TITLE XII
LICENSING AND APPROVED STANDARDS
CHAPTER 105
JUVENILE DETENTION AND SHELTER CARE HOMES
[Prior to 7/1/83, Social Services[770] Ch 105]
[Prior to 2/11/87, Human Services[498]]

441—105.1(232) Definitions.

“Administrator,” when used for matters related to a certificate of approval or a certificate of license, means the administrator of the division of adult, children and family services.

“Authorized prescriber” means those persons identified in Iowa Code section 147.107 and Iowa Code chapter 154.

“Chemical restraint” means the use of chemical agents including psychotropic drugs as a form of restraint. The therapeutic use of psychotropic medications as a component of a service plan for a particular child is not considered chemical restraint.

“Child care worker” shall mean an individual employed by a facility whose primary responsibility is the direct care of the children in the facility.

“Coed facility” shall mean a facility which has both sexes in residence.

“Control room” shall mean a locked room in a juvenile detention home, used for the purpose of isolation or seclusion of a child. A control room shall not be allowed in a juvenile shelter care home.

“County or multicounty” shall mean that the governing body is a county board of supervisors or a combination of representatives from county boards of supervisors.

“Facility” shall mean a county or multicounty “juvenile detention home” or county or multicounty “juvenile shelter care home” as defined in Iowa Code section 232.2, and private juvenile detention and shelter care homes as defined in Iowa Code section 232.2 which do not meet the requirements of being “county or multicounty.”

“Immediate family,” for the purposes of this chapter, means persons who have a blood or legal relationship with the child.

“Mechanical restraint” means restriction by the use of a mechanical device of a child’s mobility or ability to use the hands, arms or legs.

“Medication management and administration” means to properly tend to prescription and nonprescription medications, including, but not limited to: properly obtaining and storing medication; removing medication from its storage place; ensuring to the extent possible that the child ingests, applies, or uses the appropriate dosage at the appropriate time of day; and documenting the dosage and the time and date that the child ingested, applied, or used the medication.

“Nonprescription medication” means any drug or device that is not a prescription medication as defined in this chapter.

“Physical restraint” means direct physical contact required on the part of a staff person to prevent a child from hurting self, others, or property.

“Prescription medication” means a prescription drug as defined in Iowa Code section 155A.3(30).

“Prone restraint” means a physical restraint in which a child is held face down on the floor.

“Schedule II medications” means those controlled substances identified in Iowa Code chapter 124.

“Staff” means any person providing care or services to or on behalf of the residents whether the person is an employee of the facility, an independent contractor or any other person who contracts with the facility, an employee of an independent contractor or any other person who contracts with the facility, or a volunteer.

“Time out” applies only to shelter care homes and means the temporary and short-term restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control. Staff physically preventing the resident from leaving the time out area would be considered seclusion in control room conditions.

[ARC 9488B, IAB 5/4/11, effective 7/1/11; ARC 4793C, IAB 12/4/19, effective 1/8/20]
441—105.2(232) Buildings and grounds.

105.2(1) Grounds.
   a. An outdoor play area of 75 square feet per child shall be provided.
   b. The play area shall be identified and kept free from hazards that could cause injury to a child.
   c. Rubbish and trash shall be kept separated from the play area.
   d. The grounds shall be adequately drained.

105.2(2) Buildings.
   a. All living areas shall:
      (1) Have screens on windows used for ventilation.
      (2) Be maintained in clean, sanitary conditions, free from vermin, rodents, dampness, noxious gases, and objectionable odors.
      (3) Be in safe repair.
      (4) Provide for adequate lighting when natural sunlight is inadequate.
      (5) Have heating and storage areas separated from sleeping or play areas.
      (6) Have walls and ceilings surfaced with materials that are asbestos free.
   b. All sleeping rooms shall be of finished construction and provide a minimum of 60 square feet per child for multiple occupancy, 80 square feet per child for single occupancy, and not sleep more than four children per room.
      (1) Facilities licensed prior to July 1, 1981, having a square foot area less than that required shall be considered to meet these standards.
      (2) There shall be not more than four youths per room in shelter and two youths per room in detention. Sleeping areas shall be assigned on the basis of the individual child’s needs for privacy and independence of group support. For detention facilities built prior to July 1, 1979, four youths per room in detention may be allowed provided the minimum square feet per child requirement is met. When a detention facility licensed prior to July 1, 1979, remodels or makes an addition after July 1, 1979, only two youths per room shall be allowed.
   c. All rooms aboveground shall:
      (1) Have a ceiling height of at least 7 feet, 6 inches.
      (2) Have a window area of at least 8 percent of the floor area unless mechanical ventilation is provided that is capable of removing dampness and odors.
   d. All rooms belowground shall:
      (1) Have a ceiling height of at least 6 feet, 8 inches.
      (2) Have a window area of at least 2 percent of the floor area unless mechanical ventilation is provided that is capable of removing dampness and odors.
      (3) Have floor and walls constructed of concrete or other materials with an impervious finish and free from groundwater leakage.

105.2(3) Bedrooms.
   a. Each child in care shall have a solidly constructed bed.
   b. Sheets, pillowcases and blankets shall be provided for each child and shall be kept clean and in good repair.
   c. Each child in care shall have adequate storage space for private belongings.
   d. No child over the age of five years shall occupy a bedroom with a member of the opposite sex.

105.2(4) Heating.
   a. The heating unit shall be so located and operated as to maintain the temperature in the living quarters at a minimum of 65 degrees Fahrenheit during the day and 55 degrees Fahrenheit during the night. Variances may be made in case of health problems. Temperature is measured at 24 inches above the floor in the middle of the room.
   b. All space heaters involving the combustion of fuel, such as gas, oil or similar fuel, shall be properly vented to the outside atmosphere.
   c. Neither rubber nor plastic tubing shall be used as supply lines for gas or oil heaters.
d. The heating and cooling plant shall be checked yearly and kept in a safe working condition at all times.

105.2(5) **Bathroom facilities.**

a. Bathrooms shall have an adequate supply of hot and cold running water.
b. Each bathroom shall be properly equipped with toilet tissue, towels, soap, and other items required for personal hygiene unless children are individually given such items. Paper towels, when used, and toilet tissue shall be in dispensers. Detention facilities shall provide items required for personal hygiene but shall not be required to keep items in the bathrooms.
c. Toilets and baths or showers shall provide for individual privacy.
d. There shall be a shower or tub for each ten children or portion thereof.
e. Tubs and showers shall have slip-proof surfaces.
f. At least one toilet and one lavatory shall be provided for each six children or portion thereof.
g. Toilet facilities shall be provided with natural or artificial ventilation capable of removing odors and moisture.
h. Toilet facilities adjacent to a food preparation area shall be separated completely by a windowless door that completely fills the doorframe.
i. All toilet facilities shall be kept clean.
j. When more than one stool is used in one bathroom, partitions providing privacy shall be used.
k. Toilets, wash basins, and other plumbing or sanitary facilities shall be maintained in good operating condition.

105.2(6) **Food preparation and storage.**
a. Cracked dishes and utensils shall not be used in the preparation, serving, or storage of food.
b. Storage areas for perishable foods shall be kept at 45 degrees Fahrenheit or below.
c. Storage areas for frozen food shall be kept at zero degrees Fahrenheit or below.
d. Food that is to be served hot shall be maintained at 140 degrees Fahrenheit or above.
e. Food that is to be served cold shall be maintained at 45 degrees Fahrenheit or less.
f. The kitchen and food storage areas shall be kept clean and neat. Food shall not be stored on the floor.
g. The floor and walls shall be of smooth construction and in good repair.

105.2(7) **Personnel handling food.**
a. Shall be free of infection that might be transferred while preparing or handling food.
b. Shall be clean and neatly groomed.
c. Shall wear clean clothes.
d. Shall not use tobacco in any form while preparing or serving food.

105.2(8) **Dishwashing facilities.**
a. Manual dishwashing will be allowed in facilities that normally serve 15 or less people at one meal.
b. Automatic or commercial dishwashers shall be used in facilities normally serving more than 15 people at one meal, as long as the following conditions are met:
   (1) When chemicals are added for sanitation purposes, they shall be automatically dispensed.
   (2) Machines using hot water for sanitizing must maintain the wash water at least 150 degrees Fahrenheit and rinse water at a temperature of at least 180 degrees Fahrenheit or a single temperature machine at 165 degrees Fahrenheit for both wash and rinse.
   (3) All machines shall be thoroughly cleaned and sanitized at least once each day or more often if necessary to maintain satisfactory operating condition.
c. Soiled and clean dish table areas shall be of adequate size to accommodate the dishes for one meal.
d. All hand-held food preparation and serving equipment shall be cleaned and sanitized following each meal. Dispensers, urns and similar equipment shall be cleaned and sanitized daily.

105.2(9) **Foods not prepared at site of serving.**
a. The place where food is prepared for off-site serving shall conform with all requirements for on-site food preparation.
b. Food shall be transported in covered containers or completely wrapped or packaged so as to be protected from contamination.

   c. During transportation, and until served, hot foods shall be maintained at 140 degrees Fahrenheit or above and cold food maintained at 45 degrees Fahrenheit or below.

105.2(10) Milk supply. When fluid milk is used, it shall be pasteurized Grade “A.”

105.2(11) Public water supply. The water supply is approved when the water is obtained from a public water supply system.

105.2(12) Private water supplies.
   a. Maintenance and operation. Each privately operated water supply shall be maintained and operated in a manner that ensures safe drinking water. Each water supply used as part of a facility shall be annually inspected and evaluated for deficiencies that may allow contaminants access to the well interior. Items such as open or loose well caps, missing or defective well vents, poor drainage around the wells, and the nearby storage of potential contaminants shall be evaluated. All deficiencies shall be corrected by a well contractor certified by the state within 30 days of discovery.

   b. Evaluation and water testing. As part of the inspection and evaluation, water samples shall be collected and submitted by the local health sanitarian or a well contractor certified by the state to the state hygienic laboratory or other laboratory certified for drinking water analysis by the department of natural resources. The minimum yearly water analysis shall include coliform bacteria and nitrate (NO3-) content. Total arsenic testing shall be performed once every three years. The water shall be deemed safe when there are no detectible coliform bacteria, when nitrate levels are less than 10 mg/L as nitrogen, and when total arsenic levels are 10 μg/L or less. A copy of the laboratory analysis report shall be provided to the department within 72 hours of receipt by the water supply.

   c. Multiple wells supplying water. When the water supply obtains water from more than one well, each well connected to the water distribution system shall meet all of the requirements of these rules.

   d. Deficiencies. When no apparent deficiencies exist with the well or its operations and the water supply is proven safe by meeting the minimum sampling and analysis requirements, water safety requirements have been met. Wells with deficiencies that result in unsafe water analysis require corrective actions through the use of a well contractor certified by the state.

   e. When water is proven unsafe. When the water supply is proven unsafe by sampling and analysis, the facility shall immediately provide a known source of safe drinking water for all water users and hang notification at each point of water use disclosing the water is unsafe for drinking water uses. In addition, the facility shall provide a written statement to the department disclosing the unsafe result and detail a plan on how the water supply deficiencies will be corrected and the supply brought back into a safe and maintained condition. The statement shall be submitted to the department within ten days of the laboratory notice. All corrective work shall be performed and the water supply sampled and analyzed again within 45 days after any water test analysis report that indicates the water supply is unsafe for drinking water uses.

   f. Water obtained from another source through hauling and storage must meet the requirements of the department of natural resources.

105.2(13) Heating or storage of hot water. Each tank used for the heating or storage of hot water shall be provided with a pressure and temperature relief valve.

105.2(14) Sewage treatment.
   a. Facilities shall be connected to public sewer systems where available.

   b. Private disposal systems shall be designed, constructed, and maintained so that no unsanitary or nuisance conditions exist, such as surface discharge of raw or partially treated sewage or failure of the sewer lines to convey sewage properly.

105.2(15) Garbage storage and disposal.
   a. A sufficient number of garbage and rubbish containers shall be provided to properly store all material between collections.

   b. Containers shall be fly-tight, leakproof, and rodent proof and shall be maintained in a sanitary condition.

105.2(16) General.
a. Facilities shall take sufficient measures to ensure the safety of the children in care.

b. Stairways, halls and aisles shall be of substantial nonslippery material, shall be maintained in a good state of repair, shall be adequately lighted and shall be kept free from obstructions at all times. All stairways shall have handrails.

c. Radiators, registers and steam and hot water pipes shall have protective covering or insulation. Electrical outlets and switches shall have wall plates.

d. Fuse boxes shall be inaccessible to children.

e. Facilities shall have written procedures for the handling and storage of hazardous materials.

f. Firearms are prohibited in shelter care and detention facilities.

g. All swimming pools shall conform to state and local health and safety regulations. Adult supervision shall be provided at all times when children are using the pool.

h. The facility shall have policies regarding fishing ponds, lakes or any bodies of water located on or near the institution grounds and accessible to the children.

105.2(17) Emergency evacuation and safety procedures. Upon admission, all children shall receive instruction regarding evacuation and safety procedures. All living units utilized by children shall have a posted plan for evacuation and safety procedures regarding severe weather events, fire or other natural or man-made disasters. Practice fire drills shall be held monthly, and severe weather drills shall be held twice annually.

105.2(18) Fire inspection. Each facility shall procure an annual fire inspection approved by the state fire marshal and shall meet the recommendations thereof.

105.2(19) Local codes. Each facility shall meet local building, zoning, sanitation and fire safety ordinances. Where no local standards exist, state standards shall be met.

[ARC 4793C, IAB 12/4/19, effective 1/8/20]

441—105.3(232) Personnel policies.

105.3(1) Policies in writing. The following personnel policies and practices of the agency relating to a specific facility shall be described in writing and accessible to staff upon request:

a. Affirmative action and equal employment opportunity policies and procedures covering the hiring, assignment and promotion of employees.

b. Job descriptions for all positions.

c. Provisions for vacations, holidays and sick leave.

d. Effective, time-limited grievance procedures allowing the aggrieved party to bring the grievance to at least one level above that party’s supervisor.

e. Authorized procedures, consistent with due process for the suspension and dismissal of an employee for just cause.

f. Written procedures for annual employee evaluation shall be in place for each facility and available to all staff upon request.

105.3(2) Health of employees. Each staff person who has direct client contact or is involved in food preparation shall be tested for tuberculosis and have had a physical examination within six months prior to hiring, unless the staff can produce valid documentation of the physical and tuberculosis test from within the previous three years. Physical examinations shall be completed at least every three years thereafter, or whenever circumstances require them more frequently. Evidence of these examinations or tests shall be included in each personnel file. The examinations or tests shall be completed by one of the following:

a. A physician as defined in Iowa Code section 135.1(4);

b. An advanced registered nurse practitioner who is registered with and certified by the Iowa board of nursing to practice nursing in an advanced role; or

c. A physician assistant licensed under Iowa Code chapter 148C.

105.3(3) Personnel records. A record shall be maintained by the facility as applicable for each volunteer who has direct responsibility for a child or access to a child when the child is alone and for each employee. The record shall contain at least the following:

a. Name, address, and social security number of the volunteer or employee.
b. A job application containing sufficient information to justify the initial and current employment.

c. Verification of education and experience. Applicants for positions having educational requirements shall be permanently employed only after the facility has obtained a certified copy of the transcript, diploma, or verification from the school or supervising agency. Applicants for positions having experience requirements shall be permanently employed only after the facility has obtained verification from the agency supervising the experience.

d. Verification of license. Applicants for positions requiring licenses shall be permanently employed only after the facility has obtained written verification of their licenses. Evidence of renewal of licenses as required by the licensing agency shall be maintained in the personnel record.

e. References. At least two written references or documentation of oral references shall be contained in the volunteer’s or employee’s personnel record. In case of unfavorable references, there shall be documentation of further checking to ensure that the person will be a reliable volunteer or employee.

f. A written, signed and dated statement which discloses any substantiated instances of child abuse, neglect or sexual abuse committed by the volunteer or job applicant.

g. Documentation of the submission of Form 470-0643, Request for Child Abuse Information, to the central abuse registry, the registry response, the department’s evaluation of any abuse record discovered, and a copy of Form 470-2310, Record Check Evaluation, if the volunteer or staff person has completed and submitted it.

h. A written, signed and dated statement furnished by the new volunteer or applicant for employment which discloses any convictions of crimes involving the mistreatment or exploitation of a child.

i. Documentation of a check with the Iowa department of public safety on all new volunteers and applicants for employment using Form 595-1396, DHS Criminal History Record Check, Form B; a copy of the department’s evaluation of any criminal record discovered; and a copy of Form 470-2310, Record Check Evaluation, if the volunteer or applicant has completed and submitted it.

j. Documentation of any checks with the Iowa department of public safety for persons hired before July 1, 1983, for whom the agency has reason to suspect a criminal record.

k. Current information relative to work performance evaluation.

l. Records of preemployment health examination or a record of a health report as required in 105.3(2) as well as a written record of subsequent health services rendered to an employee as necessary to ensure that all facility employees are physically able to perform their duties.

m. Information on written current reprimands or commendations.

n. Position in the agency, and date of employment.

[ARC 9488B, IAB 5/4/11, effective 7/1/11; ARC 9829B, IAB 11/2/11, effective 1/1/12; ARC 4793C, IAB 12/4/19, effective 1/8/20]


441—105.5(232) Staff.

105.5(1) Number of staff.

a. Generally. A sufficient number of child care staff shall be on duty at all times so as to provide adequate coverage. The number of staff required will vary depending on the size and complexity of the program. All facilities shall have at least one staff person on duty. A minimum staff-to-child ratio of one child care worker to five children shall be maintained at all times children are awake and present in the facility and during supervised outings. All child care staff shall be at least 18 years of age.

b. On-call system. There shall be an on-call system to provide supervisory consultation. There shall be a written plan documenting this system.

c. Reserved.

d. Night hours. At night, there shall be a staff person awake in each living unit and making regular visual checks throughout the night. The visual checks shall be made at least every hour in shelter care and every half hour in detention. A log shall be kept of all checks, including the time of the check and
any significant observations. The minimum staff-to-child ratio must be maintained at 1:16 during the overnight shift.

105.5(2) Staff composition. The composition of the program staff shall be determined by the facility, based on an assessment of the needs of the children being served, the facility’s goals, the programs provided, and all applicable federal, state and local laws and regulations.

105.5(3) Staff development. Staff development shall be appropriate to the size and nature of the facility. There shall be a written plan for staff training that includes:

a. Orientation for all new employees, to acquaint them with the philosophy, organization, program practices, and goals of the facility.

b. Training of new employees in areas related to their job assignments.

c. Provisions in writing for all staff members to improve their competency through such means as:

(1) Attending staff meetings;

(2) Attending seminars, conferences, workshops, and institutes;

(3) Visiting other facilities;

(4) Access to consultants;

(5) Access to current literature, including books, monographs, and journals relevant to the facility’s services.

d. There shall be an individual designated responsible for staff development and training, who will complete a written staff development plan which shall be updated annually.

105.5(4) Organization and administration. Whenever there is a change in the name of the facility, the address of the facility, the executive, or the capacity, the information shall be reported to the department. A table of organization including the identification of lines of responsibility and authority from policymaking to service to clients shall be available to the licensing staff. An executive director shall have full administrative responsibility for carrying out the policies, procedures and programs.

105.5(5) Record checks. Record checks are required for an entity being considered for a certificate of approval or a certificate of license or employment on a facility campus where children reside to determine whether any founded child abuse reports, convictions for crimes for the mistreatment or exploitation of children, or criminal convictions exist related to the person having been placed on a sex offender registry. The facility shall not employ or use any staff person if that person has been convicted of a crime involving the mistreatment or exploitation of a child. The facility shall not employ or use any staff person if that person has a record of a criminal conviction or founded child abuse report unless the department has evaluated the crime or abuse and determined that the crime or abuse does not merit prohibition of a certificate of approval or a certificate of license, volunteering or employment. For each person working in a shelter care home on a facility campus where children reside, fingerprints shall be provided to the department of public safety for submission through the state criminal history repository to the United States Department of Justice, Federal Bureau of Investigation, for a national criminal history check. Fingerprinting, for the purpose of a national criminal history check, is required for any entity being considered for a certificate of approval or a certificate of license or employment by an approved entity on a facility campus where children reside.

a. If a record of criminal conviction or founded child abuse exists, the person shall be offered the opportunity to complete and submit Form 470-2310, Record Check Evaluation.

b. In its evaluation, the department shall consider:

(1) The nature and seriousness of the crime or founded abuse in relation to the employment or volunteer position sought;

(2) The time elapsed since the commission of the crime or founded abuse;

(3) The circumstances under which the crime or founded abuse was committed;

(4) The degree of rehabilitation; and

(5) The number of crimes or founded abuses committed by the person involved.

105.5(6) Record check procedure. Each entity being considered for a certificate of approval or a certificate of license or employment by an approved entity on a facility campus where children reside shall be checked for all of the following:
a. Records with the Iowa central abuse registry;
b. Records with the Iowa division of criminal investigation;
c. Records with the Iowa sex offender registry;
d. Records with the child abuse registry of any state where the person has lived during the past five years; and
e. Fingerprints provided to the department of public safety for submission through the state criminal history repository to the United States Department of Justice, Federal Bureau of Investigation, for a national criminal history check.

105.5(7) Evaluation of record. If the entity for whom background checks are required has a record of founded child or dependent adult abuse, a criminal conviction, or placement on a sex offender registry, the department shall complete an evaluation to determine that the abuse, criminal conviction, or placement on a sex offender registry does not warrant prohibition of a certificate of approval or a certificate of license or employment by an approved entity on a facility campus where children reside.

105.5(8) Evaluation form. The entity with the founded child or dependent adult abuse or criminal conviction report shall complete and return record check evaluation forms required by the department within ten calendar days of the date of receipt to be used to assist in the evaluation.

105.5(9) Evaluation decision. The department shall conduct the evaluation and issue a notice of decision in writing to the requesting entity.

[ARC 9829B, IAB 11/2/11, effective 1/1/12; ARC 4793C, IAB 12/4/19, effective 1/8/20]

441—105.6(232) Intake procedures.

105.6(1) Admissions. Admission to shelter care or detention shall be in accordance with Iowa Code sections 232.20, 232.21 and 232.22. In no case shall a youth be admitted to detention or shelter care when the resulting admission would exceed the facility’s approved client capacity. The facility and referring agency shall agree upon service responsibilities at the time of admission.

105.6(2) Agency or court order placement. Each agency or court placing a child in a facility shall make available to the facility the following:
a. A placement agreement should accompany the child.

When this is not possible, a copy of the placement agreement shall be provided the facility within 24 hours.
b. For court-ordered placements, a copy of the court order authorizing placement shall be provided to the facility within 48 hours.
c. When the child is in the facility more than four days, the following information shall be requested by the facility if not yet received.

1. All available psychological and psychiatric tests and reports concerning the child.
2. Any available family social history.
3. Any available school information.

105.6(3) Self-referrals. Any child admitting self to a facility shall be provided appropriate services. The facility shall notify the child’s parents, guardian or the juvenile court as soon as possible concerning the child’s admission to the facility but in any event the notification shall take place within 48 hours after the child’s admission. Self-referrals shall not be accepted for placement in detention.

105.6(4) Person responsible. Each agency shall designate who has the authority to do intake. This may include anyone trained in intake procedures and who is designated to do intake.

105.6(5) Intake sheet. An intake sheet shall be completed on each child containing at least the information specified in 105.17(2).

[ARC 4793C, IAB 12/4/19, effective 1/8/20]

441—105.7(232) Assessments.

105.7(1) Personal. At the time of intake and throughout a child’s stay, individual needs will be identified by staff. The initial and ongoing determination of each child’s needs will be based on written and verbal information from referral sources, observable behavior at intake, initial interview with the youth or family, school contacts, physical examination, and other relevant materials. The individual assessment shall provide the basis for development of a care plan for each youth.
105.7(2) Educational. An educational assessment shall be developed by the staff and referring worker for each child. When appropriate, other agencies such as the public schools and the area education agency shall be involved.

441—105.8(232) Program services.

105.8(1) Service plan. There shall be a written service plan developed for each resident remaining in the facility over four days and completed according to the time frames identified for the contracted service. The service plan will be based on individual needs determined through the assessment of each youth. The service plan shall be developed in consultation with child care services, probation services, social services and educational, medical, psychiatric and psychological personnel as appropriate. The plan shall include:
   a. Identification of specific needs;
   b. Description of planned service;
   c. Which staff person(s) will be responsible for each element of the plan;
   d. Where services are to occur;
   e. Frequency of activities or services.

105.8(2) Educational programs. All children currently enrolled in a school shall continue in that school when possible, or in an appropriate alternative. Where educational assessments indicate an educational need for a child not currently enrolled in public schools, an alternative shall be developed in cooperation with public schools, area education agency, and the referring worker. When an educational program is established within the facility it shall meet the educational and teaching standards established by the state department of public instruction. A child should be compelled to participate in an educational program only in compliance with the compulsory education law, Iowa Code chapter 299.

105.8(3) Daily program. The daily program shall be planned to provide a consistent, well structured, yet flexible framework for daily living, and shall be periodically reviewed and revised as the needs of the individual child or the living group change.

Attention shall be given to the special nature of the facility population and its resulting stresses, for example, rapid turnover in population and minimal screening at intake.

105.8(4) Optional services. When a facility provides services in addition to those required by these rules, they shall be clearly defined in writing.

105.8(5) Recreation program. The facility shall provide adequately designed and maintained indoor and outdoor activity areas, equipment, and equipment storage facilities appropriate for the age group which it serves. There shall be a variety of activity areas and equipment so that all children can be active participants in different types of individual and group sports and other motor activity.
   a. Games, toys, equipment, and arts and crafts materials shall be selected according to age, number of children, and with consideration of the needs of children to engage in both active and quiet play. All materials shall be of a quality to ensure safety and shall be of a type which allows imaginative play and creativeness.
   b. Shelter care homes shall plan and carry out efforts to establish and maintain workable relationships with the community recreational resources. The facility staff shall enlist the support of these resources to provide opportunities for children to participate in community recreational activities.

105.8(6) Health care.
   a. Health assessment at intake. Facility staff shall review each child’s health status at intake. The purpose of this preliminary review is to identify medication needs and problems that need immediate medical attention. Within seven days of intake, all reasonable efforts shall be made to perform a more comprehensive health assessment on each child who has not had a comprehensive health assessment within the past year. If the assessment cannot be performed within seven days, it shall be arranged for the earliest possible time, and the reasons for the delay shall be documented. A registered nurse, an advanced registered nurse practitioner, a physician assistant, or a physician shall perform the comprehensive health assessment.
   b. Existing health needs. Facilities shall provide or secure medical treatment for a child’s illnesses and injuries that come to the facility’s attention during the child’s stay.
c. **Monitoring side effects of medications.** Facilities shall monitor each child’s use of medications and shall inform the authorized prescriber if adverse reactions are noted.

d. **Sharing medical information.** Facilities shall share information about significant changes in medical status with the child’s caseworker and parents or guardian. Discharge information shall include information about significant medical changes that occurred while the child was at the facility.

105.8(7) **Counseling program.** Counseling services shall be related to the immediate problem, daily living skills, peer relationships, educational opportunities, vocational opportunities, future planning and preparation for placement, family counseling, and any other factors identified in the individual care plan. Counseling shall be done by appropriate staff personnel.

105.8(8) **Dietary program.** The facility shall provide properly planned, nutritious and inviting food and take into consideration the dietary and health needs of children. The facility shall follow all dietary recommendations prescribed by medical personnel or a dietitian licensed in the state of Iowa.

105.8(9) **Liability.** Juvenile shelter care homes that apply the reasonable and prudent parent standard reasonably and in good faith in regard to a child in foster care shall have immunity from civil or criminal liability which might otherwise be incurred or imposed. This subrule shall not remove or limit any existing liability protection afforded under any other law.

105.8(10) **Safety, protection, and well-being of children in care.** Facilities shall develop and follow written policies that assure the safety, protection, and well-being of children in care. Policies shall address, but not be limited to, the following:

a. Supportive leadership of the facility that promotes protecting each child from abuse or bullying from other children and staff.

b. Defining the facility’s culture to reduce the use of unnecessary restraint.

c. Clear definitions of unsafe behavior and the emergency situations when it is appropriate to use physical interventions.

d. Staff training and development that give staff confidence that they are supported by leadership with proper supervision and ongoing access to information about best practices and evidence-based approaches to care.

e. Adequate supervision of children while the children are using any hazardous or dangerous objects or equipment and when children are using the Internet or other social media.

f. The social, cultural, and developmental needs of children in care.

105.8(11) **Staff duties.** The staff duties shall include, but not be limited to, the following:

a. Providing a supportive atmosphere for each child.

b. Providing for coordination of internal and external activities of each child as needed.

c. Providing leadership and guidance to each child as needed.

d. Being responsible for overseeing and maintaining the general health and well-being of each child.

e. Supervising all living activities.

f. At all times, knowing where the children are and where they are supposed to be to ensure ongoing safety.

g. Providing for a liaison with the referring agency.

h. Monitoring and recording behavior on a daily basis.

105.8(12) **Volunteers.** A facility that utilizes volunteers to work directly with a particular child or group of children shall have a written plan for using volunteers. This plan shall be given to all volunteers. The plan shall indicate that all volunteers shall:

a. Be directly supervised by a paid staff member.

b. Be oriented and trained in the philosophy of the facility and the needs of children in care and methods of meeting those needs.

c. Be subject to character, reference, and record check requirements as described in this chapter.

[ARC 2743C; IAB 10/12/16, effective 12/1/16; ARC 4793C; IAB 12/4/19, effective 1/8/20]

441—105.9(232) **Medication management and administration.** The facility shall have and follow written policies and procedures governing the methods of handling prescription drugs and
over-the-counter drugs within the facility. No prescription or narcotic drugs are allowed in the facility without the authorization of a licensed physician or other prescriber authorized by law. Only drugs which have been approved by the federal Food and Drug Administration for use in the United States may be used. No experimental drugs may be used.

105.9(1) Obtaining prescription medications. Facilities shall permit prescription medications to be brought into the facility for a child.

a. Prescription medication in its original container, clearly labeled and prescribed for the child, may be accepted as legitimate prescription medication for the child. The label serves as verification that the medication was ordered by an authorized prescriber. Medication shall be prescribed by a provider authorized to prescribe the medication. Medication provided to residents shall be dispensed only from a licensed pharmacy in the state of Iowa in accordance with the pharmacy laws in the Iowa Code, from a licensed pharmacy in another state according to the laws of that state, or by a licensed physician.

b. Facilities shall review size, shape, color, and dosages and contact the identified pharmacy or authorized prescriber to confirm legitimacy if contraband is suspected.

105.9(2) Obtaining nonprescription medications. Shelter and detention facilities shall maintain a supply of standard nonprescription medications for use for children residing at the facility. Examples of standard nonprescription medications include cough drops and cough syrups, aspirin substitutes and other pain control medication, poison antidote, and diarrhea control medication.

a. All nonprescription medications kept on the premises for the use of residents shall be preapproved annually by a licensed pharmacist or an authorized prescriber.

b. Facilities shall maintain a list of all preapproved nonprescription medications. The list shall indicate standard uses, standard dosages, contraindications, side effects, and common drug interaction warnings. The facility administrator or the administrator’s designee shall be responsible for determining the scope of the list and brands and types of medications included.

c. Only nonprescription medications on the preapproved list shall be available for use. However, the facility administrator or the administrator’s designee, in consultation with an authorized prescriber or licensed pharmacist, may approve use of a nonprescription medication that is not on the preapproved list for a specific child.

105.9(3) Storing medications. Prescription and nonprescription medications shall be stored in a locked cabinet, a locked refrigerator, or a locked box within an unlocked refrigerator.

a. Schedule II medications shall be stored in a locked box within a locked cabinet. Nothing other than Schedule II medications shall be stored in the locked box. Schedule II medications requiring refrigeration also shall be maintained within a double-locked container separate from food and other items.

b. The facility administrator shall determine distribution and maintenance of keys or other access to the medication storage cabinets and boxes.

c. A shelter facility administrator or the administrator’s designee may preapprove shelter staff to carry prescription or nonprescription medications with them temporarily for use at sites away from the facility.

105.9(4) Labeling medications. Schedule II medications and prescription medications shall be maintained in their original containers, clearly labeled by an authorized prescriber and prescribed for the child. Sample prescription medications shall be accompanied by a written prescription. Nonprescription medications shall be maintained as purchased in their original containers.

105.9(5) Administering Schedule II medications. Only staff who have completed a medication management course shall be allowed to administer Schedule II medications.

105.9(6) Administering prescription and nonprescription medications. The facility administrator shall determine and provide written authority as to which staff may administer prescription and nonprescription medications.

a. Prescription medications shall be administered only in accordance with the orders of the authorized prescriber. Nonprescription medications shall be administered by following the directions on the label.
b. The facility administrator or the administrator’s designee may allow a child to self-administer prescription medication with written authorization by the authorized prescriber. The facility shall have written policies relating to self-administration of prescription and nonprescription medication. The facility shall require documentation if the child self-administers a medication.

105.9(7) Documenting errors in administering medications. All errors in administering prescription and nonprescription medications shall be documented. Facilities shall review and take appropriate action to ensure that similar errors do not recur.

105.9(8) Medication for discharged residents. When a child is discharged or leaves the facility, the facility shall turn over to a responsible agent Schedule II medications and prescription medications currently being administered. The facility may send nonprescription medications with the child as needed. The facility shall document in the child’s file:
   a. The name, strength, dosage form, and quantity of each medication.
   b. The signature of the facility staff person turning over the medications to the responsible agent.
   c. The signature of the responsible agent receiving the medications.

105.9(9) Destroying outdated and unused medications. Unused Schedule II medications and prescription medications may not be kept at the facility for more than 15 days after the child has left the facility and the Schedule II medications and prescription medications shall be destroyed by the administrator or the administrator’s designee in the presence of at least one witness. Outdated, discontinued, or unusable nonprescription medications shall also be destroyed in a similar manner. The person destroying the medication shall document:
   a. The child’s name.
   b. The name, strength, dosage form, and quantity of each medication.
   c. The date the medication was destroyed.
   d. The names and signatures of the witness and staff person who destroyed the medication.

[ARC 4793C; IAB 12/4/19, effective 1/8/20]

441—105.10(232) Control room—juvenile detention home only.

105.10(1) Written policies. When a juvenile detention facility uses a control room as part of its service, the facility shall have written policies regarding its use and the facility director shall complete Form 470-0700, Evaluation and Recommendation to Operate a Control Room. The policy shall:
   a. Specify the behaviors resulting in control room placement.
   b. Delineate the staff members who may authorize its use as well as procedures for notification of supervisory personnel.
   c. Document in writing behaviors leading to control room placement and the nature of the agreement reached with the child that will allow the child to return to the living unit.

105.10(2) Physical requirements. The control room shall be designed to ensure a physically safe environment that:
   a. Has all switches controlling lights and ventilation outside of the room.
   b. Allows for total observation of the child at all times.
   c. Has protected recessed ceiling light.
   d. Has no electrical outlets in the room.
   e. Is properly heated, cooled and ventilated.
   f. Has all doors, ceilings and walls constructed of strength and materials as to prevent damage to the extent that no harm could come to the child.
   g. When a window is present, it is secured and protected in such a manner as to prevent harm to the child.
   h. Is a minimum of 6 feet by 9 feet in size with at least a 7½ foot ceiling.

105.10(3) Use. A control room shall be used only when a less restrictive alternative to quiet or allow the child to gain control has failed. Utilization of the control room shall be in accordance with the following policies:
   a. No more than one child shall be in the control room at any time.
b. There shall be provision for visual observation of the child at all times, regardless of the child’s position in the room.
c. The control room should be checked thoroughly for safety and the absence of contraband prior to placing a child in the room.
d. The child shall be thoroughly checked before placement in the control room and all potentially injurious objects removed from such child including shoes, belts, pocket items, and similar items. The staff member placing the child in the control room shall document such check.
e. In no case shall all clothing or underwear be removed and the child shall be provided sufficient clothing to meet seasonal needs.
f. A staff member shall always be positioned outside of the control room. Visual and auditory observations of the child’s behavior and condition shall be recorded at five-minute intervals, and a complete written report shall be documented in the child’s file by the end of the staff person’s work shift.
g. The child shall not remain in the control room longer than 1 hour except in consultation with and approval from the supervisor. Documentation in the child’s case record shall include the time in the control room, the reasons for the control, and the reasons for the extension of time. Use of the control room for a total of more than 12 hours in any 24-hour period shall occur only in consultation with the referring agency or court. In no case shall a child be in a control room for a period longer than 24 hours.
h. The child’s parents, referring worker, and the child’s attorney shall be notified when the control room is used for more than a total of 30 minutes in any 24-hour period.

[ARC 4793C, IAB 12/4/19, effective 1/8/20]

441—105.11(232) Clothing. All children shall have clothing that is suited to existing climate and seasonal conditions and is clean, dry and in good repair.

441—105.12(232) Staffings. The staff shall be available to participate in staffings or upon request to provide a written summary of the child’s progress and behavior while in the facility program. Written recommendations regarding future planning and placement shall be provided to the referring agency or court upon request. Staff shall be available to discuss recommendations with the child’s parent or guardian.

441—105.13(232) Child abuse. Written policies shall prohibit mistreatment, neglect or abuse of children and specify reporting and enforcement procedures for the facility. Alleged violations shall be reported immediately to the director of the facility and appropriate department of human services personnel. Any employee for whom there is a substantiated instance of child abuse or failure to report child abuse shall be subject to the agency’s policies concerning dismissal.

441—105.14(232) Daily log. The facility shall maintain a daily log to generally record noteworthy occurrences regarding the children in care. Problem areas or unusual behavior for specific children shall be recorded in individual children’s records.

[ARC 4793C, IAB 12/4/19, effective 1/8/20]

441—105.15(232) Children’s rights.

105.15(1) Policies in writing. All policies and procedures covered in this rule shall be in writing and provided to the child upon admission and made available to the child’s parent or guardian upon request. If the child remains in care over four days, the policies and procedures shall be provided to the parent or guardian. The rationale and circumstances of any deviation from these policies shall be discussed with the child’s parents or guardian and the referring worker, documented, and placed in the child’s case record.

105.15(2) Confidentiality. Information regarding children and their families shall be kept confidential and released only with proper written authorization.

105.15(3) Communication.
   a. Unless specifically regulated by the court, visitation shall be allowed with members of the child’s immediate family.
b. Family visits shall be monitored only to the extent necessary to ensure the child’s safety and facility security. Rationale for monitoring shall be documented in the child’s record.

c. The child shall be permitted to communicate privately with legal counsel and the referring worker.

d. The child shall be allowed to conduct telephone conversations with family members. Telephone calls shall be monitored only to the extent necessary to ensure the child’s well-being and facility security. Rationale for monitoring a child’s conversation shall be documented in the child’s record. Incoming calls may be screened by staff to verify the identity of the caller before approval is given.

e. The staff shall not open or read residents’ mail. The child shall be allowed to send and receive mail. The facility may require the child to open incoming mail in the presence of a staff member when the mail is suspected to contain contraband articles, or to contain money that should be receipted and deposited.

f. When limitations on visitation or other communications are indicated, they shall be determined with the participation or knowledge of the child, family or guardian, and the referring worker. All restrictions shall have specific bases which shall be made explicit to the child and family and documented in the child’s case record.

105.15(4) Privacy. Reasonable provisions shall be made for the privacy of residents.

441—105.16(232) Discipline.

105.16(1) Generally. A facility shall have written policies regarding methods used for control and discipline of children which shall be available to all staff and to the child’s family. Discipline shall not include withholding of basic necessities such as food, clothing, or sleep. Discipline shall not be used for anyone other than a child whose actions resulted in consequences. Group discipline shall not be used because of actions of an individual child or other children. Agency staff shall be in control of and responsible for discipline at all times.

105.16(2) Corporal punishment prohibited. The facility shall have a policy that clearly prohibits staff or the children from utilizing corporal punishment as a method of disciplining or correcting children. This policy shall be communicated in writing to all staff of the facility.

105.16(3) Physical restraint. The use of physical restraint shall be employed only to prevent the child from injury to self, to others, or to property. Physical restraint must be conducted with the child in a standing position whenever possible.

a. No staff person shall use any restraint that obstructs the airway of a child.

b. Prone restraint is prohibited. Staff persons who find themselves involved in the use of a prone restraint when responding to an emergency must take immediate steps to end the prone restraint.

c. If a staff person physically restrains a child who uses sign language or an augmentative mode of communication as the child’s primary mode of communication, the child shall be permitted to have the child’s hands free of restraint for brief periods unless the staff person determines that such freedom appears likely to result in harm to the child, others, or property.

d. The rationale and authorization for the use of physical restraint and staff action and procedures carried out to protect the child’s rights and to ensure safety shall be clearly set forth in the child’s record by the responsible staff persons.

e. A child known to be pregnant may not be restrained during labor, delivery, and postpartum recovery, unless credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others.

f. A facility may not use abdominal restraints, leg and ankle restraints, wrist restraints behind the back, and four-point restraints on a known pregnant child, unless credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others or reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method.

105.16(4) Room confinement—juvenile detention home only. A juvenile detention home may confine a child to the child’s room during normal sleeping hours or for disciplinary reasons if the
facility has written policies and procedures that include, but are not limited to, the reasons for and time limitations of the confinement.

105.16(5) Time out—juvenile shelter care home only.
   a. A resident in time out must never be physically prevented from leaving the time out area.
   b. Time out may take place away from the area of activity or from other residents, such as in the resident’s room, or in the area of activity of other residents.
   c. Staff must monitor the resident while the resident is in time out.

105.16(6) Written policies. The facility shall provide to the child written policies specifying inappropriate behaviors, reasonable consequences for misconduct, and due process procedures available to the child. Upon request, the above information shall be provided to the child’s parent or guardian and referring worker.

[ARC 9488B, IAB 5/4/11, effective 7/1/11; ARC 4793C, IAB 12/4/19, effective 1/8/20]

441—105.17(232) Case files.

105.17(1) Generally. For the purpose of promoting a uniformity of program for all facilities and as an aid to the department of human services in determining its approval of a facility all facilities shall establish and maintain for inspection case files on each child.

105.17(2) Face sheet. For all children, a face sheet containing the following information shall be completed.
   a. Full name, current address, and date of birth.
   b. Parent(s)’ full name(s).
   c. Parent(s)’ address and telephone number.
   d. Religious preference of the child and also parent, if available.
   e. Statement of who has legal custody and guardianship.
   f. Name of referring worker and agency making the referral.
   g. Telephone number and address of referring agency or court.
   h. Name, address, and telephone number of the child’s attorney.

105.17(3) Written summary. When a written summary has been requested under 441—105.12(232), a copy shall be placed in the child’s record.

105.17(4) Documentation. The following information shall be documented in each child’s record:
   a. Appropriate notes on all significant contacts by staff with parents, referral person and other collateral contacts.
      b. A summary related to discharge from the facility including:
         (1) The name, address, and relationship of the person or agency to whom the child was discharged.
         (2) The discharge summary (as included in the service plan).
         (3) Final disposition of a child’s medications as applicable.
         (4) Identification of who transported the child and destination postdischarge.

105.17(5) Other information. The following information shall be requested when the child remains in the facility more than four days and, when available, shall be placed in the child’s record.
   a. Current family history or social history.
   b. Case plans submitted by the referring agency or orders of the court.
   c. Psychological and psychiatric records; copies of all available testing performed plus notes and records of contact with the child.
      d. Medical.
         (1) A record of all illnesses, immunizations, communicable diseases and follow-up treatment.
         (2) Medical and surgical releases or authorizations signed by the parent, guardian, custodian or court, including releases or authorizations for anesthesia and emergency medical and surgical treatment.
         (3) A record of all medical and dental examinations, including findings.
         (4) Date of last physical examination prior to placement.
   e. School.
      (1) Name and address of school attended.
      (2) Grade placement.
(3) Current school in which child is enrolled.
(4) Specific educational problems.
(5) Remedial action.
   f. Placement agreement, court order, and other releases and authorizations.
   (1) An agreement authorizing the facility to accept the child.
   (2) An agreement setting forth the terms of payment for care.
   (3) Other releases and authorizations applicable to the placement.
   (4) All court orders affecting the custody or guardianship of the child.

[ARC 2743C, IAB 10/12/16, effective 12/17/16; ARC 4793C, IAB 12/4/19, effective 1/8/20]

**441—105.18(232) Discharge.** Children in shelter care should be discharged to, preferably, a permanent placement, or, alternatively, a lower level of care in a familylike setting, at the earliest possible time, preferably within 14 days. The facility shall collaborate with referral workers to assess each child’s need for ongoing placement, and the reasons for longer stays shall be documented in the child’s case file. Children in detention shall be discharged as determined by the court.

[ARC 4793C, IAB 12/4/19, effective 1/8/20]

**441—105.19(232) Approval.** The department will issue a Certificate of Approval or a certificate of license annually without cost to any juvenile detention home or juvenile shelter care home which meets the standards. The department may offer consultation to assist homes in meeting the standards.

**105.19(1) Applications.** An application shall be submitted on Form 470-0723, Application for License or Certificate of Approval. The application shall be signed by the operator of the home, chairman of the county board of supervisors, or chairman of the multicounty board of directors and shall indicate the type of home for which the application is made.
   a. The withdrawal of an application shall be reported promptly to the department.
   b. Each application will be evaluated by the department to ensure that all standards are met.
   c. Reports and information shall be furnished to the department as requested.

**105.19(2) Rejection.**
   a. Applications will be rejected when the minimum standards set forth in the rules in this chapter are not met.
   b. Fraudulent applications will be rejected. A fraudulent application is one which contains false statements knowingly made by the applicant or one in which the applicant knowingly conceals information.
   c. Applications will be rejected when the director of the facility has been convicted of a crime indicating an inability to operate a children’s facility or care for children.
   d. Applications will be rejected for just cause.

**105.19(3) Approval.** Approvals will be given for one year.

**105.19(4) Notification.** Homes should be notified of approval or rejection within 120 days of application unless the applicant requests and is granted an extension by the department. Form 470-0728, Notice of Action, will be used to inform applicants of approval, and a restricted certified letter will be used to inform applicants of rejection.

**105.19(5) Renewals.**
   a. Applications for renewal shall be made on forms provided by the department and shall be made at least 30 days, but no more than 90 days, prior to expiration of the approval.
   b. Each application for renewal will be evaluated by the department to ensure that standards continue to be met.
   c. The application for renewal will be rejected or approved in the same manner as an application.
   d. Decisions on renewals should be made within 60 days from the application for renewal. Notification of renewal decisions shall be the same as for new applications.

**105.19(6) Revocations.**
   a. Approval shall be revoked by the state director for the following reasons:
      (1) When the facility violates laws governing the provision of services or rules contained in this chapter.
(2) When the facility is misusing funds furnished by the department.
(3) When the facility is operating without due regard to the health, sanitation, hygiene, comfort, or well-being of the children in the facility.
(4) When the director has been convicted of a crime indicating an inability to operate a children’s facility or care for children.
   b. The following may be causes for revocation:
      (1) Substantiated child abuse.
      (2) When the facility staff has been convicted of a crime indicating an inability to operate a children’s facility or care for children.

105.19(7) Certificate of approval or certificate of license. Upon approval, county or multicounty homes will be issued a certificate of approval and private juvenile detention and shelter care homes will be issued a certificate of license containing the name of the home, address, capacity, and the date of expiration. Renewals will be shown by a seal bearing the new date of expiration, unless a change requires a new certificate to be issued.
[ARC 4793C, IAB 12/4/19, effective 1/8/20]

441—105.20(232) Provisional approval.
105.20(1) Required conditions. The administrator may issue a provisional license for not more than one year when a facility does not meet the requirements of this chapter and the facility submits a written corrective action plan that is approved by the administrator to bring the facility into compliance with the applicable requirements.
105.20(2) Written report. The department or the department’s designee will provide a report identifying the reasons for the provisional license and the standards that have not been met.
105.20(3) Corrective action. The director of the facility, chairperson of the county board of supervisors, or chairperson of the multicounty board of directors shall provide the department with a written plan of action that is approved by the department for correcting the deficiencies to bring the facility into compliance with the applicable requirements. The plan shall give specific dates by which the corrective action will be completed.
105.20(4) Completed corrective action. When the corrective action is completed on or before the date specified, a full approval shall be issued.
105.20(5) Uncompleted corrective action. When the corrective action is not completed by the date specified on a provisional approval, the department shall not grant a full approval and has the option of rejecting or extending the provisional approval. An extension of a provisional approval shall not cause the effective period of a provisional approval to exceed 18 months. If the corrective action plan is not completed within 18 months, the approval shall be rejected.
[ARC 4793C, IAB 12/4/19, effective 1/8/20]

441—105.21(232) Mechanical restraint—juvenile detention only. When a juvenile detention facility uses mechanical restraints as part of its program, the facility shall have written policies regarding their use. These policies shall be approved by the department before use of mechanical restraints. The policies shall be available to clients, parents or guardians, and referral sources at the time of admission. Policies shall also be available to staff. The executive director of the detention home shall sign the commitment contained in Form 470-0703, Evaluation and Recommendation for Approval to Use Mechanical Restraint, before the facility shall be approved to use a mechanical restraint.
105.21(1) Restrictions on mechanical restraints.
   a. Mechanical restraints shall not inflict physical injury.
   b. Each use of mechanical restraint shall be authorized by the executive director of the facility, as discussed in 105.5(4), or other staff designated by the executive director if those staff meet one of the following requirements:
      (1) Have a bachelor’s degree in social work, psychology or a related behavioral science and one year of supervised experience in a juvenile shelter care, detention or foster group care facility.
      (2) Have five years of supervised experience in a juvenile shelter care, detention or foster group care facility.
(3) Have some combination of advanced education in related behavioral sciences and supervised experience in a juvenile shelter care, detention or foster group care facility equal to five years. The facility shall have a written listing of all staff designated and qualified to authorize the use of mechanical restraint.

c. When immediate restraint is necessary to protect the safety of the child, other residents of the facility, staff or others, mechanical restraint may be utilized without prior authorization but in each case a person designated to provide authorization shall be contacted as soon as the child is restrained. The designated person shall visit the resident before determining if continued use of the mechanical restraint is necessary. If not viewed as necessary, the child shall be immediately released from restraint.

d. Except for mechanical restraint of a child by the staff of a juvenile detention facility for the amount of time needed while that child is being transported to a point outside the facility and as necessary when there is a serious risk of the child exiting a vehicle while the vehicle is in motion or otherwise absconding, each authorization of mechanical restraint shall not exceed 1 hour in duration without a visit by and written authorization from a licensed psychologist, psychiatrist or physician.

e. No child shall be kept in mechanical restraint for more than 1 hour in a 12-hour period without a visit by and written authorization from a licensed psychologist, psychiatrist or physician.

f. Anytime that a child is placed in mechanical restraint, a staff person shall be assigned to monitor the child with no duties other than to ensure that the child’s physical needs are properly met. The staff person shall remain in continuous auditory and visual contact with the child.

g. Each child shall be released from mechanical restraint as soon as the restraints are no longer needed.

105.21(2) Documentation.

a. Each use of mechanical restraints shall be documented in the client’s record and shall include at least the following:

(1) The date and time the child was placed in mechanical restraint.
(2) The type of mechanical restraint utilized.
(3) The reason for the restraint.
(4) The signature of the person authorizing the restraint and the time of authorization.
(5) The signature of the person placing the child in restraint.
(6) The signature of the person providing the continuous auditory and visual contact with the child.
(7) The signature of the person releasing the child and the time of release.

b. Each use of mechanical restraint shall be documented in a separate file which is used only for the recording of uses of mechanical restraints and shall contain the name of the child restrained and the information discussed in 105.21(2) "a."

c. Each facility authorized to use mechanical restraint shall submit a quarterly report, which shall include all the information required in paragraph 105.21(2) "b," to its licensing manager.

105.21(3) Continued use of mechanical restraints. When a child requires mechanical restraint on more than four occasions during any 30-day period, the facility shall hold an immediate emergency meeting within 3 days of the fifth incident and shall have a licensed psychologist or psychiatrist or psychologist employed by a local mental health center present at the staffing to discuss the appropriateness of the child’s continued placement at the facility.

105.21(4) In transporting children. Seat belts are not considered mechanical restraints. Agency policies should encourage the use of seat belts and comply with Iowa law while transporting children.

ARC 4793C, IAB 12/4/19, effective 1/8/20

441—105.22(232) Chemical restraint. Chemical restraint shall not be utilized in juvenile shelter care or detention facilities. Each juvenile shelter care or detention facility shall have written policies which clearly prohibit the use of chemical restraints.

441—105.23(232) Mandatory reporting of child abuse and training.

105.23(1) Mandatory reporters. All defined in Iowa Code section 232.69 who, in the scope of professional practice or in their employment responsibilities, examine, attend, counsel, or treat a child
and reasonably believe a child has suffered abuse shall make a report in accordance with Iowa Code section 232.69 whenever the provider reasonably believes a child for whom the provider is providing foster care has suffered abuse.

105.23(2) Required training. Mandatory reporters shall receive training relating to the identification and reporting of child abuse as required by Iowa Code section 232.69.

105.23(3) Training documentation. Each licensee shall develop and maintain a written record for each mandatory reporter in order to document the content and amount of training.

This rule is intended to implement Iowa Code section 232.69.

These rules are intended to implement Iowa Code section 232.142 as amended by 2011 Iowa Acts, Senate File 482, section 7.

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