ARC 0718D

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Proposing rulemaking related to licensing and regulation of comprehensive residential facilities for children and providing an opportunity for public comment

The Department of Health and Human Services hereby proposes to rescind Chapter 115, "Licensing and Regulation of Comprehensive Residential Facilities for Children," Iowa Administrative Code, and to adopt a new Chapter 115 with the same title.

Legal Authority for Rulemaking

This rulemaking is proposed under the authority provided in Iowa Code section 237.3.

State or Federal Law Implemented

This rulemaking implements, in whole or in part, Iowa Code chapter 237.

Purpose and Summary

This proposed chapter was reviewed as part of the Red Tape Review process laid out in Executive Order 10. As a result of this review, restrictive terms were removed, areas that were duplicative were combined or eliminated, and editorial updates were made to processes and procedures to ensure they reflect current policies and procedures. Chapter 115 specifically relates to the creation of standards for the licensing and regulation of comprehensive residential care facilities for children.

Regulatory Analysis

A Regulatory Analysis for this rulemaking was published in the Iowa Administrative Bulletin on September 30, 2026. A public hearing was held on the following date(s):

- October 20, 2026

Fiscal Impact

This rulemaking has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rulemaking, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rulemaking would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 441—Chapter 2504.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rulemaking, which must be received by the Department no later than 4:30 p.m. on December 1, 2026. Comments should be directed to:

Victoria L. Daniels
Department of Health and Human Services
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Phone: 515.829.6021
Email: compliancerules@hhs.iowa.gov

Public Hearing

Public hearings at which persons may present their views orally or in writing will be held as follows:

December 1, 2026 10 to 10:30 a.m.	Microsoft Teams Meeting ID: 225 217 179 078 528 Passcode: Rw3KT9yE
December 1, 2026 2 to 2:30 p.m.	Microsoft Teams Meeting ID: 263 899 623 991 883 Passcode: qy9g7WW7

Persons who wish to make oral comments at a public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rulemaking.

Any persons who intend to attend a public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Department and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rulemaking by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rulemaking at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rulemaking action is proposed:

ITEM 1. Rescind 441—Chapter 115 and adopt the following **new** chapter in lieu thereof:

CHAPTER 115
LICENSING AND REGULATION OF COMPREHENSIVE
RESIDENTIAL FACILITIES FOR CHILDREN

441—115.1(237) Definitions.

"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.

"Comprehensive residential facility" means a facility that provides care and treatment for children who are unable to live in a family situation due to social, emotional, or physical disabilities and who require varying degrees of supervision as indicated in the individual service plan. Care includes room and board. Services include the internal capacity for individual, family, and group treatment. These services and others provided to the child shall be under the administrative control of the facility. Community resources may be used for medical, recreational, and educational needs. Comprehensive residential facilities have higher staff-to-client ratios than community residential facilities and may use control rooms, locked cottages, and mechanical restraints when these controls meet licensing requirements.

"Locked cottage" means an occupied comprehensive residential facility or an occupied unit of a comprehensive residential facility that is physically restrictive because of the continual locking of doors to prevent the children in care from leaving the facility.

"Protective locked environment" means the same as defined in Iowa Code section 237.1(17). Examples of a protective locked environment could include but are not limited to the use of secured doors, delayed locks, secured windows, badge-only access doors, and external fencing around the property perimeter.

"Secure facility" means any comprehensive residential facility that employs, on a regular basis, locked doors or other building characteristics intended to prevent children in care from leaving the

facility without authorization. Secure facilities may only be used for children who have been adjudicated delinquent or placed pursuant to provisions of Iowa Code chapter 229.

441—115.2(237) Information upon admission. In addition to the requirements in 441—paragraph 114.9(4)*"b,"* parents or guardians shall be provided with information on conditions for the use of restraints.

441—115.3(237) Staff.

115.3(1) *Number of staff.*

a. The number and qualifications of the staff will vary depending on the needs of the children. There shall be at least a one-to-eight staff-to-child ratio at all times children are awake and present in the facility and during supervised outings.

b. A staff person shall be in each living unit at all times when children are in residence.

115.3(2) *Staff duties.*

a. A casework supervisor shall provide:

(1) One hour per week per caseworker of in-person case-specific supervision.

(2) On-site supervision at least monthly.

(3) Additional contact as needed with each caseworker in other related duties, including case intake discussions, staffings of cases, evaluations of the caseworker, teaching, and administrative duties.

b. Casework staff shall:

(1) Provide at least weekly group or individually scheduled in-person conferences with each child for whom the caseworker is responsible. More frequent in-person contact shall be provided if required in the service plan.

(2) Provide a supportive and therapeutic atmosphere for the child.

(3) Select and employ appropriate treatment approaches to different types of children.

441—115.4(237) Casework services. The facility shall have the internal capacity to provide individual, family and group counseling and shall provide, at a minimum, casework dealing with crisis intervention, daily living skills, peer relationships, future planning and preparation for discharge.

441—115.5(237) Restraints.

115.5(1) *Protective locked environment facilities.* Physical restraints and a control room are permitted in protective locked environment facilities. Staff shall be trained in the use of restraints and control room utilization.

115.5(2) *Secure facilities.* Secure facilities may use physical restraints, a control room, locked cottages, and mechanical restraints. Secure facilities shall review any use of a mechanical restraint on a child.

115.5(3) *Written policies.* A facility that uses restraints shall have a written policy on their use. This policy shall include:

a. A statement specifically identifying each form of restraint in use at the facility.

b. Criteria for use of each form of restraint.

c. Identification of staff or licensed professionals authorized to approve and use each form of restraint.

d. Requirement for documentation in the child's individual case file.

e. Procedures for application or administration of each form of restraint in use at the facility.

f. Maximum time limit for use of restraints.

115.5(4) *Use of restraint.*

a. A facility cannot use, apply, or administer restraint in any manner that causes physical injury.

b. A facility cannot use restraint as a disciplinary or punitive measure, for staff convenience, as a preventive measure, or as a substitute for programming.

c. A facility shall release the child from restraint immediately when the situation precipitating restraint no longer exists.

d. A secure facility that uses restraint permitted by licensing standards, other than physical restraint, shall ensure that all direct service staff are adequately trained in the following areas:

(1) The appropriate use and application or administration of each permitted form of restraint.

(2) The facility's policies and procedures related to restraint.

(3) Crisis management techniques.

441—115.6(237) Control room.

115.6(1) *Purpose.* The control room shall be used for treatment purposes only. A facility shall be approved by the licensing authority as meeting the requirements of this chapter regarding control rooms before control rooms can be utilized.

115.6(2) *Written policies.* When a comprehensive residential facility uses a control room as part of its treatment program, the facility shall have written policies regarding its use. The policy shall:

a. Specify the types of behavior that may result in control room placement.

b. Delineate the staff members who may authorize its use as well as procedures for notification of supervisory personnel.

c. Require documentation in writing of the types of behaviors leading to control room placement and the conditions that will allow the child to return to the living unit. The child shall be informed of these conditions. Documentation of control room use shall include but not be limited to the following:

(1) Each use of the control room.

(2) The time the intervention began and ended.

(3) The reason that required the child to be put in the control room.

(4) The name(s) of staff involved in the intervention.

d. Limit the utilization of the control room to one of the following two circumstances:

(1) The child's service plan includes and explains how this use of the control room fits into the service plan for the child.

(2) A one-time placement in an emergency without a service plan outlining the rationale for its use. This treatment shall be included in the service plan for a second placement of a child in the control room.

115.6(3) *Physical requirements.* The control room shall be designed to ensure a physically safe environment with:

a. All switches controlling lights and ventilation outside the room.

b. Allowance for observation of the child at all times.

c. Protected recessed ceiling light.

d. No electrical outlets in the room.

e. Proper heating, cooling, and ventilation.

f. Any window secured and protected in a manner to prevent harm to the child.

g. A minimum of 54 square feet in floor space with at least a 7-foot ceiling.

115.6(4) *Use of control room.* The control room shall be used only when a less restrictive alternative to quiet the child or allowing the child to gain control has failed and when it is in the service plan. The following policies shall apply to the use of the control room:

a. No more than one child shall be in a control room at any time.

b. There shall be provisions for visual observation of the child at all times, regardless of the child's position in the room.

c. The control room shall be checked thoroughly for safety and the absence of contraband prior to placing the child in the room.

d. The child shall be thoroughly checked before placement in the control room and all potentially injurious objects removed, including shoes, belts, and pocket items. The staff member placing the child in the control room shall document each check.

e. In no case shall all clothing or underwear be removed. 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 remain in the control room longer than one hour only with consultation and approval from the authorized staff or licensed professional. 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 after authorization of the psychiatrist or upon court order. In no case shall a child be in a control room for a period longer than 24 hours.

h. The child's parents or guardian and the referring worker shall be made aware of the control room as a part of the treatment program.

441—115.7(237) Locked cottages.

115.7(1) *Approval.* A facility shall be approved by the licensing authority as meeting the requirements of this chapter regarding locked cottages before locked cottages can be operated.

115.7(2) *Nighttime staff.* Awake nighttime staff is required in each locked cottage.

115.7(3) *Policies.* Licensees utilizing a locked cottage shall have and follow written policies for the locked cottage. The policies shall be provided to the child, the child's parents or guardian and, when the child has an attorney, the child's attorney at the time of admission. The policies shall include:

a. The type of behavior that may result in locked cottage placement.

b. The staff members who may authorize placement in the locked cottage as well as procedures for notification of supervisory personnel.

c. Requirements for documentation in writing of particular behaviors of a particular child that led to the placement.

d. Requirement for documentation of the conditions that will allow the child to return to an unlocked cottage. These conditions shall be shared with the child.

e. Requirement for documentation of the use of the locked cottage as a part of the treatment plan for a specific child.

f. Specific policies as to the length of stay in the locked cottage.

g. Requirements for notification of the child's parents or guardian, the court, and the referring agency of a child's placement in the locked cottage.

h. Requirement for written documentation of placements in the locked cottage in the child's case record.

441—115.8(237) Mechanical restraint. When a facility uses mechanical restraints as a part of its treatment program, the facility shall have and follow written policies regarding their use. These policies shall be approved by the department prior to their use. 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.

115.8(1) *Restrictions on mechanical restraints.*

a. Mechanical restraints shall not inflict physical injury.

b. Each use of mechanical restraint shall be authorized by the administrator or case supervisor.

c. Each authorization of mechanical restraint shall not exceed one hour in duration.

d. No child shall be kept in mechanical restraint for more than 2 hours in a 12-hour period.

e. Any time that a child is placed in mechanical restraint a staff person shall be assigned to monitor the placement 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.

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

115.8(2) *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 to discuss the appropriateness of the child's continued placement at the facility.

115.8(3) *In transporting children.* Notwithstanding paragraph 115.8(1)*"d,"* mechanical restraint of a child while that child is being transported to a point outside the facility is permitted when there is a serious risk of the child exiting the vehicle while the vehicle is in motion. The facility shall place a written report on each use in the child's case record. This report shall document the necessity for the use

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

441—115.9(237) Restraint and control room use debriefing.

115.9(1) *Initial discussion.* Within a short time after the use of the restraint or control room, staff involved in an intervention and the child must have a face-to-face discussion except when the presence of a particular staff person may jeopardize the well-being of the child.

a. Other staff and the child's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the child's parent(s) or legal guardian(s).

b. The discussion must provide both the child and staff the opportunity to discuss the circumstances resulting in the use of the restraint or control room and strategies to be used by the staff, the child, or others that could prevent the future use of the restraint or control room.

115.9(2) *Staff discussion.* Within 24 hours after the use of the restraint or control room, all staff involved in the intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of the intervention including but not limited to the following:

a. The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention;

b. Alternative techniques that might have prevented the use of the restraint or control room;

c. The procedures, if any, that staff are to implement to prevent any recurrence of the use of the restraint or control room; and

d. The outcome of the intervention, including any injuries that may have resulted from the use of the restraint or control room.

115.9(3) *Documentation.* Staff must document in the child's record that both debriefing sessions took place and must include in that documentation the names of staff who were present for the debriefing, the names of staff who were excused from the debriefing, and any reasons that are applicable.

441—115.10(237) Chemical restraint. Chemical restraint shall not be utilized in a comprehensive residential facility, and each comprehensive residential facility shall have written policies that clearly prohibit the use of chemical restraint.

These rules are intended to implement Iowa Code section 237.3.