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TITLE 214 - DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

CHAPTER 40 - LICENSING SUBCHAPTER 00 - N/A

Part 4 - Residential Intervention Child Care Regulations for Licensure

4.1 GENERAL PROVISIONS

4.1.1 LEGAL BASIS

A. R.I. Gen. Laws § 40-13.2 - Certification of Child Care and Youth Serving Agency Workers

B. R.I. Gen. Laws Chapter 42-72 - Department of Children, Youth and Families

C. R.I. Gen. Laws § 42-72.1 - Licensing and Monitoring of Child Care Providers and Child-Placing Agencies

D. R.I. Gen. Laws § 42-72.9 - Children's Right to Freedom From Restraint Act 42 USC 201 - Children's Health Act of 2000

E. These regulations apply to all residential intervention placements in accordance with the term "Facility", as defined in § 4.1.3 of this Part (DEFINITIONS) below. They do not apply to boarding schools and educational programs approved by the Rhode Island Department of Education, recreational camps or programs licensed by the Department of Behavioral Healthcare Developmental Disabilities, including nursing homes, hospitals, mental health centers and residential substance abuse programs. They do not pertain to the Youth Development Center.

F. A provider must demonstrate both in its license application and as an active program its ability to provide child/young person care services in accordance with these regulations and in compliance with the laws of the State of Rhode Island. DCYF, as the licensing authority, will inspect all aspects of a program in order to determine compliance with these regulations. No provider will operate a Residential Intervention program without a DCYF license.

4.1.2 STATEMENT OF INTENT

A. R.I. Gen. Laws Chapter 42-72 of the Rhode Island General Laws requires the Rhode Island Department of Children, Youth and Families (DCYF) to provide for the safety and well-being of all youth who are placed in its care. DCYF is

responsible for the regulation of all residential intervention facilities for children/young people.

B. The Children's Bill of Rights, R.I. Gen. Laws § 42-72-15, mandates that each child/young person be treated in a humane and respectful manner with full consideration for the child's personal dignity and right to privacy. These regulations set standards to ensure that agencies create safe, clean, healthy and emotionally supportive environments where every child receives the least intrusive, most clinically appropriate intervention.

C. The Department utilizes a family centered practice approach, recognizing that family members play an important part in treatment planning. Residential childcare agencies play a critical role in promoting the principles of family centered practice by recognizing that families have strengths, supporting family members in caring for their children, creating an environment that respects diverse cultures and identifies , linking and coordinating with the community to access needed formal and informal supports and services and working with families to achieve the goals of safety, permanency and wellbeing.

D. The Department has formulated the portion of these regulations relating to crisis intervention, restraint and seclusion in compliance with the Children's Right to Freedom from Restraint Act (R.I. Gen. Laws § 42-72.9) and the Children's Health Act of 2000 (42 U.S.C. § 201).

E. According to those laws, every child has the right to be free from the use of seclusion or restraint as a means of coercion, discipline or retaliation. The use of such techniques poses potential risks to physical safety and psychological wellbeing; non-physical interventions are the preferred techniques. The intent of these regulations is to minimize the use of restraint and to ensure such interventions are employed only to prevent immediate harm to the physical safety of a child/young person or other individuals in the Facility.

F. The Department of Children, Youth, and Families does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or disability. The prohibition against discriminatory practices extends to the agencies, organizations and institutions the Department licenses.

4.1.3 DEFINITIONS

A. "Applicant" means a child care provider applying for a license or a license renewal to operate a Residential Intervention in the State of Rhode Island for young people either in the care of the Department or not.

B. “Acute Residential Treatment Center (ARTS)” means a step-down program from a hospital setting or a hospital diversion stabilization program for young people with intensive treatment needs.

C. “Assessment and Stabilization Center” means a group home/residential emergency placement intended to stabilize a young person while a more permanency placement is located.

D. “Baseline CSEC Standards” means service standards applicable to all providers serving young people in the following care settings: Emergency Assessment and Stabilization Centers, Group Homes, and/or Residential Interventions. This does not include Semi-Independent Living Programs (SILPs).

E. “Baseline CSEC Standard Providers” means all providers serving young people in residential intervention care settings (e.g., PRTF, ARTS, Residential Treatment, Group Homes, Assessment and Stabilization Centers and/or Specialized Intervention Program). Since all young people in the child welfare system are inherently at risk of commercial sexual exploitation, DCYF has determined that all young people in residential settings benefit from interventions meant to prevent the commercial sexual exploitation of children.

F. "Bedroom space" means a minimum of fifty (50) square feet or as specified within these regulations per young person designated as a sleeping area. Any bedroom space developed subsequent to the effective date of these regulations will include an outside window.

G. "Behavior management policy" means written policies and procedures for managing a young person’s actions, including positive responses for appropriate behavior and consequences for rule violations.

H. "Bio-psychosocial assessment or Comprehensive Assessment/Evaluation" means a comprehensive assessment of the functioning of the young person and family. The assessment includes identification of the young person’s strengths; preferences; cultural background and influences; previous or current involvement in mental health, child welfare and/or social services; social history; and current functioning. The assessment also identifies current barriers and supports to the young person’s functioning; family functioning; the young person’s risk to self and community; community involvement of the young person; and the young person’s educational needs.

I. “Capacity” means the maximum number of young people permitted to be enrolled in the licensed Residential Intervention.

J. “Chemical restraint” means the administration of a drug that has the temporary effect of restricting a resident’s freedom of movement that is used to manage the resident’s behavior and reduces risk to the safety of the resident or others and is not the standard service for the resident’s behavioral health needs.

K. "Child/Young Person" means any person less than eighteen (18) years of age, provided that a young person over the age of eighteen (18) who continues to receive services from the Department and/or who is defined as emotionally disturbed and/or as a young person with functional developmental disabilities as referenced in R.I. Gen. Laws § 42-72-5 is considered a child/young person for purposes of these regulations, or any child who is subject to the continuing jurisdiction of the RI Family Court pursuant to R.I. Gen. Laws § 14-1-6.

L. "Child abuse and neglect" means the maltreatment of a young person as defined by R.I. Gen. Laws §§ 40-11-2 and 14-1.

M. “Child/Young person at high risk of Commercial Sexual Exploitation” means the young person has been confirmed or has reported using of hotels/motels for parties or sexual encounters, has there been traveled unauthorized across country or state lines, has/had unaccounted injuries or tattoos and/or has a family member and/or friend been involved in sex trafficking or sex work.

N. “Child/Young Person at risk of Commercial Exploitation” means a young person in the child welfare system is inherently at risk of commercial sexual exploitation. The following criteria recognize children/young people with other identifiable risk factors are at risk if they meet three (3) of the following criteria: the young person has a history of multiple absences from home or placement, there have been multiple and/or anonymous sexual partners, the young person is in possession of money, cell phone(s) or other items that cannot be explained or accounted for, the young person has been exposed to pornographic material, the young person or anyone else have sexually explicit video/pictures of them, the young person has a history of multiple/chronic sexually transmitted infections, pregnancies, abortions, injures related to sexual activity, has disclosed, reported, or suspected gang affiliation, within the last year, and/or there has been new or increased substance use of one or more substances.

O. “Child caring agency” means any private or public agency which provides a residential intervention treatment, including those with in-house/on-site educational programming; in-patient or psychiatric residential treatment (PRTF) or facilities that treat behavioral health conditions; ARTS, group home care; residential intervention programming; and assessment and stabilization; as licensed by the Department of Children, Youth and Families, also referred to as a congregate care/community-based residential facility or a service provider.

P. "Child placing agency" means any private or public agency, if applicable receives children/young people for placement into independent living arrangements, supervised apartment living, residential group care/intervention program facilities, resource family, including therapeutic and child-specific kinship foster homes or adoptive homes. Not all placements require licensure.

Q. "Child protective services" means the Child Protective Services (CPS) division of DCYF.

R. “Child with confirmed victimization of Commercial Sexual Exploitation” means the young person is a confirmed victim if they meet (1) or more of the following: the young person ever engaged in a sexual act for money, food, shelter, drugs, alcohol, transportation, or anything of value, has reported being forced or coerced into sexual activity for money given to another person, has law enforcement confirmed through an investigation that the young person has been trafficked or engaged in any commercial sexually exploitive activity, or has the young person frequented specific locations confirmed to be used for sex trafficking.

S. "Clinical care staff" means any person employed or contracted by a Residential Intervention, on a temporary or permanent basis, to provide specialized clinical and therapeutic services in accordance with their qualifications and licenses.

T. “Commercial Sexual Exploitation of Children” means Commercial Sexual Exploitation of Children (CSEC)” refers to a range of crimes and activities involving the sexual abuse or exploitation of a young person for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.

U. “Community-based residential intervention program” means a group home/residential intervention program that services no more than (8) youth at any one time by providing room, board, recreational programming, clinical and social services.

V. "Court appointed special advocate (CASA)" means the program established by the RI Family Court to provide representation to children/young people in DCYF proceedings.

W. "DCYF service plan" means the Department’s plan with a young person and the young person’s family for care and treatment services.

X. "Department of Children, Youth, and Families" is referred to as DCYF, the Department, the Licensing Division or Unit and DCYF representatives.

Y. "Direct care staff" means any person employed or contracted by a Residential Intervention, on a temporary or permanent basis, to provide care, education or supervision and to implement residential intervention plans of care for young people in the placement.

Z. “Disability Rights Rhode Island (DRRI)” means the independent federally mandated Protection and Advocacy (P&A) System for the state of Rhode Island.

AA. "Educational program" means a Residential Intervention with educational services certified by the Rhode Island Department of Education.

BB. “Enhanced/Specialized Semi-Independent Living” means a program for older adolescents and young adults which aims to develop life and independent living skills, however required more intensive staffing ratios and oversight. Such specific programming is outlined in the program’s scope of work.

CC. "Executive Office of Health of Human Services is the Medicaid Authority for the State of Rhode Island and the payor of medically necessary services for young people with Medicaid coverage.

DD. "Family centered practice" means a best practice approach that allows the family’s strengths, resources and needs to be identified in partnership with DCYF and service providers for the purpose of developing service plans and delivering appropriate services. Family centered practice includes the family members in making the decisions that will affect them and their children, and it is built upon a set of principles that embrace valuing the family and utilizing the family’s community as a core support.

EE. “Guardian at Litem” means a court appointed special advocate attorney that is equal to a “CASA” attorney but does not work directly for the Family Court CASA Division.

FF. “Individual treatment plan/individual plan of care” means the time-limited, goal oriented individualized treatment plan, that is developed and implemented by residential interventions for a particular young person and family. For PRTF programs, the plan shall be developed by an interdisciplinary team of physicians and other personnel who are employed by or provide services to young people in the Residential Intervention.

GG. "Independent living" means the placement of a child in his/her own residence under the regular supervision of a licensed child placing agency.

HH. “Independent practitioner” means for PRTF programs a person who is a physician, physician assistant with a collaborating psychiatrist, or a certified nurse practitioner with a psychiatric/mental health population focus that is able to prescribe medication.

II. “LGBTQ+” means an acronym for lesbian, gay, bisexual, transgender and queer or questioning and related identities. The term may refer to sexual orientation, gender identity or expression, and other related characteristics. The “+” recognizes additional identities, including but not limited to nonbinary, intersex, and asexual identities.

JJ. "Licensed Practitioner of the Healing Arts" means a doctoral and/or master’s level clinician independently licensed in the State of Rhode Island as defined by state Medicaid program requirements in medicine, psychology, nursing, social work, mental health counseling or marriage, family treatment who is required to sign the young person’s individual plan of care.

KK. “Licensing division/unit" means the division/unit within the Department of Children, Youth and Families responsible for issuing Child Caring and Child Placing licenses.

LL. “Life threatening physical restraint" means any physical restraint or hold on a child/young person that restricts the flow of air into the child’s lungs by chest compression or any other means or any other restraint that may result in death.

MM. "Locked Residential Intervention" means a Residential Intervention secured with locked doors to prevent children/young people from exiting the premises at will.

NN. "Mechanical restraint" means any approved mechanical restriction that immobilizes or reduces the movement of a young person's arms, legs, torso or head in order to hold a child safely including:

1. medical devices, such as supports prescribed by a health care provider to achieve proper body position or balance; and

2. helmets or other protective gear used to protect a person from injury due to a fall or to prevent self-injury. Such devices must be part of a documented treatment plan and must be the least restrictive means available to prevent self-injury.

OO. “Mental Health Law” means R.I. Gen. Laws Chapter §40.1-5.

PP. “Mental health professional” means a person who is licensed in this State to practice as at least one (1) of the following:

a. Physician;

b. Physician Assistant;

c. Certified Nurse Practitioner;

d. Psychologist;

e. Marriage and Family Therapist;

f. Mental Health Counselor;

g. Clinical Social Worker; or

h. Independent Clinical Social Worker.

QQ. “Missing or Absent Children/Young People from Care” means a child or young person who is not present in their approved placement or living arrangement without authorization and whose whereabouts may be known or suspected.

RR. "Nationally recognized model of crisis intervention and physical restraint" means a Crisis Intervention and Restraint Program that is developed by an organization with the capacity to ensure quality training in, and evaluation of, the model consistent with § 4.2.6(L) of this Part (Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion) below.

SS. "Office of the Child Advocate" means the legal office created by R.I. Gen. Laws Chapter 42-73.

TT. "Parent" means the parent(s) or legal guardian(s) of a young person.

UU. "Parent agency" means the association of persons or the organization having responsibility for conducting the affairs of the Facility or of which the Facility is a subsidiary.

VV. “Prison Rape Elimination Act (PREA) compliance” means any facilities/residential intervention program responsible for or that have individuals/young defined as inmates, detainees, or residents must conform with 28 CFR Part 115 Prison Rape Elimination Act National Standards.

WW. "Provisional license" means a license issued for a period not to exceed six (6) months to an applicant who is not able to comply with a certain regulation or regulations because the Facility is not in full operation. A provisional license will be granted in accordance with R.I. Gen. Laws § 42-72.1-5.

XX. “Psychiatric Residential Treatment Facility (PRTF)” means a facility other than a hospital, that provides psychiatric services to individuals under the age of twenty-one (21) in an in-patient setting. PRTF shall be considered for the purposes of these Regulations to be included in the definition of “facility” included in RI Gen. Laws § 23-15-2(4)(i) and §23-17-2 (9).

YY. "Residential Treatment Center/Facilities " means a residential intervention that maintains intensive staffing ratios to ensure the safety and security of the young people.

ZZ. "Residential group care " means any program that serves no more than eight (8) young people.

AAA. “Residential Intervention” means any agency, organization or public or private entity that provides residential intervention treatment, residential group care for young people, room and board, recreation programs and supports to address a young person’s clinical and/or behavioral needs in a structured, live-in setting. The placements include but are not limited to independent living, semi-independent living and wilderness programs. The term encompasses “Covered Facility” as defined in R.I. Gen. Laws § 42-72.9-3.

BBB. "Residential Intervention case record" means the placement’s comprehensive collection of a young person’s medical, social and educational information, including but not limited to ones’ treatment plans, service plans and/or individual plan of care.

CCC. "Residential Intervention plan of care" means the time-limited, goal-oriented individual service plan of care, treatment and education services that is developed and implemented by the program for a particular young person. For PRTFs, the plan shall be developed by an interdisciplinary team of physicians and other personnel who are employed by or provide services to young people in the facility/residential intervention program.

DDD. "Residential treatment" means a facility/intervention program that provides care and treatment of young people who need extended out-of-home care. Treatment includes medical services, psychiatric and/or psychological

services, clinical social work, behavioral management interventions and educational and recreational services.

EEE. “Secure PRTF” means a distinct living environment within a PRTF that has been physically adapted to accommodate the particular needs and behaviors of a resident.

FFF. "Serious physical injury" means any injury requiring diagnostic or treatment services from a licensed medical provider.

GGG. "Site" means the Facility/Residential Intervention premises.

HHH. "Semi-independent living" means a program for adolescents with daily supervision and overnight staffing.

III. “Sex trafficking/Commercial sexual exploitation” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act. The term “commercial sexual exploitation” is primarily used in lieu of “sex trafficking”.

JJJ. “Specialized group care/residential intervention program setting for children/young people and youth who are at risk of becoming victims of commercial sexual exploitation” means a licensed child residential intervention program/facility that incorporates and demonstrates implementation of the program standards for providing high-quality residential care and supportive services for the safety, permanency and well-being of children and young people who are, or are at risk of becoming, victims of commercial sexual exploitation.

KKK. “Specialized CSEC Standard Providers” means providers serving young people who are at high risk of commercial sexual exploitation or with confirmed commercial sexual exploitation victimization.

LLL. Specialized group care setting for young people who are at high risk of commercial sexual exploitation or have confirmed victimization of commercial sexual exploitation” means a licensed residential intervention that incorporates and demonstrates implementation of the specialized settings program standards (Appendix A) for providing high-quality residential intervention care and supportive services for the safety, permanency and well-being of young people who are at high risk of commercial sexual exploitation or confirmed victims of commercial sexual exploitation.

MMM. “Specified Setting” means specified settings for placement: a qualified residential intervention program, a setting specializing in providing prenatal, post-partum, or parenting supports for young people, in the case of a young person who has attained 18 years of age, a supervised setting in which the child is living

independent, a setting providing high-quality residential intervention and supportive services to children and young people who have been found to be, or are at risk of becoming, sex trafficking victims.

NNN. "Support staff" means individuals who do not maintain direct supervision and care of young people.

OOO. "Therapeutic physical restraint" means the use of a staff member's body to immobilize or reduce the free movement of a young person's arms, legs, torso or head in order to ensure the physical safety of a young person or other individual in the Residential Intervention. The term does not include either brief holding of a resident in order to calm or comfort or the minimum contact necessary to safely escort a resident from one area to another.

PPP. "Time out" means a young person's brief separation from a group, not to exceed twenty (20) minutes, designed to de-escalate a young person's behavior. During "time out" a young person's freedom of movement is not restricted and the young person need not be directly supervised, but must be visually monitored.

QQQ. "Total quality management (TQM)" means a management approach for an organization, centered on quality, based on the participation of all its members and aiming at long-term success through customer satisfaction and benefits to all members of the organization and to society.

RRR. "Treatment Team Leader" means an individual in charge of the treatment team and who has the overall responsibility of directing the young person's treatment, and is a licensed board-certified child psychiatrist, nurse practitioner with a population focus in children's psychiatric/mental health or a physician's assistant with five (5) years of clinical experience in children's behavioral health with a collaborating board-certified psychiatrist.

SSS. "Variance" means administrative decision that allows a Residential Intervention to meet a standard for licensure in a manner other than that specified in the regulations. A variance is granted on a case-by-case basis only when the purpose of the licensing standards is achieved, and the safety of young person is maintained.

TTT. "Waiver" means an administrative decision that allows a Residential Intervention to be exempted from a standard for licensure. A waiver is granted on a case-by-case basis only when the purpose of the licensing standard is achieved, and the safety of young person is maintained.

UUU. “Young Person” means an individual under of 21, as opened to the Department, also referred to residents, clients, child/ren, and/or youth.

4.2 LICENSING PROVISIONS

4.2.1 APPLICATION PROCESS

A. The primary purpose of a Residential Intervention is to provide specialized therapeutic services in a structured environment for young people with special emotional, behavioral and developmental and emotional needs.

B. Interest
   1. Any person, firm, corporation, association or agency interested in opening a Child Caring Agency must:
      a. hold a valid Child Placing Agency, if applicable, license in good standing or be exempt due to the type of programming; and
      b. contact the Department’s Division of Licensing to determine if license and/or contract is required as part of the application process.

C. Application Process
   1. A separate application for each Child Caring Agency to be operated, including all supporting documentation and fee payments is submitted to and reviewed by the Department for licensing determination.
   2. The application packet is obtained from the DCYF Licensing Division/Unit. A separate application must be filed for each proposed Residential Intervention.
   3. The completed licensing application packet, in accordance with section C of this Part below, must be submitted to DCYF Licensing to initiate the Licensing process. An incomplete packet will be returned to the applicant.
   4. The application packet consists of the following:
      a. Residential intervention Licensing Application and Checklist
      b. The application, fully completed and signed by the chief executive or designee of the applying agency.
      c. All information listed on the checklist must be provided.
      d. Documentation of fiscal responsibility evidencing sound financial structure and ability to meet the operating needs of the Residential Intervention
      e. Fire Safety inspection approvals or other evidence of compliance with the
      f. Food and Drug and Health and Safety Acts, R.I. Gen. Laws Titles 21 and
      g. 23 respectively, and any related regulations
      h. Agency Charter or Articles of Incorporation
      i. Documentation of Federal Tax Exempt Status

j. Certificate of Occupancy or other evidence of compliance with the State Building Code for new construction or change of use
k. Documentation of any national accreditations and any other licenses
l. Report of any community notification
m. DCYF clearances (Form #035A) and results (Form #171) on all operators, employees and board members (refer to Department Operating Procedure 100.0155, Clearance of Agency Activity)
n. Criminal History Affidavit (Form #109) and statewide and nationwide, including fingerprinting, criminal records checks (refer to Department Operating Procedure 100.0215, Criminal Records Checks) on all operators and employees and Form #109 and statewide criminal records checks on board members
o. Employment History Affidavit (Form #108) (refer to Department Operating Procedure: 100.0210, Employment Background Checks Facility
p. Operators/Facility Employees) on all operators and employees
q. Disaster and Emergency Response Plan
r. Behavior management and crisis intervention, restraint policies
s. Identification of crisis intervention and restraint model to be utilized in the Residential Intervention
t. Documentation of completion of training in crisis intervention, restraint and certification in First Aid and CPR
u. Documentation of licensure of the clinical supervisor or clinical director, confirming that the clinician is a licensed practitioner of the healing arts

5. Preliminary site evaluation is performed by DCYF licensing staff.

4.2.2 DETERMINATION

A. Upon receipt of a completed license application packet, the Licensing Division/Unit will take one of the following actions within ninety (90) days:

1. Issue a license.

2. Deny the application (refer to § 4.5 of this Part (APPEAL/HEARING) below).

B. If a License is issued, the License remains valid from the date of issue to its expiration in one (1) year, or as otherwise consistent with R.I. Gen. Laws § 4272.1-5, unless DCYF initiates licensing action for cause or the Facility voluntarily surrenders the license prior to that time.

1. A DCYF PTRF license with align with RIDOH's licensure dates and unless sooner suspended or revoked PRTF licenses shall expire by limitation on the thirty-first (31st) day of December.

2. A PRTF shall also be accreditation by a nationally recognized accrediting body at the time of licensure.

C. Initial License

1. Upon successful completion of the application process and issuance of a time-limited Provisional License, the licensee must develop an operational program in order to meet the needs of the young people served and demonstrate full compliance with these regulations, in order to transition to a regular/full license.

2. To obtain and maintain a regular/full license, the Child Caring Agency must demonstrate full compliance with the regulations at all times.

D. Provisions of the License

1. The residential intervention program/facility is responsible for adhering to the Child Caring Agency license which indicates the:

   a. physical location of the Residential Intervention;

   b. dates of validity;

   c. maximum number of youth;

   d. age groups to be served in the Residential Intervention; and

   e. program type, as applicable.

2. The licensed Child Caring Agency is responsible for compliance with the regulations at all times.

3. The current license must be posted in a conspicuous place in the Residential Intervention.

4. If there are any inaccuracies on the printed license, the licensee is responsible to contact the Department to rectify the error.

5. The license is not transferable and is granted only to the designated licensee and is limited to the stated location, which can occupy no more than one building.

6. The Child Caring Agency may be subject to multiple licenses if:

a. the Child Caring Agency operates in multiple parts of a building that is also used for a purpose other than a residential intervention program;

b. the Child Caring Agency runs multiple programs in one building that are maintained separately for security or another purpose.

7. If the Child Caring Agency decides to discontinue operations, the licensee provides the Department's licensing unit with written notification at least thirty (30) days prior to closure which shall include, but is not limited to, notification and transfer of residents, transfer, storage or proper disposal of medical records, and notification of the public.

F. Monitoring

1. The license entitles the Director of the Department or designee, the Office of the Child Advocate, DRRI (Disability Rights Rhode Island), approved Federal Court monitor or designee and/or if dually licensed in RI, licensing staff from that division:

a. the right of entrance at any time;

b. the privilege to inspect and access all files in order to ascertain compliance with these regulations; and

c. the right to investigate complaints.

G. Enforcement

1. If at any time, the licensee violates the terms of the license or application:

a. a Plan of Corrective Action may be required;

b. the Department may pursue administrative, civil and/or criminal remedies according to applicable Rhode Island General Laws.

2. A license may be denied, suspended, or revoked for:

a. failing to comply with these regulations or any dual licensure regulations;

b. providing falsified or misleading statements and/or documentation to the Department; and/or

c. making efforts to deceive the Department.

3. If at any time, under any license status, the Department finds that the health, safety or welfare of youth, or the public, is in jeopardy, a summary suspension of the license may be ordered.

4. If the Department takes licensing action to suspend or revoke the license, the congregate care facility is obligated to:

   a. post the Department's notification of this action in a prominent location near the facility entrance;

   b. notify the youth's legal guardian(s) of enrolled youth about the reasoning and timing of the licensing action; and

   c. provide the Department with information about the enrolled youth, upon request.

   d. Department determines the services is no longer needed.

4.2.3 VARIANCES and WAIVERS

A. A licensee must apply, in writing, for a variance or waiver using the most recent DCYF Licensing Adjustment Variance/Waiver Request form. A variance or waiver may be granted when the situation does not jeopardize the health, safety and well-being of the children in care. If a Residential Intervention is dually licensed, such variance/waiver must be mutually approved.

1. The time-limited conditions and term of the variance or waiver is not valid until the licensee receives written approval from the Licensing Assistant Director or designee.

2. At the end of the variance or waiver term, the licensee must demonstrate compliance with all these regulations.

3. When a Residential Intervention is dually licensed, DCYF will ensure that that issuing of a variance or waiver does not jeopardize compliance with any other regulations.

4. An approved variance will contain a specified time frame, not to exceed ninety (90) days and is subject to review and renewal.

4.2.4 LICENSING VIOLATIONS AND COMPLAINTS

A. Any complaint, which alleges a violation of these regulations will be referred to the DCYF Licensing Division Assistant Director or designee for investigation.

1. When a Residential Intervention is found to be in violation of these regulations, the DCYF Licensing Assistant Director or designee sends written notice of the violation(s) to the chief executive of the Residential Intervention. The notice establishes a deadline for correcting the violation.

2. The chief executive of the agency sends a corrective action plan to the Licensing Assistant Director or designee.

3. If the Residential Intervention fails to comply with the time frame, the chief executive of the agency sends a written explanation for the delay to the Licensing Assistant Director or designee with a request for an amended time frame. This request must be received within twenty-four hours of the deadline.

4. The Licensing Assistant Director or designee may either accept or reject the request in writing.

5. If the Residential Intervention remains in violation at the end of the designated time frame, the Licensing Assistant Director or designee initiates action to issue a corrective action plan, suspend or revoke the license.

B. Any complaint, which alleges that a child has been abused and/or neglected in a Residential Intervention will be referred to Child Protective Services.

4.2.5 APPEAL/HEARING

1. Any applicant for licensure or license holder may appeal any action or decision of a Departmental staff, supervisor or Administrator that is adverse to the person's status as an applicant or license holder through the Executive Office of Health and Human Services (EOHHS) administrative appeal policy.

2. Any applicant for licensure or license holder, who has a right to pursue an administrative appeal, may seek an emergency stay of summary suspension through the Executive Office of Health and Human Services (EOHHS) administrative appeal policy.

3. Any applicant for licensure or licensee may appeal any action or decision of a Departmental staff person, supervisor or administrator that is adverse to the status as an applicant or license holder.

4. All administrative hearings for appeals relating to licensing violations or terms will be held in accordance with Department Operating Procedure 100.0040, Complaints and Hearings.

4.2.6 LICENSE RENEWAL

A. The DCYF Licensing Division/Unit provides a renewal application packet, which includes a compliance self-assessment report, to the Facility ninety (90) days prior to the expiration of the current License.

B. Applicant returns the completed renewal application packet to the Licensing Unit at least sixty (60) days prior to the license expiration.

C. Applicant provides documentation of fiscal accountability.

D. Applicant requests updated DCYF clearances through the DCYF Licensing Unit and obtains statewide BCI checks in accordance with Department Operating Procedure 100.0155, Clearance of Agency Activity and Department Operating Procedure 100.0210, Criminal Records Checks and includes results in personnel file.

E. DCYF conducts site inspection and records review prior to the expiration of the current license in order to determine compliance with the regulations.

4.3 LICENSING STANDARDS

4.3.1 ADMINISTRATION AND ORGANIZATION

A. Vendor Guidelines for Establishing New Residential Interventions

1. When an agency has identified an appropriate site, the agency's representative contacts the Department’s Licensing Division/Unit to arrange preliminary fire and health inspections. The agency must also contact state and local fire and building authorities to ensure compliance with all codes, statutes and regulations.

2. The agency makes any rental or purchase and sale agreement contingent upon the receipt of licensing.

3. The agency notifies by certified mail elected local officials, including State Senators and Representatives, and local property owners within a 200 foot radius of the perspective location of the program.

4. If requested by local officials, and or neighbors, the agency conducts a neighborhood meeting within fifteen (15) days. The Department is notified by the agency and participates in the meeting.

5. The service provider agency and the Department's contracts personnel and fiscal staff will discuss all relevant factors including program costs.

B. Parent Agency Responsibilities

1. The Parent Agency will maintain an organizational table accurately reflecting the structure of authority within the agency and the Facility.

2. The Parent Agency must have a written policy and procedure that requires the Facility's continual compliance with licensing requirements and conformity with the provisions of its charter.

3. The Parent Agency must ensure that an accredited Residential intervention has a quality improvement plan, consistent with its Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF) or Council on Accreditation (COA) certification status, which is provided to families, the Department and advocates. A Residential Intervention that is not accredited must ascribe to the principles of Total Quality Management and have related policies and procedures, which are provided to families, the Department and advocates. (refer to Accreditations 4.3.1.G within this document for further explanation).

4. The Parent Agency must ensure that direct care staff includes qualified personnel capable of providing for the health and safety of the young people assigned to their care; implementing all aspects of the program, including its policies and procedures and documenting and assessing behaviors of each young person to ensure safety.

5. The Parent Agency will ensure that each Residential Intervention files an annual Financial Statement with the Licensing Division/Unit. The audit must be conducted by an independently certified public accountant. The audit must demonstrate that the facility has sound fiscal and allocation plans that meet its operating needs.

C. Facility Responsibilities

1. Each Facility will maintain a Purpose Statement available for inspection by any interested party. The Purpose Statement will include the following:

a. A statement of the Facility's philosophy and goals

b. A statement delineating which services are provided by the Facility and which services are provided through community resources

c. Identification of appropriate resources if the Parent Agency administers several programs at different sites

d. A listing of eligibility requirements, including age, sex, cognitive development, health status, treatment and service needs

2. Enrollment, Staffing Ratios and Resident Supervision

a. The program facility will be licensed for an age range appropriate for the young people to be served in the program.

b. The program facility does not admit any young people outside of the ages for which the program is licensed, without prior approval from the Licensing Department.

c. Each /Residential Intervention will provide a staffing description of the following which shall also align with the agreed DCYF contractual scope of work, if applicable:

(1) The staff working on each shift

(2) "One-on-one coverage", "constant supervision" and any restrictions consistent with the Facility's behavior management program. One on one (1:1) coverage staff are excluded from any shift staffing ratios.

(3) "Monitoring" and "supervision" of clients

d. Each Residential Intervention will have overnight staff/child ratios as follows:

(1) Residential Treatment Facilities (RTF), Centers (RTC), group homes, Residential Interventions, Assessment and Stabilization Centers, and Acute Residential Treatment Services (ARTS) shall have a minimum of one (1) overnight/3rd shift awake staff with a staff/child ratio of one to six (1:6) or as specifically outlined in the agreed DCYF contractual scope of work.

(2) PRTF shall have a minimum of (2) overnight/3rd shift staff with a staff/child ratio of one to four (1:4) or as specifically outlined in the agreed DCYF contractual scope of work.

a. At least two (2) direct care staff or PRTF staff persons who meet the qualifications of direct care staff.

b. At least one (1) direct care staff or a PRTF staff person who meets the qualifications of a direct care staff shall provide supervision to every four (4) residents.

c. PRTF staff providing supervision to young people shall remain within auditory range of the residents being supervised.

d. Staff who are assigned one-to-one supervision of a young person are not counted in the staffing ratio requirements.

e. At least one (1) PRTF staff person in a supervisory role shall be physically present on site/campus at all times.

(3) Semi-Independent Living Programs overnight/3rd shift asleep staff, with a staff/child ratio of one to six (1:6).

e. Each Residential Intervention will have daytime/1st and 2nd shift awake staff/child ratio as follows:

(1) Residential Treatment Facilities (RTF), Centers (RTC), group homes, Residential Interventions, and Assessment and Stabilization Centers programs will have a minimum of one (1) staff to four (4) residents (1:4) or as outlined in the agreed DCYF contractual scope of work.

(2) Enhanced/Specialized group homes, Residential Interventions, ARTS, and PRTF's will have a minimum of one staff to three residents (1:3) or as outlined in the agreed DCYF contractual scope of work.

(3) If a Residential Intervention is dually licensed, staffing ratios must align with all regulations. Semi-Independent Living Programs will have a ratio of one staff to five residents (1:5) or as outlined in the agreed DCYF contractual scope of work.

f. Each young person must be adequately supervised at all times with immediate access to staff twenty-four (24) hours per day.

g. Each Residential Intervention will provide a written plan for staff coverage in crisis and emergency situations.

h. In consideration of or required by the needs of young people, residential intervention programs must implement more stringent staff/youth ratios if providing inclusive settings for young people with disabilities, developmental delays, other special learning, health, and/or social and emotional needs.

i. Any auxiliary staff who provide additional services within the Residential Intervention do not count in the staff/child ratios.

j. The Director of Residential Services and the Director or Supervisor of Clinical Services cannot count in staff/youth ratios when operating in their specific role.

k. PRTF programs shall have:

i. Clinician or equivalent available to all young people and staff via an on-call system 24/7.

ii. Nurse/RN or equivalent shall be available 24/7 with a medical doctor/psychiatrist being available to the Nurse/RN 24/7.

iii. PRTF will ensure staffing meets the provider requirements related to ordering and monitoring of restraint in compliance with state and federal regulations.

D. Research

1. Research is permitted for a Residential Intervention or Parent Agency's internal evaluation.

2. Research for any other purpose requires prior approval from DCYF. Upon review, DCYF may require parental approval.

3. The young person's anonymity must be maintained in all phases of the research as dictated by State and Federal law.

E. Notification Requirements

1. The Facility must report any known or suspected child abuse or neglect to DCYF at 1-800-RI-CHILD/1-800-742-4453 in accordance with R.I. Gen. Laws § 40-11-3 and DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect. Any person who has reasonable cause to know or suspect that any young person has been abused and/or neglected or has been a victim of sexual abuse by a parent, third

party adult or another young person must report that information to DCYF Child Protective Services within twenty-four (24) hours.

2. Facility Residential interventions must notify DCYF, through the young person's worker and/or Child Protective Services, and the parent/legal guardian immediately of:

    a. Serious injury, illness, or pattern of injuries involving medical treatment of a young person

    b. Any suicidal or homicidal gesture or attempt that requires outside emergency service or evaluation

    c. Young person being sent to an emergency department for a psychiatric evaluation or medical attention

    d. Any situation involving police intervention

    e. Any unauthorized absence/missing from care of the young person from the Residential Intervention in accordance with DCYF policy

    f. Physical altercations between young people and/or young people and staff

    g. Removal or attempt to remove a child from the Residential Intervention by any person or agency other than the placing agency

    h. Any fire or other emergency that requires overnight evacuation of the Facility

    i. Any expulsion of a young person from school

    j. Death of a young person

3. While all sexual abuse must be immediately reported to the hotline, for residential interventions that are also PREA certified, reporting must also adhere to the most recent national standard requirements.

4. The Residential Intervention is responsible for notifying the Department of information regarding the young people and the program and documenting the communication.

5 The Residential Intervention is responsible for immediately notifying the Department's licensing unit, in writing, of major changes which affect the license, including:

a. change of Director of Residential Services or Director or Supervisor of Clinical Services;

b. intent to change the name of the Child Caring Agency or facility/ residential intervention program;

c. intent to change ownership of the Child Caring Agency or facility/ residential intervention program;

d. intent to change the physical address/location of the Child Caring Agency or Residential Intervention;

e. intent to use different/additional spaces that were not previously licensed;

f. intent to change the numbers or ages of young people served or any request to exceed already agreed variance or waiver; and/or

g. any other major changes in the Child Caring Agency or facility/ residential intervention program.

6. These changes are subject to approval by the Department and may require a license change.

7. The Residential Intervention is responsible for notifying emergency personnel in the event of an emergency situation.

8. If the suspected care occurred at the Residential Intervention, the Residential Intervention must report to the Department's Licensing Division/Unit after reporting to the CPS hotline. Notification shall be emailed to the assigned licensing worker and the Division Assistant Director or designee.

9. The Residential Intervention will provide written notice within thirty (30) days to DCYF of changes in admissions criteria or administrative staff (applicable staff are referenced in §§ 4.3.2(A)(1), (2), and (3) of this Part below).

10. The Residential Intervention will contact DCYF in writing for approval prior to implementing any program or site changes, which impact the existing

license, such as change of location, physical expansion or an increase or decrease in the number or gender of clients served.

11. Inspection

    a. The Residential Intervention will meet with DCYF Licensing Division/Unit, Residential Monitoring Unit or designee, the Office of the Child Advocate, DRRI (Disability Rights Rhode Island), approved Federal Court monitor or designee and/or if dually licensed staff from that division to inspect the Residential Intervention at any time to determine compliance with the regulations.

12. Reporting Standards requirement for PRTF programs:

In addition to the reporting specific to serious occurrences detailed in the above section, the following monthly reporting shall be completed by the Residential Intervention and submitted to DCYF.

1. Resident census including out of state placements and average length of stay

2. Status reports including but not limited to progress toward treatment goals and anticipated duration of services

3. Total number of resident elopements and/or missing from care

4. Number of serious occurrences

5. Number of emergency room visits and number of residents who were seen in the emergency room

6. Number of hospitalizations and number of residents who were hospitalized

F. Performance Standards requirement for all Residential Interventions

1. The Residential Intervention shall cooperate in and comply with quality improvement programs including, but not limited to, case review, site review, quality improvement forums, and Medicaid reviews.
2. The Residential Intervention shall, for the term of these certification standards, submit all claims, service utilization management, clinical case management and quality improvement data requested by DCYF.
3. The Residential Intervention shall ensure compliance with the following clinical practice standards:

    a. Completion of initial clinical assessments and treatment plans within seven (7) days of admission.

b. Completion of a comprehensive assessment and treatment plan within thirty (30) days.

c. Completion of progress reports quarterly and as requested by the State.

d. Completion of clinical progress notes within twenty-four (24) hours of each individual, family, or group therapy session.

e. Completion of milieu notes before the end of each shift.

4. The Residential Intervention shall ensure that internally, all resident records are audited for completeness and correctness on a quarterly basis using an approved DCYF Medicaid Program Review form and that any incomplete or incorrect documentation shall be ameliorated by the clinician within ten (10) days.

5. Reporting of Serious Occurrences for PRTF programs

   a. Notwithstanding §27.11.1 and 27/11/2 of this Part, a PRTF shall report serious occurrences in writing via electronic transmission to RIDOH (DOH.OFR@health.ri.gov), EOHHS, DCYF (DCYF.Licensing@dcyf.ri.gov) and DRRI, no later than 5:00pm (EST) of the next business day after a serious occurrence. If the serious occurrence involves a resident who is civilly certified, a PRTF shall additionally report a serious occurrence in writing via electronic transmission to BHDD's Office of Quality Assurance.

      i. PRTF shall report a serious occurrence to the young person's parent/legal guardian as soon as possible, and in no case later than one (1) hour after the serious occurrence.

   b. A PRTF shall report a serious occurrence involving known or suspected abuse or neglect of a resident in writing via electronic transmission to RIDOH (DOH.OFR@health.ri.gov), EOHHS, DCYF (DCYF.Licensing@dcyf.ri.gov) and DRRI immediately, but not later than two (2) hours after the allegation. If the serious occurrence involving abuse or neglect involves a young person who is civilly certified, a PRTF shall additionally report the occurrence in writing via electronic transmission to BHDDH's Office of Quality Assurance.

      i. A PRTF shall maintain evidence that all allegations of abuse, neglect, and/or mistreatment have been thoroughly investigated and that further potential abuse has been prevented while the investigation is in progress. The results of the investigation shall be reported to RIDOH within five (5) business days.

ii. Appropriate action shall be taken as necessary to protect the young person from further potential harm while the investigation is in progress.

iii. All investigation reports shall be provided on forms supplied by the Department. A copy of each investigation report shall be retained by the PRTF for review during subsequent inspections by the Department.

13. Accreditations

1. The Child Placing Agency maintains a quality improvement plan for the Residential Intervention in alignment with:

   a. accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or

   b. accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF); or

   c. accreditation by the Council on Accreditation (COA); or

   d. the documented principles and philosophies of Total Quality Management, which includes:

      i. focus on young people as a/the consumer;

      ii. staff engagement;

      iii. objective evaluation;

      iv. quality improvement; and

      v. continuous improvement

4.3.2 PERSONNEL

A. Sexual Assault and Sexual Misconduct Detection and Prevention

1. The Residential Intervention shall have standards for sexual assault and sexual misconduct detection and prevention that are:

    a. Integrated into onboarding and ongoing training of all staff and volunteers
    b. Available to all young people
    c. Available to each young person's parent/legal guardian/ family/caregivers

    d. Subject to a documented process for review and updates on a regular cadence and/or upon a reported allegation and/or reported incident of sexual misconduct or sexual assault at the Residential Intervention and/or involving a young person while they are in the Residential Intervention's care.

B. Staffing Requirements

1. Each Residential Intervention is required to have individuals in roles in accordance with the following:

    a. Medical Director for PRTF residential programs only

    b. Director of Residential Services, Administrator or equivalent

    c. RN for PRTF programs with at least one (1) year of experience in treating children, youth or young adults with behavioral health needs onsite 24/7.

    d. Director or Supervisor of Clinical Services

    e. Direct Care staff as needed in to maintain staff/youth ratio

    f. Clinical Staff as applicable

    g. One (1) qualified individual may assume both roles of Director of Residential Services and Director or Supervisor of Clinical Services.
    h. One (1) treatment team leader and one (1) mental health professional for PRTF Residential Intervention

2. There are sufficient auxiliary staff, such as maintenance staff, to ensure the efficient operation of the Residential Intervention.

3. At all times, every staff member on site must have photo-identification available.

4. During all shifts, there must be a designated staff person, who is knowledgeable in the overall functioning of the Residential Intervention, who is in charge and maintains responsibility.

C. Educational Requirements and Hiring Qualifications

1. The chief executive of a Parent Agency must have an advanced degree from an accredited academic program of social work, health, human services, education, or equivalent with supervisory and management experience in the provision of social services to individuals, families and young people, or any equivalent combination of education and experience.

2. The director of residential services or program director must have a Bachelor of Arts degree in social work, health, human services, education or equivalent and a minimum of four (4) years' experience working in a residential program.

3. For PRTF programs, administrator, medical director, RN, clinical director, treatment team leader, and mental health professional roles and functions are required and must be met under RIDOH regulatory requirements.

4. The director or supervisor of clinical services must have a master's degree with a concentration in human services or related field, an active license with the RI Department of Health to provide clinical services as an independent practitioner in accordance with R.I. Gen. Laws § 5-39.1, a minimum of two (2) years clinical experience and the knowledge and skills necessary to provide leadership to staff.

5. Any program clinician, including any consultant, must possess the necessary qualifications and licenses to provide care and services to Facility residents.

6. Direct care staff

a. Direct care staff are responsible to implement all aspects of the Child Caring Agency, including policies and procedures, supporting the service and treatment plans of young people.

b. A person who meets all qualifications in one of the following options may assume the role of Direct Care Staff:

i Bachelor's degree in social work, Health, or Human Services from an accredited school of higher education; or

ii Associate's degree in social work, Health, or Human Services and two (2) years of experience within health and human services; or

iii High School diploma/GED and one (1) to two (2) years of experience within health and human services or related field where at least one (1) of those years was within a youth population setting.

D. Personnel Policies

1. The Residential Intervention will maintain written job descriptions for all positions.

2. The Residential Intervention will maintain written personnel policies and procedures, which will be provided to staff at the time of hire. The personnel policies will include a provision governing conflicts of interest.

3. Staff will work regularly scheduled hours, and the Residential Intervention will maintain a record of work assignments.

4. The Residential Intervention will have a personnel file for each employee, which contains the following:

a. The application for employment, resume and references

b. Any professional certifications

c. DCYF clearance (Form #035A) and results (Form #171)

d. National Criminal Records Background results reflecting no disqualifying information shall be documented upon hire and every (5) years thereafter

e. Statewide criminal records check and results,

i All individuals who are responsible for the direct supervision of young people and are to be included in staff/young person

ratio are required to be cleared and approved in accordance with the Department's policies on Criminal Records Check and Clearance of Agency Activity checks, prior to the assignment of young people caring duties, and annually thereafter

ii Within 30 days of receipt of written notification of disqualifying information, the applicant or staff may appeal the finding of the Criminal Records Checks and/or the Clearance of Agency Activity check. An applicant may not be responsible for the direct supervision of young people and is not to be included in staff/young person ratio during this time.

f. National Sex Offender Registry check results shall be completed annually

g. Criminal History Affidavit (Form #109)

h. Employment History Affidavit (Form #108)

i. Performance evaluations

j. Personnel actions relating to the individual's employment with the Residential Intervention

k. Documentation of completion of training in Crisis Intervention, Restraint and certification in First Aid, which includes the Heimlich Maneuver (online training is accepted), and CPR, with evidence of annual compliance

l. Evidence of continuing education hours

m. Beginning and end dates of employment

5. Personnel records must be retained for six (6) years from date of termination.

E. Staffing Coverage

1. The Residential Intervention employs enough staff to maintain required staff/youth ratios, even in the event of the absence of staff in order to maintain required staff/youth ratios.

2. Each Residential Intervention will provide a written plan for staff coverage in crisis and emergency situations.

3. For PRTF programs, at least two (2) staff persons who are trained in the use of restraints shall be present and available at the PRTF at all times.

4. For PRTF programs, at least one (1) PRTF staff person who is able to order restraints, in accordance with § 27.10 of this Part, shall be available at all times.

F. Staff Training, Development and Evaluation

1. The Residential Interventions will maintain a written plan for the orientation, training, on-going development, supervision and annual evaluation of staff. Staff supervision must address all critical areas of each young person's life and occur weekly for direct care staff with the immediate supervisor or designee. A licensed master's level clinician must provide supervision for clinical staff.

2. The training curriculum should be competency-based, have identified learning outcomes, and reflect a combinations of modalities, including but not limited to:

   a. Didactic training with practice and role plays

   b. Reading and discussion of program manuals, guidelines and relevant articles

   c. Structured observations

   d. Supervised direct interaction with young people, with follow-up discussion and feedback

   e. Assignment of a peer mentor/primary contact for shift worked

   f. Opportunities for self-reflection and self-evaluation

3. Each new employee will receive orientation and training consistent with the Facility's written plan, including documentation that the employee has completed mandatory training in a nationally recognized model of crisis intervention and restraint and seclusion and certification in First Aid and CPR within thirty (30) days of hiring.

4. Direct care staff must receive a minimum of sixteen (16) continuing education hours annually in topics related to residential treatment. Eight (8) of these hours will pertain to crisis intervention and restraint in accordance with §4.3.6(L) of this Part (Behavior Management, Safety and

Crisis Intervention, Restraint and Seclusion) below. The remaining hours may include training in the following areas:

a. Principles and applications of strength-based, trauma informed direct care and family centered practice

b. Program goals, administrative procedures and program documentation

c. Reporting of child abuse and neglect under state law

d. State laws and regulations pertaining to confidentiality and ethics

e. Approved behavior management, group techniques and child safety

f. Age appropriate development, boundaries

g. Sexual orientation and expression

h. First Aid, CPR , Nasal Naloxone Administration, and Universal Precautions

i. Fire Safety and safe management of hazardous materials

j. Emergency and Disaster Preparedness

k. Medication distribution

l. Effects of psychotropic medications

m. Placement issues including separation, loss and grieving

n. Medical and psychiatric risk assessment

o. Trauma-informed care

p. Cultural humility and respect for diverse backgrounds in all aspects of care and treatment

q. Commercial Sexual Exploitation of Children (CSEC)

r. The zero-tolerance standard; under the Prison Rape Elimination Act (PREA), the zero tolerance standard requires agencies to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in all facilities they operate.

G. Staff Communication/Overnight Monitoring/Cameras/Motion Detectors & Alarms

1. Staff Communication

a. The Parent Agency program will have a written or digital procedure for communication within each site that addresses young person-specific issues, important policy and programming issues as well as any additional information that needs to be shared from shift to shift. There can be separate logs communicating polices/programming issues and shift specific updates. The log(s) at minimum will include but not limited to:

i the date;

ii reflects where the young person are at any given time;

iii reflects the staff who are on shift at any given time; and

iv any other relevant information to ensure communication between all staff on all shifts.

b. The procedure will provide for the timely and organized transfer of information between each shift and the daily transfer of information between treatment components.

c. The log(s) is maintained onsite for a minimum of three (3) years.

2. Overnight Bed Checks

a. All facilities/residential intervention programs with awake overnight staff must ensure staff are conducting bedroom checks in-person at least every 30 minutes (15 minutes if a PRTF program) or as outlined in their contracted scope of work. Such documentation must be completed in real-time whether written, digital or barcode/scanning devices. Staff must verify that they see the young person's head, limb/body part or presence of one breathing.

b. There should be a separate written or digital log for recording bedroom checks.

3. Cameras

While common area cameras/videos may be used as an additional safety measure such cannot replace physical room checks. All programs should have operational internal cameras in common areas within six (6) months from the promulgation of these residential intervention program regulations or a detailed plan approved by the Department as to a timeline when such

will be installed and operable. External cameras although not required are highly recommended to monitor safety around the perimeter of the Residential Intervention.

a. Cameras should be used for safety, supervision, or documented care, not for surveillance or intrusion.

b. Cameras should be in common areas only, avoiding intimate spaces like bathrooms or bedrooms

c. Store recordings securely and limit access to authorized personnel.

d. Staff should be trained on legal boundaries, privacy rights, and proper camera operation.

e. Footage should be reviewed by supervisors and Administrators not only for a specific incidents but randomly, to include all hours to ensure ongoing staff adherence ratios, 1:1's, bedroom checks etc.

f. Footage can be used as part of supervision

g. Footage is securely stored for 90 days unless part of an ongoing investigative process.

4. Motion Detectors
   a. May be utilized when necessary to support the safety, supervision or clinical needs of a young person
   b. The use of motion detectors require the prior approval by the licensing authority(s) unless authorized by emergency safety procedures already established for the said program
   c. Staff shall be trained on appropriate use
5. Door Alarm/Delayed Release
   a. Door alarms be utilized on bedroom doors when necessary to support the safety, supervision or clinical needs of a young person
   b. A Residential Intervention may utilize delayed-opening exit doors or alarmed exit systems only when necessary to protect the safety of young people and when permitted by applicable fire, building and life safety codes
   c. The delayed-opening or alarmed exit systems shall be based on:
      1. the age and assessed needs of the population served
      2. Identified risks related to elopement, trafficking, self-harm and/or safety

d. Alarmed exit systems may be used to alert staff when a young person exits or attempts to exit the building, provided the system does not prevent lawful emergency egress
e. The exit doors shall automatically release upon activation of the fire alarm and/or sprinkler system
f. Permit immediate manual release by staff in an emergency
g. Unlock automatically in the event of power failure
h. Delayed egress for no longer than the period permitted by applicable code
i. Bedroom door alarms and/or exit door alarms may not be used for confinement, punishment, staff convenience and/or to control behavior

6. The procedure will provide for the timely and organized transfer of information between each shift and the daily transfer of information between treatment components. This includes, but not limited to the continuous transfer of information related to each young person's behaviors, events, preferences, and expressed feelings that may have an impact on subsequent behavior and progress withing the program and should be used in real-time to inform care and treatment.

7. Role of Media
   a. When addressing media inquiries, residential intervention programs should:
      i. Provide accurate, factual reporting of serious incidents
      ii. Feature stories about successful residential intervention experiences
      iii. Seek a balanced perspective in media reporting
      iv. Protect young people from exploitative media presentations
      v. Develop community standards and ethics in matters concerning young people

H. Volunteer and Intern Services

   a. A Residential Intervention that utilizes volunteer and/or intern services will maintain written procedures regarding their roles and provide these procedures to all volunteers and interns.

   b. The procedures will require that all volunteers and interns be:
      i. Are 18 years of age or older
      ii. Directly supervised and receive supervision of the by a paid Residential Intervention staff member

iii. Undergo orientation to Child Caring Agency policies and procedures and the intern/volunteer assignment

iv. Oriented and trained in the philosophy of the program, the needs of children in their care and the methods used to meet those needs

v. Utilized to provide services to enrich the program (volunteers and interns may not provide essential services that would otherwise be provided to satisfy client/staff ratios.)

vi. Fully informed, at time of orientation, of the requirement to protect client's confidential information, whether written or oral

vii. Prohibited from participating in any form of restraint or implementing any form of discipline

viii. Are never left alone with or responsible for the supervision of young people

c. Facilities will maintain a file for each volunteer and intern containing Employment History Affidavit (Form #108), Criminal History Affidavit (Form #109), Fingerprint Affidavit and results, DCYF Clearance (Form #035A) and results (Form #171) and a signed confidentiality agreement.

d. Volunteers and interns will comply with the same ethical requirements as staff.

4.3.3 HEALTH, PRIVACY AND SAFETY

A. Physical Site

1. The Residential Interventions will be housed in a structure equipped and maintained to provide for the safety, health, privacy and physical comfort of all young people.

a. Program facilities shall have a warm and welcoming appearance that is as family friendly as possible.

b. Programs are responsible for ensuring that all parts of the licensed program and grounds are maintained in a way that ensures health and safety of youth, staff, and visitors at all times.

c. Program furniture must be clean, durable, maintained in good repair and free of hazards.

d. In any common area, furniture does not obstruct staff from visual supervision.

e. In the event where weather or disaster compromises safety of the facility, the program ensures:

i Safe passage in and out of the program; and

ii that all structural and mechanical systems are fully functional.

f. PRTF programs shall have an on-site school. School program must meet all RIDE educational standard requirements set for said program. If no on-site school, such must be approved within the written contractual agreement with the Department and/or all State licensing parties.

2. Any proposed changes to the site must be made in accordance with State and local laws and notice to DCYF in accordance with § 4.3.1(E) of this Part (Notice Requirements) above.

a. The construction of new buildings or outdoor space for the use of young people, or the renovation/modification of existing buildings or outdoor space used by young people requires approval by the Department prior to the state of construction.

b. The Residential Intervention is responsible to obtain new inspections as necessitated by construction.

3. All living areas of the Facility will be well-lit and ventilated.

4. All areas must be clean and properly maintained at all times.

5. Each residential unit will contain interior space for the children's leisure, designed and equipped in a manner consistent with program goals.

6. There will be dining areas that allow children, staff and guests to eat together.

7. Outdoor Requirements

a. Each program has an outdoor area designated for trash and recyclables, if applicable,

b. Outdoor trampolines are prohibited.

c. Programs with a pool must comply with the RI Department of Health Rules and Regulations for Licensing swimming and wading Pools, hot tubs, and spas.

i The pool license must be posted in a visible area.

ii If the program's pool has been deemed by the RI Department of Health as status of "voluntary closed" it is not permitted for young people's use, until such time that the RI Department of Health changes the status.

iii The use of diving boards is not permitted.

B. Structural Requirements and Mechanical Systems

1. Each room, used by youth, must be ventilated via a ventilation system or opened door or window.

a. Any door or window that is used for ventilation must not inhibit the security of the congregate care facility.

b. All exterior windows that can open are securely screened.

2. The temperature in all rooms of the congregate care facility are maintained within a range of 65°- 78°F. Temperatures exceeding 78°F require cooling devices.

3. Portable space heaters are prohibited.

4. Each rooms in the Residential Intervention has artificial lighting that is intact and in good working order.

5. All Residential Intervention exits/egresses are:

a. clearly identified; and

b. free of clutter around the area of the door,

6. Stairways used by young people have secured handrail no higher than 37 inches from the stair tread.

7. All entrances to the Residential Intervention are kept locked with mechanisms in place for monitoring entry.

a. If at any time an entrance to the Residential Interventions is unlocked (e.g. service delivery), a designated staff person is required to directly monitor all entries/exits from the Residential Intervention and is then responsible for resecuring the entrance.

8. All Residential Interventions, with the exception of laundry and storage, that are used by young people are above grade, as defined by the International Building Code.

9. Residential Interventions are required to designate space for:

a. interior space for the young person's leisure;

b. dining areas that allow for young people, staff, and guests to eat together;

c. well-lit area(s) for studying and completing school work, applicable for any Residential Intervention serving young people who attend school;

d. locked office or space for administrative and clerical functions;

e. programming access that allows for educational requirements for schooling e.g. Google classroom access

f. storage of equipment and materials;

g. storage of food;

h. designated space for private conversations or counseling with young people, staff, and families; and

i. separate living space, not to include the Residential Interventions' common area as sleeping space, as applicable for live-in staff; and

j. Access to educational resources and to meet educational requirements.

10. Bedrooms

a. 50 square feet of usable space for each young person unless dual licensure regulations and/or contractual program language state otherwise.

i For PRTF's single bedrooms shall be no less than one hundred (100) square feet in area and no less than eight feet (8') wide exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules. In new construction, single bedrooms shall be no less than one hundred twenty (120) square feet in area.

ii For PRTF's multi-bedrooms shall be no less than one hundred sixty (160) square feet in area and no less than ten feet (10') wide, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules. In new construction, multi-bedrooms shall be no less than two hundred (200) square feet in area

iii PRTF and RTF programs bedrooms shall meet anti-ligature door and bedroom furniture/hardware requirements unless otherwise approved by all licensing parties

iv Sharing a room is approved by the young person's DCYF caseworker, if a young person is in the care and custody of the department.

b. A bedroom can be shared by no more than three (3) young people except PRTF's that require no more than two (2), sharing a room should also be approved by the young person's case worker if applicable

c. The bedroom allows for all required equipment, if applicable and necessities for each young person

d. If clinically determined that the safety and health of all young people has been considered

e. Between a young and any individual aged 18 or younger and/or cognitively and clinically access if outside the age range

f. If all court/age stipulations have been approved

g. Each young person has an individual bed, at minimum with a twin sized mattress equipped with a moisture retardant mattress covering, seasonal bed linens and a pillow. Cots, couches, futons, sofas and roll-a-ways are not considered beds.

h. All beds and bedding are sanitized before use by another young person and must be free of stains.

1. All bedding must be laundered at least once weekly. If a young person has a medical condition such as but not limited to enuresis or encopresis may require more frequent laundering

2. Every bedroom will have a wall-level window with a covering to allow privacy except as noted below for PRTF programs.

i. For PRTF's the window sill shall not be higher than three feet (3') above the floor and shall be above grade level.

1. For PRTF's the size of each window shall be no less than two feet six inches (2'6") wide by four feet five inches (4'5") high.

j. Each young person will have an individual bureau or equivalent, a hamper for dirty clothing, closet space and a container or equivalent for storage appropriate for the young person's belongings.

k. Every young person will be provided with necessary individual personal hygiene products.

l. No young person, upon attaining the age of three (3) years, will share a bedroom with a resident of the opposite sex/gender.

m. No adult may sleep in the same bedroom with a young person.

n. When bunk beds are used, the vertical distance between the mattresses will allow each resident to sit up comfortably in bed with at least 6 (six) inches of head space. The top bunk will be fastened securely to the side frames. No young person under the age of six (6) will be allowed to sleep in the top bunk. The Residential Intervention cannot require any child to sleep on the top bunk of bed. All bedrooms must have doors; all bedroom and closet doors must unlock from both sides.

11. Bathrooms and Plumbing

a. All bathrooms must have doors and must unlock from both sides.

b. A minimum of one (1) sink and one (1) bathtub, if permitted or shower with hot and cold water, and one toilet will be provided for every eight (8) children in residence.

c. Lavatories and baths will allow for individual privacy. Bathrooms will be separated by sex/gender for young people over the age of three (3).

d. All sinks, showers and bathtubs must be equipped with anti-scald valves.

1. PRTF and RTF programs shall use anti-ligature toilets, sinks, showers and grab bars unless otherwise approved by all licensing parties

e. All bathrooms must meet ADA (Americans with Disabilities Act) compliance standards as defined for either for an existing dwelling or new construction.

12. Additional Space

a. Every school age young person will be provided with a well-lighted area for studying

b. A separate living space will be provided for live-in staff. The Residential Intervention will not designate common areas as staff sleeping accommodations.

c. A distinct space must be provided to meet administrative needs.

d. The Residential Intervention must have a designated space to allow private discussions and counseling sessions for young people with staff and family.

e. Each program must have provisions for laundering clothes, bedding and other materials which include, at minimum, one washing machine and one dryer, in good working order. Exceptions will be made to programs that request to utilize community laundromats as a means to enhanced independent living skills.

13. General Safety/Required Inspections and Certifications

1. Prior to receiving an initial license and upon renewal, the program must demonstrate compliance with current inspections or certifications regarding:

    a. Building;
    b. Fire;
    c. Lead;
    d. Asbestos;
    e. Radon;
    f. Water potability (as applicable for programs with well water)
    g. Public pools (as applicable for programs with a pool on grounds); and
    h. Medical facility, if applicable

2. Every Residential Intervention will be secured at all times when staff is not present.

3. Locked storage areas must be provided for all potentially harmful or flammable materials and for any dangerous tools or utensils. Only authorized staff will have access to keys for storage.

4. All damaged or obsolete items will be removed promptly and disposed of properly.

5. Each living unit within a Residential Intervention will be equipped with a telephone (hard-wired landline or cellular) solely designated for Residential Intervention and available for use in case of an emergency. . Emergency telephone numbers, including physician, poison control and health agency, will be posted and easily assessable to staff.

    a. Staff are not permitted to use cellular phones or electronic devices for personal use or are in any other way distracted while part of the staff/young person ratio and supervising young people.

6. Firearms and other weapons are prohibited.

7. Smoking, including vaping and the use of candles and/or incense is prohibited.

8. A young person may be permitted based on program type, with the consent of the resident's parent or legal guardian and direct staff supervision, to operate small power equipment.

9. Young people may swim only in the presence of a certified lifeguard. If a staff member is serving in that role, the staff member may not have any other responsibilities while young people are swimming.

14. Radon Safety

1. Providers shall show evidence that the facility has been tested for radon and has been found to be radon safe.

2. Retesting shall be done every three (3) years in accordance with the "Rules and Regulations for Radon Control" issued by the Rhode Island Department of Health.

15. Lead Paint Safety

1. There shall not be any peeling or damaged paint or plaster in any area of the residential facility, either interior or exterior.

2. The residential facility/intervention program serving children under the age of six (6) years shall comply with Lead Poisoning Prevention (216-RICR-50-15-3) promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws § 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations.

16. Fire Extinguishers and Fire Safety Inspections

1. Each Residential Intervention must be equipped with a five (5) pound All Purpose ABC Fire Extinguisher on each floor level, centrally located and mounted on a wall bracket approximately 3 ½ feet from the floor.

    a. Each extinguisher must be inspected annually by a licensed company and affixed with a tag listing the inspection company, the inspection date and inspector's signature.

    b. When new fire extinguishers are purchased, a sales receipt must be maintained for inspection by DCYF Licensing.

2. Fire Safety Inspections will be conducted by staff every thirty (30) days to ensure:

    a. Fire extinguishers have no evidence of corrosion or physical damage and remain:

        (1) Properly located and easily accessible

(2) Marked with legible operating instructions

(3) Sealed with intact tamper indicators

(4) Equipped with a pressure gauge indicator in operable range

(5) Marked with the Fire Inspector's annual certification

b. All other fire and safety equipment, such as smoke detectors, alarms and emergency lighting, are maintained current at all times.

c. Monthly inspections will be documented in a fire safety log.

3. Each smoke detector system will be inspected at least once per year by the DCYF.

4. The Facility is responsible to maintain compliance with fire safety laws and regulations and is subject to periodic inspections to ensure compliance.

17. Fire, Emergency and Disaster Procedures

1. Each Residential Interventions develops and implements an individualized written plan to prepare for and respond to potential emergency/disaster and response plan, developed with the assistance of qualified safety personnel. The plan, which shall be updated at least every (2) years will address:

a. Mandatory and Emergency Evacuations

b. Approved and secure sire for emergency relocation

c. Shelter in-place

d. Disaster planning training for staff

e. Locating and tracking children

f. Protection of records

g. Provision of regular and crisis response services to young people

h. Communication with DCYF

2. The emergency and disaster response plan will provide for a minimum of five (5) days food, water, medication (including controlled medications), toilet paper, hygiene supplies and sleeping accommodations for all residents and staff.

3. An individualized graphic evacuation plan identifying alternative escape routes will be posted in all common areas and on each level of the Residential Intervention.

4. The Residential Intervention will provide accommodations and staff training for the evacuation of any disabled young people.

5. Emergency phone numbers are posted in a conspicuous place adjacent to the telephone.

6. The Residential Intervention will conduct one (1) fire/safety drill every month. All shifts will participate on a rotating basis. The drills must include evacuation of all persons to safe areas.

   a. Every Facility/Residential Intervention will maintain a record of fire drills in its fire safety log.
   b. Every fourth (4^{th}) drill must be obstructed, by means of not using one of the typical exits/egresses. The other drills may be unobstructed.

   c. Two shelter in-place drills are conducted every 12 months.

18. Emergency Medical Procedures

1. Every Residential Interventions will have written procedures for staff to follow in case of a medical emergency.

2. Every Residential Intervention has provisions, such as a generator for emergency lighting.

   a. If the facility does not have a sufficient generator, an evacuation location, exclusively for the use of the Residential Intervention, must be identified.

3. Emergency medical procedures will be conspicuously posted at each site.

4. Each Residential Intervention will maintain a fully stocked First Aid Kit and Universal Safety Precaution Kit that includes CPR masks and shields.

5. Each Residential Intervention will have Naloxone on site as well as in the vehicles in which they transport young people.

6. The Residential Intervention will record any young person's medical emergencies in the young person's record.

19. Healthcare Care – Residential Interventions shall ensure that young people receive comprehensive healthcare services to promote optimal physical, emotional and developmental health.

    i. Residential Interventions must arrange for each young person to receive timely and competent medical, vision and dental care and any required follow up treatment. For young people that not legally opened to the Department, the parent/legal guardian is responsible to schedule however it is still the responsibility of the program to ensure the young person remains up to date with all appointments.

    ii. Residential Interventions must ensure they receive necessary consents in order to arrange for all medical, dental and vision appointments in a timely manner.

        1. An appointment for the young person to receive a physical examination by a licensed practitioner within fifteen (15) business days of admission unless the results of an examination conducted within one (1) year prior to admission are available for review.

        2. The Residential Intervention must arrange for each young person to receive dental and vision examinations unless the results of an examination conducted within six (6) months prior to admission are available for review.

        3. In the event a young person requires any corrective device, such as a hearing aid or prosthetic, the Residential Intervention will ensure that the:

            a. young person receives training on proper use and maintenance of the device;

            b. device will become the young person's personal property.

5. In the event a young person requires emergency medical care that necessitates transportation, a direct care staff member must accompany and remain with the young person until another direct care staff or a representative from the Department or responsible and appropriate family member arrives and/or the young person is admitted or excused by the hospital.

6. Residential interventions staff cannot make any decisions regarding major medical or surgical intervention, including the use of psychotropic medication, without the prior approval of the young person's parent/legal guardian(s). In the absence of the parent/legal guardian(s), the Department

must be contacted to give permission/consent to treat. If afterhours, the hotline shall be contacted for permission.

B. Communicable Disease

1. In the event a young person or staff member suffers from a communicable disease, of public health significance, or in the event of an outbreak of any type, the facility must:

   a. report the disease to RI Department of Health, Center for Acute Infectious Disease Epidemiology;

   b. provide written notice to inform the Department and all the young person's legal guardian(s), of enrolled young people, to which communicable disease the young person may have been exposed, without providing any identifying information regarding the source of the communicable disease.

20. Medication for Residents

1. Residential Interventions will maintain written protocols for dispensing over-the- counter (OTC) and prescription (Rx) medications.

2. Residential Interventions are responsible for obtaining refills of medication(s) to ensure that there is no gap in dispersion.

3. Prescribed medications are not administered to a young person without written permission from the young person's parent/legal guardian(s).

4. A written order from a licensed physician's assistant or nurse practitioner (which may include the label of the medication) indicating that the medicine is for a specific young person.

5. Each medication will be properly labeled and stored in the original container for each young person, labeled with the young person's name.

   a. The written order includes the name of the young person, the name of the medication, circumstances under which it may be administered routine, dosage, and frequency of administration.

6. Residential Interventions will maintain all medications under double lock (in a locked container/office stowed in a locked cabinet/box). Programs shall also have a separate lockable refrigerator for refrigerated medications.

7. /Residential Interventions will maintain a sign-off sheet for the transfer of keys to the locked cabinet and container.

8. No prescriptions may be given to any young person other than the young person for whom it has been prescribed.

9. There will be at least one (1) trained staff person per shift responsible for dispensing medication.

10. Residential Intervention will maintain a medication log, consisting of individual pages for each young person. The log will include the child's name, the name of the prescriber, the name of the Rx or OTC drug, the dose, the date and time dispensed and the name of the staff person who dispensed each dose.

11. If a young person refuses a medication and/or rescinds their consent, due to being of legal age, such shall be clearly documented.

12. The medication log page for each young person will conspicuously indicate any allergies.

13. Any medication requiring injection must be administered by a qualified medical practitioner or a direct care staff who have been properly trained for administration . Subcutaneous medications may be administered by the young person if the young person has been properly trained. All self-injections are to be monitored by trained staff. If the young person is permitted to, but is unable to self-administer a medication, trained staff, in accordance with the Residential Intervention's written emergency medical procedures (refer to § 4.3.3(G) of this Part Emergency Medical Procedures above) may administer the medication.

14. The Residential Interventions will maintain a written procedure for the disposal of expired and discontinued medications. All medical waste will be disposed of pursuant to the universal precautions for infectious disease and control.

21. Special Health Care Needs

    a. If there are young people in the Residential Intervention who have special health care needs, specific health care procedures are delivered by a licensed/certified health professional or a staff person who has been trained to appropriately carry out such procedures.

b. Facilities/Residential intervention programs must be able to ensure safe participation of all young people with special needs, in all relevant experiences, activities and opportunities.

22. Transportation

1. All vehicles used to transport young people must be registered, covered by insurance meeting the State's minimum requirements, maintained in good operating condition and have a valid inspection sticker in accordance with State law.

2. Young people will be required to use age-appropriate seat restraints in accordance with R.I. Gen. Laws § 31-22-22.

3. Staff transporting young people in any specialized vehicles will have the appropriate operator's license.

4. All vehicles must be smoke-free; and no smoking/vaping should occur while transporting young people.

5. Ride-share transportation can be considered for young people to access both with staff and independently if deemed clinically appropriate and the young person is of age to transport themselves.

6. All vehicles will be equipped with complete First Aid and Spill Kits.

23. Kitchen/Nutrition

a. Programs must provide food and meals in alignment with current US Department of agriculture nutritional standards.

b. There is a kitchen equipped for food preparation, which shall include but not be limited to: refrigerator, freezer, oven/stovetop or equivalent to prepare food, microwave, sink with hot and cold running water.

c. Temperatures are maintained at 37° for refrigerator and 0° F or lower for freezer.

4. Food preparation and storage areas must be maintained in sanitary condition prior to use for food handling preparing, serving and distributing of food

5. Menus, all meeting accepted nutritional standards, will be posted for the residents.

6. Residential Interventions will provide every young person with at least three (3) regularly scheduled meals a day and at least one (1) healthy snack, with no more than fourteen (15) hours between breakfast and dinner.

7. A supply of food is readily accessible to young people for snacks and independent preparation as desired.

a. The Residential Intervention will ensure that food in the common areas remain unlocked, Residential Intervention are permitted to lock food in storage areas outside of the common area.

b. No young person will be denied food for other than medical reasons. The reason, as recommended by the young person's health care provider, will be noted in the young person's s record.
c. No young person will be force-fed or otherwise coerced to eat.

Food Allergies

a. For each young person with food allergies or special nutritional needs, the program shall obtain a care plan from the young person's health care provider.
    1. The Residential Intervention makes provisions for protecting young people with food allergies from contact with the allergen(s).
    2. The program asks the parent/legal guardian(s) of a young person with food allergens to give consent for posting information withing the program about the young person's food allergy.
        i. If consent for posting is provided, that information is posted in the food preparation area and in the areas which the young person uses.
        ii. If consent for posting is not provided, then the information is shared verbally with all direct care staff and is documented in the young person's file.

4.3.4 ADMISSION/INTAKE

A. Each Residential Intervention will maintain written referral and admission policies and procedures available to staff, parents, residents and DCYF for review. The protocols will define the roles of each participant in the admission process, identify specific goals and objectives expected for participation in the program and define procedures for determining a child's eligibility for the program. PRTF's shall accept referrals made by the Department and other referral sources for all Medicaid enrolled young people.

B. Either prior to admission at the time of admission or in a timely manner, the parent/legal guardian should receive a copy of the handbook(s) either written and/or electronic version.

C. All of the following issues must be reviewed and discussed with a young person and parent/legal guardian prior to admission:

1. The Statement of Purpose

2. The extent of adult supervision at the Residential Intervention

3. The daily routines and expectations of the program

4. Procedures for behavior management and discipline

5. Assessment and evaluation procedures used in treatment planning and service delivery

6. A plan for the provision of services to the young person

7. A plan for the provision of services to the family

8. Rules regarding family participation

9. Criteria for discharge

D. The Residential Intervention provides a written description of any educational program in which the young person is expected to participate.

E. Upon the arrival of a new resident, the Residential Intervention will document any known dietary restrictions.

1. When indigenous or naive young people are placed in a Residential Intervention, the program must fully comply with the provisions of the Indian Child Welfare Act of 1978 (ICWA).

F. The parent/legal guardian will complete all necessary consent forms.

G. The Residential Intervention will ascertain and document the young person's allergies and any special medical conditions. The allergies or conditions will be conspicuously noted on the medical portion of the young person's record and communicated to direct care staff.

H. The Residential Intervention will have a written description of any religious affiliation and its observance of any religious practice. The policy will be provided to, and discussed with, the young person, the parent/legal guardian and DCYF. During the admission process, the program will be made known the religious observances and/or practices by the parent/legal guardian and the young person

regarding religious participation. No Residential Intervention may require a young person to comply with any religious practices rather, the Residential Intervention shall support the young person's religious beliefs and practices

4.3.5 FACILITY RECORDS AND PLAN of CARE

A. Residential Intervention Case Records

1. A written and/or electronic record for each young person will be actively maintained while the young person is in placement at the Residential Intervention .Provisions are made for the protection of files and reports, to ensure confidentiality, and prevent loss, tampering, and/or unauthorized use.

3. All staff, or young people's records are subject to review and/or reproduction by the Department or designee, the Office of the Child Advocate, DRRI and/or the Federal Court Monitor upon request during the Residential Intervention hours of operation.

4. Information contained in a young person's file is only released to an outside entity with written authorization from the young person's parent/legal guardian(s), and as approved by the Department.

5. At the time of discharge, the Residential Intervention releases the medical and other relevant portions of the young person's record to the person or agency responsible for the future planning and care of the youth.

6. Each Residential Intervention will maintain a register of all young people who are referred, admitted and discharged.

7. A young person's record will be kept for a minimum of twenty (20) years after discharge and will be disposed of in a manner that preserves the young person's confidentiality.

8. Case record information may be used for Residential Interventions quality assurance and accreditation purposes, provided confidentiality laws are followed.

B. Compliance with the Health Insurance Portability and Accountability Act (HIPAA). Each child's Residential Intervention Treatment Record will be maintained in a uniform format. All of the following information must be included:

a. Young person's name, gender, birthdate and social security number

b. Name, address, telephone number and marital status of the young person's parents/legal guardian

c. Name, address, telephone number and relationship to the young person of the person with whom the young person was living prior to admission

d. Custody or guardianship status

e. Consent forms signed by the parent or DCYF, as appropriate

f. Date of admission and source of referral

g. All documents associated with the young person's referral

h. Updated inventory of young person's personal belongings

i. Comprehensive assessment consistent with diagnostic formulation under the current edition of the Diagnostic and Statistical Manual (DSM) and identification of medically necessary services to meet needs and problems identified in the diagnostic formulation.

j. This assessment provides the information for a clinical formulation of a DSM diagnosis.

k. This assessment is completed for all young people entering residential care or is provided to the program from another competent clinical resource.

l. Individual plan of care and records of quarterly reviews.

m. The individual plan of care must address issues of concern identified in the bio-psychosocial assessment and diagnostic formulation.

n. The individual plan of care must be signed by an appropriate licensed practitioner of the healing arts, the parent or legal guardian and the young person, if appropriate. Additionally, the DCYF worker must sign the plan, or the provider must document that the DCYF worker provided verbal approval.

o. DCYF Service Plan

p. Educational reports and/or description of educational needs including Individual Educational Plans (IEPs)

q. Medical and behavioral health records

r. Copies of any Incident Reports

s. Progress notes documenting activities in support of the goals of the plan of care and periodic reviews.

t. Within one (1) business day, progress notes must be dated and signed by the Residential Intervention worker and include the length of time spent in the activity with the young person's and the young person's response to the activity as it relates to one or more of the treatment goals in the young person's individual plan of care.

u. Progress notes must be entered for any intervention to assist the young person, consistent with the provisions of the young person's individual plan of care.

v. Date of and reason for discharge

w. The name, address, and telephone number of the individual and/or agency to whom the child is discharged

x. Discharge summary and aftercare plan

y. A signature form for all persons who review the young person's record

1. The Residential Intervention will secure Residential Intervention Case Records against loss, tampering and unauthorized use.

2. Each Residential Intervention will maintain a register of all

3. Case record information may be used for Residential Intervention quality assurance and accreditation purposes, provided confidentiality laws are followed.

4. All medical records either original or accurately reproduced shall be preserved for a minimum of seven (7) years following the discharge or death of a young person/adult in accordance with §05-1.5.12(C) of this Chapter. All medical records, either original or accurately reproduced of young people shall be kept at least seven (7) years after such young person would have reached the age of eighteen (18) years.

B. Treatment Modalities

a. The Residential Intervention shall provide a coordinated, comprehensive and intensive treatment model. For PRTFs, this will additionally include medical and evidence of psychiatric care , and onsite educational schooling unless approved within the written contractual agreement with the Department and/or all

State licensing parties., for young people with intense clinical needs using a comprehensive model of care approved by the department.

b. The Residential Intervention shall ensure that a strength-based and trauma informed model of care is evident in the policies, procedures, interventions, and milieu-based programming.

    1. Programs shall facilitate access to coordinated substance use prevention, and recovery services based on the young person's assessment needs and goals. If applicable, program shall be licensed by BHDDH when appropriate, if substance use treatment is provided onsite by the program.

c. The Residential Intervention shall provide evidence-based programs and practices and shall have policies and procedures in place to ensure fidelity to the evidence-based programs and practices utilized by the Facility.

d. The Residential Intervention shall provide training, supervision, and quality assurance and quality improvement strategies to monitor fidelity to evidence-based practices and track related outcomes.

e. The Residential Intervention's programming shall be reflective of family-driven and youth-guided care, cultural and linguistic competence, clinical excellence and quality standards, accessibility, community involvement and transition planning (for transitions between settings and from youth to adulthood).

    1. PRTF's specifically shall ensure that evidence-based and trauma-informed treatment and support interventions have a strong focus on strategies to address significant trauma, reduce symptomology and increase youth capacity for self-control and self- regulation, with a focus on four (4) major areas that research has found has the most long-term positive impact:

    i. Short-term crisis stabilization to rapidly help young people and families stabilize and learn to navigate life challenges in order to live successfully together and in the community

    ii. Intensive clinical services will ensure families and young people are active participants in the treatment and transition process.

    iii. Actively engage and work with the family and natural supports to ensure family and youth driven care, support family finding and

positive adult supports if family is not involved, provide cultural and linguistic competency, consistent visitation and accessibility

iv. Ensuring comprehensive family and community supports are in place following the residential stay

C. Certification of Need (CON) and Recertification for PRTFs:

1. The PRTF shall ensure full compliance with federal Certification of Need (CON) and recertification requirements in accordance with State and Federal requirements per 42 CFR 441.152, 42 CFR 441.153 42 CFR 441.155.

2. PRTF shall ensure that for a resident who is a recipient of Medicaid at the time of admission, the Certification of Need is completed by a treatment team independent of the PRTF:

    1. A physician licensed by the State of Rhode Island;

    2. Has competence in the diagnosis and treatment of mental illness, preferably in child and adolescent psychiatry; and

    3. Has knowledge of the individual's situation and specific clinical needs.

3. The PRTF shall ensure that for a resident who applies for Medicaid while in the facility, the certification:
    1. Is made by the treatment team responsible for the plan of care in accordance with 42 CFR § 441.156; and

    2. Applies to any period prior to the application for which Medicaid claims are made.

4. The PRTF shall ensure that for emergency admissions, the certification for admission:

    1. Is made by the treatment team responsible for the plan of care in accordance with 42 CFR § 441.156; and

    2. Is completed within fourteen (14) days of admission.

f. The PRTF shall ensure that the treatment team certifies that:

1. Less restrictive ambulatory care resources available in the community do not meet the treatment needs of the referred Medicaid beneficiary;

2. Proper treatment of the resident's psychiatric condition requires services on an inpatient basis under the direction of a physician; and

3. The services can reasonably be expected to improve the young person's condition or prevent further regression so that the services will no longer be needed.

g. The PRTF shall ensure that certification and recertification of the need for inpatient care complies with the following:

1. A physician certifies for each applicant or recipient that inpatient psychiatric services are or were required; and

2. The certification is made at the time of admission or, if an individual applies for Medicaid while in the facility, prior to Medicaid authorization for payment.

h. The PRTF shall ensure that recertification of need complies with 42 CFR § 441.155. The independent review team shall:

1. Conduct a review of the plan of care at least every thirty (30) days; and

i. Document as part of the recertification that:

1. Less restrictive ambulatory care resources continue to be insufficient;

2. Inpatient psychiatric services remain medically necessary under physician direction; and

3. Services are expected to improve the resident's condition or prevent further regression.

D. Comprehensive Assessment

A. An assessment of the young person's physical and psychological status and social functioning is conducted for each young person who is admitted for services by the residential intervention.

1. One (1) or more qualified staff members conduct the assessment of the young person.

2. There is a written report of the assessment describing the methods and material used in the evaluation.

3. Any assessment tools used are named in the report, and any results obtained are included.

4. Information is obtained regarding the young person's medical, psychological, developmental, and familial history, including any past or current diagnoses using current DSM or ICD codes; vocational and educational status and academic achievement; social and emotional background and status; substance use, including history; the presenting problems causing impairment across key life domains; and any other relevant information.

5. The person responsible for writing the assessment, as well as the independently licensed practitioner supervising the development of the assessment (if a different person), must sign and date the completed comprehensive assessment within the required timeframes of specific services or programs and according to the requirements of individual licensure and provider credentialing.

B. The following is determined and documented through the assessment process:

1. Demographic information, such as race, ethnicity; preferred language; family composition and household members; sexual and gender identity; disability status; developmental history; and other relevant factors.

2. The strengths, treatment needs, goals, expectations and other factors considered, for the young person receiving services.

3. Presenting concern, chief complaints, and symptoms, including reason for admission.

4. Risk and protective factors for the young person and family.

5. The need for specialized medical or psychological evaluations.

6. The elements of needed participation of the family, natural and/or formal supports, outside providers, interpreters, and other resources.

7. A medication list, including prescriptions, over-the counter medications, herbal remedies, dietary supplements, and other treatments or medications of the young person receiving services. This shall include those medications that could affect a young person's clinical presentation and/or pharmacotherapy, as well as information on allergies including medication allergies.

8. Psychological characteristics, current mental status, acuity level and recommended treatment of care determination, and results of the young person's screenings as required by law, department regulation or evidenced-based care standards (i.e., screenings for depression, substance use disorders, eating disorders, sexual exploitation, violence in the home, and other possible areas of concern).

9. Basic cognitive screening for cognitive impairment.

10. Assessment of imminent risk of harm, including suicide risk, withdrawal and overdose risk, danger to self or others, urgent or critical medical conditions, and other immediate risks including threats from another person.

11. An overview of relevant social supports; social determinants of health; and health related social needs such as housing status; vocational and educational history and progress; family and social support; legal issues; and health coverage.

12. A description of cultural and environmental factors that may affect the plan of care of the young person receiving services, including the need for linguistic services or supports for people with limited English proficiency.

13. Pregnancy and/or parenting status.

14. The type and level of treatment to be provided by the Residential Intervention.

15. Assessment of the need for other services required by clinical recommendation (i.e., residential intervention).

16. History of and assessment of current behaviors associated with trauma; abuse or neglect; sexual exploitation; alcohol and substance use; or other behavioral

health conditions and diagnoses. Behavioral health history includes information about past and current therapeutic interventions and hospitalizations with a focus on what was helpful and what was not helpful in past treatments.

17. Assessment of potential for clinically appropriate use of restraints.

18. Assessment of any relevant child welfare or juvenile justice involvement and referral to child welfare agencies, as appropriate.

C. The information obtained through the comprehensive assessment determines and informs the young person's individual plan of care. Each comprehensive assessment includes an integrated summary that analyzes and synthesizes the findings of the assessment. Formulation of the integrated summary includes:

1. A description of the young person that includes strengths, aspirations, and concerns related to the proposed treatment or plan of care.

2. Formulation and prioritization of the concerns for treatment or plan of care and a description of the factors that contribute to each concern.

3. Clinical judgments regarding both positive factors and challenges likely to affect the young person's course of treatment and clinical outcomes.

4. Current Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses and International Classification of Diseases (ICD) codes, both written and coded.

5. For young people ren assessed to need further substance use assessment or services, evidence that the provider can provide such services or that the young person has been referred to an appropriate provider.

6. A comprehensive assessment shall be required for all young people receiving residential interventions. The comprehensive assessment shall be completed within thirty (30) days of intake and/or within seven (7) days for PRTFs specifically.

7. The comprehensive assessment is reviewed and updated at least once every twelve (12) months, unless otherwise required by law. The comprehensive assessment is additionally reviewed and updated when there is a significant change that may impact the plan of care or treatment progress. This review

must be timely, documented, and signed by both the person completing the assessment and the independently licensed practitioner supervising the development of the assessment (if a different person) within the Organization's required time frames for specific services or programs).

8. Comprehensive assessments, reviews and updates shall involve face-to-face meetings with the young person receiving services.

9. Residential Intervention Plan of Care

1. Initial individual plan of care /treatment goals

a. The plan is developed with the full active participation of the young person (as developmentally appropriate), family and DCYF worker and identifies and is built upon the strengths of the young person and their family.

2. The comprehensive, individualized and assessment-based plan shall include:

a.

a. Measurable time-bounded attainable goals and treatment objectives to be achieved by the young person which are clearly written in language that the young person and parent/legal guardian understand to establish or re-establish emotional health and well-being within a family system and achieve the young person's discharge at the earliest possible time. to the least restrictive, appropriate setting

c. b. Written and coded diagnoses from the current edition of the DSM and/or current ICD codes demonstrating a clear connection between the diagnoses, the data and the integrated summary documented in the assessment and the goals and interventions Identification and incorporation of the young person's strengths

d. An integrated program of therapies, activities, and support that involves the young person's family and is designed to meet treatment goals and objectives

e. Treatment activities to address the impact of the young person's medical and trauma history, as appropriate

f. Objectives and/or interventions that are aimed at treating and eliminating behaviors that may lead to the use of a restraint

a.

g. Evidence of the young person's and/or parent/legal guardians participation in the service planning process

h. A plan for family contact, visitation, and participation at the Residential Intervention. Identification of all persons responsible for implementation of the various aspects of the plan and interventions associated

j. Timeframes based on the projected length of time to review progress or to accomplish each specific goal and intervention

3. Discharge criteria, post-discharge plans and coordination with post-discharge services and family and community supports, so as to ensure continuity of care with the resident's family, school, and community upon discharge

4. The initial plan of care shall be developed within thirty (30) days of admission and signed by all participants from the treatment team; the young person (as developmentally appropriate); the parent/legal guardian, as full members of the treatment team; the independently licensed practitioner supervising the development of the plan; and any other involved individuals, including the DCYF primary worker, who participated. If a DCYF worker is assigned, and does not participate in the plan, the residential intervention must ensure that the Department worker obtains a copy within seven (7) days of completion.

5. The Facility/Residential intervention programs will conduct quarterly reviews of the plan's specific goals review each plan of care at a minimum every ninety (90) days. The plan of care will also be updated when changes occur with the status of the young person receiving services, based on responses to treatment or when there are changes in treatment goals. This update must be reviewed and validated with the signature of the independently licensed practitioner overseeing its development. for the program will include the young person and the young person's family, where applicable, in order to evaluate progress toward achievement of those objectives and revise the plan accordingly.

j. The program administrator or designee, any direct care staff, clinician, parent/legal guardian and young person as appropriate, DCYF worker and any other service provider identified by the DCYF worker will participate in the development of the individual service plan and in the subsequent quarterly reviews.

k. Every Residential Intervention will support the parent/legal guardian to participate, as full members of the treatment team unless such participation is clinically contraindicated.

l. The Residential Intervention will explain the individual service plan and any subsequent revisions to the young person and the young person's parent/legal guardian.

8. The results of the review must be specifically referenced in the plan of care review and are:

a. Clearly labeled or identified as a plan of care review.

b. Documented in a detailed progress note that contains all the necessary elements and clearly states plan of care review.

c. Show clear evidence of being developed with the child and family based on ongoing needs, strengths, and culture and background.

d. Plan of care reviews are signed and validated according to requirements specified in § 7.4.4 of this Part.

m. All medical records, either original or accurately reproduced, shall be preserved for a minimum of seven (7) years following discharge or death of a young adult in accordance with § 05-1.5.12(C) of this Chapter.

n. All medical records, either original or accurately reproduced, shall be preserved for a minimum of seven (7) years following discharge or death of a young adult in accordance with § 05-1.5.12(C) of this Chapter.

h. Progress or Clinical notes must be entered for any intervention to assist the young person, consistent with the provisions of the young person's individualized treatment plan.

The PRTF Individual Plan of Care

1. All PRTF programs shall ensure that the individual plan of care is developed in coordination with the young person and family by an interdisciplinary team of physicians and other personnel who are employed by, or provide services to young people in the Residential Intervention, in accordance with 42 CFR 441.156. The interdisciplinary team shall include, at a minimum, either:

a. A Board-eligible or Board-certified psychiatrist with a preference for a child psychiatrist; or

b. A clinical psychologist with a doctoral degree and a physician licensed to practice allopathic medicine or osteopathy; or

c. A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and clinician with a master's degree in psychology or its equivalent, or who has been certified or licensed by the State.

2. In addition, the team for PRTF programs shall also include one (1) of each of the following:

    a. A clinical social worker.

    b. A registered nurse with specialized training or one (1) years' experience in treating individuals with mental illness.

    c. An occupational therapist who is licensed and who has specialized training or one (1) year of experience in treating individuals with mental illness.

    d. A clinician with a master's degree in psychology or its equivalent, or who has been certified or licensed by the State.

3. The PRTF shall provide "active treatment", which means implementation of a professionally developed and supervised individual plan of care.

4. The Residential Intervention shall ensure that a board certified or board eligible psychiatrist establishes a written plan of care for each resident before submission of authorization for payment.

5. The PRTF shall ensure that the initial plan of care is developed and implemented no later than fourteen (14) days after admission.

6. In addition to the plan of care requirements previously described, the PRTF shall ensure that that the plan of care includes:

    a. Diagnoses, symptoms, complaints, and complications indicating the need for admission;

    b. A description of the functional level of the individual treatment objectives;

    c. Any orders for:

        - Medications

- Treatments
- Restorative and Rehabilitative services
- Activities
- Therapies
- Social Services, and
- Diet;

d. Special procedures recommended for the health and safety of the resident;

e. Plans for continuing care, including review and modification to the plan of care; and

f. Plans for discharge.

7. The PRTF shall ensure that the plan of care:

a. Is based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the resident's situation and reflects the need for inpatient psychiatric care;

b. Developed by a team of professionals and in consultation with the recipient and their parents, legal guardians, and/or others into whose care they will be released after discharge.

c. Based on State treatment objectives,

d. Prescribes an integrated program of therapies, activities, and experience designed to meet the treatment goals and objectives,

e. Includes when appropriate, post-discharge plans and coordination of inpatient services with partial discharge plans and related community services, so as to ensure continuity of care with the resident's family, school, and community upon discharge,

f. Designed to achieve the recipient’s discharge from inpatient status at the earliest possible time, and

g. Includes the following four (4) major areas of focus for long-term positive impact:

1. Short-term crisis stabilization,

2. Intensive clinical services,

3. Engagement and work with the family and natural supports, and

4. Ensuring comprehensive family and community supports following the residential stay.

8. The PRTF shall ensure that the plan of care is reviewed every thirty (30) days by the physician and other personnel involved in the resident's care so as to:

   a. Determine that services being provided are or were required on an inpatient basis; and

   b. Recommend changes in the plan as indicated by the recipient's overall adjustment as an inpatient and clinical presentation.

C. Discharge, Transition and Aftercare Planning

1. Thoughtful transition planning shall commence upon admission as an integral part of the treatment planning process.

2. Prior to the planned discharge of a young person, the Residential Intervention will formulate an aftercare service plan with DCYF that specifies the support system and resources that will be provided to the young person. The young person will receive a copy of the plan, if young person refuses such will be documented in the program's case record. Such aftercare plan shall be developed with DCYF for DCYF involved young people.

3. A Residential Interventions will complete a written discharge summary within fifteen (15) calendar days of the young person's discharge date. Copies of the discharge summary will be included in the young person's case record and sent to the DCYF worker.

4. When the discharge occurs in accordance with the young person's Residential Intervention and DCYF Service Plans, the discharge summary will include:

   a. An explanation of services provided during care

   b. Progress in achieving the goals stated in the individual service plan and DCYF Service Plan

c. Recent progress and status report

d. The aftercare service plan

e. Medical records

f. Educational reports, clinical reports and all other pertinent data

g. All post-discharge services to which the resident has been referred, including but not limited to provider/treatment team information and relevant appointment dates

h. Ensure that services, if applicable are in place to support the young person's continued treatment in the discharge setting

5. When a discharge is not in accordance with the individual plan of care, the following items will be added to the summary:

a. Circumstances leading to the unplanned discharge

b. Recommendations for services

6. At discharge all medications and prescriptions for the young person are given directly to the parent/legal guardian or if age 18+ may be given directly to the young person if agreed by the Department and parent/legal guardian. .

7. At discharge, there must be reasonable efforts within 45 days to make sure that the young person has all personal belongings. The Department will be notified if belongings still remain so a plan can be developed to get anything left behind to the young person in a timely manner.

8. No discharge shall occur unless a young person has a safe and appropriate discharge location with services and supports appropriate to the needs of the young person

4.3.6 PROGRAM REQUIREMENTS

A. Every Facility will comply with the Children's Bill of Rights (R.I. Gen. Laws § 4272-15).

B. Confidentiality

1. The Residential Intervention will have written confidentiality policies and procedures, in accordance with Federal and State law and DCYF policy, which will be provided to all staff.

2. The policies will ensure the confidentiality of young people, their families and any written and electronic records pertaining to the young person. The

confidentiality policies and procedures must protect against disclosure of a personally identifiable information, including but not limited to information related to a person's race, color, national origin, sex, disability, age religion, political belief, sexual orientation, gender identify or expression, or any personal information that the family or young person or family requests be maintained confidentially

3. There will be no written, verbal or electronic communication regarding confidential matters unless necessary to ensure safety and treatment.

4. Nothing herein prohibits any disclosure of a young person's behavior or beliefs for safety and treatment purposes.

5. Written consent will be obtained prior to using any videotape or picture of a young person or their family for any form of fundraising, publicity, research, media or use external to the Residential Intervention. Young people can sign their own consent if at least 18 years of age.

C. Visitors

1. Visitors/observers are not considered volunteers and are not required to be cleared and approved in accordance with the Department's policies on Criminal Records Checks and Clearance of Agency activity checks.

2. Visitors/observers are always under the direct supervision of staff, are never left alone with and are never responsible for the supervision of young people.

3. The Residential Intervention must maintain a sign-in and sign-out log for all visitors/observers which include date, time and purpose of visit.

D. DRRI (Disability Rights Rhode Island)

1. DRRI is Rhode Island's Protection and Advocacy system (P&A). Federal law requires that each state and territory have a P&A. As the P&A DRRI is authorized and obligated to protect and advocate for the human and legal rights of individuals with developmental disabilities, mental illness and/or other disabilities. DRRI works separately and independently of the Department and the Office of the Child Advocate.

2. The code of Federal regulations §51.42-Access to facilities and residents allows DRRI access to any/all licensed facilities and young people.

3. A P&A system shall have reasonable unaccompanied access to public and private facilities/residential intervention programs in the State which render care or treatment for individuals with mental illness, and to all areas of the Residential Intervention which are used by young people or are accessible to young people. The P&A system shall have reasonable unaccompanied access to young people at all times necessary to conduct a full investigation of an incident of abuse or neglect.

E. Family Participation/Engagement

1. The Residential Intervention will incorporate family centered practice in the treatment of young people and will involve parents/legal guardians/family in that treatment to the greatest extent possible given the particular young person's individual service plan.

    a. For those young people without clear permanency options of family involvement, the program shall cultivate family connections (however "family" is defined by the young person) and a related goal(s) shall be included in the young person's treatment plan.

2. The Residential Intervention will maintain a written policy defining opportunities for family involvement.

3. The Residential Intervention will keep families informed through communication including but not limited to handbooks, periodic newsletters, and ongoing contact with direct care staff. Communication can be sent by text, electronic mail and/or virtual meetings.

    a. Facilities/Residential intervention programs must identify a means to provide a parent/legal guardian with communication in their preferred language of origin.

4. The Residential Intervention will make all of the following information available to parent/legal guardian:

    a. Specific treatment strategies employed by the program

    b. Visiting hours, activities and rules for communicating with the young person

    c. Procedures to register complaints about the young person's care

    d. Name and telephone number of a Residential Intervention contact person

5. Family members shall be educated about their youth's treatment, the significance of their roles in treatment, and the range of information,

education, skill-building, and peer and other supports that will be provided to families.

6. If a youth is admitted without clear permanency options or family involvement, then cultivating family connections (however "family" is defined by a youth) must be established as a primary and urgent goal in the youth's treatment plan.

7. PRTF's specifically shall ensure that:
   a. parents/legal guardians/family are educated about their young person's treatment
   b. Understand the significance of the parents/legal guardians/family roles in treatment, and
   c. the range of information, education, skill-building, and peer and other supports that will be provided to parents/legal guardians/family. Individual, group, or family therapy by master's level clinicians shall be provided at least weekly or more frequently as determined to be clinically necessary

F. Education

1. The Residential Intervention will arrange support for young people to attend appropriate educational programs in accordance with State and Federal law.

2. No Residential Intervention will operate an educational program without the written approval of the Rhode Island Department of Education (RIDE).

3. The Residential Intervention will provide young people with appropriate space and supervision for quiet study and access to necessary reference materials.

4. The Residential Intervention will provide for vocational education and/or life skills training and services as appropriate to the young person's age and abilities.

G. Visitation and Outside Contacts

1. All contact and communication between a young person and any third party will be conducted in accordance with the DCYF Service Plan, as applicable.

2. The Residential Intervention will establish rules regarding telephone use. Young people should be allowed to communicate with family and significant others.

3. Reasonable privacy will be provided for visits and telephone conversations.

4. Young people are permitted to receive and send amil to those approved on their contact list.

5. The Residential Intervention will maintain written procedures for all visits conducted off site.

    a. The following information will be recorded for off site visits:

        (1) The young person's location and planned duration of the visit

        (2) The name, address and telephone number of the person responsible for the young person during the visit

        (3) Identity, verified through Photo ID, of the person transporting the young person

        (4) The time of the young person's return

b. The Residential Intervention will provide a sufficient supply of any medication required during the visit.

6. Residents are permitted to receive and send mail.

7. If the Residential Intervention perceives a need to limit the young person's visitation or communication in any manner, Residential Intervention staff will:

   a. Consult with DCYF to determine if the limit is appropriate.

   b. Inform the young person of the reason for the limitation or termination of the young person's ability to communicate with specified individuals.

   c. Document the decision in the young person's case record.

   d. Review the decision at least every three (3) months.

8. DCYF, the OCA, any assigned CASA/GAL or CASA volunteer, DRRI and/or Federal Court monitor will be allowed contact with the young person.

H. Employment and Money

1. When age and circumstances permit, the Residential Intervention will allow young people to appropriate access to their money.

2. Money earned or received by a young person is the young person's personal property.

3. The Residential Intervention will limit the amount of money in a young person's possession consistent with the young person's best interest.

   a. When the Residential Intervention retains money for the young person, the amount must be documented and the money maintained separately.

   b. When a young person, age appropriate has regular employment income, the Facility will assist the young person to open and maintain a savings account.

   c. The Residential Intervention will inform the DCYF worker of any money held by the Residential Intervention or any bank account and will monitor the young person's expenditures, as well as withdrawals and deposits to any bank account. Programs are strongly encouraged to use reconciliation sheets for any financial purposes and reporting.

4. The Residential Intervention may not require young people to perform work without adequate compensation. This does not prohibit the Residential Intervention from expecting young people to participate in chores and other aspects of daily living.

5. The Residential Intervention will ensure that any young person who is not involved in an educational or vocational program is gainfully employed.

6. The Residential Intervention will encourage age-appropriate, gainful employment for a young person in accordance with the young person's individual service plan.

7. A young will not be required to assume expense for, or contribute to, the young person's care unless indicated in the DCYF Service Plan.

8. Reasonable sums may be deducted from a young person's allowance or earnings within the Residential Intervention as restitution for damages caused by the young person. Restitution will be based on the young person's ability to pay.

I. Recreation

1. Each Residential Intervention will provide regular, diverse recreational activities.

2. The Residential Intervention will develop activities for individuals, small and large groups, as necessary, to ensure that the recreational activities accommodate all age levels and functional abilities to allow all young people an opportunity to participate.

3. The Residential Intervention will encourage each young person to participate in school and community activities as appropriate to the residential setting and the child's treatment plan.

4. The Residential Intervention will permit and encourage outdoor exercise.

5. The Residential Intervention will maintain a posted schedule of activities in a common area.

J. Clothing and Personal Belongings

1. The Residential Intervention will ensure that each young person has at least seven (7) days of adequate, clean, well-fitting and seasonable clothing and ensure that the clothing is identified as belonging to that young person.

2. The young person's clothing may not be shared and the young person will be permitted to take all clothing at discharge.

3. All clothing and personal belongings, including newly acquired items, will be included in an inventory list in the young person's record upon intake and at minimum every six (6) months thereafter. Replacing of clothing is anticipated throughout a young person's stay however items that are not being replaced should be inventoried, including and not limited to personal electronics.

4. In the event of a young person's unplanned discharge, the Residential Intervention will make reasonable provisions to protect the young person's property.

K. Personal Care and Hygiene

1. Each Residential Intervention will develop and maintain a schedule for appropriate hygiene and hygiene instruction for young people who demonstrate limited independent hygiene skills.

2. The Residential Interventions will provide each young person with necessary personal hygiene articles appropriate to the young person's age, gender and culture.

L. Search

1. Each Residential Interventions must develop a written search policy that it distributes and explains to the young person, the parent/legal guardian and DCYF.

2. The policy should identify individuals who can authorize a search, items constituting contraband and guidelines for conducting a search.

3. Searches of a child's room or personal belongings may be conducted only when reasonable grounds exist to believe the search will yield evidence that the young person has violated the law or legitimate rules of the program.

4. Random or routine searches are prohibited unless specifically outlined in the child's individual service plan (refer to § 4.3.5(A)(2)(j) of this Part Facility Case Records) to ensure the health and safety of the young person.

5. The young person will be present for the search of that child's room or belongings, except in the case of an emergency or unauthorized absence and direct care staff will maintain the privacy of the young person with respect to other residents.

6. Direct care staff will provide every young person suspected of possessing contraband an opportunity to relinquish it voluntarily.

7. Any contraband seized during a search must be documented in the young person's record.

8. Direct care staff will return any permitted items to the young person upon completion of the search provided the items are not a safety.

9. When possible second direct care staff should be present for any search of a young person's room or personal belongings.

10. Complete strip searches are prohibited. However young people may be asked to remove outerwear such as sweatshirts and jackets so such can be searched.

M. To prevent the introduction of contraband (illegal substances, weapons, harmful items) that could endanger other young people within the Residential Intervention, wanding and bag searches are permitted. Such search policies must be clearly outlined in parent/legal guardians, young person handbooks. If a young person refuses, such steps are also outlined in handbooks/policies. Behavior Management, Safety and Crisis Intervention and Restraint

1. The Residential Intervention must have written behavior management policies and procedures, which are subject to DCYF approval, that promote young peoples' optimal functioning in a safe and therapeutic manner. The program is prohibited from implementing any experimental and/or practices that are not generally recognized as an accepted method of intervention/treatment. The Residential Intervention must:

   a. Regularly review and modify the policies, as appropriate.

   b. Explain the policies to each young person, parent/legal guardian, Residential Intervention and placing agency staff.

   c. Address issues such as room and privilege restrictions.

   d. Use state-of-the-art prevention and intervention methods that focus on avoiding the use of restraint..

   e. Require all staff who are responsible for restraint to review and demonstrate understanding of policies and procedures that address the use of crisis intervention, restraint and seclusion.

      (1) The staff supervisor will document the review and include it in each staff's personnel file. The review and documentation will occur within thirty (30) days of hire and annually thereafter.

      (2) These policies must address monitoring, documenting, reporting and internal review of all instances of restraint and seclusion.

(3) These policies must address trainer certification, staff training, alternative intervention strategies, de-escalation techniques, internal and external reporting requirements, informed parental consent and data collection.

2. The Residential Intervention is prohibited from administering corporal punishment and any punishment that is cruel, humiliating, unusual or unnecessary.

3. Corporal Punishment includes but not limited to:

a. hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting a young person

b. demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures of a young person

c. compelling a youth to eat or have in his/her mouth: soap, food, spices, or foreign substances

d. exposing a young person to extremes of temperature

e. isolating a young person in an adjacent room, hallway, closet, darkened area, or any other area where a young person cannot be seen or supervised;

f. binding, tying, or taping to restrict movement

f. No aversive techniques or activities that result in pain may be used.

4. Other practices that are strictly prohibited (unless approved within a treatment plan), but are not limited to:

a. using or withholding food as a punishment or reward, unless specifically stated in the young person's treatment plan

b. focusing a young person to eat or drink

c. restricting a young person from eating or drinking

d. toilet or hygiene training methods that punish, demean, or humiliate a young person

e. forcing a young person to use the bathroom;

f. restricting a young person from using the bathroom;

g. rejecting, terrorizing, ignoring, isolating, or corrupting a young person;

h. using abusive, profane, sarcastic language, verbal abuse, threats, or derogatory remarks about the young person or young person's family;

i. engaging in any form of public or private humiliation, including threats of physical punishment;

j. Withholding of basic services, reasonable visitation or communication privileges may be withheld.

k. Destroying or unreasonably withholding a young person's personal property .

l. Smoking and the use of tobacco, vapes or cannabis products by either staff or young people in the facility/residential intervention program and/or on the Residential Intervention grounds

m. Smoking or vaping of any kind in any vehicle used by the Residential Intervention for transporting young people

n. possessing, using, or being under the influence of illegal drugs and/or alcohol while in the Residential Intervention or on grounds;

o. possessing or using firearms or weapons of any kind in the Residential Intervention or on grounds; and

p. engaging in any relationship with a young person of a physical or personal nature that crosses professional boundaries.

N. General Safety and Environmental Health

1. Any unfamiliar individual requesting entry into Residential Intervention must provide photo identification prior to admittance.

2. The Residential Intervention, equipment, and materials are clean, free of hazards, kept in good repair.

3. Any equipment or materials that are damaged or obsolete are removed and disposed of promptly.

4. Any equipment or materials that presents a danger to a young person, such as power equipment, are not accessible to young people unless a permission slip is authorized by the parent/legal guardian.

5. The use of candles, incense, and/or other comparable materials is prohibited.

6. Each Residential Intervention must be equipped with a five (5) pound All Purpose ABC Fire Extinguisher on each floor level, which are:

   a. easily accessible/centrally located on a mounted wall bracket;

   b. located three and a half feet from the floor; and

   c. inspected annually by a licensed company, as shown by the affixed tag with inspection date and inspector signature.

7. Any product used for cleaning, sanitizing and/or disinfecting is approved by the United States Environmental Protection Agency and is used in accordance with the manufacturer's instructions.

9. Toxic substances and any other items of potential danger to young people are clearly labeled and are in an area that is secured by a lock, which is only accessible to authorized staff members.

10. All preventive maintenance performed within the facility must be performed at times when a young person are not in the area of the equipment or systems being serviced.

    a. Tools, supplies, materials, parts, or debris must not be left at the job site, unless they are secured and stored away from youth.

11. Garbage receptacles are lined and garbage is removed from the Residential Intervention daily.

12. Any rodent and insect infestation is promptly treated. Insecticides and rodenticides are approved by the RI Department of Health (RIDOH), and used in accordance with manufacturer's instructions.

13. The Residential Intervention posts and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.

H. Hygiene

1. Each Residential Intervention will develop and maintain a schedule for appropriate hygiene and hygiene instruction for residents who lack such skills.

2. The Residential Intervention will provide each young person with necessary personal hygiene products appropriate to the young person's age, gender and culture.

3. The Residential Intervention stocks, and makes accessible, a sufficient supply of items required to maintain personal sanitation for young people and staff, such as toilet paper, hand soap, dish soap, and laundry detergent.

I. Animals

1. All animals maintained as pets or visiting the Residential Intervention are cared for in a clean, safe and sanitary manner.

2. All animals maintained as pets or visiting the Residential Intervention are kept in accordance with state and local requirements, including all applicable vaccinations.

3. Young people are protected from animals that are potentially dangerous to their health or safety.

4. If an animal is to be maintained as a pet within the Residential Intervention, it must be done in accordance with the Department's Service Plans and Treatment Plans for youth.

5. Animals that present an allergen risk may not be maintained as pets within the congregate care facility.

    a. Exceptions may be made for a Service Animals, in accordance with the Americans with Disability Act.

J. Illness and Injury

1. Direct care staff are attentive to each young person’s general well-being with regards to illness and injury.

2. If a young person presents with symptoms of concern, staff:

    a. document the findings;

    b. determine the needs of the youth and make accommodations as necessary; and

    c. notify the Department and the youth’s legal guardian(s), as necessary.

3. A first aid kit, including a body fluid spill kit, with CPR masks and shields is available on each level of the Residential Intervention.

    a. The first aid kit is restocked after each use.

    b. The first aid kit is reviewed every six months to ensure proper condition of materials.

c. first aid, emergency airway and bodily fluid spill kits; and

4. Injuries are documented on an injury report.

a. The Department and the young person's parent/legal guardian(s) must be given the written injury report.

b. The Department and the young person's parent/legal guardian(s) is notified of injuries on the same day of the injury.

c. A copy of this report is placed in the young person's file.

d. The injury, first aid, Department and parent/legal guardian(s) communication is recorded in the Residential Intervention's communication log and the youth's file.

5. The Residential Intervention may use time out, for a period not to exceed 20 minutes, to prevent crises and for behavior management, provided that:

a. Staff is able to visually monitor the young person throughout the not. Visually monitoring means that the staff actually see the young person at least every 5 minutes.

b. The young person must be within speaking distance of a staff person. The permissible distance depends on the child's age, developmental level and potential for stimuli from others.

c. A room utilized for time out/relaxation must be neat, clean, well lit, comfortably furnished and appropriately ventilated. The door to any room utilized for time out must be opened for the duration. Time out rooms are never utilized for young people under the age of six (6).

d. Time out is documented in the program's records including:

(1) Staff cannot prevent a young person from leaving the time out area

(2) Staff monitor the young person while in time out

(3) Date and time that the time out began and ended;

(4) The location of the young person during the time out; and

(5) Any significant events during the time out.

l. The Residential Intervention is required to select one (1) approved nationally recognized model of crisis intervention and restraint from the Department's approved listing and inform the Department of its selection as part of the licensing process.

a. Staff must be trained in the selected model and will only employ restraint techniques taught in that model.

b. Parent Agencies that operate more than one (1) Residential Intervention may identify a different model for each Residential Intervention.

c. The Department will only approve a model with the following attributes:

   i. A clearly written curriculum that has been approved by a multidisciplinary group of professionals and focuses on prevention and de-escalation of crises

   ii. Procedures for teaching safe and effective implementation of restraint

   iii. Individuals certified as trainers are recertified at least once every three (3) years

   iv. Developed by an organization that evaluates and modifies the curriculum in order to ensure the application of state-of the-art de-escalation and restraint techniques

d. The Department will make available a list of approved models no later than January 1 of each calendar year.

   (1) The Parent Agency and/or Residential Intervention may submit to the Department a written request for a model to be added to this list.

   (2) The Department retains the right to add or remove models at any time.

e. The Residential Intervention will ensure that all training in crisis intervention and restraint for staff is provided by an individual who is recognized as a certified trainer by the organization that developed the model. The Residential Intervention will further ensure the following:

   (1) The trainer has been certified or recertified as a trainer in the most current version of the model within the past three (3) years.

   (2) The trainer completes one (1) training in this model annually.

   (3) The Facility will maintain documentation regarding the certification status of each trainer.

f. The Department will not recognize the adaptation or modification of any model without the written approval of the organization that developed the model.

g. The Parent Agency and/or Residential Intervention will report to the Department any changes made to its selected model by the organization that developed the model. This notification will take place within thirty (30) days of the receipt of the changes by the Parent Agency and/or Facility. Crisis Intervention and Restraint Training and Supervision for Staff Responsible for Restraint

K. Training

New Hire Training

1. Each Facility will require that staff, including relief staff, successfully complete the training prior to being solely responsible for any child or participating in any restraint. Staff will have the opportunity to complete such training within thirty (30) days of hire.
2. New Staff will complete a minimum of sixteen (16) hours of training in the Facility/Residential intervention program's approved model or the number of hours prescribed by the model, if greater.
3. The trainer will document in the staff's personnel file that the individual has successfully completed the training and can competently implement all aspects of the model.
4. In the event a Residential Intervention has a resident with any special medical condition, staff will complete training in proper application of the restraint model.

Annual Training

1. Each Residential Intervention and/or Parent Agency will require that staff annually receive a minimum of eight (8) hours review training in the Residential Intervention's selected model or the number of review hours prescribed by the model, if greater.
2. The trainer will document in the staff's personnel file that the individual has successfully completed the training and can competently implement all of its aspects.
3. In the event a staff person fails to participate in or successfully complete the annual training, that individual may not participate in any restraint.
4. Each Residential Intervention and/or Parent Agency will routinely address the use of crisis intervention and restraint in individual or group supervision with staff. The supervision will focus on analyzing individual interventions

as well as patterns of intervention to identify ways to increase the effective use of prevention methods in order to reduce the use of restraint.

5. Each Residential Intervention and/or Parent Agency will conduct annual evaluations of each staff's use of crisis intervention and restraint, and the results will be documented in the staff's personnel file.
6. If the Residential Intervention is authorized to use mechanical or chemical restraint or, the staff must be trained in preventive methods, alternative interventions, the use of the authorized technique and the potential medical complications associated with its use. Evidence of certified training, with annual renewals and evaluations, will be maintained in the personnel files of staff.

L. General Principles for Therapeutic Physical, Mechanical and Chemical Restraint

1. 1. The Residential Intervention ensures prevention and intervention methods that promote residents' optimal functioning in a safe and therapeutic manner, and focuses on avoiding the use of restraint.

2. Physical, mechanical and chemical restraint may not be implemented as a means of coercion, discipline, convenience or retaliation. The techniques may not be used as a sanction for noncompliance with a program rule, staff directive or as a substitute for direct care.
3. For PRTFs:

    1. An order for restraint shall only be issued by one (1) of the following:

        i. Physician
        ii. Physician Assistant (PA)
        iii. Certified Nurse Practitioner (APRN) licensed in one (1) of the following population foci: Family/Individual across the lifespan, Psychiatric Mental Health or Pediatrics

    2. Orders shall be written so that only the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff is authorized.

    3. If the order for restraint or seclusion is verbal, the verbal order shall be issued by a licensed staff member while the emergency safe intervention is initiated by staff or immediately after the emergency safety situation ends.
        i. The name of the ordering provider
        ii. The date and time the order was obtained; and The emergency safety intervention ordered, including the

length of time for which the ordering provider authorized its use.

4. Physical, mechanical and chemical restraint may only be instituted in the following circumstances:

i. In an emergency when a child appears to be at immediate or imminent risk of physically harming self or others; and

ii. Less restrictive interventions have not succeeded in de-escalating the young person's behavior.

b. Pursuant to R.I. Gen. Laws § 42-72.9-4, no life-threatening restraint may be utilized.

c. In accordance with R.I. Gen. Laws § 42-72.9-4, restraints cannot be written as a standing order or on an "as needed" (PRN) basis.

d. The physical condition of a young person will be assessed throughout the duration of any restraint to monitor the young person's breathing The assessment will not be conducted by any staff person who is involved in the restraint unless it is not practicable for another staff person to perform this duty.

a. Limited to no longer than the duration of the emergency safety situation;

b. Limited to four (4) hours or less for residents ages eighteen (18) through twenty-one (21);

c. Limited to two (2) hours or less for residents ages nine (9) through seventeen (17); and

d. Limited to one (1) hour or less for residents under the age of nine (9).

The Residential Intervention and/or Parent Agency will require a supervisory or senior staff person with training in crisis intervention, and restraint to assess the mental and physical well-being of the child and to assure that the action is being conducted safely and in accordance with the Residential Intervention's policies and procedures. This monitoring will occur as soon as practicable, but in no case later than one (1) hour following the initiation of the restraint, and will continue with face-to-face assessments conducted at least every fifteen (15) minutes during the restraint or seclusion.

For PRTFs:

1. Immediately following the application of the restrain, and every thirty (30) minutes thereafter, until the restraint if removed a Treatment

Team Leader, physician, independent practitioner, or RN, who is certified in the use of restraints, shall conduct a face-to face assessment. The face-to-face assessment shall consist of the following:

e. The young person's physician and psychological condition
f. The young person's behaviors
g. Appropriateness of the intervention measures and
h. Complicastions caused by the use of the restraint.

2. The face-to face assessment specified in §27.10 (E)(7) must be in person and may not occur through secure, real-time, two-way audio and video transmission

e. The Residential Intervention must provide all children directly and indirectly involved in a restraint the opportunity to debrief the incident as soon as practical and no later than twenty-four (24) hours following the incident.

f. The use of restraint, or time out must not hinder the evacuation of a resident in case of a fire or other Residential Intervention emergency.

g. In compliance with R.I. Gen. Laws § 42-72.9-4, except in the case of an emergency, any use of restraint on a child in the school program of a Residential Intervention must be in accordance with the child's Individual Educational Plan (IEP).

h. It is the responsibility of the Program Manager of the Residential Intervention to ensure the following:

i. Involved staff members document that the restraint occurred and that less restrictive interventions were attempted to deescalate the young person's behavior with limited or no success in maintaining safety.

ii. Any restraint was terminated at the earliest possible time the child could commit to safety and no longer poses a threat to self or others.

iii. Documentation by staff and supervisory review of the documentation must occur within forty-eight (48) hours of the incident.

10. While the following shall not be considered a physical restraint as stated in the Children's Right to Freedom from Restraint Act (Chapter 42-72.9 of the Rhode Island General Laws:

a. The temporary contact necessary to safely escort a young person from one area to another.

b. The brief holding of a young person in order to comfort or calm the young person.

c. The documentation of such escorts/holds shall be documented in an incident report

i. Mechanical Restraint

a. The use of mechanical restraint is considered a more restrictive intervention than use of physical restraint.
b. The use of mechanical restraint, as authorized by R.I. Gen. Laws § 42-72.9- 4 is limited to those Facilities/Residential intervention programs that have received the Department's prior written approval. The Residential Intervention must develop and follow policies and procedures regarding the use of mechanical restraint and submit the information to the Department for review and approval.
c. The circumstances and conditions for the use of mechanical restraint must be identified in the child's treatment plan.
d. The Department reserves the right to deny and/or withdraw any Residential Intervention's authorization for use of mechanical restraint.
e. Only those devices specifically designed for restraint during medical procedures may be employed. Handcuffs and leg irons are prohibited.
f. Mechanical Restraint may only be instituted in the following circumstances:
    i. The use of mechanical restraint is ordered in writing by a physician and is administered in accordance with the standards adopted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by a certified staff person.

    ii. When a mechanical restraint is implemented, the Residential Intervention and/or Parent Agency must have a face-to-face assessment of the child conducted by a licensed practitioner within one (1) hour of the implementation.

g. Nothing in these regulations is intended to limit the use of mechanical restraint for medical or dental procedures associated with acute medical or surgical care or with standard medical practices that include limitation of mobility or temporary immobilization including post-procedure care.

j. Chemical Restraint

a. The use of chemical restraint, as authorized by R.I. Gen. Laws § 42-72.9-4 and the Federal Children's Health Act of 2000, is limited to those

Facilities/Residential intervention programs that have received the Department's prior written approval. The Residential Intervention must develop and follow policies and procedures regarding the use of chemical restraint and submit the information to the Department for review and approval.

b. The circumstances and conditions for use of chemical restraint must be identified in the young person's treatment plan.

c. The Department reserves the right to deny and/or withdraw any Residential Intervention's authorization for use of chemical restraint.

d. Chemical restraint may only be instituted in the following circumstances:
    i. The use of chemical restraint has been ordered in writing by a physician and is administered in accordance with the standards adopted by JCAHO.

    ii. The person administering and monitoring the use of the chemical restraint is an appropriately licensed practitioner who is trained in the administration of such medication.

    iii. Chemical restraint was terminated at the earliest possible time the child could commit to safety and no longer posed a threat to self or others.

e. It is not considered to be chemical restraint when it is clinically appropriate to adjust a young person's medication regimen to assist in controlling behaviors and all the following apply:
    i. The medication is a standard treatment for the young person's medical or psychiatric condition and is part of the child's medical treatment as ordered by a physician.

    ii. The medication is not administered during a physical or mechanical restraint episode.

    iii. The medication is administered to the young person voluntarily, without coercion and/or the threat of any negative consequences.

    iv. The Residential Intervention must have developed and implemented protocols to ensure that the resident's physical condition is being monitored by appropriately trained staff for a period of time as clinically indicated per local standards of care and the patient receives medical follow up.

v. The Residential Intervention must provide written notice with supporting documentation to the DCYF program monitor, the social caseworker and, where appropriate, the parents within twenty-four (24) hours of the use of such medication during a crisis situation.

vi. The Residential Intervention must document each use of medication as required by these regulations and as required by specific program contracts. Documentation must include the consideration given at the time of administration as to the risks, benefits and alternatives for such medication use.

k. Documentation and Reporting Physical, Mechanical and Chemical

a. Restraint In accordance with R.I. Gen. Laws § 42-72.9-6, every Residential Intervention will use the Form #203, Physical, Mechanical, and Chemical Restraint Report to document any such incident. These reports will be maintained in a weekly log available for inspection by DCYF.

b. Each Residential Intervention will document any use of physical, mechanical or chemical restraint that results in serious physical injury or death to child on a Form #203 that is immediately transmitted to the Office of the DCYF Director and, during non-standard business hours (weekends, holidays and 4 PM - 8:30 AM weekdays), to the DCYF Child Protective Services Hotline.

c. The Form #203 will be completed as soon as practicable by the staff person most involved in the incident. The Form #203 must be completed no later than the end of the shift in which the incident occurred.

d. The incident must be documented in the young person's case record either with a progress note or a copy of the Form #203.

e. Annual Compilation of Physical, Mechanical and Chemical Restraint Data and Quality Assurance

f. No later than the first (1st) Monday of February of each year, each Facility will report to the Director of the Department a compilation of the incidents of restraint and seclusion within that program during the previous calendar year.

g. The annual report will include the following information for the reporting year:

i. Number of young people served by the Facility

ii. Number of young people restrained

iii. Statistics regarding gender, race and age of the involved young people

iv. Average duration of each category of restraint

v. Number of mechanical restraints, grouped according to the type of mechanical device used

vi. Number of incidents of chemical restraint, grouped according to medication administered

vii. Description of how this data was used to identify trends with staff and young people, both individually and in groups, in order to reduce the need for such interventions

h. Pursuant to R.I. Gen. Laws § 42-72.9-6, annual reports constitute a public record; therefore, a Residential Intervention will not include any identifying information regarding specific young people or staff.

i. The program manager for the Residential Intervention and the chief executive of the Parent Agency will sign the Annual Report prior to its submission to the Department.

j. The Residential Intervention will develop methods to monitor and internally review incidents of restraint and seclusion and identify patterns and practices of residents and staff in order to improve practice.

k. The Director of the Department or designee reserves the right to establish a committee, which will include family and community representation, to review the use of restraint and make recommendations to the Director or designee regarding any changes to Department regulations or Residential Intervention policies or practices.

M. Grievance Procedure

1. The Residential Intervention will have a clear, written grievance procedure for young people that explains the method of registering complaints and the protocol for resolving them.

2. Each young person will receive a written copy of the grievance procedure, and this procedure will be explained in language that the young person understands.

    a Methods for ensuring young people are informed of their right to report a grievance, including the contact information for the EOHHS grievance hotline.

    b Process to review, report, investigate, and respond to grievances, and associated timelines.

    c Approach to trend analyses and addressing issues identified.

Appendix A: **CSEC Standard Requirements**

1. Program Eligibility

A. Baseline CSEC Standards (All young people at risk of commercial sexual exploitation)

All young people residing in a residential intervention program setting meet the definition of a child/young person at risk of commercial sexual exploitation and are therefore eligible for the Baseline CSEC Standards.

B. Specialized CSEC Standards_(Young people who are at high-risk of commercial sexual exploitation or have confirmed victimization)

Young people who meet the definition of a child/young person at high risk of commercial sexual exploitation or meet the definition of a child/young person with confirmed victimization of commercial sexual exploitation are eligible for the Specialized CSEC Standards

2. Training & Staffing

A. Baseline CSEC Standards (All youth at risk of commercial sexual exploitation)

General Training:

All direct care staff, including clinicians, must receive all required training prior to working with the programs' young people, including trainings offered by the department or training or trainings that are outsourced to experts and are evidence-based (including Motivational Interviewing) or considered best practice and are approved by the department. Provider staff will receive annual refresher training as required by DCYF. The provider will maintain record of completed trainings for all staff and keep the record in the individual's personnel file.

1. Specific Training Topics that must be covered in trainings include:
    i. Human Trafficking 101 course offered by DCYF
    ii. Awareness of trafficking; recruitment, coercion/control techniques used by traffickers
    iii. Identifying and responding to recruitment on site
    iv. Risk factors for children in the child welfare system
    v. Cyber security and safe social media usage as it relates to sex trafficking and child safety
    vi. Trauma bonds between individuals with victimization and traffickers

vii. Running behavior; executing run prevention plans; what to do if a child goes AWOL; supporting youth after they have been missing from care
viii. The impacts of trauma
ix. Trauma informed approaches
x. Caring for LGBTQ+ youth in inclusive and affirmative environments
xi. Caring for youth with culturally competent and linguistically appropriate practices
xii. How to protect child/youth identities and confidentiality of treatment
xiii. De-escalation (and behavior management)
xiv. Harm reduction strategies
xv. Comprehensive CSEC screening tool training (for staff implementing the tool)
xvi. Sexual health principles and how to have conversations about sexual health with young people
xvii. Substance use
xviii. Specific considerations regarding the sexual exploitation of males (if not included in above trainings)

B. Specialized CSEC Standards_(Youth who are at high-risk of commercial sexual exploitation or have confirmed victimization

1. Minimum Staffing Number: Facilities must have at least two (2) staff people scheduled on duty when children and youth are present at the specialized setting.
2. Minimum Staffing by Type: The program must have 24/7 access to a registered or licensed nursing staff who provides care within the scope of their practice.

3. Specific Training: Additional training should be provided to staff who work with high risk and/or confirmed victims, including:
   i. Vicarious trauma and self-care
   ii. Annual requirements for ongoing training specifically related to CSEC
   iii. Meeting the comprehensive needs of CSEC victims, including males and LGBTQ+ youth
   iv. Resources for CSEC
4. In addition to the above training, on-the job competency evaluations of direct care staff should be completed by supervisors within the first 90 days of employment. Deficiencies should be addressed throughout refresher training.

3. PRACTICES AND PROGRAMMING

A. Baseline CSEC Standards (All young people at risk of commercial sexual exploitation)

1. Evidence-Based Programs: Programs will provide youth with appropriate programming based on their individual needs. When possible, programs will utilize evidence-based programming, such as:
    a. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
    b. Adolescent Community Reinforcement Approach (A-CRA)
    c. Eye Movement Desensitization and Reprocessing (EMDR)
    d. Dialectical Behavior Therapy (DBT)
    e. My Life My Choice (MLMC) Programs (e.g., Exploitation Prevention Curriculum and Survivor Mentoring) *While MLMC meets considerations a-j, it is not the required curriculum.
    f. Motivational Interviewing
2. Curriculum: Providers must deliver a training and educational curriculum specifically developed for youth to increase their coping abilities and life skills. Curriculum content should recognize trauma, challenges of overcoming trauma, and developed strengths. When selecting a curriculum, ensure that the curriculum is designed for the young people being serviced in terms of age restrictions and gender sensitivity.
    a. The trainer must meet the qualifications to facilitate the curriculum according to the standards of the curriculum.
    b. Facilities must present a young person friendly curriculum that includes considerations for the following:
        1. what it means to be trafficked
        2. grooming techniques used by traffickers
        3. personal, community, and social safety
        4. boundaries and relationships
        5. safe dating
        6. sex education / sexual health education
        7. coping skills
        8. independent-decision making processes and socialization
        9. self-esteem and self-love
        10. mental health/drug and alcohol treatment needs
3. Assessments: DCYF completes the Family Functional Assessment (FFA) for all young people entering care. An Ongoing Family Functional Assessment (OFFA) is completed by DCYF staff every six (6) months. If a young person is determined to be at risk of or a victim of commercial sexual exploitation, DCYF will conduct an investigation to determine whether the young people is receiving proper care.
    a. Providers are required to complete a biopsychosocial assessment and Child and Adolescent Needs and Strengths (CANS) assessment within thirty (30) days of a youth being placed into care.

4. Screening: Providers will complete the CSEC screening tool for each young people aged 12 or over when entering care, after returning from a runaway/missing from care episode lasting 72 or more hours, and/or as needed during placement. Young people should be rescreened for commercial sexual exploitation every six (6) months.
5. Counseling: Young people may participate in individual, family, or group therapy provided by a clinician, based on individualized needs. Programs may outsource specialized services as long as there is no overlap in clinical treatment.
6. Services: When the young person is in the care of DCYF, providers should coordinate with DCYF, the young person, the young person's family (if appropriate), and the Multi-Disciplinary Team (MDT) in the development of treatment plans and family support/coordination. DCYF will be available for consultation to determine whether participation in the MDT is clinically appropriate and in the young person's best interest. Due to the complexity of the needs of this population, the multidisciplinary approach is strongly encouraged in the development of the treatment plan.
    a. Coordination of all services will be made by DCYF and incorporated into the young person’s treatment plan. Treatment plans will be updated on a regular basis, or as needed.
7. Educational Opportunities: Young people will receive schooling onsite, at a community school, or through remote learning opportunities according to the safety and educational needs of the youth and the ability of the Residential Intervention to meet those needs.
8. Skill Building Opportunities: It is recommended programs incorporate skill building opportunities (e.g., life skills, job training, career development programming) into the young person's treatment plan.
9. Safety Planning: Each young person should have an individualized safety plan developed within 24 hours of admission, reviewed weekly/monthly, and updated as needed. The safety plan should be based on the individual's abilities and needs and will include AWOL/missing from care history, known triggers, access to social media, no-contact lists, recruiting/grooming behaviors, effective coping strategies, appropriate harm reduction strategies, trauma bonding, and desire to return to trafficking. The safety plan should include whether the young person is allowed to leave the Residential Intervention and has been granted community/home passes, and if these decisions have been approved by DCYF.
    a. Facility staff is responsible for understanding and has immediate access to each young person's safety plan.
10. Case Management: The program must provide case management services. Case management services include coordinating service delivery; ensuring communication among providers (internally and externally); ensuring follow up of recommended assessments or services; collaborating with the juvenile court system; advocating for the youth with medical professionals, court, etc.; participating in the development and

coordination of treatment plans, including participating in any MDTs; and communicating with the young person's family and placing agency.

11. Discharge Planning: Discharge planning will begin at the youth's admission into the program. The program will work with DCYF and the MDT, when applicable, to identify permanency goals and supports for a transition. A written Discharge Plan will be developed within seven (7) days of the development of the treatment plan and will contain specific plans, contact information, and individuals responsible for addressing the following needs:
    a. family/living arrangements
    b. safety planning, including contact information for shelters, community resources, or other resources (e.g., FCCPs, emergency departments, behavioral health) necessary to maintain the safety and stability of the young person
    c. mental health services
    d. medical services
    e. education and/or vocational plans
    f. legal issues
    g. social/recreational plans
12. The provider will work with DCYF, and when applicable the MDT, to identify appropriate discharge options and will facilitate connections within the community. The discharge plan will be reviewed no less than monthly and updated as needed, based on changes made to the young person's treatment and/or service plan. The program will work to identify community-based resources with which the youth will have access to post discharge, and assist with the transition of services as needed.
    a. For young people with a planned discharge, the provider shall, at a minimum, monitor the implementation of the discharge plan by following the young person/family or caregiver by phone approximately 14 days and 45 days post-discharge.
13. Trauma-Informed Care: Facilities must demonstrate a trauma-informed approach and support trauma-informed treatment. Each setting must operate as a trauma-informed unit and incorporate the following elements:
    a. involve young pe in their treatment process
    b. screen for past and current trauma
    c. train staff in trauma-specific treatment approaches
    d. engage with partnering organizations
    e. create a safe environment
    f. hire and train a trauma-informed workforce
    g. individualized needs are addressed, including culturally and linguistically appropriate services
14. Family Involvement: Family involvement should be emphasized and occur from the beginning of the placement and continue throughout when it does not interfere with the safety of the young person. Any barriers or reluctance of the young person's family members participating in treatment

and support should be debriefed and addressed with staff. Provider staff should employ new engagement strategies as needed. A plan to address the lack of parent/legal guardian/family involvement must be included in the young person's plan.

a. Family members must be educated about the young person's treatment, the significance of their roles in treatment, and the range of information, educational, skill-building, peer, and other supports that will be provided to families.

b. If a young person is placed without clear permanency/family involvement and engagement, cultivating family connections must be established as the primary and urgent goal in the young person's treatment plan.

15. Individualized Care, Safety, and Privacy for Young People: The program must have written policies and procedures to ensure safe, respectful, nondiscriminatory and individualized care for all young people, including young people who identify as transgender or gender non-conforming.. Programs must:

a. Treat each young person with respect and dignity, including by using the young person’s preferred name and by addressing privacy, clothing, grooming, and personal presentation needs in a manner consistent with the young person’s safety and treatment plan;

b. Make individualized housing and programming decisions based on the young person’s age, developmental needs, safety, privacy, clinical needs, and best interests, and the privacy and safety of other young people in the program;

c. Respond promptly to harassment, bullying, intimidation, or abuse, and maintain practices that support a safe, respectful, and non-discriminatory environment for all young people;

d. Ensure that gender non-conforming behavior is not treated as sexualized behavior and that treatment is not used to shame, punish, coerce or attempt to change a youth person’s sexual orientation, gender identity, or gender expression;

e. Ensure the privacy, safety, and dignity of young people during bathroom use, showering, changing clothes, and physical searches, using individualized measures appropriate to the young person’s needs and the safety and privacy of others;

f. Ensure access to appropriate health care providers and medically necessary care consistent with the young person’s treatment needs;

g. Coordinate with school administration, as appropriate and consistent with confidentiality requirements, to support the young person’s safety and access to education while attending an off-site schools; and

h. Inform young people of appropriate local and national resources and assist with access when such resources are relevant

to the young person's safety, treatment, case planning, or well-being.

Cultural Competency / Sensitivity / Humility: Program staff must demonstrate an understanding of cultural competence regarding gender, age, race, ethnicity, spirituality/religion, gender identity, and sexual orientation. Staff should receive ongoing training, supervision, and evaluation on cultural competency, with specialized additional training and support when young people/families from a culture that has not previously been served comes to their program.

17. Non-Discrimination: No young person will be denied services based on race, religion, gender, gender identity, gender expression, or sexual orientation. Young people must be placed in a setting and be provided services that are most suitable for that young people's needs. Programming must allow young people to embrace individuality without retribution.
18. Language: Provider staff will utilize interpreters and language banks, when needed, to communicate with young people in their primary or preferred language.
19. Rewards: Providers are encouraged to use a strengths-based approach for promoting positive youth behavior.

B. Specialized CSEC Standards_(Young people who are at high-risk of commercial sexual exploitation or have confirmed victimization

1. Bedrooms: Facilities/Residential intervention programs should have a physical environment that promotes a sense of safety, calming, and de-escalation for young people and staff such as:

    a. Minimum Staffing Number: Facilities/Residential intervention program must have at least 2 staff people scheduled on duty when young people and youth are present at the specialized setting.

    b. Minimum Staffing by Type: The program must have 24/7 access to a registered or licensed nursing staff who provides care within the scope of their practice.
    c. Specific Training: Additional training should be provided to staff who work with high risk and/or confirmed victims, including:
        1 Vicarious trauma and self-care
        2 Annual requirements for ongoing training specifically related to CSEC
        3 Meeting the comprehensive needs of CSEC victims, including males and LGBTQ+ youth
        4 Resources for CSEC

In addition to the above training, on-the job competency evaluations of direct care staff should be completed by supervisors within the first ninety (90) days of employment. Deficiencies should be addressed throughout refresher training.