

CHAPTER 115
LICENSING AND REGULATION OF
COMPREHENSIVE RESIDENTIAL FACILITIES FOR CHILDREN

[Prior to 7/1/83, Social Services[770] Ch 115]

[Prior to 2/11/87, Human Services[498]]

441—115.1(237) Applicability. This chapter relates specifically to the licensing and regulation of comprehensive residential care facilities. Refer to 441—Chapter 112 for the basic licensing and regulation of all foster care facilities and 441—Chapter 114 for definitions and minimum standards for all group living foster care facilities.

This rule is intended to implement Iowa Code chapter 237.

441—115.2(237) Definitions.

“Comprehensive residential facility” means a facility which 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 treatment 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, mechanical restraints, and chemical restraints when these controls meet licensing requirements.

“Nonsecure facility” means any facility which does not meet the definition of a secure facility.

“Secure facility” means any comprehensive residential facility which employs, on a regular basis, locked doors or other physical means to prevent children in care from leaving the facility. Secure facilities may only be used for children who have been adjudicated delinquent or placed pursuant to provisions of Iowa Code chapter 229.

This rule is intended to implement Iowa Code chapter 237.

441—115.3(237) Information upon admission. In addition to the requirements in 114.9(4) “b,” parents or guardians shall be provided with information on conditions for the use of restraints.

This rule is intended to implement Iowa Code section 237.3.

441—115.4(237) Staff.

115.4(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 five staff to child ratio during prime programming time.

b. A staff person shall be in each living unit at all times when children are in residence and there shall be a minimum of three nighttime checks between the hours of 12 midnight and 6 a.m. These checks shall be logged. Policies for nighttime checks shall be in writing.

115.4(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) At least one additional hour per week per caseworker in other related duties including case intake discussions, staffings of cases, evaluations of caseworker, teaching, and administrative duties.

b. Casework staff shall:

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

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

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

This rule is intended to implement Iowa Code section 237.3.

441—115.5(237) Program services.**115.5(1) Recreation program.**

a. 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 activities.

b. Games, toys, equipment, and arts and crafts material shall be selected according to the age and number of children with consideration to the needs of the children to engage in active and quiet play.

c. The facility shall plan and carry out efforts to establish and maintain workable relationships with community recreational resources so these resources may provide opportunities for children to participate in community recreational activities.

115.5(2) Casework services. The facility shall have the internal capacity to provide individual, family and group counseling and shall include, but not be limited to, casework dealing with crisis intervention, daily living skills, peer relationships, future planning and preparation for discharge.

This rule is intended to implement Iowa Code section 237.3.

441—115.6(237) Restraints.

115.6(1) Nonsecure facilities. Physical restraints and a control room are permitted in nonsecure facilities.

115.6(2) Secure facilities. Secure facilities may use physical restraints, a control room, locked cottages, mechanical restraints, and chemical restraints.

115.6(3) Written policies. A facility which 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 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.

f. Maximum time limit for use of restraints.

115.6(4) Use of restraint.

a. A facility shall not use, apply, or administer restraint in any manner which causes physical injury.

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

c. A secure facility which uses any form of restraint 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 approved form of restraint.

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

(3) Crisis management techniques.

d. A secure facility shall continually review any placement of a child in any form of restraint other than physical restraint. The facility shall release the child from restraint immediately when the situation precipitating restraint no longer exists.

This rule is intended to implement Iowa Code section 237.4.

441—115.7(237) Control room.

115.7(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.

115.7(2) Written policies. When a residential treatment 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 which 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.

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

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

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

115.7(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.

115.7(4) Use of control room. The control room shall be used only when a less restrictive alternative to quiet or allow the child to gain control has failed and when it is in the care 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 and the child shall be provided sufficient clothing to meet seasonal needs.

f. A staff member shall always be within hearing distance of the control room, the child shall be visually checked by the staff at least every 15 minutes, and each check shall be recorded.

g. The child shall remain in the control room longer than one hour only with consultation 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 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 aware of the control room as a part of the treatment program.

This rule is intended to implement Iowa Code section 237.4.

441—115.8(237) Locked cottages.

115.8(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.

115.8(2) Nighttime staff. Awake nighttime staff is required in each locked cottage.

115.8(3) As one unit of treatment program. When a facility utilizes a locked cottage as one unit of its treatment program, it shall have written policies. 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 which 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. Requirement for documentation in writing of particular behaviors of a particular child that led to the locked cottage 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.

This rule is intended to implement Iowa Code section 237.4.

441—115.9(237) Mechanical restraint. When a facility uses mechanical restraints as a part of its treatment program, the facility shall have written policies regarding their use. These policies shall be approved by the licensor 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.

115.9(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 two 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.

115.9(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.

115.9(3) In transporting children. Notwithstanding 115.9(1) "d," mechanical restraint of a child in case of a secure facility 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.

This rule is intended to implement Iowa Code section 237.4.

441—115.10(237) Chemical restraint. When a secure facility uses chemical restraints, the facility shall have written policies regarding their use. These policies shall be approved by the licensor prior to the use of this type of restraint. These policies shall be posted in the facility, understood by all staff, explained to all parents or guardians, children, and referring agencies at the time of admission.

115.10(1) Physicians orders. Each administration of chemical restraint shall be specifically ordered by a physician who has personally examined the child. There shall not be standing orders for the use of chemical restraint.

115.10(2) Monitoring. The child shall be monitored continuously by a person trained and qualified to observe potentially adverse side effects.

115.10(3) Authorization. The administrator of a residential facility or a person designated by that officer shall authorize the request for the use of chemical restraint.

115.10(4) *Continual use of chemical restraint.* When a child in care requires chemical restraint on more than four occasions during any 30-day period, a secure facility shall hold an immediate meeting to discuss the appropriateness of the child's continued placement at the facility.

This rule is intended to implement Iowa Code section 237.4.

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