RA 26-396

HUMAN SERVICES DEPARTMENT[441]

Regulatory Analysis

Notice of Intended Action to be published: 441—Chapter 104
"Juvenile Shelter Care Homes"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 232.142
State or federal law(s) implemented by the rulemaking: Iowa Code sections 232.69 and 232.142

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

December 1, 2026 10 a.m.	Microsoft Teams Meeting ID: 225 217 179 078 528 Passcode: Rw3KT9yE

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. 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

Purpose and Summary

The content of this proposed chapter was originally published within 441—Chapter 105, formerly entitled "Juvenile Detention and Shelter Care Homes." Chapter 105 was reviewed under Executive Order 10. The Department decided to bifurcate Chapter 105 into the following two distinct chapters: Chapter 104, "Juvenile Shelter Care Homes," and Chapter 105, "Juvenile Detention Homes." This proposed new Chapter 104 outlines the requirements and standards for an approved juvenile shelter care home. Chapter 105 is proposed in **RA 26-397**, IAB 11/11/26.

The reference to Iowa Code chapter 148C is to that chapter as amended by 2026 Iowa Acts, Senate File 2190.

Analysis of Impact

1. **Persons affected by the proposed rulemaking:**

- **Classes of persons that will bear the costs of the proposed rulemaking:**

There are no costs associated with this proposed rulemaking.

- **Classes of persons that will benefit from the proposed rulemaking:**

Facility directors of juvenile shelter care homes, as well as the children who are placed in those facilities, will benefit from clear and updated rules.

2. **Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:**

- **Quantitative description of impact:**

This proposed chapter will not result in any quantitative impact because the rules were already in place and were moved from Chapter 105 to the new proposed Chapter 104.

- **Qualitative description of impact:**

This proposed chapter will benefit the facility directors, staff, children, and children's families by making the rules clearly defined and not mixed within a rule chapter that also covers juvenile detention homes.

3. **Costs to the State:**

- **Implementation and enforcement costs borne by the agency or any other agency:**

The Department incurs personnel and other administrative costs associated with enforcement of this proposed chapter.

- **Anticipated effect on State revenues:**

This proposed rulemaking is not expected to have any impact on State revenues.

4. **Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:**

Not applicable.

5. **Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:**

Not applicable.

6. **Alternative methods considered by the agency:**

- **Description of any alternative methods that were seriously considered by the agency:**

Not applicable.

- **Reasons why alternative methods were rejected in favor of the proposed rulemaking:**

Rulemaking is required by Iowa Code section 232.142(4).

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking will not have an impact on small business.

Text of Proposed Rulemaking

ITEM 1. Adopt the following **new** 441—Chapter 104:

TITLE XII
LICENSING AND APPROVED STANDARDS

CHAPTER 104
JUVENILE SHELTER CARE HOMES

441—104.1(232) Definitions.

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

"Coed facility" means a facility that has both sexes in residence.

"Corporal punishment" means the same as defined in 441—Chapter 125.

"County or multicounty" means that the governing body is a county board of supervisors or a combination of representatives from county boards of supervisors.

"Facility" means a juvenile shelter care home as defined in Iowa Code section 232.2 that meets the requirements of being county or multicounty or a private shelter care home that does not meet the requirements of being county or multicounty.

"Family or kin," for the purposes of this chapter, means the social unit consisting of the child and relations of the child, including but not limited to biological or adoptive parent(s), stepparent(s), brother(s), sister(s), stepbrother(s), stepsister(s) and grandparent(s).

"Medication" means prescription or nonprescription drugs.

"Medication management and administration" means to properly tend to prescription and nonprescription medications, including but not limited to:

1. Properly obtaining and storing medication;
2. Removing medication from its storage place;
3. Ensuring to the extent possible that the child ingests, applies, or uses the appropriate dosage at the appropriate time of day; and
4. 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 the same as "prescription drug" as defined in Iowa Code section 155A.3(41).

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

"Protective locked environment" means the same as defined in Iowa Code section 237.1(17).

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

"Shelter care worker" means an individual employed by a facility whose primary responsibility is the direct care of the children in the facility.

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

"Time-out" means the temporary and short-term restriction of a child for a period of time to a designated area from which the child is not physically prevented from leaving for the purpose of providing the child an opportunity to regain self-control. Staff physically preventing the child from leaving the time-out area would be considered seclusion in control room conditions.

441—104.2(232) Buildings and grounds.

104.2(1) *Grounds.*

a. An outdoor recreational area shall be provided.

b. The recreational 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 recreational area.

d. The grounds shall be adequately drained.

104.2(2) *Buildings.*

a. All living areas shall:

(1) Have screens on windows used for ventilation.

(2) Be maintained in clean and sanitary conditions.

(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 and 80 square feet per child for single occupancy.

(1) There cannot be more than four children per sleeping room.

(2) Sleeping areas shall be assigned on the basis of the individual child's needs for privacy and independence of group support.

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 a floor and walls constructed of concrete or other materials and free from groundwater leakage.

104.2(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 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 unless the children are siblings placed in the same shelter care home.

104.2(4) *Heating, ventilation, and air conditioning (HVAC).*

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 and a maximum of 80 degrees Fahrenheit. Variances may be made in case of health problems. Temperature is measured 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. Space heaters are allowed only in common areas and with staff present.

c. All gas and oil lines for heating systems, water heaters, and stoves/ovens shall meet existing building and health code requirements.

d. The heating and cooling system shall be checked yearly by a qualified HVAC professional and maintained in a safe working condition at all times.

104.2(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 and hand-washing supplies.

c. Toilets and baths or showers shall provide for individual privacy.

d. There shall be a shower or tub for each ten children.

e. Tubs and showers shall have slip-proof surfaces.

f. At least one toilet and one lavatory shall be provided for each six children.

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 wall.

i. All toilet facilities shall be kept clean.

j. When more than one stall is used in one bathroom, partitions providing privacy shall be used.

k. All bathroom facilities shall be maintained in good operating condition.

104.2(6) *Food preparation and storage.*

a. Cracked dishes and utensils shall not be used.

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.

104.2(7) *Staff preparing or handling food.* While preparing or handling food, a staff person shall:

a. Be free of infection.

b. Be clean and neatly groomed.

c. Wear clean clothes.

d. Not use tobacco in any form.

104.2(8) *Dishwashing facilities.*

a. Manual dishwashing will be allowed in facilities that normally serve 15 or fewer 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, the chemicals 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.

104.2(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.

104.2(10) *Milk supply.* Milk shall be pasteurized Grade A.

104.2(11) *Public water supply.* The water supply is approved when the water is obtained from a public water supply system.

104.2(12) *Private water supplies.* Each privately operated water supply shall be maintained and operated in a manner that ensures safe drinking water.

a. Maintenance and operation. 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 detectable 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. Other sources. Water obtained from another source through hauling and storage must meet the requirements of the department of natural resources.

104.2(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.

104.2(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.

104.2(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 closed, leakproof, rodent-proof and shall be maintained in a sanitary condition.

104.2(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 nonslip material, maintained in a good state of repair, adequately lighted and 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.

d. Electrical outlets and switches shall have wall plates.

e. Electrical panels shall be inaccessible to children.

f. Facilities shall have written procedures for the handling and storage of hazardous materials. Storage shall be inaccessible to children.

g. Firearms are prohibited in shelter care facilities.

h. Adult supervision shall be provided at all times when children are using a pool.

i. The facility shall have policies regarding bodies of water located on or near the shelter grounds and accessible to the children.

104.2(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. Documentation of practiced monthly fire drills and severe weather drills done twice annually shall be kept on file.

104.2(18) *Fire inspection.* Each facility shall procure an annual fire inspection approved by the state fire marshal and shall meet the recommendations thereof.

104.2(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.

441—104.3(232) Personnel policies.

104.3(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.

104.3(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 person 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 from the date of a current physical on file. 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 associate licensed under Iowa Code chapter 148C.

104.3(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 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 that discloses any substantiated instances of child abuse, neglect or sexual abuse committed by the volunteer or job applicant.

g. Documentation of the submission of the Request for Child Abuse Information form to the central abuse registry, the registry response, the department's evaluation of any abuse record discovered, and a copy of the Record Check Evaluation form, 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 that 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 the HHS Criminal History Record Check form; a copy of the department's evaluation of any criminal record discovered; and a copy of the Record Check Evaluation form, if the volunteer or applicant has completed and submitted it.

j. Current information relative to work performance evaluation.

k. Records of pre-employment health examinations or a record of a health report 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.

l. Information on written current reprimands or commendations.

m. Position in the agency and date of employment.

441—104.4(232) Staff.

104.4(1) *Number of staff.*

a. Generally. A sufficient number of shelter care staff shall be on duty at all times so as to provide adequate coverage. The number of staff persons required will vary depending on the size and complexity of the program. All facilities shall have at least one staff person on duty at all times. A minimum staff-to-child ratio of one shelter care worker to five children shall be maintained at all times children are awake and present in the facility and during supervised outings. All shelter 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. Night hours. At night, there shall be a staff person awake in each living unit and making regular visual checks throughout the night.

(1) The visual checks shall be made at least every half hour in shelter care.

(2) A log shall be kept of all checks, including the time of the check and any significant observations.

(3) The minimum staff-to-child ratio must be maintained at 1 shelter care worker to 16 children during the overnight shift.

104.4(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.

104.4(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 persons 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 that shall be updated annually.

104.4(4) *Organization and administration.* Whenever there is a change in the name of the facility, the address of the facility, the facility director, or the capacity of the facility, the information shall be reported to the department. A table of organization, including the identification of lines of responsibility and authority, shall be available to the licensing staff. A facility director shall have full administrative responsibility for carrying out the policies, procedures and programs of the facility.

104.4(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 the Record Check Evaluation form.

b. In its evaluation, the department shall consider:

(1) The nature and seriousness of the crime or founded child or dependent 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;

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

(6) The likelihood that the person will commit a crime or founded abuse again.

104.4(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.

104.4(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.

104.4(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.

104.4(9) *Evaluation decision.* The department shall conduct the evaluation and issue a notice of decision in writing to the requesting entity.

104.4(10) *Appeal rights.* Any person or the person's attorney may file a written statement with the department requesting an appeal of the record check evaluation decision within 30 days of the date of the notice of the results of the record check evaluation in accordance with 441—Chapter 2506.

441—104.5(232) Intake procedures.

104.5(1) *Admissions.* Admission to juvenile shelter care shall be in accordance with Iowa Code sections 232.20 and 232.21. In no case shall a child be admitted to 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.

104.5(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 to 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.

104.5(3) *Self-referrals.* Any child admitting the child's self to a facility shall be provided appropriate services. The facility shall notify the child's parent(s) or guardian(s) 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.

104.5(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.

104.5(5) *Intake sheet.* An intake sheet shall be completed on each child containing at least the following information:

a. Full name, current address, and date of birth of the child.

b. Full name(s) of the child's parent(s).

c. Address(es) and telephone number(s) of the child's parent(s).

d. Religious preference of the child and parent(s), 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.

441—104.6(232) Assessments.

104.6(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 child 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 child.

104.6(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—104.7(232) Program services.

104.7(1) *Service plan.* There shall be a written service plan developed for each child 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 child. 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.

104.7(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, the 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 department of education. A child should be compelled to participate in an educational program only in compliance with Iowa Code chapter 299.

104.7(3) *Daily program.*

a. 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.

b. 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.

104.7(4) *Optional services.* When a facility provides services in addition to those required by these rules, they shall be clearly defined in writing.

104.7(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 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 and 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 that allows imaginative play and creativity.

b. Facilities 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.

104.7(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 associate, 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 referring worker and parent(s) or guardian(s). Discharge information shall include information about significant medical changes that occurred while the child was at the facility.

104.7(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 persons.

104.7(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.

104.7(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 that might otherwise be incurred or imposed. This subrule shall not remove or limit any existing liability protection afforded under any other law.

104.7(10) *Safety, protection, and well-being of children in care.* Facilities shall develop and follow written policies that ensure 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 social media.

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

g. Defining a protective locked environment and how it is utilized to provide safety and security for children.

104.7(11) *Staff duties.* The staff duties shall include at a minimum:

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.

104.7(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 person.

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.

441—104.8(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 that 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.

104.8(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 children 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.

104.8(2) *Obtaining nonprescription medications.* Shelter 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 use by children 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 director or the facility director'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 director or the facility director'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.

104.8(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 director shall determine distribution and maintenance of keys or other access to the medication storage cabinets and boxes.

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

104.8(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.

104.8(5) *Administering Schedule II medications.* Only staff who have completed a medication management course shall be allowed to administer Schedule II medications.

104.8(6) *Administering prescription and nonprescription medications.* The facility director shall determine and provide written authority as to which of the 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 director or the facility director'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.

104.8(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.

104.8(8) *Medication for discharged children.* 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.

104.8(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 facility director or the facility director'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.

441—104.9(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—104.10(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(s) or guardian(s).

441—104.11(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 facility director and appropriate department 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 corrective action.

441—104.12(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.

441—104.13(232) Children's rights.

104.13(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(s) or guardian(s) upon request. If the child remains in care over four days, the policies and procedures shall be provided to the parent(s) or guardian(s). The rationale and circumstances of any deviation from these policies shall be discussed with the child's parent(s) or guardian(s) and the referring worker, documented, and placed in the child's case record.

104.13(2) *Confidentiality.* Information regarding children and their families shall be kept confidential and released only with proper written authorization.

104.13(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 a child's 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 person 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, the limitations shall be determined with the participation or knowledge of the child, family or guardian(s) and the referring worker. All restrictions shall have specific bases that shall be made explicit to the child and family or guardian(s) and documented in the child's case record.

104.13(4) *Privacy.* Reasonable provisions shall be made for the privacy of children.

441—104.14(232) Discipline.

104.14(1) *Generally.* A facility shall have written policies regarding methods used for control and discipline of children that 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.

104.14(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.

104.14(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 child 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 child presents an immediate and serious threat of hurting the child's self, staff, or others or reasonable grounds exist to believe the child presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method.

104.14(4) *Time-out.*

a. A child 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 children, such as in the child's room or in the area of activity of other children.

c. Staff must monitor the child while the child is in time-out.

104.14(5) *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(s) or guardian(s) and referring worker.

441—104.15(232) Case files.

104.15(1) *Generally.* For the purpose of promoting a uniformity of program for all facilities and as an aid to the department in determining its approval of a facility, all facilities shall establish and maintain for inspection case files on each child.

104.15(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 of the child.

b. Full name(s) of the child's parent(s).

c. Address(es) and telephone number(s) of the child's parent(s).

d. Religious preference of the child and parent(s), 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.

104.15(3) *Written summary.* When a written summary has been requested, a copy shall be placed in the child's record.

104.15(4) *Documentation.* The following information shall be documented in each child's record:

a. Appropriate notes on all significant contacts by staff with parent(s), 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, if different than in subparagraph 104.15(4)*"b"* (1), and the name of the facility or address of the destination after discharge.

104.15(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(s), guardian(s), 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.

441—104.16(232) Discharge. Children in shelter care should be discharged to, preferably, a permanent placement or, alternatively, a lower level of care in a family-like 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.

441—104.17(232) Approval. The department will issue a certificate of approval or a certificate of license annually without cost to any juvenile shelter care home that meets the standards. The department may offer consultation to assist juvenile shelter care homes in meeting the standards.

104.17(1) *Applications.* An application for license or certificate of approval shall be submitted. The application shall be signed by the operator of the juvenile shelter care home, chairman of the county board of supervisors, or chairman of the multicounty board of directors and shall indicate the type of juvenile shelter care 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.

104.17(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 that contains false statements knowingly made by the applicant or one in which the applicant knowingly conceals information.

c. Applications will be rejected when the facility director has been convicted of a crime indicating an inability to operate a children's facility or care for children.

d. Applications can be rejected for just cause.

e. Appeal rights. Notice of adverse action will be given in accordance with rule 441—16.2(17A). The right to appeal will be given in accordance with 441—Chapter 2506.

104.17(3) *Approval.* Approvals will be given for one year.

104.17(4) *Notification.* Applicants should be notified of approval or rejection within 120 days of application unless the applicant requests and is granted an extension by the department. The Notice of Action form will be used to inform applicants of approval and a restricted certified letter will be used to inform applicants of rejection.

104.17(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 will be the same as for new applications.

104.17(6) *Revocations.*

a. Approval will be revoked by the department 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 facility 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.

c. Appeal rights. Notice of adverse action will be given in accordance with rule 441—16.2(17A). The right to appeal will be given in accordance with 441—Chapter 2506.

104.17(7) *Certificate of approval or certificate of license.* Upon approval, county or multicounty shelter care homes will be issued a certificate of approval 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.

441—104.18(232) Provisional approval.

104.18(1) *Required conditions.* The department 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 department to bring the facility into compliance with the applicable requirements.

104.18(2) *Written report.* The department will provide a report identifying the reasons for the provisional license and the standards that have not been met.

104.18(3) *Corrective action.* The facility director, 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.

104.18(4) *Completed corrective action.* When the corrective action is completed on or before the date specified, a full approval shall be issued.

104.18(5) *Uncompleted corrective action.* When the corrective action is not completed by the date specified on a provisional approval, the department will not grant a full approval and has the option of rejecting or extending the provisional approval. An extension of a provisional approval will 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 will be rejected.

441—104.19(232) Mandatory reporting of child abuse and training.

104.19(1) *Mandatory reporters.* All providers as described 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.

104.19(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.

104.19(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.

These rules are intended to implement Iowa Code sections 232.69 and 232.142.