

**441—105.8(232) Program services.**

**105.8(1) Service plan.** There shall be a written service plan developed for each resident remaining in the facility over four days and completed according to the time frames identified for the contracted service. The service plan will be based on individual needs determined through the assessment of each youth. The service plan shall be developed in consultation with child care services, probation services, social services and educational, medical, psychiatric and psychological personnel as appropriate. The plan shall include:

- a. Identification of specific needs;
- b. Description of planned service;
- c. Which staff person(s) will be responsible for each element of the plan;
- d. Where services are to occur;
- e. Frequency of activities or services.

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

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

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

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

**105.8(5) Recreation program.** The facility shall provide adequately designed and maintained indoor and outdoor activity areas, equipment, and equipment storage facilities appropriate for the age group which it serves. There shall be a variety of activity areas and equipment so that all children can be active participants in different types of individual and group sports and other motor activity.

a. Games, toys, equipment, and arts and crafts materials shall be selected according to age, number of children, and with consideration of the needs of children to engage in both active and quiet play. All materials shall be of a quality to ensure safety and shall be of a type which allows imaginative play and creativeness.

b. Shelter care homes shall plan and carry out efforts to establish and maintain workable relationships with the community recreational resources. The facility staff shall enlist the support of these resources to provide opportunities for children to participate in community recreational activities.

**105.8(6) Health care.**

a. *Health assessment at intake.* Facility staff shall review each child's health status at intake. The purpose of this preliminary review is to identify medication needs and problems that need immediate medical attention. Within seven days of intake, all reasonable efforts shall be made to perform a more comprehensive health assessment on each child who has not had a comprehensive health assessment within the past year. If the assessment cannot be performed within seven days, it shall be arranged for the earliest possible time, and the reasons for the delay shall be documented. A registered nurse, an advanced registered nurse practitioner, a physician assistant, or a physician shall perform the comprehensive health assessment.

b. *Existing health needs.* Facilities shall provide or secure medical treatment for a child's illnesses and injuries that come to the facility's attention during the child's stay.

c. *Monitoring side effects of medications.* Facilities shall monitor each child's use of medications and shall inform the authorized prescriber if adverse reactions are noted.

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

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

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

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

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

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

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

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

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

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

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

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

*a.* Providing a supportive atmosphere for each child.

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

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

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

*e.* Supervising all living activities.

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

*g.* Providing for a liaison with the referring agency.

*h.* Monitoring and recording behavior on a daily basis.

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

*a.* Be directly supervised by a paid staff member.

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

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

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