health and immunization needs of the resident, including:</p> <ul style="list-style-type: none"> a. Immunizations administered at the time of the exam; b. Vision exam; c. Hearing exam; d. General physical condition, including documentation of apparent freedom from communicable disease including tuberculosis; e. Allergies, chronic conditions, and handicaps, if any; f. Nutritional requirements, including special diets, if any; g. Restrictions on physical activities, if any; and <p>h. Recommendations for further treatment, immunizations, and other examinations indicated;</p> <p>2. Date of the physical examination; and</p> <p>3. Signature of a licensed physician, the physician's designee, or an official of a local health department.</p> <p>F. A child with a communicable disease shall not be admitted unless a licensed physician certifies that:</p> <p>1. The facility is capable of providing care to the child without jeopardizing residents and staff; and</p> <p>2. The facility is aware of the required treatment for the child and the procedures to protect residents and staff. The requirements of this subsection shall not apply to temporary shelters and secure detention facilities.</p> <p>G. Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to secure detention facilities, temporary care facilities, and respite care facilities.</p> <p>H. Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.</p> <p>I. Each resident's health record shall include, or document the facility's efforts to obtain, treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable. This subsection does not apply to secure detention facilities except when a juvenile is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p> <p>J. The provider shall develop and implement written policies and procedures,</p>
--	--	---	--

			<p>which include use of standard precautions and addresses communicable and contagious medical conditions. These policies and procedures shall be approved by a medical professional.</p> <p>K. A well stocked first-aid kit shall be maintained and readily accessible for minor injuries and medical emergencies.</p> <ul style="list-style-type: none"> • Clarified that record means health record. • Within seven days of placement, except for secure detention, each resident have a screening assessment as evidenced by the completion of a form containing the elements of a current tuberculosis risk assessment screening form published by the Department of Health. The screening assessment can be no older than 30 days. Secure detention has 5 days to complete the screening assessment as required in DJJ standards. (Recommended by the Department of Health). Seven days coincides with the physical evaluation requirement. • A screening assessment must be completed annually on each resident. (Recommended by the Department of Health) • It was clarified that the annual exam could be performed by a physician or under the direction of a physician. • Clarified that the physical exam report includes immunizations administered at the time of the exam. • The policies and procedures regarding standard (formerly called universal) precautions must now be approved by a medical professional.
720	810	<p>Medication</p> <p>C. Medication shall be administered only by staff authorized to do so by the director.</p> <p>E. A program of medication shall be initiated for a resident only when prescribed in writing by a licensed physician.</p> <p>F. Medication prescribed by a licensed physician shall be administered as prescribed.</p> <p>G. A daily log shall be maintained of all medicines received by each resident and shall identify the individual who administered the medication.</p> <p>I. The telephone number of a regional poison control center shall be posted on or next to each nonpay telephone that has access to an outside line in each building in which children sleep or participate in programs.</p> <p>J. At least one unexpired 30 cc bottle of Syrup of Ipecac and one unexpired container of activated charcoal shall be available on the</p>	<p>B. All staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications before they can administer medication.</p> <p>C. Staff authorized to administer medication shall be informed of any known side effects of the medication and the symptoms of the effects.</p> <p>D. A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.</p> <p>E. Medication prescribed by a person authorized by law shall be administered as prescribed.</p>

		<p>premises of the facility for use at the direction of the poison control center or physician and shall be kept locked when not in use.</p>	<p>F. A medication administration record shall be maintained of all medicines received by each resident and shall include:</p> <ol style="list-style-type: none"> 1. Date the medication was prescribed; 2. Drug name; 3. Schedule for administration; 4. Strength; 5. Route; 6. Identity of the individual who administered the medication; and 7. Dates the medication was discontinued or changed. <p>G. In the event of a medication error or an adverse drug reaction, first aid shall be administered, if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented.</p> <p>H. Medication refusals shall be documented including action taken by staff.</p> <p>I. The provider shall develop and implement written policies and procedures for documenting medication errors, reviewing medication errors and reactions and making any necessary improvements, the disposal of medication, the storage of controlled substances, and the distribution of medication off campus. The policy and procedures must be approved by a health care professional. The provider shall keep documentation of this approval.</p> <p>J. The telephone number of a regional poison control center and other emergency numbers shall be posted on or next to each nonpay telephone that has access to an outside line in each building in which children sleep or participate in programs.</p> <p>K. Syringes and other medical implements used for injecting or cutting skin shall be locked.</p> <p>To reduce medication errors:</p> <ul style="list-style-type: none"> • A requirement was deleted that the director authorize staff to administer medication as staff will be authorized once they have been trained. • A clarification was made that over-the-counter drugs also be prescribed by a person authorized by law to prescribe medication. • "Licensed physician" was changed to "person authorized by law to prescribe medication" when talking about prescribing medication. • Components of the daily medication administration log
--	--	--	---

			<p>were specified.</p> <ul style="list-style-type: none"> • A requirement was added to require documentation of medication refusals. The requirement to notify the prescribing professional was deleted as providers as these individuals are not available. Issue will be handled in technical assistance. • A requirement was added that the provider develop policies and procedures for documenting medication errors, reviewing medication errors and reactions and making any necessary improvements, the disposal of medication, the storage of controlled substances, and the distribution of medication off campus. The policy must be approved by a health care professional. The provider shall keep documentation of this approval. • "Other emergency numbers" was added to the requirement to post the poison control number by or on the phone. • The requirement to have an unexpired bottle of Syrup of Ipecac and activated charcoal were deleted at the advice of health professionals.
730	820	<p>Nutrition B. Menus shall be kept on file for at least six months.</p>	<p>Revised to require menus of actual meals be kept.</p>
740	830	<p>Staff supervision of children A. No member of the child care staff shall be on duty more than six consecutive days without a rest day except in an emergency. E. Supervision Policies 1. The facility shall develop and implement written policies and procedures which address staff supervision of children. 2. Written policies and procedures governing supervision of children shall be reviewed and approved by the regulatory authority prior to implementation. 3. The supervision policies or a summary of the policies shall be provided, upon request, to the placing agency or legal guardian prior to placement. F. During the hours that children are scheduled to be awake there shall be at least one child care staff member awake, on duty and responsible for supervision of every 10 children, or portion thereof, on the premises or participating in off-campus, facility-sponsored activities except: 1. Independent living programs shall have at least one child care staff member awake, on duty and responsible for supervision of every 15 children on the premises or participating in off campus, facility sponsored activities; 2. For children under four years of age, there shall be at least one child care staff member awake, on duty and responsible for supervision of every three children who are on the premises or participating in off-campus, facility-sponsored</p>	<p>A. No member of the child care staff shall be on duty more than six consecutive days without a rest day, except in an emergency or as approved by the lead regulatory agency for live-in staff. B. Child care staff shall have an average of at least two rest days per week in any four-week period. Rest days shall be in addition to vacation time and holidays. C. Child care staff other than live in staff shall not be on duty more than 16 consecutive hours, except in an emergency. D. There shall be at least one trained child care worker, on duty and actively supervising residents at all times that one or more residents are present. E. Whenever children are being supervised by staff there shall be at least one staff person present with a current basic certificate in standard first aid and a current certificate in cardiopulmonary resuscitation issued by the American Red Cross or other recognized authority. F. Supervision Policies. 1. The provider shall develop and implement written policies and procedures which address staff supervision of children including contingency plans for resident illnesses, emergencies, off campus</p>

		<p>activities except that this requirement does not apply to severely multi-handicapped, nonambulatory children;</p> <p>3. For severely multi-handicapped, nonambulatory children, there shall be at least one child care staff member awake, on duty and responsible for supervision of every six children;</p> <p>4. Programs that accept mothers and their children shall have at least one child care staff member awake, on duty and responsible for supervision of every six children (counting both mothers and their children); and</p> <p>5. Except when exempted by the regulatory authorities, programs that are licensed or certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services to provide treatment services for children with diagnosed mental illness or diagnosed severe emotional or behavioral problems where close supervision is indicated shall have at least one child care staff member awake, on duty and responsible for supervision of every eight children.</p> <p>G. During the hours that residents are scheduled to sleep there shall be no less than one child care staff member on duty and responsible for supervision of every 16 children, or portion thereof, on the premises, except for programs that accept mothers and their children, there shall be at least one child care staff member in the building, on duty and responsible for every 10 residents.</p> <p>H. There shall be at least one child care staff member on duty and responsible for the supervision of residents in each building where residents are sleeping. When there are 16 or more residents in a building, the staff person shall remain awake, and the ratio of one staff person to every 16 residents or portion thereof shall be maintained. For less than 16 residents in the building, the staff person may sleep but shall be on duty and responsible for supervision. This requirement does not apply to approved independent living programs.</p> <p>I. On each floor where children are sleeping, there shall be at least one child care staff member awake and on duty for every 30 children or portion thereof.</p>	<p>activities, and resident preferences. These policies and procedures shall be based on the:</p> <ol style="list-style-type: none"> a. Needs of the population served; b. Types of services offered; c. Qualifications of staff on duty; and d. Number of residents served. <p>2. At all times the ratio of staff to residents shall be at least one staff to eight residents for facilities during the hours residents are awake except when the lead regulatory agency has approved or required a supervision plan with a different ratio based on the needs of the population served.</p> <p>3. Providers requesting a ratio that allows a higher number of residents to be supervised by one staff person than was approved or required shall submit a justification to the lead regulatory agency which shall include:</p> <ol style="list-style-type: none"> a. Why resident care will not be adversely affected and b. How residents' needs will be met, on an individual as well as group basis. <p>4. Written policies and procedures governing supervision of residents and any justifications for a ratio deviation that allows a higher number of residents to be supervised by one staff than was approved or required, shall be reviewed and approved by the regulatory authority prior to implementation.</p> <p>5. The supervision policies or a summary of the policies shall be provided, upon request, to the placing agency or legal guardian prior to placement.</p> <p>6. The Board of Juvenile Justice shall determine the supervision ratios for facilities regulated by the Department of Juvenile Justice.</p> <ul style="list-style-type: none"> • "Children" was changed to "resident." • Amended the requirements for supervision policies to include contingency plans for resident illnesses, emergencies, off campus activities, and resident preferences. This requirement will better ensure that residents are appropriately supervised in all situations. • The facility must write policies and procedures based on the needs of the population served, types of services offered, qualifications of staff on duty, and number of residents. • Ratio of staff to residents during awake hours shall be 1:8 unless the lead agency has approved or required a different ratio. • A procedure is included for providers to request a different ratio. • The requirements for specific staff to resident ratios in special programs were deleted as the
--	--	--	--

			<p>requirement to write policies and procedures was added.</p> <ul style="list-style-type: none"> • DJJ will establish their own ratios. • The requirement that supervision policies or a summary of the policies be provided, upon request, to the placing agency or legal guardian prior to placement was deleted as it was not a regulatory issue. • A provision for live-in staff was added.
750	840	<p>Emergency telephone numbers</p> <p>A. Residents who are away from the facility and the adults responsible for their care during the absence shall be furnished with a telephone number where a responsible facility staff member or other responsible adult may be reached at all times. This subsection does not apply to residents of secure detention facilities.</p> <p>B. When children are on the premises of the facility, the staff on duty shall be furnished with a telephone number where the administrator or his designee may be reached at all times.</p>	<p>A. There shall be an emergency telephone number where a staff person may be immediately contacted 24 hours a day.</p> <p>B. Residents who are away from the facility and the adults responsible for their care during the absence shall be furnished with the emergency phone number.</p> <ul style="list-style-type: none"> • Requirements that providers must have an emergency number where a staff person can be reached 24 hours a day were clarified. • When a resident is off campus they are to be given an emergency number. Any adults who are responsible for the resident while he is off campus is also to be given the emergency number.
770	850	<p>Searches</p> <p>C. A facility that conducts pat downs shall develop and implement written policies and procedures governing them which shall provide that:</p> <ol style="list-style-type: none"> 1. Pat downs shall be limited to instances where they are necessary to prohibit contraband; 2. Pat downs shall be conducted only in accordance with the written policies and procedures; 3. Pat downs shall be conducted by personnel of the same gender as the client being searched; 4. Pat downs shall be conducted only by personnel who are specifically authorized to conduct searches by the written policies and procedures; and 5. Pat downs shall be conducted in such a way as to protect the subject's dignity and in the presence of one or more witnesses. 	<p>A requirement to conduct pat downs in accordance with policies and procedures was deleted as all policies and procedures should be followed.</p>
780	860	<p>Management of resident behavior (moved behavior management requirements to 900 behavioral interventions)</p>	<p>A. Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized plan shall include:</p> <ol style="list-style-type: none"> 1. Identification of positive

			<p>and problem behavior;</p> <ol style="list-style-type: none"> 2. Identification of triggers for behaviors; 3. Identification of successful intervention strategies for problem behavior; 4. Techniques for managing anger and anxiety; and 5. Identification of interventions that may escalate inappropriate behaviors. <p>B. Individualized behavior support plans shall be developed in consultation with the:</p> <ol style="list-style-type: none"> 1. Resident; 2. Legal guardian; 3. Resident's parents, if applicable; 4. Program director; 5. Placing agency staff; and 6. Other applicable individuals. <p>C. Prior to working alone with an assigned resident each staff member shall demonstrate knowledge and understanding of that resident's behavior support plan.</p> <p>D. This section shall not apply to secure detention and the Reception and Diagnostic Center</p> <ul style="list-style-type: none"> • Changed this section title to Behavior Support as this is current child welfare philosophy. • Requires a behavior support plan within 30 days of admission developed with the resident, the resident's legal guardian, placing agency staff, facility staff, and other key players. • Requires that staff be knowledgeable of behavior support plan before working alone with resident.
790	870	<p>Confinement</p> <p>A. The facility shall have and implement written policies and procedures governing the conditions under which a resident may be confined and the maximum period of confinement. The conditions and maximum period of confinement shall be based on the resident's chronological and developmental level.</p> <p>B. The room in which a resident is confined shall not be locked nor the door secured in a manner that prevents the resident from opening it, except that this subsection does not apply to secure custody facilities.</p> <p>C. A confined resident shall be able to communicate with staff.</p> <p>D. Staff shall check on the resident in the room at least every 30 minutes and more often</p>	<p>Timeout.</p> <p>A. The provider shall develop and implement written policies and procedures governing the conditions under which a resident may be placed in timeout and the maximum period of timeout. The conditions and maximum period of timeout shall be based on the resident's chronological and developmental level.</p> <p>B. The area in which a resident is placed shall not be locked nor the door secured in a manner that prevents the resident from opening it, except that this subsection does not apply to secure custody facilities.</p> <p>C. A resident in timeout shall be able to communicate with staff.</p>

		<p>depending on the nature of the resident's disability, condition and behavior.</p> <p>E. Use of confinement and staff checks on the residents shall be documented when confinement is used for managing resident behavior.</p>	<p>D. Staff shall check on the resident in the timeout area at least every 15 minutes and more often depending on the nature of the resident's disability, condition, and behavior.</p> <p>E. Use of timeout and staff checks on the residents shall be documented.</p> <p>F. This section does not apply to secure custody facilities.</p> <ul style="list-style-type: none"> • "Confinement" was changed to "timeout" in accordance with the Human Rights Regulation. • For safety issues, a resident placed in timeout shall be checked every 15 minutes instead of every 30 minutes.
800	880	<p>Prohibitions</p> <p>14. Limitation on contacts and visits with advocates employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or the Department for Rights of Virginians With Disabilities.</p>	<p>14. Limitation on contacts and visits with advocates employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or the Virginia Office for Protection and Advocacy.</p> <p>The name of the Department for Rights of Virginians with Disabilities was changed to the Virginia Office of Protection and Advocacy.</p>
810	890	<p>Chemical or mechanical restraints</p> <p>B. Use of chemical restraints is prohibited.</p>	<p>Pharmacological and mechanical restraints</p> <p>B. Use of pharmacological restraints is prohibited.</p> <p>"Chemical restraint" was changed to "pharmacological restraint" to comply with the Human Rights Regulation.</p>
820	900	<p>Physical restraint</p> <p>A. The facility shall have and implement written policies and procedures governing use of physical restraint.</p> <p>B. The facility's procedures shall include methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior.</p> <p>C. Use of physical restraint shall be limited to that which is minimally necessary to protect the resident or others.</p> <p>D. Trained staff members may physically restrain a resident only after less intrusive interventions have failed or when failure to restrain would result in harm to the resident or others.</p> <p>E. Each application of physical restraint shall be fully documented in the resident's record including:</p> <ol style="list-style-type: none"> 1. Date; 2. Time; 3. Staff involved; 4. Circumstances; 5. Reasons for using physical restraint; 6. Duration; 7. Method or methods of physical restraint used; and 8. Less intrusive interventions which were unsuccessfully attempted prior to using physical restraint. <p>F. Each staff member responsible for supervision of children shall receive basic</p>	<p>Behavioral Interventions.</p> <p>A. The provider shall develop and implement written policies and procedures for behavioral interventions and for documenting and monitoring the management of resident behavior. Rules of conduct shall be included in the written policies and procedures. These policies and procedures shall:</p> <ol style="list-style-type: none"> 1. Define and list techniques that are used and available for use in the order of their relative degree of restrictiveness; 2. Specify the staff members who may authorize the use of each technique; and 3. Specify the processes for implementing such policies and procedures <p>B. Written information concerning the policies and procedures of the provider's behavioral support and intervention programs shall be provided prior to admission to prospective residents, legal guardians, and placing agencies. For court ordered and emergency admissions, this information shall be provided to:</p> <ol style="list-style-type: none"> 1. Residents within 12 hours following admission; 2. Placing agencies within 72 hours following the resident's admission; and 3. Legal guardians within 72 hours following the resident's admission, except that this requirement does not apply:

		<p>orientation to the facility's physical restraint procedures and techniques and to less intrusive interventions within seven days following employment.</p> <ol style="list-style-type: none"> 1. Physical restraint shall be applied only by staff who have been trained in the facility's physical restraint procedures and techniques. 2. Staff shall review the facility's training in physical restraint and less intrusive interventions at least annually. 	<ol style="list-style-type: none"> a. To secure detention facilities except when a juvenile is confined in post-dispositional detention; b. When a facility is providing temporary care of 30 days or less while conducting a diagnostic evaluation to identify the most appropriate long-term placement for a child who has been committed to the Department of Juvenile Justice; and c. When a state psychiatric hospital is evaluating a child's treatment needs as provided by the Code of Virginia. <p>C. When substantive revisions are made to policies and procedures governing management of resident behavior, written information concerning the revisions shall be provided to:</p> <ol style="list-style-type: none"> 1. Residents prior to implementation and 2. Legal guardians and placing agencies prior to implementation except that this requirement does not apply: <ol style="list-style-type: none"> a. To secure detention facilities; b. When a facility is providing temporary care of 30 days or less while conducting a diagnostic evaluation to identify the most appropriate long-term placement for a child who has been committed to the Department of Juvenile Justice; and c. When a state mental hospital is evaluating a child's treatment needs as provided by the Code of Virginia. <p>D. The provider shall develop and implement written policies and procedures governing use of physical restraint which shall include:</p> <ol style="list-style-type: none"> 1. The staff position who will write the report and timeframe; 2. The staff position who will review the report and timeframe; and 3. Methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior. <p>E. All physical restraints shall be reviewed and evaluated to plan for continued staff development for performance improvement.</p> <p>F. Use of physical restraint shall be limited to that which is minimally necessary to protect the resident or others.</p> <p>G. Trained staff members may physically restrain a resident only after less restrictive interventions have failed or when failure to restrain would result in harm to the resident or others.</p> <p>H. Only trained staff members may manage resident behavior.</p> <p>I. Each application of physical restraint shall be fully documented in the resident's record including:</p> <ol style="list-style-type: none"> 1. Date; 2. Time; 3. Staff involved; 4. Justification for the restraint; 5. Less restrictive interventions which were unsuccessfully attempted prior to using physical restraint;
--	--	---	---

			<p>6. Duration; 7. Description of method or methods of physical restraint techniques used; 8. Signature of the person completing the report and date; and 9. Reviewer's signature and date. J. Providers shall ensure that restraint may only be implemented, monitored, and discontinued by staff who have been trained in the proper and safe use of restraint, including hands-on techniques.</p> <p>K. The provider shall review the facility's behavior intervention techniques and policies and procedures at least annually to determine appropriateness for the population served.</p> <p>L. Anytime children are present staff must be present who have completed all trainings in behavior intervention.</p> <ul style="list-style-type: none"> • Section was changed to Behavior Interventions. • Requirements from former behavior management section (780) were moved to this section. Because the goal is for residents to manage their own behavior, behavior support is emphasized. Less focus should be put on behavior management and physical restraint. • Components of the policies and procedures for behavior intervention and management of resident behavior were specified to include the definition and list of techniques that are used and are available for use in the order of their relative degree of restrictiveness; the staff members who may authorize the use of each technique; and the processes for implementing such policies and procedures. • The exception for giving copies of the policies regarding behavior management and all revisions to those residents with diagnosed mental disabilities resulting in the loss of the cognitive ability to understand the information was deleted. • "Referral agency" was changed to "placing agency." • The requirement to develop and implement policies and procedures governing the use of physical restraint was clarified to include the identification of the staff person who will write the report and timeframe; the staff person who will review the report and timeframe; and methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove
--	--	--	---

			<p>unsuccessful in calming and moderating the resident's behavior.</p> <ul style="list-style-type: none"> • A requirement was added that all incidents of physical restraint shall be reviewed and evaluated to plan for continued staff development for performance improvement. • The word intrusive was changed to less restrictive. • In the documentation of all incidents of physical restraint the components, circumstances and reasons for restraint, were replaced with justification for the restraint. The signature of the person completing the report and the date and a reviewer's signature and date was added to the documentation requirements. • Training in the provider's behavior management policies was added to the staff development section. • A requirement that providers ensure that restraint may only be implemented, monitored, and discontinued by staff who have been trained in the proper and safe use of restraint, including hands-on techniques if applicable, by an individual experienced in training staff in the management of behavior for the population served replaced the requirement that physical restraint be applied only by staff who have been trained in the facility's physical restraint procedures and techniques. <p>These requirements are to insure that inappropriate and possibly harmful behavior management techniques are not applied to residents.</p>
840	NA	Timeout Timeout is allowed only as permitted by other applicable state regulations.	This section was deleted, as the previous section on confinement was changed to timeout to be in agreement with the Human Rights Regulation.
850	920	<p>Education</p> <p>A. Each resident of compulsory school attendance age shall be enrolled in an appropriate educational program as provided in the Code of Virginia.</p> <p>B. The facility shall ensure that educational guidance and counseling in selecting courses is provided for each resident and shall ensure that education is an integral part of the resident's total program.</p> <p>C. Facilities operating educational programs for children with disabilities shall operate those programs in compliance with applicable state and federal statutes and regulations.</p> <p>D. When a child with disabilities has been placed in a residential facility without the knowledge of school division personnel in the resident's home locality, the facility</p>	<p>A. Each resident of compulsory school attendance age shall be enrolled, as provided in the Code of Virginia, in an appropriate educational program within five school business days. Documentation of the enrollment shall be kept in the resident's record.</p> <p>B. The provider shall ensure that educational guidance and counseling in selecting courses is provided for each resident and shall ensure that education is an integral part of the resident's total program.</p> <p>C. Providers operating educational programs for children with disabilities shall operate those programs in compliance</p>

		<p>shall contact the superintendent of public schools in that locality in order to effect compliance with applicable state and federal requirements relative to the education of children with disabilities.</p> <p>E. A facility which has an academic or vocational program that is not certified or approved by the Department of Education shall document that teachers meet the qualifications to teach the same subjects in the public schools.</p>	<p>with applicable state and federal statutes and regulations.</p> <p>D. When a child with a disability has been placed in a residential facility, the facility shall contact the division superintendent of the resident's home locality. Documentation of the contact with the resident's home school shall be kept in the resident's record.</p> <p>E. A provider that has an academic or vocational program that is not certified or approved by the Department of Education shall document that teachers meet the qualifications to teach the same subjects in the public schools.</p> <p>F. Each provider shall develop and implement written policies and procedures to ensure that each resident has adequate study time.</p> <ul style="list-style-type: none"> • A requirement was added that residents be enrolled in an educational program within 5 school business days of admission and documentation of the enrollment be kept in the record. • A requirement was added that documentation regarding contact with the resident's home school be kept in the record. • Wording was changed for clarity.
870	940	<p>Recreation</p> <p>A. The facility shall have a written description of its recreation program which describes activities which are consistent (i) with the facility's total program and (ii) with the ages, developmental levels, interests, and needs of the residents.</p> <p>B. The facility shall have and implement a recreation program which is consistent with the written description and which includes:</p> <ol style="list-style-type: none"> 1. Opportunities for individual and group activities; 2. Free time for residents to pursue personal interests which shall be in addition to a formal recreation program except this subdivision does not apply to secure custody facilities; 3. Use of available community recreational resources and facilities except this subdivision does not apply to secure custody facilities; 4. Scheduling of activities so that they do not conflict with meals, religious services, educational programs or other regular events; and 5. Regularly scheduled indoor and outdoor recreational activities that are structured to develop skills and attitudes. <p>C. Recreational programs and field trips shall be directed and supervised by adults who are knowledgeable in the safeguards required for the activities.</p>	<p>A. The provider shall have a written description of its recreation program which describes activities which are consistent with the facility's total program and with the ages, developmental levels, interests, and needs of the residents that includes:</p> <ol style="list-style-type: none"> 1. Opportunities for individual and group activities; 2. Free time for residents to pursue personal interests which shall be in addition to a formal recreation program except this subdivision does not apply to secure custody facilities; 3. Use of available community recreational resources and facilities except this subdivision does not apply to secure custody facilities; 4. Scheduling of activities so that they do not conflict with meals, religious services, educational programs or other regular events; and 5. Regularly scheduled indoor and outdoor recreational activities that are structured to develop skills and attitudes. <p>B. The provider shall develop and implement written policies and procedures to ensure the safety of residents participating in recreational activities that include:</p> <ol style="list-style-type: none"> 1. How activities will be directed and supervised by individuals knowledgeable in the safeguards required for the activities; 2. How residents are assessed for suitability for an activity and the supervision provided; and

			<p>3. How safeguards for water related activities will be provided including ensuring that a certified life guard supervises all swimming activities.</p> <p>C. For all overnight recreational trips away from the facility the provider shall document trip planning to include:</p> <ol style="list-style-type: none"> 1. A supervision plan for the entire duration of the activity including awake and sleeping hours; 2. A plan for safekeeping and distribution of medication; 3. An overall emergency, safety, and communication plan for the activity including emergency numbers of facility administration; 4. Staff training and experience requirements for each activity; 5. Resident preparation for each activity; 6. A plan to ensure that all necessary equipment for the activity is in good repair and appropriate for the activity; 7. A trip schedule giving addresses and phone numbers of locations to be visited and how the location was chosen/evaluated; 8. A plan to evaluate residents' physical health throughout the activity and to ensure that the activity is conducted within the boundaries of the resident's capabilities, dignity, and respect for self-determination; 9. A plan to ensure that a certified life guard supervises all swimming activities in which residents participate; and 10. Documentation of any variations from trip plans and reason for the variation. <p>D. All overnight out-of-state or out-of-country recreational trips require written permission from each resident's legal guardian. Documentation of the written permission shall be kept in the resident's record.</p> <ul style="list-style-type: none"> • A new requirement was added for the provider to develop and implement policies and procedures to ensure the safety of residents participating in recreational activities to include a certified life guard for all swimming activities. • To ensure that overnight trips are properly planned and that appropriate decisions are made, adds requirements that for all overnight recreational trips away from the facility, the provider will document trip planning to include: <ul style="list-style-type: none"> ○ A supervision plan for the entire duration of the activity including awake and sleeping hours; ○ Plan for safekeeping and distribution of medication; ○ Overall emergency, safety, and
--	--	--	--

			<p>communication plan for the activity including emergency numbers of facility administration;</p> <ul style="list-style-type: none"> ○ Staff training and experience requirements for each activity; ○ Resident preparation for each activity; ○ Plan to ensure that all necessary equipment for the activity is in good repair and appropriate for the activity; ○ Trip schedule giving addresses and phone numbers of locations to be visited and how the location was chosen/evaluated; ○ Plan to evaluate residents' physical health throughout the activity and to ensure that the activity is conducted within the boundaries of the resident's capabilities, dignity, and respect for self-determination; ○ Plan to ensure that if residents are to participate in an swimming activity, a certified lifeguard will supervise the activity; and ○ Plan to ensure that any variation from the trip plans and the reason for the variation are documented. <p>The expectations of trip planning will change depending on the facility size, the population served, the number of residents, and the type of trip.</p> <ul style="list-style-type: none"> • A requirement was added that for all out-of-state or out-of-country trips written permission must be received from each resident's legal guardian and kept in the resident's record.
880	950	<p>Community relationships</p> <p>A. Opportunities shall be provided for the residents to participate in activities and to utilize resources in the community except this section does not apply to secure custody facilities.</p> <p>B. The facility shall have and implement written procedures for evaluating persons or organizations in the community who wish to associate with residents on the premises or take residents off the premises. The procedures shall cover how the</p>	<p>A. Opportunities shall be provided for the residents to participate in activities and to utilize resources in the community, except this subsection does not apply to secure custody facilities.</p> <p>B. The provider shall develop and implement written policies and procedures for evaluating persons or organizations in the community who wish to associate with residents on the premises or take</p>

		facility.	<p>residents off the premises. The procedures shall cover how the facility will determine if participation in such community activities or programs would be in the residents' best interest.</p> <p>C. Each facility shall have a staff community liaison who shall be responsible for facilitating cooperative relationships with neighbors, the school system, local law enforcement, local government officials, and the community at large.</p> <p>D. Each provider shall develop and implement written policies and procedures for promoting positive relationships with the neighbors that shall be approved by the regulatory authority.</p> <ul style="list-style-type: none"> • Added a requirement that each facility shall have a community liaison that will be responsible for facilitating cooperative relationships with neighbors, the school system, local law enforcement, local government officials, and the community at large • Added a requirement that each facility shall develop and implement policies and procedures for promoting positive relationships with the neighbors that shall be approved by the regulatory authority. • Added a requirement that each facility shall show evidence that staff have been trained on good neighbor policies and community relations.
910	980	<p>Work and employment</p> <p>D. The facility shall have and implement written procedures to ensure that the work and pay of residents complies with applicable laws governing wages and hours and laws governing labor and employment of children. In both work assignments and employment, the program director shall evaluate the appropriateness of the work and the fairness of the pay.</p>	<p>D. In both work assignments and employment, the program director shall evaluate the appropriateness of the work and the fairness of the pay.</p> <p>The requirement that facilities have and implement policies and procedures to ensure that the work and pay of residents complies with applicable laws governing wages and hours and laws governing labor and employment of children in both work assignments and employment was changed to require the program director to evaluate the appropriateness of the work and the fairness of the pay.</p>
925	1000	<p>Resident Visitation at the Homes of Staff</p> <p>If a facility permits staff to take residents to the staff's home, the facility must receive written permission of the resident's legal guardian or placing agency before the visit occurs.</p>	<p>If a provider permits staff to take residents to the staff's home, the facility must receive written permission of the resident's legal guardian or placing agency before the visit occurs. The written permission shall be kept in the resident's record.</p> <p>A requirement was added to keep the written permission in the resident's record.</p>
930	1010	<p>Vehicles and power equipment.</p> <p>B. There shall be written safety rules which shall include taking head counts at each stop, which are appropriate to the population served, for transportation of children.</p>	<p>B. There shall be written safety rules for transportation of residents appropriate to the population served, which shall include taking head counts at each stop.</p> <p>Wording was changed for clarity.</p>

940	NA	<p>Reports to court. When the facility has received legal custody of a child pursuant to the Code of Virginia, copies of any foster care plans submitted to the court shall be placed in the resident's record.</p>	<p>This requirement was deleted as no facilities receive custody of the residents.</p>
950	1030	<p>Emergency reports B. The facility shall document the following: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; and 6. The name of the person to whom the report was made.</p>	<p>B. The provider shall document the following: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; and 6. The name of the person to whom the report was made. C. The provider shall notify the regulatory authority within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the regulatory authority. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; and 6. The name of the person to whom the report was made.</p> <ul style="list-style-type: none"> • "Emergency report" was changed to "serious incident report" as this is the more accepted term. • It was clarified that the provider is to notify the regulatory authority within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the regulatory authority. The standard includes the elements of the report that is to be submitted.
960	1040	<p>Suspected child abuse or neglect D. When a case of suspected child abuse or neglect is reported to child protective services, the resident's record shall include: 1. The date and time the suspected abuse or neglect occurred; 2. A description of the incident; 3. Action taken as a result of the incident; and 4. The name of the person to whom the report was made at the local child protective services unit.</p>	<p>D. When a case of suspected child abuse or neglect is reported to child protective services, the resident's record shall include: 1. The date and time the suspected abuse or neglect occurred; 2. A description of the suspected abuse or neglect; 3. Action taken as a result of the suspected abuse or neglect; and 4. The name of the person to whom the report was made at the local child protective services unit.</p> <p>The word incident was changed to</p>

965	1050	Grievance procedures	<p>suspected abuse or neglect.</p> <p>B. All documentation regarding grievances shall be kept on file at the facility for three years unless other regulations require a longer retention period.</p> <p>A requirement was added that all documentation regarding grievances be kept on file at the facility for three years, unless other regulations require a longer retention period.</p>
970	1060	<p>Emergency and evacuation procedures</p> <p>A. Written procedures shall be developed and implemented for responding to emergencies including, but not necessarily limited to:</p> <ol style="list-style-type: none"> 1. Severe weather; 2. Loss of utilities; 3. Missing persons; 4. Severe injury; and 5. Emergency evacuation, including alternate housing. <p>B. Written procedures shall address responsibilities of staff and residents regarding:</p> <ol style="list-style-type: none"> 1. Sounding of an alarm; 2. Emergency evacuation including assembly points, head counts, primary and secondary means of egress, evacuation of children with special needs, and verifying complete evacuation of the buildings; 3. Alerting emergency authorities; and 4. Use of emergency equipment. <p>C. Emergency procedures shall address the handling of residents with special needs.</p> <p>D. Floor plans showing primary and secondary means of egress shall be posted on each floor in locations where they can easily be seen by staff and residents.</p> <p>E. The procedures and responsibilities reflected in the emergency procedures shall be communicated to all residents within seven days following admission or a substantive change in the procedures.</p> <p>F. The telephone numbers of the authorities to be called in case of an emergency shall be prominently posted on or next to each telephone.</p> <p>G. At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents.</p> <p>H. Evacuation drills shall include, at a minimum:</p> <ol style="list-style-type: none"> 1. Sounding of emergency alarms; 2. Practice in evacuating buildings; 3. Practice in alerting emergency authorities; and 4. Simulated use of emergency equipment. <p>I. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.</p> <p>J. The facility shall assign at least one staff member responsibility for conducting and documenting evacuation drills.</p> <p>K. A record shall be maintained for each evacuation drill and shall include the following:</p> <ol style="list-style-type: none"> 1. Buildings in which the drill was conducted; 2. Date and time of drill; 3. Amount of time to evacuate the buildings; 4. Specific problems encountered; 5. Staff tasks completed including: 	<p>A. The provider shall develop a written emergency preparedness and response plan for all locations. The plan shall address:</p> <ol style="list-style-type: none"> 1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency; 2. Analysis of the provider's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, work place violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery; 3. Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, students, volunteers, visitors and residents, property protection, community outreach, and recovery and restoration; 4. Written emergency response procedures for assessing the situation; protecting residents, employees, contractors, students, volunteers, visitors, equipment and vital records; and restoring services. Emergency procedures shall address: <ol style="list-style-type: none"> a. Communicating with employees, contractors and community responders; b. Warning and notification of residents; c. Providing emergency access to secure areas and opening locked doors; d. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents; e. Relocating residents, if necessary; f. Notifying family members and legal guardians; g. Alerting emergency personnel and sounding alarms; h. Locating and shutting off utilities when necessary; 5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and

		<p>a. Head count, and</p> <p>b. Practice in notifying emergency authorities;</p> <p>6. A summary; and</p> <p>7. The name of the staff members responsible for conducting and documenting the drill and preparing the record.</p> <p>L. The record for each evacuation drill shall be retained for three years after the drill.</p> <p>M. The facility shall assign one staff member responsibility for the evacuation drill program at the facility who shall:</p> <ol style="list-style-type: none"> 1. Ensure that evacuation drills are conducted at the times and intervals required by these interdepartmental standards and the facility's emergency procedures; 2. Review evacuation drill reports to identify problems in conducting the drills and in implementing the requirements of the emergency procedures; 3. Consult with the local emergency authorities, as needed, and plan, implement and document training or other actions taken to remedy any problems found in implementing the procedures; and 4. Consult and cooperate with local emergency authorities to plan and implement an educational program for facility staff and residents on topics in safety. 	<p>6. Schedule for testing the implementation of the plan and conducting emergency preparedness drills.</p> <p>B. The provider shall develop emergency preparedness and response training for all employees, contractors, students/interns, and volunteers which shall include responsibilities for:</p> <ol style="list-style-type: none"> 1. Alerting emergency personnel and sounding alarms; 2. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, non-ambulatory); 3. Using, maintaining, and operating emergency equipment; 4. Accessing emergency information for residents including medical information; and 5. Utilizing community support services. <p>C. The provider shall document the review of the emergency preparedness plan annually and make necessary revisions. Such revisions shall be communicated to employees, contractors, students, and volunteers and incorporated into training for employees, contractors, students and volunteers and orientation of residents to services.</p> <p>D. In the event of a disaster, fire, emergency or any other condition that may jeopardize the health, safety and welfare of residents, the provider shall take appropriate action to protect the health, safety and welfare of the residents and take appropriate action to remedy the conditions as soon as possible.</p> <p>E. Employees, contractors, students, and volunteers shall be knowledgeable in and prepared to implement the emergency preparedness plan in the event of an emergency.</p> <p>F. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety and welfare of residents, the provider should first respond and stabilize the disaster/emergency. After the disaster/emergency is stabilized, the provider shall report the disaster/emergency to the legal guardian and the placing agency as soon as possible of the conditions at the facility and report the disaster/emergency to the lead regulatory authority as soon as possible, but no later than 72 hours after the incident occurs.</p> <p>G. Floor plans showing primary and secondary means of egress shall be posted on each floor in locations where they can easily be seen by staff and residents.</p> <p>H. The procedures and responsibilities reflected in the emergency procedures shall be communicated to all residents within seven days following admission or a substantive change in the procedures.</p> <p>I. At least one evacuation drill (the simulation of the facility's emergency</p>
--	--	--	---

			<p>procedures) shall be conducted each month in each building occupied by residents.</p> <p>J. Evacuation drills shall include, at a minimum:</p> <ol style="list-style-type: none"> 1. Sounding of emergency alarms; 2. Practice in evacuating buildings; 3. Practice in alerting emergency authorities; 4. Simulated use of emergency equipment; and 5. Practice in securing resident emergency information. <p>K. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.</p> <p>L. A record shall be maintained for each evacuation drill and shall include the following:</p> <ol style="list-style-type: none"> 1. Buildings in which the drill was conducted; 2. Date and time of drill; 3. Amount of time to evacuate the buildings; 4. Specific problems encountered; 5. Staff tasks completed including: <ol style="list-style-type: none"> a. Head count, and b. Practice in notifying emergency authorities; and 6. The name of the staff members responsible for conducting and documenting the drill and preparing the record. <p>M. The record for each evacuation drill shall be retained for three years after the drill.</p> <p>N. The facility shall assign one staff member who shall ensure that all requirements regarding the emergency preparedness and response plan and the evacuation drill program are met.</p> <ul style="list-style-type: none"> • Language regarding emergency planning was changed to be consistent with other state regulations. • A requirement was added to develop an emergency preparedness and response plan for all locations with consultation of the local emergency coordinator. • A requirement was added that the provider develop and implement emergency preparedness and response training for all employees, contractors, students, and volunteers within 14 days of begin date or before an individual is alone supervising residents and annually thereafter.
<p>980,990, and 1000</p>		<p>In the event of a disaster, fire, emergency or any other condition at the facility that may jeopardize the health, safety or well-being of the children, the facility shall:</p> <ol style="list-style-type: none"> 1. Take appropriate action to protect the health, safety and well-being of the children; 	<ul style="list-style-type: none"> • Sections were deleted as requirements were moved to 1060.

		<p>2. Take appropriate actions to remedy the conditions as soon as possible, including reporting to and cooperating with local health, fire, police or other appropriate officials; and</p> <p>3. Notify the regulatory authorities as soon as possible of the conditions at the facility and the status of the residents.</p> <p>A. The facility shall develop a written plan to be implemented in case of a fire.</p> <p>B. Procedures and responsibilities reflected in the written fire plan shall be communicated to all residents within seven days following admission or a substantive change in the plan.</p> <p>C. The telephone number of the fire department to be called in case of fire shall be prominently posted on or next to each telephone.</p> <p>A. Each staff member shall be trained in fire procedures in accordance with the Virginia Statewide Fire Prevention Code (13 VAC 5-51-10 et. seq.).</p> <p>B. Each new staff member shall be trained in emergency procedures and their implementation prior to working alone while supervising one or more children and within seven days of employment.</p>	
NA	1070		<p>Independent living programs</p> <p>A. Each independent living program must demonstrate that a structured program using materials and curriculum, approved by the regulatory authority, is being used to teach independent living skills. The curriculum must include information regarding each of the following areas:</p> <ol style="list-style-type: none"> 1. Money management and consumer awareness; 2. Food management; 3. Personal appearance; 4. Social skills; 5. Health/Sexuality; 6. Housekeeping; 7. Transportation; 8. Educational planning/career planning; 9. Job seeking skills; 10. Job maintenance skills; 11. Emergency and safety skills; 12. Knowledge of community resources; 13. Interpersonal skills/social relationships; 14. Legal skills; 15. Leisure activities; and 16. Housing. <p>B. Within 14 days of placement the provider must complete an assessment, including strengths and needs, of the resident's life skills using an independent living assessment tool approved by the regulatory agency. The assessment must cover the following areas:</p> <ol style="list-style-type: none"> 1. Money management and consumer awareness; 2. Food management; 3. Personal appearance; 4. Social skills; 5. Health/Sexuality; 6. Housekeeping; 7. Transportation; 8. Educational planning/career planning; 9. Job seeking skills; 10. Job maintenance skills; 11. Emergency and safety skills;

			<p>12. Knowledge of community resources; 13. Interpersonal skills/social relationships; 14. Legal skills; 15. Leisure activities; and 16. Housing.</p> <p>C. The resident's individualized service plan shall include, in addition to the requirements found in 22VAC42-11-630, goals, objectives, and strategies addressing each of the following areas, as applicable:</p> <ol style="list-style-type: none"> 1. Money management and consumer awareness; 2. Food management; 3. Personal appearance; 4. Social skills; 5. Health/Sexuality; 6. Housekeeping; 7. Transportation; 8. Educational planning/career planning; 9. Job seeking skills; 10. Job maintenance skills; 11. Emergency and safety skills; 12. Knowledge of community resources; 13. Interpersonal skills/social relationships; 14. Legal skills; 15. Leisure activities; and 16. Housing. <p>D. Each independent living program shall develop and implement policies and procedures to train all direct care staff within 14 days of employment on the content of the independent living curriculum, the use of the independent living materials, the application of the assessment tool, and the documentation methods used. Documentation of the orientation shall be kept in the employee's staff record.</p> <p>E. If residents age 18 years or older are to share in the responsibility for their own medication with the provider, the independent living program shall develop and implement written policies and procedures which include:</p> <ol style="list-style-type: none"> 1. Training for the resident in self administration and recognition of side effects; 2. Method for storage and safekeeping of medication; 3. Method for obtaining approval for the resident to self administer medication from a person authorized by law to prescribe medication; and 4. Method for documenting the administration of medication. <p>F. Each independent living program shall develop and implement written policies and procedures that ensure that each resident is receiving adequate nutrition as required in 22VAC42-11-820.A-C.</p> <ul style="list-style-type: none"> • Independent Living programs must use approved independent living curriculums and materials covering 16 required topics. • Within 14 days of placement an assessment must be completed on each resident using an
--	--	--	---

			<p>approved assessment tool and covering the 16 topics.</p> <ul style="list-style-type: none"> • Resident's service plans must reflect the 16 topic areas. • Staff must be trained within 14 days of hire on the curriculum and materials used by the program. • Requirements added as several programs identified themselves as independent living programs but offered few structured services.
NA	1080	Mother/Baby programs	<p>Mother/baby programs</p> <p>A. Each provider shall develop and implement written policies and procedures to orient direct care staff within 14 days of hire regarding the following:</p> <ol style="list-style-type: none"> 1. Responsibilities of mothers regarding the child; 2. Child development including age appropriate behavior for each stage of development; 3. Appropriate behavioral interventions for infants and toddlers; 4. Basic infant and toddler care including but not limited to nutritional needs, feeding procedures, bathing techniques; and 5. Safety issues for infants and toddlers. <p>B. Each direct care worker shall have certification in infant CPR and First Aid prior to working alone with infants or toddlers.</p> <p>C. A placement agreement shall be signed by the legal guardian for each adolescent mother and a separate placement agreement shall be signed by the legal guardian for each child at the time of admission.</p> <p>D. In addition to the requirements of 22VAC42-11-680.B, the application for admission for the adolescent's child must include:</p> <ol style="list-style-type: none"> 1. The placement history of the child; 2. The developmental milestones of the child; and 3. The nutritional needs of the child. <p>E. In addition to the requirements of 22VAC42-11-700, the face sheet for the adolescent's child shall also include:</p> <ol style="list-style-type: none"> 1. Type of delivery; 2. Weight and length at birth; 3. Any medications or allergies; and 4. Name and address, if known, of the biological father. <p>F. A combined service plan following the requirements of 22VAC42-11-720 must be written for the adolescent mother and her child within 30 days of the admission of the adolescent's child.</p> <p>G. There shall be a combined documented review of the adolescent mother's and her child's progress following the requirements of the quarterly report 60 days following the first combined service plan and within each 90 day period thereafter.</p> <p>H. The developmental milestones of the adolescent's child must be documented in each quarterly progress report.</p>

			<p>I. The record of each child 18 months or younger shall include the child's feeding schedule and directions for feeding. This information shall be posted in the kitchen.</p> <p>J. The provider shall develop and implement written policies and procedures for tracking:</p> <ol style="list-style-type: none"> 1. What a child 18 months or younger is eating; 2. How much a child 18 months or younger is eating; and 3. The response to newly introduced foods of the child 18 months or younger. <p>K. The provider shall develop and implement written policies and procedures to record all diaper changes.</p> <p>L. The provider shall monitor that all infants are held and spoken to and placed in a position to observe activities when they are awake.</p> <p>M. Bottle fed infants who cannot hold their own bottles shall be held when fed. Bottles shall not be propped.</p> <p>N. The provider shall monitor that all children of adolescent mothers have access to age-appropriate toys and are provided opportunity for visual and sound stimulation.</p> <p>O. The provider shall ensure that when an adolescent mother is in school or is working; her child is appropriately cared for, either in a licensed child day program or at the facility.</p> <p>P. A daily activity log must be kept for each child of the adolescent mother showing what activities the child actually participated in during the day. The daily log must show that children have the opportunity to participate in sensory, language, manipulative, building, large muscle, and learning activities.</p> <p>Q. The provider shall develop and implement written policies and procedures regarding health care of the adolescent's child including:</p> <ol style="list-style-type: none"> 1. Obtaining health care; 2. Ensuring follow-up care is provided; 3. Ensuring adolescent mothers administer to their children only prescription and non-prescription medication authorized by a health care professional licensed to prescribe medication; and 4. Medication administration. <p>R. The provider shall develop and implement written policies and procedures to ensure that all toys and equipment to be used by children are sturdy, of safe construction, are non-toxic and free of hazards, and meet industry safety standards.</p> <p>S. The facility shall develop and implement written policies and procedures for inspecting toys and equipment on a regular basis for cleanliness and safety.</p> <p>T. Cribs shall be placed where objects outside the crib such as cords from the blinds or curtains are not within reach of infants or toddlers.</p> <p>U. Pillows and filled comforters shall not</p>
--	--	--	---

			<p>be used by children under two years of age.</p> <p>V. Infant walkers shall not be used.</p> <p>W. Adolescent mothers and their babies may share a bedroom as allowed by 22VAC42-11-480.E, but shall not share a room with other adolescents or their children.</p> <p>X. Pregnant adolescents may share a room as allowed by 22VAC42-11-480.</p> <p>Y. Providers shall develop and implement written policies and procedures to protect infants, toddlers, and young children from dangers in their environment. The policies and procedures must include but not be limited to protection from:</p> <ol style="list-style-type: none"> 1. Electrocution; 2. Falling down steps or ramps or gaining access to balconies, windows, porches or elevated areas; 3. Poisons, including poisonous plants; and 4. Drowning. <ul style="list-style-type: none"> • A new section was added for mother/baby programs. • Requirements were added for staff training specific to working with babies and toddlers. • Requirements were added for documentation of information regarding the baby/toddler. • Requirements were added to ensure the safety of the infant toddler and to ensure the baby's proper development. <p>The number of mother/baby programs is increasing and the regulation had few standards to address this type of program.</p>
Initial Application	NA	Forms	<p>Added to the certifications that the applicant has received and read information regarding the siting of a children's residential facility.</p>

Regulatory flexibility analysis

Please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

There are no alternate regulatory methods for small businesses that can be used and still ensure that the appropriate protections, services and education are offered to residents of children's residential facilities.

Family impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The changes to the regulation will better assure families who must place their children in a residential facility that safeguards exist to protect their child, and that adequate care and education are provided.