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Proposed Regulation Agency Background Document

Agency name	State Board of Social Services
Virginia Administrative Code (VAC) Chapter citation(s)	22VAC40-151
VAC Chapter title(s)	Standards for Licensed Children's Residential Facilities
Action title	Amend Children's Residential Facilities Regulation
Date this document prepared	August 17, 2022

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

Standards for Licensed Children's Residential Facilities, 22VAC40-151, provide standards for the public and Virginia Department of Social Services (VDSS) to evaluate the safety and stability of care that children and youth receive in licensed children's residential facilities (CRF). This regulation provides standards for current practices in CRFs that ensure the well-being of children and youth residing in a CRF.

Proposed amendments in this action are intended to bring the regulation into alignment with federal Preventing Sex Trafficking and Strengthening Families Act of 2014 and the Family First Prevention Services Act of 2018. This action will align the regulation with state and federal law, removing and adding definitions, clarifying language, and making technical edits and any other changes deemed necessary after public comment and review.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the “Definitions” section of the regulation.

CRF-Children’s Residential Facilities
VDSS-Virginia Department of Social Services

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, “mandate” has the same meaning as defined in the ORM procedures, “a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part.”

Federal mandates and changes to the Code of Virginia (Code) precipitate this regulatory action.

This action will align the regulation with federal requirements in Preventing Sex Trafficking and Strengthening Families Act of 2014. This Act mandates the addition of the reasonable and prudent parent standard defined in 42 U.S.C. § 675 (10) (A) and policies and procedures to support normalcy for children in foster care, including children and youth in foster care residing in a CRF.

Code changes in 2016 in § 63.2-904 mandate VDSS to establish reasonable and prudent parenting standards and normalcy for children in foster care. This action will align the regulation with § 63.2-1737 of the Code which requires training on shaken baby syndrome and its effects for staff in CRFs.

This action will align the regulation with federal requirements in the Family First Prevention Services Act for qualified residential treatment programs to help children avoid trauma and ensuring the least restrictive placement while in foster care. The action will also align with § 63.2-906.1 for child placement into a qualified residential treatment program.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency’s overall regulatory authority.

The State Board of Social Services has the legal authority to adopt regulations and requirements for licensed CRFs in accordance with §§ 63.2-217 and 63.2-1734. The Code mandates promulgation of regulations for the activities, services and facilities to be employed by persons and agencies required to be licensed which shall be designed to ensure that such activities, services and facilities are conducive to the welfare of the children under the custody or control of such persons or agencies. This regulatory action will provide direction regarding the provision of these services.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

In accordance with § 2.2-4007.01 of the Code, the State Board of Social Services intends to amend the current Standards for Children's Residential Facilities, 22VAC40-151 to revise current regulations and incorporate new standards that reflect federal and state health and safety requirements.

This regulatory action will revise the regulation and align it with state and federal requirements to protect the health, safety, and welfare of the children and families involved with licensed CRFs.

The goals of this proposed action are to: (i) update regulations to comply with state and federal requirements; (ii) update current licensing regulations to ensure consistency; and (iii) present a clearly written regulation that reflects current state and federal guidelines and practices in children's residential facilities. Amendment of the existing regulation was determined by the State Board of Social Services as the most efficient and effective way to make the necessary changes to achieve clarity, consistency, and to protect children.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

This regulatory action will incorporate technical information, language, and processes necessary to ensure consistency with state and federal law. Substantive amendments include:

- Establish standards and training for normalcy and reasonable and prudent parenting for children;
- Add training requirements that cover topics such as shaken baby syndrome;
- Add requirement to review and update behavior support plans;
- Add requirement to document an inventory of resident's clothing and personal belongings at the time of admission and discharge;
- Clarify requirements about fire inspections;
- Update and clarify responsibilities to ensure educational needs of foster care children are met;
- Clarify requirements that the term "child" applies to any person under 18 years of age and the term "resident" applies to any child or young adult.
- Add qualified residential treatment program requirements and
- Add, revise, and delete definitions, language, and technical edits necessary for clarification of existing requirements.

Issues

Identify the issues associated with the regulatory change, 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, include a specific statement to that effect.

This regulatory change poses no disadvantages to the public, the agency, or the Commonwealth. The primary advantages of this action include amendments for the safety and wellbeing of children who reside in a children's residential facility by ensuring consistency with state and federal law and contains the

qualified residential treatment program in accordance with § 63.2-906.1 and 42 U.S.C. 675 a, the Family First Prevention Services Act.

Requirements More Restrictive than Federal

Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

There are no requirements in this regulatory action that exceed applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected

Other state agencies are not particularly affected by the regulatory change.

Localities Particularly Affected

Localities are not particularly affected by the regulatory change.

Other Entities Particularly Affected

Other entities are not particularly affected by the regulatory change.

Economic Impact

Consistent with § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits) anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is the proposed change versus the status quo.

Impact on State Agencies

<p><i>For your agency:</i> projected costs, savings, fees, or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and</p>	<p>VDSS projects minimal costs for the implementation and enforcement from the regulatory change. VDSS Department of Licensing Programs will be responsible for updating applications, forms, and training materials to support facilities implementing the</p>
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c) whether any costs or revenue loss can be absorbed within existing resources.	qualified residential treatment program. This will be routine job responsibilities and performed with existing division funding.
<i>For other state agencies:</i> projected costs, savings, fees, or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.	There is no anticipated fiscal impact for other state agencies.
<i>For all agencies:</i> Benefits the regulatory change is designed to produce.	The benefits of the regulatory change will bring the regulation into compliance with existing state and federal laws and ensure facilities provide care for the safety and well-being of children.

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

Projected costs, savings, fees, or revenues resulting from the regulatory change.	There is no anticipated fiscal impact for localities.
Benefits the regulatory change is designed to produce.	The benefits of the regulatory change will bring the regulation into compliance with existing state and federal laws and ensure facilities provide care for the safety and well-being of children.

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.	This regulation affects licensed children’s residential facilities.
Agency’s best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated, and; b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	There are approximately 16 children’s residential facilities, all small businesses that will be affected.
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	The amendments to this regulation include implementing the federal Preventing Sex Trafficking and Strengthening Families Act of 2014 and the Family First Prevention Services Act of 2018. There are no anticipated training costs for trauma and trauma-informed care, as there are free training resources available to meet this requirement. For programs that choose to meet qualified residential treatment provider requirements, additional training and staff expertise are required for program accreditation that will incur additional cost if the program is not accredited. Estimated accreditation costs range

	<p>from \$995 to \$13,412, depending on the type of accreditation selected. Facilities will be given advance notice prior to the regulation becoming effective to allow time to comply with new requirements.</p> <p>This regulatory change does not have any anticipated costs related to the development of real estate for commercial or residential purposes.</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>The benefits of the regulatory change will bring the regulation into compliance with existing state and federal laws and ensure facilities provide care for the safety and well-being of children.</p>

Note: § 63.2-217 requires the Board, for regulations having potential impact on local boards, to share fiscal impact information with local boards prior to Board action. There are no projected costs to local boards of social services related to this action; therefore, a separate fiscal impact analysis was not shared with local boards.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

There are no alternatives to this regulatory action as this change brings the regulation into compliance with existing state and federal laws. The least burdensome method is to amend the regulation. No other less intrusive or costly alternatives for small businesses are available to achieve the purpose of this regulation.

If this analysis has been reported on the ORM Economic Impact form, indicate the tables on which it was reported. Information provided on that form need not be repeated here.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B of the Code of Virginia, 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) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing 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 regulatory change.

There are no alternative regulatory methods that will accomplish the objectives of this regulatory action as the revisions and additions will make the regulation consistent with state and federal laws. There are no less intrusive or less costly alternatives for small businesses to achieve the purpose of this regulation.

If this analysis has been reported on the ORM Economic Impact form, indicate the tables on which it was reported. Information provided on that form need not be repeated here.

**Periodic Review and
Small Business Impact Review Report of Findings**

If you are using this form to report the result of a periodic review/small business impact review that is being conducted as part of this regulatory action, and was announced during the NOIRA stage, indicate whether the regulatory change meets the criteria set out in EO 19 and the ORM procedures, e.g., is necessary for the protection of public health, safety, and welfare; minimizes the economic impact on small businesses consistent with the stated objectives of applicable law; and is clearly written and easily understandable. In addition, as required by § 2.2-4007.1 E and F of the Code of Virginia, discuss the agency’s consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation; (3) the complexity of the regulation; (4) the extent to which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation. Also, discuss why the agency’s decision, consistent with applicable law, will minimize the economic impact of regulations on small businesses.

A periodic review was announced with the NOIRA on February 3, 2020. This action complies with requirements in Executive Order 14. This regulation is needed to ensure the activities, services, and facilities protect the welfare of children in children’s residential facilities and the State Board of Social Services is mandated to adopt regulations for child welfare agencies pursuant to § 63.2-1734. This regulation does not conflict with federal or state law or regulation. This regulation became effective on January 1, 2009 with a periodic review completed on July 17, 2013 and two exempt actions completed on October 19, 2017 and October 17, 2019. This regulation is the best alternative to minimize the adverse impact on children’s residential facilities, small businesses, while ensuring the protection and well-being of children.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency’s response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

No comments were received.

Commenter	Comment	Agency response

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.

The Department of Social Services is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, (iii) the potential impacts of the regulation, and (iv) the agency's regulatory flexibility analysis stated in that section of this background document.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by email or fax to Alisa Foley, 804-726-7132 or a.foley@dss.virginia.gov. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will not be held following the publication of this stage of this regulatory action. A Regulatory Advisory Panel (RAP) meeting was held on August 16, 2021 to provide input and feedback to the proposed regulation.

Detail of Changes

List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.

If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between the existing VAC Chapter(s) and the proposed regulation. If the existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
Throughout chapter	n/a	<p>The term “standards” is used.</p> <p>The term “child care supervisor” is used.</p> <p>The term “child care staff” is used.</p> <p>The term “child” is used.</p>	<p>Replaced the term “standards” with “regulations” for clarification.</p> <p>“Child care supervisor” was changed to “residential care supervisor” to clarify that the children’s residential facilities serve children and young adults.</p> <p>“Child care staff” was changed to “residential care staff” for clarification that children’s residential facilities serve children and young adults.</p> <p>“Child” was replaced with “resident” or “individual” when the term applies to children and young adults.</p> <p>The intent is to protect residents in care.</p>

10	n/a	This section defines terms used throughout the regulation.	<p>Removed the following definitions because the word or term was not used in this regulation:</p> <ul style="list-style-type: none"> • “Allegation” • “Behavior support assessment” • “Complaint” • “Corrective action plan” • “Good character and reputation” <p>Removed “license” definition because the definition is not required for this regulation.</p> <p>Moved the following definitions to the section where the word was only used one time in the regulation:</p> <ul style="list-style-type: none"> • “Aversive stimuli” to 22VAC40-151-820 • “Body cavity search” to 22VAC40-151-790 • “Corporal punishment” to 22VAC40-151-820 • “Mechanical restraint” to 22VAC40-151-830 • “Pat down” to 22VAC40-151-790 • “Pharmacological restraint” to 22VAC40-151-830 • “Rules of conduct” to 22VAC40-151-840 • “Sanitizing agent” to 22VAC40-151-540 • “Seclusion” to 22VAC40-151-850 • “Severe weather” to 22VAC40-151-990 • “Strip search” to 22VAC40-151-790 • “Target population” to 22VAC40-151-120 • “Temporary contract worker” to 22VAC40-151-320 • “Therapy” to 22VAC40-151-710 <p>Revised the following definitions to correspond with the definition in the § 63.2-100 of the Code:</p> <ul style="list-style-type: none"> • “Child-placing agency” • “Children’s residential facility” • “Independent living services” <p>Revised the following definitions:</p> <ul style="list-style-type: none"> • “Allowable variance” to correspond with the definition in 22VAC40-80-10. • “Applicable state regulation” to remove the terms “modules, standards, and other” for clarification.
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			<ul style="list-style-type: none"> • “Behavior support” to remove “child” and replace with “resident.” • “Child” to provide clarification that staff to child ratios apply to all children even when the child is not a resident of the facility and how child is referenced in qualified residential treatment programs. • “Contraband” to clarify that items are prohibited by law or rules of the facility. • “Human research” to correspond with the definition in § 32.1-162.16. • “Living unit” to provide clarification of how the term is used in this regulation. • “Personal health information” was changed to “health information” to correspond with the term used in 22VAC40-151-190. • “Self-admission” to cite the Code reference § 63.2-1817. • “Standard” to provide clarification of how the term is used in this regulation. • “Substantial compliance” to replace the term ‘standards’ with ‘regulations’ for clarification. • “Wilderness program” was changed to “wilderness campsite program” to correspond with the term used in 22VAC40-151-1020. <p>Added the following definitions:</p> <ul style="list-style-type: none"> • “Fictive kin” to provide clarification for the terms used in a new section, 22VAC40-151-1030, Qualified residential treatment program. • “Foster Home” to provide clarification for the term used in regulation. • “Normalcy” to provide clarification for the term used the regulation. • “Qualified individual” to provide clarification for the terms used in a new section, 22VAC40-151-1030, for Qualified residential treatment program. • “Qualified residential treatment program” to provide clarification for the terms used in a new section, 22VAC40-151-1030, for Qualified residential treatment program. • “Reasonable and prudent parent standard” to provide clarification for the terms used in regulation.
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			<ul style="list-style-type: none"> • “Trauma” to clarify the term use in 22VAC40-151-250, Staff development and in 22VAC40-151-720, Structured program of care. • “Trauma-informed” to clarify the term used in Section 22VAC40-151-1030, Qualified residential treatment program. <p>All amendments in this section ensure consistency with definitions in § 63.2-100 and 42 U.S. Code § 675 The intent is to protect residents in care.</p>
30		<p>This section addresses facility inspections. The purpose of inspections is to monitor compliance with standards. References “Office of Comprehensive Services.”</p> <p>Relevant local governments and other entities are notified of violations when such violations result in lowering of the license or certificate.</p>	<p>Added that the purpose is to monitor compliance with laws, in addition to standards.</p> <p>Updated the name change to “Office of Children’s Services.”</p> <p>Removed “or certificate” because certificates are no longer issued in this program.</p> <p>The intent is to protect residents in care.</p>
120		<p>This section addresses provider responsibilities.</p>	<p>Moved “target population” definition from Section 10 and added the definition here, since the term is only used in this section.</p> <p>The intent is to protect residents in care.</p>
240		<p>This section addresses personnel records.</p>	<p>Added the Code citation § 63.2-1726, for the background check requirement for an employee, student/intern, volunteer, or contractor.</p> <p>Amendment in this section ensures consistency with state laws and the intent is to protect residents in care.</p>
250		<p>This section addresses staff development.</p>	<p>Revised to clarify that all employees (current and transferring) shall be given orientation.</p> <p>Clarified that CPR training must include an in-person competency demonstration.</p> <p>Added that all staff must be trained on normalcy and reasonable and prudent parent standard, pursuant to the Preventing Sex Trafficking and Strengthening Families Act of 2014 and</p>

			<p>trauma and trauma-informed interventions, pursuant to the Family First Prevention Services Act.</p> <p>Added shaken baby syndrome training requirement pursuant to § 63.2-1737 D. of the Code.</p> <p>Clarified annual retraining is for staff who may have interactions with residents, including residential care staff.</p> <p>All amendments in this section ensure consistency with state and federal laws and the intent is to protect residents in care.</p>
280		This section addresses responsibilities, qualifications and required documents for chief administrative officer applicants.	<p>Replaced “applicant” with “candidate” for clarification.</p> <p>Added the timeframe that documentation of prior relevant experience shall be submitted before the date of hire.</p> <p>The intent is to protect residents in care.</p>
290		This section addresses qualifications and required documents for program director applicants. They apply to persons directing programs of a facility licensed or certified to care for more than 13 residents.	<p>Removed “certified” to clarify that CRFs are licensed.</p> <p>Replaced “applicant” with “candidate” for clarification.</p> <p>Added the timeframe that documentation of prior relevant experience shall be submitted before the date of hire.</p> <p>The intent is to protect residents in care.</p>
320		This section addresses childcare staff.	<p>Moved “temporary contract workers” definition from Section 10 and added the definition here, since the term is only used in this section.</p> <p>The intent is to protect residents in care.</p>
350		This section addresses staff support functions.	<p>Replaced “nonchild” with “non-residential” to clarify the term applies to children and young adults.</p> <p>The intent is to protect residents in care.</p>
360		This section addresses buildings, inspections and building plans. The facility	<p>Clarified that the fire official report must be provided at the time of the initial application.</p>

		<p>must document evidence of consultation with state or local fire prevention authorities at original application.</p> <p>After original application, the facility must document annually that buildings and equipment are maintained according to the VA Statewide Fire Prevention Code.</p>	<p>Clarified that after the initial application, a fire official report must be completed annually.</p> <p>The intent is to protect residents in care.</p>
420		<p>This section addresses sleeping areas.</p>	<p>Added that an adolescent parent and their child may share a bedroom without other residents.</p> <p>The intent is to protect residents in care and to ensure privacy for the parent and child.</p>
430		<p>This section addresses a smoking prohibition. Smoking is prohibited in living areas and where residents participate in programs.</p>	<p>Added that electronic smoking devices are prohibited in living areas and areas where residents participate in programs.</p> <p>The intent is to protect residents in care.</p>
450		<p>This section addresses living rooms and indoor recreation space. Facilities licensed or certified to care for 13 or more residents must have indoor recreation space distant from the living room.</p>	<p>Removed 'certified' to clarify that CRFs are licensed.</p> <p>The intent is to protect residents in care.</p>
540		<p>This section addresses housekeeping and maintenance.</p>	<p>Moved "sanitizing agent" definition from Section 10 and added the definition here, since the term is only used in this section.</p> <p>The intent is to protect residents in care.</p>
570		<p>This section addresses admission procedures.</p>	<p>Added the facility shall document the resident's clothing and personal belongings in the resident's record at the time of admission.</p> <p>The intent is to protect residents in care.</p>
620		<p>This section addresses application for admission.</p>	<p>Added that the application for admission must include trauma history and symptoms of the prospective resident.</p>

			<p>The intent is to protect residents in care and to apply the Family First Prevention Services Act.</p>
680		<p>This section addresses resident's discharge from care.</p>	<p>Added the requirement that a list of the resident's clothing and personal belongings at the time of discharge is documented in resident's record and provided to legal guardian as appropriate.</p> <p>The intent is to protect residents in care.</p>
710		<p>This section addresses therapy services.</p>	<p>Moved "therapy" definition from Section 10 and added the definition here, since the term is only used in this section.</p> <p>Removed "as a therapist" to broaden the scope to include other qualified professionals that can provide therapy services.</p> <p>The intent is to protect residents in care.</p>
720		<p>This section addresses structured program of care.</p>	<p>Added that the program shall be designed to identify the child's trauma experiences and the impact on the child's behavior.</p> <p>Added that the provider implements policies and procedures to support normalcy and the reasonable and prudent parent standard as defined in 42 U.S.C. § 675 (10) (A).</p> <p>Added that providers have at least one trained staff on-site to be the caregiver who is authorized to apply the reasonable and prudent parent standard pursuant to 42 USC § 671 (a)(10)(B) and consults with the child-placing agency or legal guardian for information needed to apply the reasonable and prudent parent standard.</p> <p>Clarified that the recorded health and dental complaints shall include the complaint or injury description and addressed in accordance with 22VAC40-151-730 and 22VAC40-151-740.</p> <p>All amendments in this section ensure consistency with state and federal laws and the intent is to protect residents in care.</p>

740		This section addresses medical examinations and treatment.	<p>Added that ordered medical procedures must be provided according to physician's instructions and documented in the resident's record.</p> <p>The intent is to protect residents in care.</p>
750		This section addresses medication storage.	<p>Added that emergency medication can be stored in an unlocked, secured location when a physician's order indicates the medication must be available immediately in the case of an emergency and the facility has a safety plan to protect residents from harm.</p> <p>Clarified that the medical administration record shall include the resident's name.</p> <p>Clarified that medication refusals shall be documented on the medical administration record and include action taken from staff.</p> <p>All amendments in this section have the intent to protect residents in care.</p>
760		This section addresses nutrition. Daily diets must, among other factors, meet the U.S. Dietary Guidelines	<p>Changed to require daily diets to meet the Dietary Guidelines for Americans.</p> <p>The intent is to protect residents in care.</p>
790		This section describes searches.	<p>Moved the terms "strip searches," "body cavity," and "pat down" definitions from Section 10 and added definitions here, since the terms are only used in this section.</p> <p>Clarified that witnesses for pat downs must be the same gender as the resident being searched.</p> <p>The intent is to protect residents in care.</p>
800		This section describes behavior support.	<p>Clarifies that the other applicable individuals who are consulted to develop the resident's behavior support plan are individuals familiar with the resident.</p> <p>Added that behavior support plans are to be reviewed and updated each time the service plan and quarterly reports are updated.</p> <p>The intent is to protect residents in care.</p>

820		This section describes prohibitions in the facility.	<p>Moved “corporal punishment” and “aversive stimuli” definitions from Section 10 and added the definitions here, since the terms are only used in this section.</p> <p>The intent is to protect residents in care.</p>
830		This section describes pharmacological or mechanical restraints	<p>Moved “mechanical restraints” and “pharmacological restraints” definitions from Section 10 and added the definitions here, since the terms are only used in this section.</p> <p>The intent is to protect residents in care.</p>
840		This section describes behavior interventions.	<p>Moved “rules of conduct” definition from Section 10 and added the definition here, since the term is only used in this section.</p> <p>The intent is to protect residents in care.</p>
850		This section addresses seclusion.	<p>Moved “seclusion” definition from Section 10 and added the definition here, since the term is only used in this section.</p> <p>The intent is to protect residents in care.</p>
860		This section addresses resident’s education.	<p>Added that residents who are in foster care shall be allowed to attend the school they were enrolled in prior to admission with a joint determination meeting in accordance with § 22.1-3.4. If it is not in the child’s best interest to remain in the child’s school of origin, the child is immediately enrolled in the new school system and the new school immediately contacts the school of origin to obtain academic records.</p> <p>Clarified if the resident is not in foster care and compulsory school attendance age, the resident shall be enrolled in school within five days.</p> <p>All amendments in this section ensure consistency with state laws and the intent is to protect residents in care.</p>
880		This section addresses resident recreation.	<p>Added a requirement that one on-site employee be designated to apply the reasonable and prudent parent standard to make decisions for recreation participation in accordance</p>

			<p>with the Preventing Sex Trafficking and Strengthening Families Act.</p> <p>The amendment in this section ensures consistency with federal law and the intent is to protect residents in care.</p>
970		This section addresses suspected child abuse or neglect.	<p>Added the Code citation § 63.2-1509, for the requirements of suspected cases of child abuse and neglect.</p> <p>Amendments in this section ensure consistency with state laws and the intent is to protect residents in care.</p>
990		This section addresses emergency and evacuation procedures.	<p>Moved “severe weather” definition from Section 10 and added the definition here, since the term is only used in this section.</p> <p>The intent is to protect residents in care.</p>
n/a	1030	This new section addresses requirements for a qualified residential treatment program.	<p>A qualified residential treatment program must have a trauma-informed treatment model that addresses the child's need and is able to implement the identified treatment.</p> <p>A qualified residential treatment program must have licensed nursing staff to provide care within the scope of practice, on-site, and available 24 hours a day and 7 days a week.</p> <p>The qualified residential treatment program will facilitate family participation in the treatment program when it is in the child's best interest.</p> <p>The qualified residential treatment program will facilitate contact, document how the contact is made, and maintain contact information on the child's family members and fictive kin.</p> <p>The qualified residential treatment program will provide discharge planning and family-based aftercare support for six months after discharge. The qualified residential treatment program will be accredited by certain not-for-profit organizations.</p> <p>This new section will ensure consistency with § 63.2-906.1 and the Family First Prevention Services Act. The intent is to protect residents in care.</p>

n/a	1040	<p>This new section addresses additional requirements for qualified residential treatment program placement when the local department of social services retains legal custody of the child.</p>	<p>The qualified residential treatment program shall coordinate with child’s placing agency, legal guardian, biological family members, fictive kin, and other appropriate professionals.</p> <p>Documentation, if needed for placement in qualified residential treatment program, must include the assessment determination and written documentation approving or disapproving the placement into a qualified residential treatment program.</p> <p>This section does not apply to parental placements made outside the social services system.</p> <p>This section will ensure consistency with § 63.2-906.1 and the Family First Prevention Services Act. The intent is to protect residents in care.</p>
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