

**ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF  
SUBSTITUTE CARE SERVICES FOR CHILDREN**

**CHAPTER 3  
GENERAL REQUIREMENTS**

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**CHAPTER 3  
GENERAL REQUIREMENTS**

**Section 1. Administration and Governance.**

(a) The organization may be any type of business entity, including, but not limited to sole proprietorships, partnerships, limited partnerships, corporations, non-profit corporations, and limited liability companies.

(b) The organization shall have a governing body, which exercises authority over and has responsibility for the operation, policy and practices of the organization.

(c) The governing body shall be:

(i) A board of directors in the case of a non-profit organization;

(ii) The members of a limited liability company;

(iii) The general partners of a limited partnership; or

(iv) The individual owner or owners of a for-profit organization or corporation.

(d) The organization shall maintain a list of the governing body, members, partners, owners and/or shareholders (whichever is applicable to the type of entity). This list shall include an address for each individual named. This information shall be submitted to the certifying authority on an annual basis.

(e) Any organization required to hold meetings and maintain minutes shall maintain documentation of those minutes.

(f) If the organization, in order to transact business in this state or another state, is required to file documents of organization or incorporation with the Secretary of State, then such organization shall submit to the certifying authority copies of any documentation required to be submitted to the Secretary of State for that purpose and any documentation that is received from the Secretary of State, including, but not limited to: Articles of Incorporation; Articles of Organization; Certificate of Limited Partnership; Statement of Partnership Authority; and, Statement of Registered Office and Registered Agent.

## **Section 2. Responsibilities of the Organization.**

(a) The organization shall develop policies and procedures that assure proper protection, care and treatment of children, as follows:

(i) Ensure that no child, on the basis of race, creed, color or national origin, is excluded from participation in, is denied benefits of, or is subjected to discrimination in receipt of services by the organization;

(ii) Provide services in compliance with Title VI of the Civil Rights Act of 1964 and Wyoming statutes prohibiting discrimination;

(iii) Ensure that all clients are informed of their rights under W.S. § 35-1-625 and that the program has written policies that describe the rights of clients and the means by which these rights are protected and exercised;

(iv) Evaluate on a regular basis the type and quality of service children are receiving and provide for needed changes;

(v) Develop and maintain a program of orientation and training for all new members of the organization;

(vi) Ensure the organization's continuous compliance with the standards for certification developed in these rules and applicable state and local laws;

(vii) Ensure that the organization's standards of practice are professional, ethical and responsive to children's needs:

(A) Staff and consultants of a voluntary or public organization shall have no direct or indirect financial interest in the assets, leases, business transactions or professional services of the organization;

(B) Any member who individually or as a part of a business or professional firm is involved in the business transactions or current professional services of the organization shall disclose this relationship and shall not participate in any vote taken in respect to such transactions or services; and

(C) Written conflict of interest policies shall cover these issues.

(viii) Evidence of the development, updating and approval of policy and procedure manuals shall be documented.

(b) The organization shall ensure:

(i) The organization is financially sound and manages its financial affairs prudently;

(ii) The program keeps and maintains an accurate record of the finances of the facility in accordance with state requirements and its by-laws;

(iii) Fiscal policies make certain the availability of the funds, resources, and equipment required to carry out the organization's purpose;

(iv) Policies are developed governing receipt and expenditure of money, which shall be in accordance with sound budgeting, disbursement, and audit control procedures;

(v) The organization must meet all applicable state and federal fiscal requirements;

(vi) The fiscal accounts of the organization are audited or reviewed annually by a licensed, registered auditor or certified public accountant; and

(vii) A copy of the financial audit or review as required in (vi) above is submitted to the certifying authority on an annual basis.

(c) The organization shall establish personnel policies.

(d) The organization shall select and hire a qualified administrator/executive director and perform a background check as part of the hiring process. Refer to Section 10 of this Chapter for the requirements for background checks.

(e) The organization shall provide documentation that an annual, formal evaluation of the organization's administrator/executive director is conducted. Nothing in this provision should be construed to require the organization to produce the actual evaluation.

(f) There shall be a written document describing the facility or program's organizational structure which:

(i) Includes a chart of the program's organization and a summary that identifies and describes all units of operation with the program. The chart and summary must define the lines of authority and the responsibility of each member of the staff; and

(ii) Is updated as necessary and submitted annually to the certifying authority.

(g) The organization shall submit to the certifying authority annually policy information and amount of insurance to demonstrate they carry sufficient insurance, which shall include:

(i) Public liability insurance coverage;

(ii) Vehicle liability insurance coverage on each vehicle in accordance with Wyoming statutory requirements; and

(iii) Professional liability insurance coverage, where applicable.

(h) The organization shall oversee quality assurance of the program. In this regard, the organization shall make provisions for examining and evaluating its programs at predetermined intervals to:

(i) Ensure that the care and services provided are in accordance with the purpose of the organization;

(ii) Evaluate the effectiveness and efficiency of services provided;

(iii) Assure adherence to all required activities set forth in these rules; and

(iv) The overall scope of the quality assurance process shall be described in a written plan or outline which sets forth mechanisms, committees, or other means of assigning responsibility for carrying out and coordinating quality assurance activities.

(i) The organization shall report in writing to the certifying authority, if applicable, any civil action that is brought against the program or any person employed by the program which relates to the delivery of the service or which may impact on the continued operation of the facility. In addition, the program shall report, if applicable, any criminal action that is brought against the program or any person employed by the program. The required report shall be submitted to the Department within ten (10) calendar day of initiation of such action.

### **Section 3. Abuse and/or Neglect Reporting.**

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of reporting abuse and/or neglect.

(i) The abuse and/or neglect policy must include the following procedures:

(A) A provision that any report made to the law enforcement authorities or DFS of an allegation of abuse and/or neglect of any child in the facility/program shall result in the temporary suspension or reassignment of duties (so as not to be in contact with child(ren) of the alleged perpetrator. This shall be done to remove the risk of harm to the child(ren) due to continued contact between the alleged perpetrator and the child(ren) in the program. Such suspension or reassignment of duties shall remain in effect pending the outcome of the investigation by the appropriate authorities.

(B) Any caregiver or staff member in a facility who has reasonable cause to know or suspect that a child has been subjected to any abuse and/or neglect, or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse and/or neglect, must immediately report or cause a report to be made of such fact to the DFS office and/or the local law enforcement agency in the county where the abuse occurred.

(C) If the suspected abuse and/or neglect occurred in the facility/program, the report shall be made to:

(I) The DFS field office and/or the law enforcement agency in the community or county in which the child care facility/program is located, and

(II) The certifying authority.

(D) If the suspected abuse and/or neglect did not occur in the facility/program, the report shall be made to DFS in the county in which the child resides and/or to the local law enforcement agency in the community in which the incident is believed to have occurred.

(b) The organization shall require each staff person to read and sign a statement defining child abuse and/or neglect and outlining responsibilities to report all child abuse and/or neglect incidents as required by statute. Documentation shall be made available to the certifying authority.

#### **Section 4. Critical Incident Reporting.**

(a) The organization shall develop, adopt, follow and maintain on file written policies, procedures and reporting forms governing all aspects of reporting critical incidents. The following types of incidents shall be reported as critical incidents:

- (i) Child fatality;
- (ii) Serious illness or injury requiring medical attention;
- (iii) Suicide attempt or acute suicidal ideation;
- (iv) All abuse and/or neglect allegations;

(A) If the allegation is against a parent who is also the legal guardian, the parent is not to be notified; however, procedures described in Section 3 above must be followed.

(B) Making a Critical Incident Report to the legal guardian does not relieve the organization of statutory reporting responsibilities as described Section 3 above.

- (v) Child-on-child sexual contact;
- (vi) Child runaway;
- (vii) Fire at the facility or foster home;
- (viii) Riots;
- (ix) Physical assaultive conduct/behavior;
- (x) Bomb threats; and/or
- (xi) Law enforcement intervention.

(b) A verbal report must be made immediately to the child's legal guardian upon occurrence of a critical incident except as provided in (iv) (A) above.

(c) The verbal report must be followed by completion and submission of the DFS Critical Incident Report Form to the certifying authority within two (2) working days after the occurrence.

#### **Section 5. Consent to Treatment and/or Placement.**

(a) The organization shall have policy and procedures to ensure that at a minimum oral consent with a witness is obtained within forty-eight (48) hours from the child's parent and/or legal guardian if not already addressed in a court order. When an oral consent is obtained, a follow up written consent is received within four (4) business days for the provision of:

- (i) Placement of the child in the facility;
- (ii) Routine health care (e.g., health examinations, dental care, vision care, hearing care and treatment for injuries and illnesses); and
- (iii) Emergency medical, dental care and psychological care.

(b) The organization shall notify the local DFS office within forty-eight (48) hours of a child's self-placement in a facility when the organization is unable to obtain oral consent from child's parent and/or legal guardian.

(c) The organization shall have policy and procedures to ensure the above-referenced written consent forms are received in a timely manner.

**Section 6. Parental Involvement.**

(a) Programs shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects ensuring ties between the child and his/her family are developed, maintained and strengthened.

(b) When appropriate, the organization shall involve the family in components of the program, to include family counseling and inclusion in the treatment planning.

**Section 7. Admissions and Discharge.**

(a) Admissions. The facility shall develop, adopt, follow and maintain on file a written statement that clearly defines the purpose and goals of its service, the type of service it intends to provide, and the kinds and numbers of children it will serve.

(i) The program must identify those staff members authorized to make decisions regarding admission; and

(ii) If, at any time, it is determined that the program is unable to provide for the security or treatment needs of a child, the organization must notify DFS and/or the child's legal guardian immediately.

(b) Discharge and Continuing Care Plans. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing discharge and continuing care planning when applicable. The policies and procedures shall include:

(i) The roles and responsibilities of the child's parent and/or legal guardian, the referring agency, and the organization, as applicable;

(ii) The handling of an emergency discharge of a child that ensures the immediate notification of his/her parent or legal guardian, as applicable;

(iii) The involvement of the child consistent with the child's ability to understand the plan and process; and

(iv) A discharge report, which must be completed within 30 days of discharge, shall include:

(A) The name, address, telephone number of the person or organization to whom the child was discharged;

(B) A summary of the services provided to the child while in care;

(C) Goals specified within the ISPC and/or ITPC that have been achieved;



(D) Service needs that remain to be addressed;

(E) Recommendations for follow-up services including referral information with name, address, and phone number of where person is being referred.

(c) An unplanned discharge shall also document the following:

(i) The circumstances leading to the unplanned discharge;

(ii) The actions taken by the organization and other parties; and

(iii) The reason for the actions taken.

### **Section 8. Staff Requirements.**

The organization shall utilize employment policies and procedures to recruit and hire staff capable of providing quality services and that ensure that consideration will be given to each applicant's competence, responsiveness, and sensitivity toward and training in serving the characteristics of the services of the child population, including gender, age, cultural background, sexual orientation, developmental, cognitive or communication barriers, and physical or sensory disabilities. The following safeguards shall be built into the program:

(a) All staff (or any persons having direct care of children) shall be twenty-one (21) years of age or older.

(b) An orientation program for new staff must be completed before staff can be the only staff person present who is providing direct care for children (see Section 11).

(c) Administrator/Executive Director. An organization's administrator/executive director must provide verification that he/she has, at a minimum, a bachelor's degree from a regionally accredited college or university, in the field of human services (or related degree), management or administration or in the case of a juvenile detention center, criminal justice, social work, psychology, or sociology, plus two (2) years experience. The experience of an administrator/executive director of a juvenile detention center may include law enforcement.

(d) Direct Care Staff. Direct care staff shall have a high school diploma or GED.

(e) Contract Staff. If necessary, the organization may contract for services to fully meet the needs of the child. The organization must make available all such contracts to the certifying authority.

(f) Volunteers, Interns, Practicum Students (VIPS)

(i) The organization shall develop policies and procedures for the operation of programs in which volunteers or student field placements or internships are utilized in direct service, care, and treatment.

(ii) The policies shall include:

(A) A clear description of the organization's purposes and goals;

(B) Designation to a supervisory staff person the responsibility for coordination of the VIPS program;

(C) A clear job description for the coordinator of VIPS and for each category of volunteers; and

(D) A clear differentiation of functions and activities appropriate for paid staff members and VIPS in policy-making, advocacy, administrative, and direct services roles;

(iii) The procedures shall include:

(A) A process for screening and selecting VIPS, including background, character and reference checks as set forth in these rules for staff;

(B) A defined line of supervision, with clear written expectations of the supervisor and the VIPS;

(C) Orientation and in-service training activities in the VIPS' specified roles; and

(D) Procedures to monitor and evaluate activities and contributions.

(g) Documentation of all staff qualifications must be made available to the certifying authority.

(h) The number of staff present at all times must be adequate to meet the required staff to child ratios for the program type. If more than one program is operated at the same location and children from more than one program type or age groups of children are commingled, the most restrictive staff:child ratios shall apply.

(i) A current employee who has qualified for a position under the previous rules and is serving in that position shall be exempt from meeting any increased educational requirements defined by these rules.

**Section 9. Staff Supervision.**

(a) The program shall have an organizational chart delineating supervision.

(b) During every shift, there must be a designated individual who, at a minimum, is available by phone and is responsible for that shift.

**Section 10. Background Checks.**

(a) A Wyoming abuse and/or neglect Central Registry check, an abuse and/or neglect Central Registry check from any other state lived in for the past 5 years, Division of Criminal Investigation (DCI) criminal history record prescreen, and a national criminal history record shall be completed for all staff, foster parents, adoptive parents. These same checks are necessary for adult household members in the case of foster homes, adoptive homes, and facilities that are operated in an individual's home.

(i) A person whose name appears on the Central Registry as substantiated must not be employed, approved for foster care or reside in any facility certified under these rules; and

(ii) A person with a criminal history record may not be employed, approved for foster care or reside in any facility certified under these rules if that person has been convicted or has a pending deferred prosecution of a felony involving:

(A) Child abuse and/or neglect;

(B) Spousal abuse;

(C) A crime against a child or vulnerable adult;

(D) A crime involving violence, including rape, sexual assault or homicide, but not including other physical assault or battery; or

(E) One of the following if the conviction occurred within the last five (5) years:

(I) Felony physical assault;

(II) Felony battery;

(III) A felony related drug offense; and/or

(IV) Any other crime that causes the facility to be concerned for the safety or well-being of children or others.

(F) The organization shall determine if rehabilitation has occurred for individuals with criminal convictions outlined in (E) above that occurred more than five (5) years ago. The organization shall document its decision as to rehabilitation for any individuals that are to be employed or will reside in the facility or foster home and provide that information to the certifying authority prior to employing the person or allowing the individual to reside in the facility or foster home.

(b) No staff person including volunteers and interns, foster parent, or adult household member residing in any facility who has been charged with a crime involving children, physical or sexual violence against any person, or a felony drug related offense and awaiting trial may provide care or be present in the facility pending the outcome of the criminal proceeding.

(c) A copy of background checks must be made available to the certifying authority.

### **Section 11. Staff Training.**

(a) Orientation Training. All staff (including foster parents) must complete a prescribed number of hours of orientation training, as set forth in each program-specific chapter of these rules.

(i) The orientation training must be completed by the staff person before they can assume responsibility for unsupervised direct care of children.

(ii) The orientation training shall include but not be limited to the following:

- (A) Organization philosophy and history;
- (B) Organization policies and organization staff member roles;
- (C) Responsibilities for reporting child abuse and/or neglect;
- (D) Permanency and family centered practice;
- (E) The staff member's role and responsibilities in relation to the child and family;
- (F) Training in the area of universal precautions (blood borne pathogens);
- (G) Procedures for adherence to personal and professional ethics and conduct;

(H) Orientation to the organization's approved crisis intervention procedures and reporting of critical incidents and adverse events;

(I) Record-keeping requirements;

(J) Cultural competency;

(K) Separation and loss inherent in out-of-home care for children and families, and for the staff members when children leave;

(L) Confidentiality;

(I) All staff must be instructed on the federal and state legal requirements of maintaining confidentiality; and

(II) Failure to comply with confidentiality requirements may result in employment termination and/or criminal prosecution;

(M) Risk and impact of substance abuse on child population;

(N) The overall importance of the direct supervision and safety of children;

(O) Bomb threats (exclusive to facilities);

(P) Knowledge of the community and ability to work with other organizations;

(Q) Rights of the persons served by the program;

(R) Suicide prevention and intervention;

(S) Prevention of workplace violence, homicide and other criminal acts;

(T) Orientation to organization vehicles, if applicable;

(U) Procedures for safe transportation of children;

(V) Helping juveniles with acceptance of the residential setting;  
and

(W) Implementation of the organization's written emergency and evacuation plans;

(I) Each staff member and each child in the facility shall be aware of the emergency plan.

(II) All staff shall be assigned duties for emergencies and shall be trained in their duties.

(III) Training shall include:

(1) Familiarization with assigned duties;

(2) Evacuation routes;

(3) Areas of refuge;

(4) Exterior assembly areas and procedures for leading groups or assisting individuals to evacuate;

(5) Knowledge of the location and proper use of portable fire extinguishers;

(6) Familiarity with fire alarm signals, when alarms are provided, and emergency action required under emergency conditions; and

(7) Staff shall receive training in the emergency plans and their duties as part of new staff orientation and at least annually thereafter.

(iii) If the facility utilizes a Seclusion Room, the designated staff authorized to place a child in the Seclusion Room shall be oriented and trained as outlined in Section 24.

(iv) If the organization is using physical restraint, all staff and foster parents who use restraint shall be oriented and trained in appropriate behavioral interventions procedures as outlined in Section 24.

(v) All administrative and managerial staff shall receive training and the training may include but is not limited to:

(A) General management;

(B) Labor law;

(C) Staff/management relations;

(D) Child welfare, juvenile justice and mental health systems;

(E) Relationships with other service organizations; and/or

(F) Emerging trends and best practices in program area.

(b) CPR and First Aid training. All staff shall complete within ninety (90) days from the date of hire but at all times that children are present in a facility, there must be one (1) direct care staff person present who has current certification in CPR and First Aid. Foster parents must have current certification in CPR and First Aid prior to receiving certification from the Child Placing Agency or Therapeutic Foster Care Agency.

(i) All CPR and First Aid training must meet the requirements of the American Heart Association, American Red Cross or National Safety Council;

(ii) The CPR and First Aid training must be updated as required by the American Heart Association, American Red Cross or National Safety Council; and

(iii) CPR and First Aid training does not count toward orientation training hour requirements but does count toward annual training requirements.

(c) Annual Training. All direct care staff (including foster parents) must complete a prescribed number of hours of annual training, as set forth in each program-specific chapter of these rules. Each year all employees shall receive ongoing training in:

(i) Emergency plans;

(ii) Suicide prevention and intervention;

(iii) Prevention of workplace violence, homicide and other criminal acts;

(iv) Confidentiality; and

(v) Other areas of annual training may include:

(A) Child development;

(B) Behavior management and appropriate discipline;

(C) Crisis prevention and intervention;

(D) Supervisory training;

(E) Attachment disorders;

(F) Eating disorders;

- (G) Ethical issues;
- (H) Cultural competency;
- (I) Dietary and nutritional needs of children;
- (J) Educational issues;
- (K) Child safety;
- (L) Issues surrounding transition (back home or to independent living);
- (M) Self-care/independent living skills;
- (N) Rights of the persons served by the program;
- (O) Permanency and family centered practice;
- (P) Substance abuse and mental health issues with the child and/or family and their impact on the family systems;
- (Q) Procedures for adherence to personal and professional ethics and conduct; and/or
- (R) Emerging trends and best practices in program area.

**Section 12. Employee Health.**

(a) TB Testing.

(i) All employees must undergo TB testing within ten (10) days of hire and cannot have direct contact with children prior to receiving the test results;

(ii) There shall be follow-up TB testing if recommended by a health professional; and

(iii) In case of a positive exposure, employee shall follow the procedures of the Wyoming Department of Health.

(b) Reportable Communicable Disease. If an employee in a facility becomes ill with a reportable communicable disease (a disease or condition that is reportable to the Wyoming Department of Health) during his/her shift, he or she shall be isolated from the children until he or she can be examined or treated and cleared by a physician.



(c) Hepatitis B.

(i) Hepatitis B vaccinations shall be made available to employees on a volunteer basis as stated by the Occupational Safety and Health Administration (OSHA).

(ii) Specifically, this OSHA regulation states that employers must provide at no cost to the employee, hepatitis B vaccinations of all employees who are at risk of acquiring hepatitis B due to occupational exposure to blood or other potentially infectious materials.

(iii) If the employee chooses not to be vaccinated, the employer must obtain his/her signature on a statement.

**Section 13. Child Health and Safety.**

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures to keep children safe and healthy while in their facilities.

(b) Health and Safety Documentation. Within twenty-four (24) hours of admission to the program, the program intake staff shall document in writing a screening describing the health and safety status of the child. Said documentation shall include available medical information and health concerns such as:

- (i) Allergies;
- (ii) Medications;
- (iii) Immunization history;
- (iv) Hospitalizations;
- (v) Medical diagnoses;
- (vi) Medical problems that run in the family;
- (vii) Complications of pregnancy, if applicable;
- (viii) Special dietary needs;
- (ix) Illnesses;
- (x) Injuries;
- (xi) Dental problems;
- (xii) Mental health issues;

- (xiii) Emotional problems;
- (xiv) Ongoing medical care needs;
- (xv) History of aggressive or violent behavior;
- (xvi) Substance abuse history;
- (xvii) Sexual history or behavior patterns that may place the child or other children at risk;
- (xviii) Known or suspected suicide or self-injury attempts or gestures;
- (xix) Emotional history which may indicate a predisposition for self-injury or suicide;
- (xx) History of fire setting;
- (xxi) Homicidal thinking; and
- (xxii) Animal mutilation.

(c) Child's Health and Safety Plan.

(i) If indicated in the health and safety documentation, an individual written plan to address the child's health and safety issues shall be developed and implemented as soon as practical but not more than seven (7) calendar days from the date of the screening.

(ii) The organization shall address safety issues in each child's service/treatment plan, which shall include documentation covering all areas affecting safety due to the unique attributes of the facility and/or foster home (e.g., swimming pool, livestock) and preexisting conditions, including but not limited to:

- (A) Child's physical limitations;
- (B) Emotional state;
- (C) Parental/extended family involvement; and
- (D) Runaway history.

(d) There shall be written policy and procedures to provide for the issue of clean, usable bedding, linen and towels to children, with provision for exchange or laundering at least weekly. Bedding issued shall include two sheets, one pillowcase and sufficient blankets.

(e) There shall be written policy and procedures to ensure that personal hygiene articles are provided. Such articles shall include, but not be limited to soap, toothbrush, toothpaste, comb, toilet paper, sanitary products and deodorant.

(f) Health and Dental Care Documentation. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing preventive, routine and emergency medical and dental care, including provisions for effective coordination of such dental and medical care with those responsible for the child's continuing care.

(g) Communicable Disease. When the facility has a child in placement who is infected, or who may be infected, with a communicable disease, the following guidelines shall apply:

(i) The organization shall work with the legal guardian at all stages of planning for the child;

(ii) All individual patient health records are strictly confidential; and

(iii) All programs must follow Wyoming Department of Health recommended procedures for infection control for both caregivers and children.

(h) Allergic Reactions.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures to handle unanticipated allergic reactions by a child;

(ii) The policy shall be covered in staff training and/or foster parent training; and

(iii) Notation of allergic reactions shall be made in the child's file.

(i) Suicide Prevention and Intervention.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of suicide prevention and intervention.

(ii) The suicide prevention and intervention policy must be reviewed by a licensed medical or mental health professional;

(iii) All staff and foster parents having responsibility for the supervision of children shall be trained in the implementation of the policy; and

(iv) Documentation of training shall be in the staff member's personnel file and/or the foster parent's file including a certificate or sign-in sheet and training agenda.

(j) Family Planning.

(i) The organization shall have a written policy concerning family planning services that complies with federal and state statutes governing family planning.

(ii) A copy of the policy shall be made available to each child of the facility or program at the time of admission.

(iii) Family planning services shall be provided when requested.

(iv) Family planning services include the provision of information concerning medical care and contraceptives.

(v) Family planning services shall include criteria for the prevention of sexually transmitted diseases.

(vi) Family planning services are voluntary.

(A) Adolescents have a right to accept or reject services; and

(B) These services are available regardless of sex, marital status, parenthood, religious affiliation, or personal belief of any employee of the facility or program.

(vii) A minor is entitled to family planning services without parental consent.

(k) Sexually Transmitted Diseases. All programs must be in compliance with federal and state guidelines governing sexually transmitted diseases. Screening shall be provided by public health or licensed physician upon request of child.

(l) Children in substitute care shall not participate as human subjects in medical research or experimental medical projects.

#### **Section 14. Nutrition.**

(a) Provision of Food.

(i) All facilities and/or foster parents shall provide children with nutritional, well-balanced meals and snacks.

(ii) Therapeutic diets that conform as closely as possible to the foods served to other children shall be available upon medical or dental authorization.

(iii) Religious diets that conform as closely as possible to the foods served to other children shall be available upon authorization of a parent/chaplain.

(b) Quantity of Food.

(i) The quantity and type of food served shall meet minimum daily requirements as recommended by the U.S. Department of Agriculture, unless otherwise recommended in writing by a licensed physician, certified nurse practitioner, registered dietician, or licensed physician's assistant for a specific child.

(ii) Additional portions of meals or snacks shall be available for the children.

(c) Prohibition against Withholding or Forcing of Food.

(i) Facilities and/or foster parents may not withhold meals or drink as punishment.

(ii) A child may not be forced to eat food or drink liquids.

(d) Eating Disorders.

(i) The organization shall provide counseling or shall seek assistance from a licensed professional for treatment of eating disorders; and

(ii) Recognition of eating disorders shall be included in the training for staff and foster parents.

**Section 15. Transportation.**

(a) Policies. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the maintenance and safe operation of vehicles and transportation of children that comply with all applicable safety laws and regulations, including the mandatory use of safety belts and harnesses.

(i) Vehicles used to transport children shall be maintained in safe condition and comply with applicable motor vehicle laws.

(ii) Documentation shall be kept on vehicle maintenance.

(iii) The operator of a vehicle transporting children:

(A) Must be at least twenty-one (21) years of age;

(B) Shall have the appropriate type of driver's license as required by state law; and

(C) Must wear a seat belt when transporting children.

(iv) All passengers shall wear seat belts, unless being transported in a federally classified school bus.

(v) The number of persons in a vehicle used to transport children shall not exceed the manufacturer's recommended capacity nor the number of seat belts installed when the vehicle was manufactured.

(vi) Each child who is a passenger shall be secured in a child safety restraint system, as approved for age and weight, in accordance with state law and manufacturer's specifications.

(vii) If the vehicle is equipped with air bags, the manufacturer's specifications and state law must be followed.

(viii) All facility vehicles must be equipped with a first aid kit and fire extinguisher when transporting children.

#### **Section 16. Medication.**

(a) Supervision and Administration of Medication. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the supervision, the administration and monitoring of medication to children.

(i) These policies and procedures shall be disseminated to all staff and foster parents;

(ii) These policies shall include prescription drugs, non-prescription drugs and vitamins;

(iii) Prescription medication shall only be administered under the order of a physician, a nurse practitioner or physician's assistant;

(iv) Non-prescription medications shall be administered by the appropriately trained personnel in the facility;

(v) A medication consent form must be completed by the child's parent or legal guardian for all medications given (to include changes in dosage);

(vi) Before the recommended dosage for over the counter medication is exceeded, written permission must be given to the facility by the parent(s) or legal guardian and a health care professional;

(vii) The effects of medication must be documented in the child's health record and the prescribing physician should regularly review the child's response to medication;

(viii) If prescribed medications are used, daily monitoring and documentation is required; and

(ix) There shall be written policy, procedures and controls governing the destruction of out-of-date medication, unused medication or medication prescribed for former children and disposal of syringes and medical waste in accordance with state and local law.

(b) Storage of Medications. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that all medications (over-the-counter and prescribed) are stored in a locked area that is inaccessible to children.

(c) Labeling of Medications.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that all medications are accurately labeled;

(ii) Medications must bear their original prescription label or a manufacturer's label; and

(iii) Any deviation from the recommend dosage on the label must be accompanied by a physician's written instructions.

(d) Repackaging of Medication. If medication repackaging (e.g., the placing of a limited supply of medication in a separate container for use during an absence/excursion from the facility) is to occur, it must be done in accordance with the following guidelines:

(i) The individual having the responsibility of repackaging the medication must have training and experience in all aspects of medication administration;

(ii) All medication that is repackaged must be labeled with the following information:

- (A) Patient's name;
- (B) Medication name;
- (C) Correct dosage instructions;
- (D) Name of physician;

- (E) Prescription number; and
- (F) Date of repackaging.
- (iii) Repackaging may occur as often as needed; and
- (iv) If there is medication left over from repackaging:
  - (A) It shall be documented in the child's record. Said documentation shall state why there was medication left over and a description of what the medication is for; and
  - (B) Medication left over from repackaging shall not be returned to the original bottle/container due to changes in potency and contamination.
- (e) Medication Logs.
  - (i) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that medication logs are maintained for each child;
  - (ii) The organization shall keep a written record of all medication given to each child; and
  - (iii) The organization shall maintain a cumulative record of all medication dispensed to children, a copy of which shall be placed in the child's case record. This record shall include:
    - (A) Child's name;
    - (B) Name of physician prescribing medication;
    - (C) The name of the medication;
    - (D) Date the medication was administered;
    - (E) Amount of medication given;
    - (F) Time the child received the medication;
    - (G) Signature/initial of person monitoring medication;
    - (H) Any medication errors and reason for the errors; and
    - (I) A statement must be signed and documented by the staff member who witnessed medication refusal.



(f) Medication Errors.

(i) Documentation of medication errors shall be kept in the medication log;

(ii) Medication errors may include:

(A) The failure to administer medication;

(B) Administering the incorrect medication;

(C) Administering the correct medication in an incorrect dosage; or

(D) Administering the correct medication at the incorrect time.

(iii) After each medication error:

(A) Medical personnel (e.g., physician, registered nurse, nurse practitioner, physician's assistant) shall be contacted as soon as possible for instructions;

(B) Immediate actions shall be taken to prevent future medication errors; and

(C) Said actions shall be documented.

(g) Adverse Reactions. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that all staff members are aware of the side effects of medication prescribed for the child.

(h) Medication Administration Training.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that medication administration training has been provided; and

(ii) Special training shall be given to all staff and foster parents to enable them to recognize changes in a child's appearance or behavior that may be related to the use of psychotropic medication.

(i) Psychotropic Medication.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that psychotropic medications shall be prescribed and administered only as a component of a comprehensive treatment plan;

(ii) If psychotropic medications are used, the organization must have a written policy governing the use of such drugs that shall include the following:

(A) Criteria for the use and review of psychotropic medications as a part of the individual treatment plan;

(B) Procedures for obtaining informed consent from the child and/or the parent(s) or guardian where consent is required;

(C) Procedures for monitoring and reviewing use of psychotropic medication by a physician; and

(D) Procedures for reporting the suspected presence of undesirable side effects.

(iii) An organization who has a child in care who is to receive psychotropic medications shall ensure that the child's medical history is reviewed and child is personally examined by the prescribing physician prior to commencing use of the psychotropic drug.

(j) Revocation of consent. If a parent or guardian revokes consent for the use of medication, the organization has the option of continuing to provide services to the child without the use of medications. The organization also has the option of not continuing to serve the child and DFS shall be notified immediately if the child is in DFS custody. In addition, the organization shall immediately file a statement describing the circumstances under which consent has been revoked.

(i) This statement shall be provided to all staff;

(ii) The child's physician shall be notified; and

(iii) The child's DFS caseworker shall be notified.

#### **Section 17. Recreation and Leisure.**

(a) All organizations shall develop, adopt, follow and maintain on file written policies and procedures ensuring developmentally appropriate recreation, physical exercise and leisure time activities.

(b) The organization shall develop objectives pertaining to recreation within ISPC and/or ITPC plans.

(c) The facility and/or foster parents shall provide age appropriate recreational experiences for all children in placement.

(d) The facility and/or foster parents shall offer a wide range of indoor and outdoor recreational activities in which participation shall be encouraged and motivated, in accordance with individual interests, ages, and needs.

(e) Activities should be spread throughout the week, and especially on days when there is no school or structured treatment programs.

(f) Community facilities should be used as a much as possible.

(g) Television viewing is not to be considered a form of recreation.

(h) Organization Recreational Plan.

(i) Organizations with on- or off-ground activity programs, which by their nature significantly require a higher level of child supervision, shall clearly describe each activity in their recreational plan, the supervision that would be appropriate for the activity and how the skill level of the child will be assessed. These include activities which could be described as physically or otherwise challenging, or those which utilize animals, or those which might involve a level of risk to children; and

(ii) The plan for each activity shall outline the qualifications of staff members involved, special equipment, supervision rules that will be used, and any changes in the usual behavioral rules for children and staff required by the activity. At a minimum, the plan specifically shall address each of the following:

(A) Special qualifications of staff.

(I) The organization shall make documentation available to the certifying authority that the staff member has specialized training, or extensive life experience in the recreational activity that qualify staff to supervise the activity;

(II) If the organization or specific staff is certified in a recognized activity area such as ROPES, Project Adventure or Red Cross water safety instructor (WSI), these standards will be evidence of compliance; and

(III) Swimming shall be permitted only when an adult with a current lifeguard certificate, including CPR training, is present.

(B) Special safety equipment.

(I) All sports and outdoor equipment used in the program is selected on the basis of safety factors and is regularly checked or tested to insure it is up to the organization's standards, which comply at a minimum with applicable national standards for the equipment in use;

(II) First aid and emergency response kits and other emergency supplies and medications needed by participants are under the control of the designated group leader at all times; and

(III) The organization provides for adequate shelter from the elements, safe and healthful food and water, appropriate clothing and appropriate equipment required for the activities and the environment.

(C) Special rules for staff and child behavior.

(I) The organization has a written plan for coverage and supervision when groups are physically distant from the main location which includes delegation of authority; and

(II) Personnel designated responsible for the group must have had first aid or first responder training and at least one (1) staff person with the group shall be certified to provide CPR.

(D) Risk management.

(I) The organization shall have a written plan for any activities which could be described as physically or otherwise challenging, those which utilize animals, or those which might involve a level of risk to children; and safety rules for staff and children, appropriate clothing and equipment required, and necessary training for staff and children prior to undertaking the activity shall be specified in the plan. Changes to this plan shall be submitted to the certifying authority; and

(II) The organization shall include in its plan the level of administrative approval required to authorize the undertaking of any such activity.

### **Section 18. Facility Health and Safety Requirements.**

The organization shall develop procedures for the maintenance of a safe, hygienic, and sanitary environment and monitor adherence to procedures in order to protect the health, safety and welfare of the children. Health and safety requirements for adoptive homes, foster care and therapeutic foster care can be found in the chapters pertaining specifically to those program types.

(a) Inspections.

(i) All programs shall request an annual fire and sanitation inspection, if required by the local jurisdiction and comply with all fire and sanitation requirements as applicable;

(ii) The purpose of the inspection is to prescribe the minimum requirements and controls that will provide a reasonable level of life safety, property

protection and public welfare from the actual and potential hazards created by fire, explosions and other hazardous conditions;

(iii) Reports of inspections and remedial action must be submitted to the certifying authority; and

(iv) Any inspection conducted by other regulatory agencies will be reviewed by the certifying authority at each site visit, including identification of any issues found and a review to determine if the issues were addressed adequately.

(b) Tobacco, Alcohol, Controlled Substances and the Abuse of Legal Substances.

(i) The organization shall prohibit the use of all forms of tobacco, alcohol and other controlled substances by children.

(ii) In all substitute care facilities:

(A) All forms of tobacco, and alcohol shall be prohibited in all substitute care facilities; and

(B) The organization shall ensure a smoke-free environment in all motor vehicles while transporting children.

(iii) All organizations shall prohibit all use of illegal drugs or the abuse of legal substances by any individual in any building, on the premises, or in any vehicle used by children and in the presence of children.

(iv) The organization shall prohibit the use of alcohol by employees, volunteers, and visitors in any building, on the premises or in any vehicle used by children or in the presence of children.

(vi) The organization shall offer referrals to tobacco cessation programs for children and staff.

(c) Animals.

(i) Domestic animals which reside in the living unit shall be current on all vaccinations as recommended by a licensed veterinarian. Verification of such vaccinations shall be present on the premises. Additionally, all domestic animals shall be examined annually by a licensed veterinarian.

(ii) When the organization has horses, cattle and any other livestock that are used with and by children, the following conditions apply:

(A) The animals must be under the care of a licensed veterinarian and how the animals are used must be conveyed to the veterinarian;

(B) The animals must be housed in appropriate enclosures; and

(C) Children at the facility who are in contact with the animals must be educated in the safe and appropriate handling of the animals.

(iii) Exotic animals or any animal who has a history of attacking even one (1) person or aggressive behavior that are kept as pets shall be inaccessible to the children in care; and

(iv) Some reptiles carry salmonella and for that reason can be a health risk. Contamination can occur by direct contact with them or their environment. If facilities house reptiles or amphibians they shall take the following precautions to prevent children from exposure to salmonella:

(A) Reptiles and amphibians, and their living environment, must be made inaccessible to direct contact by children less than five (5) years of age and persons with immunocompromising conditions;

(B) Pet reptiles must not be allowed to roam freely throughout the home or living area;

(v) If an individual has had contact with the animal, animal feces, or any objects and surfaces that have been touched by the animal (especially holding areas and food and water bowls), he/she must wash his/her hands well with soap and running water; and

(vi) Cages cannot be cleaned in food preparation areas (including the kitchen sink) unless these areas are subsequently and properly disinfected.

(vii) All birds capable of carrying psittacosis shall be certified as being psittacosis free, tested or treated by a veterinarian to eliminate or prevent psittacosis or similar diseases.

(d) Pest Control. Insect and rodent control measures shall be implemented as needed.

(e) Outdoor Space and Equipment. The children shall have access to outdoor recreational space and suitable recreational equipment.

(f) Indoor Space and Equipment. Indoor space and equipment shall include but not be limited to:

(i) Furniture. The organization shall ensure that buildings are furnished with clean, comfortable furniture in good repair and appropriate to the age, size and capabilities of children;

(ii) Stairs:

(A) Stairs shall have sturdy railings; and

(B) Open staircases shall have a child-safe gate if there are young children in the facility/home;

(iii) Fireplaces and wood-burning stoves. The organization shall ensure the safe disposal of ashes from coal or wood burning fireplace or stoves;

(iv) Elevators. Each elevator shall have a valid certificate of operation;

(v) The organization shall ensure that safeguards are taken to protect small children from accidental contact with fireplaces, heaters and hot surfaces;

(vi) Unused electrical outlets shall have safety shields if there are young children placed in the facility or home; and

(vii) Space heaters shall not be used unless approved by the certifying fire authority.

(g) Exterior Conditions.

(i) The overall condition of the buildings and grounds shall be maintained in a clean, uncluttered, sanitary and healthful manner;

(ii) Property shall be maintained in good repair;

(iii) Property shall be in compliance with all city/county/state codes;

(iv) Garbage and rubbish which is stored outside shall be stored securely in noncombustible, covered containers and shall be removed at least once every week or more frequently, if necessary;

(v) Fences shall be in good repair;

(vi) Guardrails shall:

(A) Be located along open-sided walking surfaces, mezzanines, stairways, ramps and landings and along glazed sides of stairways, ramps and landings which are located more than thirty (30) inches above the floor or grade below; and

(B) Form a protective barrier not less than forty-two (42) inches high.

(vii) Areas determined to be unsafe, including steep grades, cliffs, open pits, swimming pools, high-voltage boosters, or high-speed roads, shall be fenced off or have natural barriers or the organization must have a plan in place on how it will protect children;

(viii) House numbers or addresses shall be plainly visible from the street;

(ix) Home shall have at least two (2) exits; and

(x) Doors shall be operable from the inside without the use of a key or special effort.

(h) Emergency Situations.

(i) All organizations shall develop, adopt, follow and maintain on file a written plan for action in case of emergencies (e.g., fire), natural disaster (e.g., earthquakes, floods, tornadoes, and severe weather), and missing child(ren) and the plan shall include:

(A) The procedure for reporting emergencies;

(B) Procedures for relocation and evacuation of children;

(C) Staff member duties during emergencies;

(D) Floor plans identifying the locations of portable fire extinguishers, other manual fire-extinguishing equipment, manual fire alarm pull stations and fire alarm control panels;

(E) Floor plans identifying the primary and secondary routes of evacuation for each room or portion of the occupancy;

(F) Site maps identifying the designated exterior assembly area for each evacuation route;

(G) Specific procedures for responding to the crisis;

(H) Specific procedures to ensure prompt notification of parents and/or guardians; and

(I) Emergency transportation, if required;



(ii) There shall be evidence of an annual update and review of the plan;

(iii) Evacuation and emergency plans shall be posted throughout the facility:

(A) The plans shall be posted so that they are conspicuous and readily available to both children and employees to assist them in an emergency, yet attached as to prevent removal; and

(B) Directions to and the location of exits, fire extinguishers, first aid equipment and other emergency equipment or supplies shall be posted; and

(iv) Copies of the emergency plan must be disseminated to appropriate local authorities.

(v) Fire/Evacuation Drills:

(A) The organization shall conduct monthly emergency evacuation drills with every shift conducting a drill not less than quarterly;

(B) These shall occur under varied conditions and during hours when a majority of children are present in the facility. Evacuation routes and procedures shall be posted and shown to each child at admission;

(C) Emergency drills shall be documented and evaluated as to their effectiveness and a plan shall be developed if any issues arise due to the drill, including timelines to correct the issues and documentation of the resolution of the issues;

(D) When drills are conducted, all persons who are subject to the drill requirements shall participate in the drill;

(E) Records of drills shall be maintained on the premises for review by the certifying authority; and

(F) Records of drills shall include the time and date of each drill held, the name of the person conducting such drill, and other information relative to the drill.

(vi) Alarms. Facilities shall have an alarm system as required by the local authority.

(vii) Smoke detectors. Underwriters Laboratory approved smoke detectors shall be installed on all floors of the facility including the basement, centrally located in the hall or area giving access to each sleeping area;

(viii) Fire Extinguishers:

(A) ABC portable fire extinguishers are available in the kitchen and other areas as recommended by the local fire department or fire official;

(B) Fire extinguishers are inspected and serviced annually by an individual certified by the State of Wyoming. New and serviced fire extinguishers shall have service tags attached showing date of purchase or date of service;

(ix) Carbon monoxide detectors. Every facility and foster home shall have a carbon monoxide detector following manufacturer's recommendations for placement;

(x) Monthly check. The organization must conduct a monthly physical check ensuring that smoke detectors, carbon monoxide detectors and fire extinguishers are operational. The time, date and result of all inspections and any corrective actions will be documented in a monthly log and reviewed by DFS at the time of each site review;

(xi) Hallways and entry ways must be free of obstructions at all times;

(xii) Fire exits must be accessible at all times; and

(xiii) Sprinkler System. An automatic sprinkler system shall be installed as required by the local fire official.

(i) Storage of Chemicals, Cleaning Solvents, Flammable and Combustible Materials, Poisons, Toxins.

(i) All detergents, sanitizers and related cleaning compounds and other chemicals shall be stored in a safe location that is locked and inaccessible to children; and

(ii) Combustible and flammable materials and liquids shall be stored according to fire code, locked and kept outside of main living areas, and shall not create a fire hazard.

(j) Communication System.

(i) The organization shall ensure that each building used by children or the foster home has at least one (1) working telephone that is directly available for immediate access or that it is connected to an operating central telephone system;

(ii) The organization shall ensure that the facility's and foster home's telephone number is clearly posted and available to children, their parent(s), if appropriate, or legal guardian, and the general public if appropriate;

(iii) The organization shall provide children with reasonable access to a pay or free telephone;

(iv) The organization shall provide children with reasonable privacy for telephone use unless indicated differently on the child's ISPC or ITPC;

(v) The organization shall not charge children for telephone calls to the DFS caseworker; and

(vi) Emergency telephone numbers must be posted by every telephone or the telephone must have direct access to an emergency switchboard.

(k) First Aid. The organization shall ensure that first aid kits are readily available and accessible in the facility or foster home.

(l) Weapons/Firearms. A weapon is any firearm, explosive or incendiary material, or other device, instrument, material or substance, which in the manner it is ordinarily used, or is ordinarily intended to be used, is reasonably capable of producing death or serious bodily injury.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the safe management of firearms and weapons;

(ii) The organization shall prohibit the storage or use of any firearms or other weapons on the grounds of the facility or program or in any building used by children, except by law enforcement personnel in emergency and non-emergency situations;

(iii) In foster homes, firearms and ammunition shall be stored and locked separately from each other in an area that is inaccessible to children;

(iv) Archery equipment and any other type of weapon shall be handled in the same manner as firearms; and

(v) No explosives of any type shall be allowed on the premises.

(vi) A foster child on probation and/or an adjudicated delinquent shall abide by the court order or terms and conditions of probation concerning weapons and firearms, and shall not be allowed to participate in activities with firearms until:

(A) Successfully completing a course of firearm safety;

- (B) Obtaining a hunter's safety certificate;
- (C) He/she is no longer on probation and/or an adjudicated delinquent; and
- (D) The foster child must also be accompanied and supervised by an adult over 21 years of age in possession of a hunter's safety certificate.

**Section 19. Requirements for New (Purchased or Leased) Construction and Additions to Existing Structures.**

(a) All new occupancies, new construction, remodeling or conversions of facilities shall comply with these rules as well as:

- (i) Local plumbing codes or in their absence, the International Code Council International Plumbing Code, latest edition;
  - (ii) Local building codes, or in their absence, the International Building Code, International Code Council, latest edition;
  - (iii) The Federal Safe Drinking Water Act;
  - (iv) The Americans with Disabilities Act, 42 USC §12101 *et seq.*;
  - (v) Local or state fire safety and sanitation requirements, as applicable;
- and

(b) Prior to purchase, lease, construction or remodeling of a new or existing facility, there shall be a plan review completed by DFS and the State Fire Marshal or other local fire authority. After construction or remodeling is completed, a fire inspection shall be conducted and a certificate of occupancy must be issued. The organization shall submit documentation of the fire inspection to the certifying authority.

(c) Prior to the purchase or leasing of an existing structure, fire and sanitation inspections shall be completed. The organization shall submit documentation of the inspections to the certifying authority.

(d) Facilities operating within local enforcement jurisdictions shall follow procedures for permitting and plan reviews as required by the local jurisdiction.

(e) All construction and remodeling, regardless of cost or size, shall comply with the minimum adopted state codes and/or local codes.

(f) In all remodeling and new construction, required smoke detectors shall receive their primary power from the building wiring when such wiring is served from a

commercial source and shall be equipped with a battery backup. The detector shall emit a signal when the batteries are low.

## **Section 20. Bedrooms.**

(a) The facility and foster home shall have sufficient bedroom space to allow at least seventy-five (75) square feet for the first occupant of a bedroom, and fifty (50) square feet for each additional occupant.

(b) Windows in rooms designated sleeping areas shall be adequate for emergency escape or rescue. For all facilities required to have fire inspection those windows shall be approved by the certifying fire authority.

(i) Exception: facilities licensed as Juvenile Detention Centers or secure Residential Treatment Centers.

(c) There shall be no more than four (4) children to a facility or foster home bedroom.

(d) All children in placement shall have an individual bed.

(e) Each child shall be provided with room and board and is to be assigned a bedroom which shall include, as a minimum, a bed, mattress, mattress cover, pillow, supply of bed linen and space for the storage of personal items.

(f) Children of the opposite sex shall not sleep in the same room. In the case of foster homes, children of the opposite sex may sleep in the same room, but only if they are biological siblings and if under age eight (8), unless written approval is given by the DFS caseworker stating that it is in the children's best interest to share a room.

(g) Staff and foster parents shall never share a bed with a child in care.

## **Section 21. Bathrooms.**

(a) All residential facilities shall have bathroom and shower (or bath tub for Foster Homes) facilities that are separated by a wall from the bedroom except in Juvenile Detention Centers. There shall be at least one (1) toilet and one (1) sink per bathroom.

(b) All day treatment facilities shall have a bathroom with at least one (1) toilet and one (1) sink.

(c) All facility bathrooms shall have covered trash receptacles, single service hand towels or hand drying devices (or regular hand towels for Foster Homes). Facility bathrooms shall have toilet tissue and hand cleanser at all times.

(d) Bathrooms shall be kept clean, sanitary, and maintained in good repair.

(e) Sinks shall be located in all bathrooms and shall be supplied with hot and cold running water.

(f) Sinks shall be located at a height between twenty-four (24) and thirty-six (36) inches high for children, or stools shall be provided.

(g) Children of the opposite sex shall not share the same bathroom at the same time.

(h) Facilities shall comply with the requirements of the International Code Council International Plumbing Code latest edition or the plumbing code adopted by the local jurisdiction.

## **Section 22. Child Rights.**

All organizations shall develop and maintain a child's rights policy that supports and protects the fundamental human, civil, constitutional, and statutory rights of all children. These rights shall include, but are not limited to, the following:

(a) Every child and family shall have the right to be free from abuse, financial or other exploitation, retaliation, humiliation and neglect;

(b) Every child and family shall have equal access to services regardless of race, religion, ethnicity, sexual orientation, disability, socio-economic status or gender;

(c) Every child and family shall have access to services as applicable and as required by the Americans with Disabilities Act, 42 USC §12101 *et seq.*;

(d) Every child shall have access to educational services per Wyoming State law;

(e) The dignity of every child and family shall be recognized and respected in the delivery of services;

(f) Every child and family shall receive care according to individual need;

(g) To the greatest extent possible, service shall be provided within the most appropriate and least restrictive setting;

(h) Every child and parent or legal guardian shall reserve the right to request a service review;

(i) Every child shall have a right to personal privacy and the organization shall allow privacy for each child when not contrary to treatment and safety of the child; and

(j) The organization shall allow contact (i.e. visits, approved gifts, mail and telephone calls) between the child and his/her family. Contact with the family will observe the following guidelines:

(i) Contacts between the child and his/her family shall be allowed while the child is in care unless:

(A) The rights of the parents have been terminated by court order; or

(B) Family contact is not in the child's best interest, as determined by the child's treatment team and legal guardian, legal custodian or prohibited by court order.

(ii) The frequency of contact shall be based on the needs of the child.

(A) Frequency shall be determined with the participation of the child's parent and/or legal guardian, and organization; and

(B) Limitations shall be documented.

(iii) If limits are put on communications or visits for practical reasons (such as expense), the limits shall be determined with the child and his/her family and/or legal guardian or legal custodian.

(A) These limits shall be documented; and

(B) All staff shall be oriented to these limitations.

(k) A visitor may be excluded if the visitor:

(i) Has a past history of disruptive conduct at the foster home or facility;

(ii) The visitor appears to be under the influence of alcohol or drugs; and/or

(iii) The visitor represents reasonable danger to the child, the foster family, or facility.

(l) Children's opinions shall be considered in the development of programs and activities.

(m) Children's opinions and recommendations shall be considered in the development of his/her ISPC and/or ITPC and the organization shall develop and implement a policy describing how this shall be accomplished.

(n) There shall be written policy, procedure and practice to ensure and facilitate children's access to the legal system, legal counsel, and spiritual counsel.

(o) The provider shall assist children in making confidential contact with attorneys and their authorized representatives. Said contact shall include, but not be limited to, telephone communication.

### **Section 23. Discipline.**

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring the appropriate discipline of children in care.

(i) Written copies of the discipline policy shall be provided to staff, foster parents and the children;

(ii) Documentation shall be kept of the imposition of all discipline and/or restrictions;

(iii) Only adult staff with direct child care or supervisory responsibility shall discipline children;

(iv) Children residing in the facility and foster home shall not discipline other children, nor are they allowed to engage in any physical intervention with another child. Children shall not have authority over other children;

(v) Physical restraint of a child shall not be used as a form of punishment;

(vi) Corporal punishment, defined as any act of inflicting punishment directly on the body, causing pain or injury, shall not be used;

(b) Examples of appropriate discipline:

(i) Teaching and administering consequences of unacceptable behavior;

(ii) Behavioral interventions that include the rules and appropriate consequences of various interventions;

(iii) Staff utilization of techniques for early de-escalation and preventive intervention;

(iv) Team approaches to behavior management;



- (v) Staff utilization of verbal crisis intervention; and
  - (vi) Use of timeout;
- (c) Examples of inappropriate discipline:
- (i) Humiliating or degrading confrontation or consequences that undermine the child's respect, such as ridicule, sarcasm, shaming, scolding;
  - (ii) Verbal remarks that belittle or ridicule the child or his/her family;
  - (iii) The denial of food, liquids, mail or visits with their families as punishment;
  - (iv) Any form of discipline, control, or punishment that violates state laws that protect children from abuse and/or neglect; or
  - (v) Other unacceptable forms of punishment or behavioral control include, but are not limited to, the following:
    - (A) Slapping;
    - (B) Spanking;
    - (C) Shaking;
    - (D) Paddling;
    - (E) Belting;
    - (F) Kicking;
    - (G) Hitting including hitting with objects with an intent to do harm;
    - (H) Unreasonable forced physical exertion or meaningless repetitive activities (e.g., marching, push-ups), when used solely as a punishment;
    - (I) Requiring or forcing the child to take an uncomfortable position, such as squatting or bending, standing, or kneeling rigidly in one spot;
    - (J) Group punishments for misbehaviors of individuals;
    - (K) Excessive denial of on-grounds program services or denial of any essential program service solely for disciplinary purposes;

(L) Requiring the child to remain completely silent for more than 60 minutes, consecutive or otherwise, within a two (2) hour period and used for a child more than four (4) times within one (1) twenty-four (24) hour period;

(M) Assignment of physically strenuous or harsh work which could result in harm to child;

(N) Deprivation of sleep;

(O) Inadequate food;

(P) Imposed physical discomfort;

(Q) Verbal abuse;

(R) Humiliation;

(S) Forcing child to dress in attire that may be humiliating, degrading, or in any way identify him/her as a resident of the program;

(T) Punishment for bedwetting or actions related to toilet training;

(U) Failure to comply with elements of the child's ISPC and/or ITPC as a form of punishment; or

(V) Confinement of a child within a room for an extended period of time;

(vi) Arbitrarily withholding family visits, as a general rule, shall not be used as a form of discipline when it is not in the child's best interest. Any withholding of family contact must be documented in the child's record; and

(vii) Other impingement upon the basic rights of children to care, protection, safety, and security.

(d) Time out is the removal of a child from the child's immediate environment and restricting the child alone to a room or area;

(i) Time out is an approved method of discipline, if used according to the following guidelines:

(A) May not be used for more than sixty (60) minutes, consecutive or otherwise, within a two (2) hour period, with frequent interaction and monitoring by staff and foster parent;

(B) May not be used for a child more than four (4) times within one (1) twenty-four (24) hour period;

(C) Staff and foster parent shall observe a child in time out at least every fifteen (15) minutes and more often if the behavior warrants; and

(D) The door to the time out area must be left open, allowing the child free movement to leave the time out area.

(ii) Appropriate use of time out involves the following elements:

(A) Duration shall correspond to the age of the child, using approximately one (1)-minute intervals for each year of age (e.g., a five [5] year old child may receive a maximum of five [5] minutes of time out);

(B) If time out must be repeated within 20 minutes or more, the time out period can be doubled (e.g., a five [5] year old child may receive a maximum of ten [10] minutes of time out);

(C) Time out shall not exceed sixty (60) minutes in a twenty-four (24) hour period; and

(D) These elements shall not be altered unless the administrator/executive director or designee reviews and approves the decision or it has been developed in their ISPC or ITPC.

(e) Room Restriction is a disciplinary action that takes place in an area that is segregated from the other residents of the facility, and:

(i) The Seclusion Room cannot be used for room restriction;

(ii) Room restriction cannot be a lock-down situation except in juvenile detention centers;

(iii) It should only be used when less restrictive forms of discipline have been unsuccessful; and

(iv) While the child is in room restriction, he/she must be allowed to, unless by doing so there is imminent risk to themselves or others:

(A) Have normal meals;

(B) Participate in any type of clinically directed and/or program directed services,

(C) Participate in educational activities; and

(D) Have hygiene privileges.

(v) Children placed in room restriction must be checked on at least every ten (10) minutes during the first twelve (12) hours of room restriction and every fifteen (15) minutes thereafter during the room restriction.

(vi) When room restriction lasts for more than twenty-four (24) hours, a plan shall be developed or the treatment plan amended to list the goals or what needs to be accomplished and these goals must be re-evaluated daily as to the purpose, length of time and status of the confinement.

(vii) When a child is placed in room restriction, the following information must be documented in the child's record or ITPC:

(A) The specific behavior that necessitated room restriction;

(B) Alternative interventions that were unsuccessful in controlling the behavior;

(C) The time and date the room restriction began and ended;

(D) Monitoring reports with observations and notations regarding the child's physical and emotional condition at no greater than fifteen (15) minute intervals; and

(E) How the issues that resulted in room restriction were resolved.

#### **Section 24. Emergency Safety Interventions.**

(a) An emergency safety intervention is allowable only when unanticipated child behavior places the child or others at serious threat of violence or injury if no intervention occurs.

(b) Allowable emergency safety interventions include:

(i) Physical restraint; or

(ii) Seclusion.

(c) Prohibited Emergency Safety Interventions. The following emergency safety interventions are prohibited:

(i) Aversive conditioning, which means the application of startling, painful or noxious stimuli (e.g., pepper spray);

(ii) Use of pressure point techniques, which means the application of pain for the purpose of achieving compliance;

(iii) Chemical restraint, which means a drug used to control acute, episodic behavior that restricts the movement or function of a child, but not a drug ordered by a licensed physician as part of ongoing medical treatment, or as pretreatment prior to a medical or dental examination or treatment; and

(iv) Use of mechanical restraints, except in Juvenile Detention programs.

(d) Policies for emergency safety interventions. The organization shall develop, adopt, follow and maintain on file written policies and procedures covering all aspects of emergency safety interventions.

(e) An emergency safety intervention may not be used as punishment, for the convenience of staff and foster parents, or as a program substitution.

(f) Physical/Manual Restraint.

(i) Physical restraint of a child, while necessary at times to prevent physical harm to self or others, shall never be used as a form of punishment;

(ii) The purpose of physical restraint shall be to provide only that degree of physical control that the child is unwilling or unable to provide for him or herself;

(iii) The following precautions must be observed at all times:

(A) The organization shall ensure that a child is released from a restraint as soon as the child gains control; and

(B) An organization shall not permit the application of a restraint if a child has a documented physical or mental condition that would contraindicate its use, unless a licensed physician has previously and specifically authorized its use in writing. Such documentation shall be maintained in the child's file.

(iv) Policy and Procedure. Each program choosing to use physical restraint to control a child whose behavior is out of control and a danger to him/herself or others must have a written physical restraint policy. The written policy must include at a minimum the following information:

(A) The name of the nationally certified or accredited program which provided or provides the physical restraint training for staff members. Such program must be approved by the certifying authority prior to implementation;

(B) The type/philosophy/model of the de-escalation and physical restraint to be used;

(C) Which staff members and foster parents shall be approved by the organization to use physical restraint with children in care;

(D) The type of training/certification staff members and foster parents approved to use restraint shall be required to have prior to restraining a child;

(E) The type and number of hours of ongoing training each staff member and foster parent shall be required to take;

(F) What preventive/de-escalation techniques and positive behavioral intervention shall be used by staff prior to any physical restraint;

(G) How the program observes and evaluates the use of physical restraint on a child at the facility or foster home;

(H) The type of written documentation the facility and foster parent maintains of each physical restraint that describes the details of the incident and the staff and foster parent involvement;

(I) The type of written documentation the facility and foster parent maintains that describes the debriefing with the child and staff and foster parent following the restraint;

(J) Develop, implement and evaluate a written plan for when preventive and/or de-escalation techniques shall be used prior to using physical restraint;

(K) Evaluation of each physical restraint to determine appropriateness and effectiveness of preventive and/or de-escalation techniques used and effectiveness and appropriateness of the restraint itself;

(L) The requirement that staff and foster parent not restrain children in areas of the facility/home that may pose a threat to the health and safety of the child including, but not limited to, soft, pliable surfaces, concrete, asphalt or areas which may result in broken glass;

(M) How the program monitors the physical well-being of the child during and after the restraint, including but not limited to breathing, pulse, color, and signs of choking or respiratory distress;

(N) Emergency procedures, including first aid and how medical personnel will be contacted, that shall be used if a child, staff member and foster parent is injured during a restraint; and

(O) The internal review process of the program to assess all injuries.

(v) Restraint Training. If the organization is using physical restraint, all staff and foster parents using physical restraint shall be oriented and trained in a nationally recognized program for appropriate behavioral intervention procedures which shall include:

(A) Participation in annual, ongoing training for each staff member involved in physical restraint to review and refresh skills involved in positive behavior intervention, de-escalation, and physical restraint;

(B) A comprehensive preventive, de-escalation and restraint training program that includes a competency test as a part of the training program;

(C) Successful completion of the competency test is mandatory prior to any staff member being involved in a physical restraint;

(D) Periodic observation of each staff member performing a physical restraint must be done by a supervisor of the facility who has been trained in restraint;

(E) If a supervisor of the facility or designee determines a staff member did not correctly perform a physical restraint or performed an inappropriate or unnecessary physical restraint, the staff member must be immediately retrained and be restricted from performing further restraints until retraining can occur; and

(F) Documentation of staff and foster parent training must be made available to the certifying authority.

(vi) Notification of Physical Restraint Usage.

(A) At the time of admission the child's parent or legal guardian shall be advised of the purpose and method of restraint used by the program;

(B) At the time of admission to the program, each child shall be told, in a language or manner of communication understandable to him/her, of the purpose of restraint, the restraint model/method used and the type of behavior that might result in the child being restrained; and

(C) All use of physical restraint of a child must be reported to the parent/legal guardian and reported in writing to the certifying authority within two (2) working days following occurrence.

(vii) Charting Restraint Incidents. Each physical restraint incident shall be documented. The following information must be included in the documentation:

(A) The name of the child, date and time of day, staff members and foster parent involved, his/her position at the facility, his/her involvement in the physical restraint, how long the restraint lasted, and the signature of the reporter and date and time of the documentation;

(B) The precipitating incident(s) and the child's behavior before the restraint occurred;

(C) What specific actions were taken to de-escalate the situation and control, calm, or contain the child and the effect of these de-escalating actions upon the child;

(D) A description of the restraint including the child's physical, emotional and behavioral condition during the restraint;

(E) A description of the debriefing and evaluation with the child and with the staff and foster parent;

(F) The child's physical condition prior to and following the restraint; and

(G) The child's emotional/behavioral condition prior to and following the restraint.

(viii) Debriefing. Following every restraint incident, a face-to-face discussion between staff and/or foster parent(s) involved in the intervention and the child shall take place in order to:

(A) Minimize the psychological harm inherent in the use of restraints;

(B) Help staff and foster parent and children plan for alternative interventions to reduce the need for restraints in the future; and

(C) Encourage culture change among facility staff and foster parent.

(ix) Review of Restraint. A supervisor of the organization shall review records of each physical restraint within 48 hours of each restraint if:

(A) It appears that the child is being physically restrained one (1) or more times per day for more than four (4) days, the child's ITPC must be reviewed by the certifying authority;



(B) Any particular de-escalation technique appears to be causing escalation in the behavior of a child or a group of children, the use of the technique shall be evaluated for its effectiveness. De-escalation techniques that are not effective or are counter-productive must be terminated at the earliest opportunity; or

(C) A staff member and foster parent appears to be involved in a larger number of physical restraints than other staff members and foster parents and is not a part of a specially trained team, or is unsuccessful at using de-escalation effectively, the program administrator/executive director must conduct a thorough review of the staff member's and foster parent's interactions with children, prior restraint training, and need for further training as required by organization policies.

(g) Seclusion refers to the involuntary confinement of a child alone in a room where the child is physically prevented from leaving;

(i) A Seclusion Room is a safe and secure individual room in which a child may be temporarily confined;

(ii) Seclusion Policy and Procedures:

(A) The facility shall have written policies and procedures for dealing with children who are temporarily beyond control and are a danger to themselves or others. These shall include identifying, developing, and promoting preventive strategies and the use of safe and effective alternatives to using the Seclusion Room;

(B) When the Seclusion Room is used, a written statement of purpose, organization policy or operational procedures shall include the following:

(I) The philosophy and use of the room;

(II) The intake process;

(III) The evaluation of the child while in the room;

(IV) Emergency procedure while in seclusion;

(V) Child's grievance procedure regarding the use of the room; and

(VI) Release from the Seclusion Room.

(C) The Seclusion Room can only be used for the child to resume self-control and/or to prevent harm to the child or others. A child is to be confined in a Seclusion Room only when he/she is:

(I) In a period of crisis or emergency for him/herself;

(II) A danger to him/herself and/or others; or

(III) Beyond control; and

(IV) All other reasonable means to control or calm the child have failed, and the child's welfare, or the welfare of those around the child, demands that the child be confined;

(D) The Seclusion Room shall not be used as means of punishment; and

(E) Use of the Seclusion Room is expressly prohibited as a means of dealing with non-violent or non-assaultive behaviors.

(iii) If a child is placed in the Seclusion Room more than three (3) times in a seventy-two (72) hour period (or a maximum of six [6] hours in a seventy-two [72] hour period), the treatment plan for the child shall be reviewed and revisions made if necessary.

(iv) Time Limits. Time limits are as follows:

(A) One (1) hour for children nine (9) years of age and under; and

(B) Two (2) hours for children ten (10) years of age and above.

(v) Staff Requirements.

(A) There shall be a Seclusion Room supervisor who is designated and trained to be responsible for the use of the Seclusion Room;

(B) The supervisor shall be either a full-time staff member, a Wyoming licensed psychologist, or a psychiatrist licensed to practice medicine in Wyoming; and

(C) If the Seclusion Room supervisor is not a psychologist or a psychiatrist, there shall be a contract with a psychologist or psychiatrist to provide consultation with the Seclusion Room supervisor and staff.

(vi) The facility that operates a Seclusion Room shall appoint a review team, which includes a neutral observer.

(A) The neutral observer may be a staff member of the facility or human services professional;

(B) The neutral observer shall not be the Seclusion Room supervisor or the person who placed the child in the Seclusion Room;

(C) The review team shall determine within seventy-two (72) hours if the situation resulting in the seclusion of a child in a Seclusion Room merited such a decision; and

(D) The facility shall identify staff members authorized to place a child in the Seclusion Room within its statement of Seclusion Room policy. Authorized staff shall be employed as:

(I) Administrator/Executive Director;

(II) Staff;

(III) Social worker;

(IV) Psychologist;

(V) Psychiatrist;

(VI) Licensed, provisionally licensed and/or certified mental health professional; or

(VII) Teacher.

(vii) The designated staff authorized to place a child in the Seclusion Room shall have ongoing training and supervision in the area of seclusion policy and procedure.

(viii) Authorization.

(A) At the time of admission of the child to the facility a written consent must be obtained from the child's parent/legal guardian authorizing the use of the Seclusion Room;

(B) Prior to signing the consent form for the child to be placed in the Seclusion Room, the child's parent/legal guardian shall be informed of the use of the Seclusion Room and the circumstances under which it will be employed;

(C) If the consent form is unsigned, the child may not be placed in a Seclusion Room and an alternative plan shall be developed; and

(D) Prior to the placement of the child in the Seclusion Room, the child shall be oriented, in a language or manner of communication understandable to him/her, to the room:

(I) The child shall know the purpose of its use;

(II) The child shall be oriented to the type of behavior that might result in its use; and

(III) The child shall sign a statement indicating he/she has been oriented to the Seclusion Room.

(ix) At the time of placement of the child in the Seclusion Room all articles of potential harm to the child (e.g., sharp objects, belt) shall be removed from his/her person.

(x) Documentation.

(A) Each incident of seclusion shall be documented. The following information must be included:

(I) The child's name;

(II) Time of day the child was placed in the Seclusion Room;

(III) Name of the staff member who placed the child in the room;

(IV) The staff member who was notified of the placement;

(V) The precipitating incident and the child's behavior before placement in the room;

(VI) Actions taken by staff members of a less restrictive nature to try to control, calm, or contain the child;

(VII) Observable physical condition of the child when entering the Seclusion Room; and

(VIII) Observable emotional and behavior condition of the child entering the Seclusion Room.

(IX) At least every fifteen (15) minutes the child shall be checked and documentation shall include the time and a description of what the child was doing;

(X) When the child was last given access to restroom facilities;

(XI) When and what type of medications were given and by whom, if applicable;

(XII) When the child's last staff contact occurred; and

(XIII) Initials of the person supervising.

(B) The resolution process shall be documented as follows:

(I) Description of the resolution between staff members and the child at the termination of the use of the room;

(II) The behavior and the emotional state of the child after leaving the Seclusion Room including attitude, affect and emotional intensity;

(III) Observable physical condition of the child when leaving the Seclusion Room; and

(IV) Process used in assisting the child to reenter the group.

(C) The review team report shall include:

(I) Record of persons on the review team;

(II) Conclusions of the review team as to the appropriateness of placing the child in the Seclusion Room;

(III) The record review process;

(IV) The record of the use of the Seclusion Room shall be reviewed daily by the Seclusion Room supervisor;

(V) The record of the use of the Seclusion Room shall be reviewed weekly by the facility administrator; and

(VI) The identification of issues that need to be addressed, how they will be addressed and how they will be evaluated.

(xi) Physical Requirements for a Seclusion Room.

(A) The Seclusion Room shall be located in reasonable proximity to the living unit or other areas of activity;

(B) A staff member shall be present when a child is placed inside the room and must remain in close proximity at all times;

(C) The Seclusion Room shall be a minimum of eight (80) square feet in size;

(D) The Seclusion Room shall be kept in a clean and sanitary condition;

(E) All switches for light, heat and ventilation, as well as other electrical outlets, shall be outside the room. All switches shall be accessible only to staff;

(F) There shall be no features by which a child might injure him or herself within the Seclusion Room (e.g., utility pipes, cleaning equipment and materials, mirrors);

(G) Exterior windows to the outside of the building are not recommended. If the Seclusion Room does have exterior windows, the window panes shall be of shatter resistant material and have psychiatric screening;

(H) There shall be an observation window from which all parts of the room are visible for purposes of supervision;

(I) The windows shall be made of non-breakable, shatter-resistant materials;

(J) The facility shall document the maintenance of the non-breakable, shatter-resistant window by a professional;

(K) There shall be an approved ventilation system;

(L) The Seclusion Room shall be constructed to meet all appropriate fire regulations;

(M) The Seclusion Room shall have a lighted, soothing environment;

(N) The child shall not be subjected to glaring lights;

(O) All lights shall be recessed into the ceiling and shall be covered with a non-breakable, shatter-resistant guard that is flush with the ceiling;

(P) There shall be no more than one (1) locked door between the child and the staff member, unless a mechanism for supportive monitoring is in place;

(Q) If the Seclusion Room is soundproof, there must be an intercom system that is activated when a child is in the room; and

(R) Sprinkler system shall not be accessible to client.

(xii) Approvals Necessary to Operate the Seclusion Room.

(A) It is the responsibility of the facility to provide the certifying authority with the written approval of the fire official prior to the initial use of the Seclusion Room;

(I) There shall be an annual inspection by the fire official and certifying authority;

(II) The facility shall retain a copy of the annual fire inspection report in the facility file; and

(III) The facility shall forward a copy of the annual fire inspection report to the certifying authority.

(B) The certifying authority must approve the Seclusion Room prior to the initial use of the room;

(C) The records of the use of the Seclusion Room, the policy for operation of the room, the children's records, staff records and the room shall be open to representatives of DFS for inspection;

(D) If it is found at the time of inspection of the Seclusion Room that the facility does not meet all the regulations for operation of the room, the following will occur:

(I) The certifying authority shall give written notice of specific deficiencies to be corrected; and

(II) The facility shall cease confining any child in the Seclusion Room until corrections are completed and authorization is given by the certifying authority.

**Section 25. Personal Possessions and Money.**

(a) The organization shall develop, adopt, follow and maintain written policy and procedure on the control and safeguarding of each child's personal property;

(b) A child shall be allowed to bring personal possessions to the facility and/or foster home and to acquire personal possessions and money in accordance with the program's rules;

(c) When limits are placed on the type of possessions a child may retain, the nature and quantity of those items shall be described in policy and, if applicable, in the child's record or ISPC. All limits shall be reviewed with the child, and his/her parents or legal guardian;

(i) Personal property retained by the organization shall be itemized in a written list where each item is checked and initialed by staff that is kept in a permanent case file and the child shall receive a current copy of this list. Upon discharge from the program, the child's confiscated property shall be returned; and

(d) Children may be allowed to earn money by doing odd jobs, if consistent with his/her ISPC and:

(i) This shall be documented in the ISPC and/or ITPC;

(ii) Children's personal funds shall be held by the organization and controlled by accepted accounting procedures and the record shall be maintained for each individual child; and

(iii) If interest is earned on any account involving children's funds, the interest must be prorated to the children accordingly.

## **Section 26. Education.**

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing educational needs of a child;

(b) Each child who is of compulsory school age shall participate in a Department of Education-approved and/or local school district-approved school program;

(c) GED programs shall be made available for children who are not participating in a Department of Education-approved and/or local school district-approved school program;

(d) The organizations shall provide appropriate space and supervision for quiet study after school hours;

(e) The organizations shall ensure that each child has access to necessary educational reference materials; and



(f) The organization shall ensure that developmental issues, learning disabilities, and/or behavioral issues, are assessed and addressed as indicated.

**Section 27. Religion.**

(a) An organization shall respect the religious preference of the child and his/her parent(s) or legal guardian;

(b) An organization shall ensure that each child is afforded opportunities to attend or participate in religious services or activities in his/her religious faith of choice that are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of persons involved in such activity or that the activity itself disrupts order in the facility;

(c) An organization that has a particular religious or denominational orientation shall provide a written description of its orientation or beliefs to the child and to the child's parent(s) or legal guardian prior to the child's admission, or within seven (7) consecutive calendar days following the admission of the child;

(d) If an organization requires mandatory religious observance or mandatory church attendance, information shall be shared and consent given from the child and parent(s) or legal guardian or both upon admission;

(e) Non-mandatory religious programs shall not require or coerce children to participate in religious services or activities, shall not discipline, discriminate against, or deny privileges to any child who chooses not to participate, and shall not reward any child who chooses to participate;

(f) The child's parent(s) or legal guardian shall provide written authorization regarding any change in religious affiliation by the child while he/she is in care; and

(g) An organization shall recognize and take into account the racial, cultural, ethnic and religious backgrounds of children when planning various activities or religious services.

**Section 28. Prohibition Against Deprivation of Rights.**

(a) The organization shall develop policy and procedures to ensure that every child's rights are protected; and

(b) In addition to protecting children's rights, the organization shall refrain from practices that may be intentionally detrimental to the child, including, but not limited to, the following:

(i) The organization shall not place a child in a position of being forced to acknowledge his/her dependency, delinquency, abuse or neglect, unless for treatment purposes (e.g., during a therapeutic counseling session);

(ii) The organization shall not require a child to make public statements to acknowledge gratitude to the organization;

(iii) Children in care shall not be required to perform at public gatherings;

(iv) Every child has a right not to be exploited or have his/her privacy invaded by organization publicity or fund-raising efforts; and

(v) The organization shall not use reports or pictures from which children can be identified without written consent from the child and the parents and/or legal guardian;

#### **Section 29. Notification of Rights.**

(a) The organization shall have written policies and procedures to ensure that all children are made aware of their rights as listed in Chapter 3, Section 23;

(b) The program shall have written policies and procedures providing children receive written materials and/or translations in his/her own language if he/she does not understand English; and

(c) There shall be documentation in each child's record that he/she is familiar with his/her rights and have signed a statement to that effect, if age appropriate.

#### **Section 30. Notification of Rules.**

(a) The organization shall have written policies and procedures to ensure that all children are made aware of the organization's rules or the rules of the foster home, as appropriate.

(b) A copy of the organization's rules shall be provided to each child within twenty-four (24) hours of admission and made readily available thereafter;

(c) The program shall have written policies and procedures providing children receive written materials and/or translations in his/her own language if he/she does not understand English; and

(d) There shall be documentation in each child's record that they are familiar with the rules of the facility or foster home, as appropriate, and have signed a statement to that effect.

**Section 31. Grievance Procedures.**

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the grievance process, including that the person has the option to notify DFS if the grievance is not resolved to a satisfactory level; and

(b) The grievance policy shall be provided and explained to the child and his/her parent or legal guardian at the time of intake.

**Section 32. Individual Service Plan of Care (ISPC).**

(a) An Individual Service Plan of Care (ISPC) shall be developed for each child within fourteen (14) calendar days of placement.

(b) The ISPC shall be developed by the organization's administrator/executive director (or designee) or foster parent, parent or legal guardian, DFS if the child is in DFS custody, foster parent, and the child, if age appropriate.

(c) The ISPC shall include, but not be limited to, the following:

(i) Written, measurable objective of what is to be accomplished during the estimated period of service;

(ii) Activities and tasks specific to the accomplishment of each objective;

(iii) Tasks assigned to the organization or foster parent, child and family members (others as indicated) along with time frames for achievement of each task and clearly stated expectations and resources to be provided by the organization, child, family members, or other agencies or community organizations;

(iv) Delivery of competent, regular and emergency medical, dental, and optical care, with attention to special medical needs;

(v) Discharge summary and plan to include time-line, anticipated discharge date, a summary of to what degree objectives were accomplished, and continuing care plan with referrals to other programs and/or community service providers as appropriate;

(vi) Time frames for the periodic review of progress toward the objectives;

(vii) Description of the potential benefits of achieving the ISPC objectives and a description of potential ramifications of not achieving the ISPC objectives;

(viii) Use of community facilities; and

(ix) When age appropriate, independent living skill building.

(d) Implementation of ISPC.

(i) The organization shall have a system for the implementation of ISPCs that includes keeping a record of progress; and

(ii) This information shall be shared with the foster family, the child, and the parent (if appropriate) and legal guardian, and DFS if the child is in DFS custody on a regular basis.

(e) Copies of the ISPC shall be provided to the foster family, the child (if age appropriate), the parent (if appropriate), and the legal guardian and DFS if the child is in DFS custody.

(f) The ISPC shall be reviewed and revised on a quarterly basis by the organization's administrator/executive director (or designee), foster family, the child (if age appropriate), parent or legal guardian and DFS if the child is in DFS custody. Participants shall sign and date the ISPC. Phone and video participation should also be noted and signed for by someone physically present at the review.

### **Section 33. Individual Treatment Plan of Care (ITPC).**

(a) An ITPC shall be developed for each child within fourteen (14) calendar days of placement.

(b) The ITPC shall be developed by the organization's administrator/executive director (or designee) foster family, professional staff, parent or legal guardian, DFS if the child is in DFS custody, and the child, if age appropriate.

(c) All ITPCs shall be written, reviewed and conducted under the supervision of the therapeutic staff/case manager.

(d) The ITPC shall include, but not be limited to:

(i) Written, measurable behavioral objectives of what is to be accomplished during the estimated period of service;

(ii) Activities and tasks specific to the accomplishments of each objective;

(iii) Responsibilities of the DFS case worker, organization, child and family members for the assigned tasks and time frames necessary to achieve the objectives;

(iv) Clearly stated expectations and resources to be provided by the organization, child, family members, or other agencies or community organizations;

(v) Delivery of competent, regular and emergency medical, dental and optical care, with attention to special medical needs;

(vi) Discharge summary and plan to include time-line, anticipated discharge date, a summary of to what degree objectives were accomplished, and continuing care plan with referrals to other programs and/or community service providers as appropriate;

(vii) Time frames for the periodic review of progress toward the objectives;

(viii) Description of the potential benefits of achieving the ITPC objectives and a description of potential ramifications of not achieving the ITPC objectives;

(ix) Use of community facilities; and

(x) When age appropriate, independent living skill building.

(e) Implementation of ITPC.

(ii) The organization shall have a system for the implementation of ITPCs that includes keeping a record of progress; and

(iii) This information shall be shared with the staff and foster parents, DFS if the child is in DFS custody, the child, and the parent or legal guardian on a regular basis.

(f) Copies of the ITPC shall be provided to the staff and foster parents, DFS if the child is in DFS custody, the child (if age appropriate), and the parent or legal guardian.

(g) The ITPC shall be reviewed and revised at least every thirty (30) days by the therapeutic staff, parent or legal guardian, foster parent, DFS if the child is in DFS custody and the child. Participants shall sign and date the ITPC. Phone and video participation of any member shall be acknowledged and signed for by someone physically present at the review.

#### **Section 34. Records.**

(a) Emergency Information.

(i) Emergency information for children shall be easily accessible at the facility and foster home; and

(ii) Emergency information for each child shall include:

(A) Name, address, telephone number and relationship of a designated person to be contacted in case of an emergency;

(B) Name, address, telephone number and relationship of the child's physician or source of health care;

(C) Name, address, telephone number of the person able to give consent for emergency medical treatment (excluding surgery); and

(D) A copy of the child's most recent health examination, when available.

(b) Child Records.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the personal records of every child, including compliance with The Health Insurance Portability and Accountability Act (HIPAA), 45 CFR and Substance Abuse Confidentiality, 42 CFR Part 2, and the Family Educational and Privacy Rights Acts, 20 USC § 1232(g) when applicable.

(ii) The content of records shall include, but not be limited to:

(A) Personal Data Record;

(I) The child's name;

(II) Date of birth;

(III) Social Security number;

(IV) Sex;

(V) Religion (if known);

(VI) Race;

(VII) Date and time of placement;

(VIII) Child's immediate needs;

(IX) Name of referral source;

(X) Reason for placement;

(XI) Description of the child's condition as observed by the intake worker. This shall include notation of the child's response to the placement;

(XII) Names and addresses of parents, brothers and sisters;

(XIII) Names of others who have a significant relationship with the child;

(XIV) Child's special needs which shall include, but not be limited to:

(1) Medical;

(2) Emotional;

(3) Educational; and

(4) Child and/or familial substance use.

(B) Emergency information;

(C) Signed Consent to Treatment forms;

(D) Intake/Placement record;

(E) Health and safety documentation;

(F) Health record, to include dental, vision, hearing;

(G) Medication record;

(H) ISPC, ITPC; and/or Transition Plan

(I) Reportable incidents;

(J) Court orders;

(K) Signed notification of rights and grievance procedures;

(L) Signed notification of awareness of the rules;

(M) Education record;

(N) Progress reports;

(O) Required documentation as specified in these rules (e.g., use of emergency safety interventions); and

(P) Record of family contact/visitation.

(iii) Confidentiality. A child's record, information concerning a child or birth/adoptive family, and information that may identify a child or family by name or address is confidential and may not be disclosed or used other than in the course of official duties.

(iv) Locked Records. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that a child's record is inaccessible to all but staff bound by confidentiality rules and the certifying authority. Hard copy records must be locked up in a secure area and electronic records must be protected by a password with automatic back-up to assure protection against loss of information.

(c) Staff Records.

(i) The organization shall make the following information available to the certifying authority:

(A) Name;

(B) Documentation and verification of education and training;

(C) Verification of work experience;

(D) TB test and Hepatitis B (if applicable) results;

(E) Copy of resume or application;

(F) Employee signature verifying that they have reviewed all policy and procedures for the organization;

(G) Employee signature verifying the employee understands his/her statutory responsibility for reporting child abuse and/or neglect per W.S. §§ 14-3-205 through 14-3-206;

(H) Documented proof of all training received by staff to include the number of hours, dates, titles of training and name of trainer;

(I) Documentation in writing, signed by each staff member that to the best of his/her knowledge he/she is not on a child abuse and/or neglect registry in Wyoming or any other state;



(J) A completed abuse and/or neglect Central Registry check, and evidence of a Division of Criminal Investigation (DCI) and FBI criminal history record check;

(K) Documentation of the completion of an annual evaluation;  
and

(L) For contract staff, a copy of their employment contract.

(d) Certification Records.

(i) The records maintained by DFS concerning the certification/licensing of facilities and organizations are open to the public except for the following, which are confidential and not available for review:

(A) Information identifying children or their families;

(B) Scholastic records, health reports, social or psychological reports;

(C) Personnel records; and

(D) Reports and records received from other agencies, including police and child protection investigation reports and any other regulatory reports.

(ii) Anyone wishing to review a record must make a written request to DFS and that information shall only be released in accordance with 45 CFR, HIPAA, 20 USC § 1232 (g), Family Educational and Privacy Rights Act, and 42 CFR, Part 2, Substance Abuse Confidentiality, if applicable.

(e) Organization Record Retention.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing record retention; and

(ii) Information in the child's, employee's, or foster parents' records shall be kept:

(A) At least six (6) years (per 45 CFR HIPAA) from date of last official involvement following the child's departure, or

(B) Until any audit or litigation is resolved.

**Section 35. Requirements Pertaining to Children in the Custody of the State of Wyoming, Department of Family Services.**

(a) Certified facilities shall not accept court ordered placements of children in DFS custody or placements funded by DFS and/or the State of Wyoming unless they have entered into a contract to do so with DFS.

(b) Child Placing Agencies and Therapeutic Foster Care Agencies must send a copy of the foster parent certification and documentation that background checks have been completed to the appropriate DFS Foster Care Coordinator.

(c) If the child in placement is in the legal custody of DFS, the following standards must be met:

(i) The facility must allow full access by the DFS caseworker to the child in placement;

(ii) The facility must cooperate with DFS in all reunification efforts and permanency planning; and

(iii) The facility must cooperate with the DFS caseworker in providing medical services to child in placement.

(d) Programs wishing to accept children in state/DFS custody must comply with all requirements of 42 USC §§ 670 through 679(b).