



# **QUALITY STANDARDS FOR 24-HOUR CHILD CARE**

**ISSUED BY:  
DIVISION OF CHILD CARE  
COLORADO DEPARTMENT OF HUMAN SERVICES**

**1575 Sherman Street  
Denver, Colorado 80203-1714  
303-866-5958**

**The *General Rules for Child Care Facilities* (Commodity No. 615-82-14-0119) apply to all child care facilities licensed by the Division of Child Care, Colorado Department of Human Services.**

**The *General Rules*, as well as all the rules regulating child care facilities licensed by the Division of Child Care, may be purchased from the State Forms and Publications Center, 4999 Oakland Street, Denver, CO 80239, 303-370-2165.**

**The rules in this book are the same rules published in the *Colorado Code of Regulations*. A copy of the *Colorado Code* is available for inspection through the State Board of Human Services, Colorado Department of Human Services, 1575 Sherman Street, Denver, CO 80203, 303-866-5700.**

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**7.714 QUALITY STANDARDS FOR 24-HOUR CHILD CARE [Rev. eff. 7/2/06]**

All rules in Section 7.714 will be known and hereinafter referred to as the Quality Standards for 24-Hour Child Care and will apply to all child care applicants and licensees subject to licensing as a specialized group facility, residential child care facility, therapeutic residential child care facility, shelter residential child care facility, or psychiatric residential treatment facility.

It is the policy of the Colorado Department of Human Services (“the Department”) to promote the provision of safe and adequate 24-hour care of children in an environment designed to meet the physical, emotional, cognitive and social needs of the children at those times in the life of such children when the child's family of origin is unable or unwilling to provide adequate care. It is also the policy of the Department to require 24- hour care providers to meet standards and conditions for the well-being and protection of the children in their care. In furtherance of the foregoing policy considerations, the proper enforcement of these rules requires thorough and ongoing appraisal of the 24- hour child care facility where care is provided, the staff members providing the care, and the nature and quality of the care provided.

**7.714.1 DEFINITIONS [Rev. eff. 7/2/06]**

- A. “Client Representative ” means a person designated by the facility to process grievances.
- B. “Dangerous Behavior ” is behavior that poses an imminent safety risk to a child or to other individuals.
- C. “De-escalation” is the use of therapeutic interventions with a child during the escalation phase of a crisis. The interventions are designed to allow children to contain their own behavior so that acute physical behavior does not develop that would lead to the need to use a physical restraint.
- D. An “emergency situation” is one in which a child is in actual danger to him/herself or others and the child presents an imminent safety risk.
- E. “Escalation” is an increase in intensity of a child's out-of-control behavior.
- F. The “Family Service Plan” is a case services plan completed by a county caseworker jointly with the child, parents, and providers within 60 calendar days of placement for each child receiving services from a county department of social/human services.
- G. The “Individual Child's Plan” (“the Plan”) is based upon an assessment of the child immediately following placement at the facility. It is developed by the facility for each child and must be consistent with the Family Service Plan for the child.
- H. “Mechanical Restraint” means the use of devices intended to involuntarily restrict the movement or normal functioning of a portion of an individual's body. Mechanical restraint does not include the use of protective devices used for the purpose of providing physical support or prevention of accidental injury.
- I. “Personal Restraint” (“restraint”) is the physical intervention by a staff member of the facility in an emergency situation to limit, restrict, or control the dangerous behavior of a child by means of physical holding of the child.
- J. “Reasonable” as used in these rules means appropriate and suitable, or not excessive or extreme.
- K. “Religion” where used in these regulations includes traditional religious beliefs and spiritual beliefs such as those of Native Americans.
- L. A “Residential Facility” (“the facility”) provides 24-hour child care and includes residential child care facilities and specialized group facilities.

- M. A “staff member” of the facility as used in these rules includes a specialized group home parent or a specialized group center or residential child care facility.

**7.714.2 ADMISSION POLICY AND PROCEDURES [Rev. eff. 7/2/06]**

- A. Admission of a child shall be in keeping with the stated purpose of the child care facility and shall be limited to those children for whom the facility is qualified by staff, program, equipment, and needs of children already in residence to provide care deemed necessary. Care must be provided in the least restrictive, most appropriate setting in order to meet the child's needs.
- B. Each facility shall have a written admission policy which at a minimum must include:
1. The policies and procedures related to intake.
  2. The age range and sex of children accepted for care.
  3. The needs, problems, situations or patterns best addressed by the facility's program.
  4. Any pre-placement requirements for the child, the parent(s) or guardian, and/or the placing agency.
  5. The anticipated criteria, problems, situations, and patterns that would result in the facility requesting removal of a child from placement prior to the planned discharge.
  6. The facility's policy concerning self-admission of children, if appropriate, and the application of Section 27-10-103,C.R.S. (Voluntary Application for Mental Health Services) when a child is admitted for mental health treatment.
  7. A statement regarding the religious orientation or affiliation of the facility, of the child care program, and of the activities at the facility, if applicable.
  8. Opportunities for children's participation in recreational activities religious activities, and community life.
- C. The written description of admission policies and criteria shall be provided to referring agencies and to parents or guardians of any child referred for placement.
- D. The facility shall accept a child into care only after a preliminary assessment/screening of presenting problems in areas such as social, physical health, mental health, psychological concerns, previous physical or sexual abuse, and concerns about previous delinquent, assaultive, or destructive behavior, if appropriate, has been conducted.
- E. The facility shall obtain a current comprehensive intake evaluation, including a social, health, and family history, developmental assessment or mental health evaluation, and a psychological evaluation, if determined to be necessary by the facility. Educational records shall be obtained if appropriate. As much of this information as possible shall be obtained prior to admission, but the total evaluation shall be completed within 14 calendar days after admission. If the facility is unable to obtain this information within these time periods or is totally unable to obtain the information, the facility must document its attempts to obtain the information and reasons for not obtaining the information.

If a child is placed at the facility as an emergency placement, the facility shall obtain at least the following information: name, birth date, if available, and physical description of the child; date and time of the admission; name, address, telephone number and authority of person bringing the child to the facility, and the reason for placement. Any other information that may be available should be recorded at the time of placement or as it becomes available. The date that placement terminates shall also be recorded.

- F. Preparation of the child for admission shall be in a manner consistent with the child's age and ability to participate in the plan and to understand the reason for the placement.
- G. The placement agreement shall be developed with the involvement of the child, the parent(s) or guardian(s) and the representative of the placing agency. Where the involvement of any of these is not feasible or desirable, the reasons for the exclusion shall be recorded by the facility. The placement agreement shall address by reference or attachment at a minimum the following:
1. Discussion of the child's and the parent's or guardian's expectations regarding: family contact and involvement; how family contact and involvement are to occur; the nature and goals of care, including any specialized services or specialized treatment to be provided, the religious orientation and practices of the child and/or family; the anticipated length of stay, planned discharge date, criteria for discharge, and plan for the child following discharge.
  2. The policy and procedure to be followed regarding the use of restraint in an emergency situation pursuant to 7.714.53.
  3. A delineation of the respective roles and responsibilities of all agencies and persons involved with the child and his/her family.
  4. Written authorization for care and treatment of the child.
  5. Written authorization to obtain routine medical and dental care for the child and to obtain emergency medical and dental care.
  6. The legal status or custody of the child.
  7. If a child is placed by a Colorado county department of social/human services, the appropriate State form or contract shall be completed. This form or contract may provide some of the required authorizations.
- H. Within 24 hours of arrival at the facility, a child shall be given an orientation to the facility, consistent with the child's age and ability to participate, which includes at least the following:
1. Tour of the facility and instruction on fire alarm and fire evacuation procedures, escape routes and exits.
  2. The rules/regulations of the facility.
  3. Procedures that will affect the child's behavior, including limiting or restricting a child's rights where allowed, the type of discipline used in the facility, and consequences for certain behaviors.
  4. The complete children's rights and children's grievance procedures as developed by the facility and the name of the client representative.
  5. A form signed by the staff member and the child, if applicable, verifying that the orientation occurred.

### **7.714.3 RELIGION, RIGHTS, AND GRIEVANCE PROCEDURES**

#### **7.714.31 Children's Rights [Rev. eff. 7/2/06]**

- A. The facility shall have written policies and procedures that address and ensure the availability of each of the following core rights for children in residence. These rights may not be restricted or denied by the facility.
1. Every child has the right to enjoy freedom of thought, conscience, cultural and ethnic practice, and religion.
  2. Every child has the right to a reasonable degree of privacy.

3. Every child has the right to have his or her opinions heard and considered, to the greatest extent possible, when any decisions are being made affecting his/her life.
  4. Every child has the right to receive appropriate and reasonable adult guidance, support and supervision.
  5. Every child has the right to be free from physical abuse or neglect and inhumane treatment. Every child has the right to be protected from all forms of sexual exploitation.
  6. Every child has the right to receive adequate and appropriate medical and mental health and psychiatric care in the least restrictive setting possible, suited to meet individual needs.
  7. Every child has the right to receive adequate and appropriate food, clothing, and housing.
  8. Every child has the right to live in clean, safe surroundings.
  9. Every child has the right to participate in an educational program that will maximize his/her potential in accordance with existing law.
  10. Every child has the right to communicate with “significant others” outside the facility, such as a parent or guardian, caseworker, attorney or guardian ad litem, current therapist, physician, religious advisor, and, if appropriate, probation officer.
  11. No foster child shall be fingerprinted for the purpose of a criminal background check unless required by law enforcement.
  12. A child may be photographed upon admission for identification and administrative purposes of the facility pursuant to Section 19-3-306, C.R.S. Such photographs shall be confidential and shall not be released by the facility except pursuant to court order. No other non-medical photographs or videotaping shall be taken or used without the written consent of the child’s parent or legal guardian except in the case of a child abuse or police investigation.
  13. Every child has the right to the same consideration for care and treatment as anyone else regardless of race, color, national origin, religion, age, sex, political affiliation, sexual orientation, financial status or disability.
  14. Every child has the right to be given the names and professional status of the staff members responsible for his/her care.
  15. Every child has the right to receive assistance from the resident representative in filing a grievance and to receive copies of the grievance procedure.
  16. Every child fifteen (15) years of age and older has the right to request his or her own medical records, to see the records at reasonable times, and to be given written reasons if the request is denied.
  17. Every child fifteen (15) years of age and older, who is not in the custody of human services, has the right to accept treatment of his/her own free will and may sign in as a voluntary resident. The child has the right to refuse to sign the consent for voluntary treatment at the time of admission or may take back the consent at a later date pursuant to Section 27-10-103, C.R.S.
- B. The following children's rights may be limited to reasonable periods during the day or restricted according to written policies of the facility to ensure the protection of the children, staff, and program from unreasonable and unnecessary intrusions and disruptions and from health and safety hazards.
1. Every child has the right to have access to letter-writing materials, including postage, and to have staff members of the facility assist him/her if unable to write, prepare, and mail correspondence.

2. Every child has the right to have access to telephones to both make and receive calls in privacy.
  3. Every child has the right to have convenient opportunities to meet with visitors.
  4. Every child has the right to wear his/her own clothes, keep and use his/her own personal possessions, and keep and be allowed to spend a reasonable sum of his/her own money.
  5. Every child has the right to receive and send sealed correspondence. No incoming or outgoing correspondence shall be opened, delayed, held, or censored by the personnel of the child care facility.
- C. Written policies that restrict or limit a child's rights as listed at 7.714.31, B, must include at a minimum:
1. Plans for how and when telephone and written communications will take place.
  2. Plans for regular visits of the child with relatives, friends, or others interested in his/her welfare, both within and outside of the facility, unless in the judgment of treatment staff and the placement agency visits would be detrimental to the child and/or his/her family.
  3. Plans for extenuating circumstances and emergency situations affecting the child and his/her family.
  4. The requirement that the facility notify the child, if appropriate to the age of the child, and his/her parent(s) or guardian(s) at the time of admission of any policy that would limit or restrict a child's rights. The notification must be communicated in a language or mode of communication the child can understand and, if possible, be signed by the child and his/her parent(s) or guardian(s).
- D. If the facility enforces any restrictions upon the child's rights as listed at 7.714.31, B, the facility must, in compliance with the written policy and procedure of the facility:
1. Inform the child and the child's family and custodian or legal guardian, in a language or mode of communication the child can understand, of the conditions of and reasons for restriction or termination, of his/her rights.
  2. Place a written report summarizing the conditions of and reasons for restriction, denial, or termination of the child's rights in that child's case record or treatment record. Information pertaining to a restriction, denial, or termination of a child's rights contained in the child's treatment or case record must be made available, upon request, to the child or the child's guardian ad litem (GAL).
  3. When a restriction of a child's rights affects another individual, the individual shall be informed, in a language or mode of communication the individual can understand, of the conditions of and reasons for the action.

**7.714.32 Children's Grievance Procedure [Rev. eff. 7/2/06]**

- A. The facility must designate a client representative and establish a written grievance procedure that provides adequate due process safeguards, spells out the appeal process and assures that children and parent(s) or guardian(s) are entitled to report any grievance and shall not be subject to any adverse action as a result of filing the grievance.
1. The facility must follow grievance procedures without alteration or interference and must respond to any grievance filed within 72 hours.
  2. This grievance procedure shall be made available to all children as provided for in the resident rights.



3. If a grievance is filed with the facility, the grievance shall be recorded in the child's record along with the investigation findings and resulting action taken by the facility. Information regarding the grievance must be sent to the individual or agency holding legal custody of the child. A copy of the child's grievance may be sent to the parent with the child's permission.
  4. A list of the resident rights shall be prominently posted in all facilities in areas frequented by children and legal guardians. These rights shall include the grievance procedure, the name, address, and telephone number of their resident representative, as well as a list of agencies where complaints may be filed.
- B. A list of the children's rights and the grievance procedures must be provided and explained to the child and the parent or guardian in a language or manner of communication that they can understand.

#### **7.714.33 Religion [Rev. eff. 7/2/06]**

The facility shall demonstrate consideration for, and sensitivity to, the religious backgrounds of children in care. The facility shall assist a child's involvement in religious activities appropriate to the child's religious background, based upon the needs and interests of the child.

- A. A child in care at the facility shall be allowed and encouraged to celebrate his/her religious holidays.
- B. Opportunity and assistance shall be provided for each child to practice the chosen/preferred religious beliefs and faith of his/her family. If the family has no preference, the individual preference of the child shall be respected. This includes, but is not limited to, making necessary arrangements for attendance of children at the appropriate religious institution or at a study group for religious instruction.
- C. A child may be invited to participate in the religious activities of the facility.
- D. A child shall not be coerced or forced to participate in the religious activities of the facility or to attend religious services.
- E. Prior to placement of the child at the facility, the parent(s), guardian(s), and/or placing agencies must be notified of the practices, philosophy, and religious affiliation of the facility.
- F. Any form of religious intervention used by the facility to control or change a child's behavior, or treat or heal a medical condition, must be approved, in writing, by the legal guardian(s) of the child prior to the use of the intervention.
- G. A facility cannot deny medical care to a child because of the religious beliefs of the facility.
- H. The child's family and/or guardian must be consulted prior to any planned change in religious affiliation made by the child while he/she is in care at the facility.

#### **7.714.4 PROGRAM DESCRIPTION AND INDIVIDUAL CHILD'S PLAN [Rev. eff. 2/1/07]**

- A. The facility shall have a written overall program description for the facility. The written description shall include the following: *Eff 02/01/2007*
  1. The title of the person who has overall responsibility for the development, implementation, and coordination of the treatment program. *Eff 02/01/2007*
  2. Staff responsibility for planning and implementation of the treatment procedures and techniques. *Eff 02/01/2007*
  3. The range of procedures and techniques to be used and the anticipated range or types of behavior or conditions for which such procedures and techniques are to be used, including philosophy of treatment,

modes of therapy, treatment modalities, positive behavior intervention, problem management, discipline: restraint, and short term locked confinement where allowed and approved by the department.

*Eff 02/01/2007*

4. The facility's responsibility for monitoring the safety of children during treatment. *Eff 02/01/2007*
  5. Review procedures for ensuring the appropriateness of the ongoing treatment and placement for each child. *Eff 02/01/2007*
  6. Policies and procedures encouraging termination of the treatment procedures at the earliest opportunity in the event of achievement of goals, or when the procedures are proving to be ineffective or detrimental for a particular child. *Eff 02/01/2007*
  7. Policies and procedures on how the facility involves the child and the parent(s) or guardian(s) in the plan for care and treatment of the child and obtains their consent of the plan and any subsequent revisions to the plan. *Eff 02/01/2007*
  8. Policies and procedures on how the facility monitors the ongoing physical safety of a child during treatment or therapy which involves physical contact with the child. *Eff 02/01/2007*
  9. Requirements, where appropriate, for medical examination of a child prior to implementation of a treatment strategy on a regular basis. *Eff 02/01/2007*
  10. Provisions for regular and thorough review and analysis of the individualized treatment strategies and the overall treatment orientation of the facility, including provisions for making appropriate adjustments in the treatment strategies and orientation, the recording practices and procedures, and the program activities in accordance with the results of the reviews. *Eff 02/01/2007*
  11. Each facility shall adopt and implement a written policy for continuity of resident care which shall include, at a minimum, the following: *Eff 02/01/2007*
    - a. Ease of resident movement from one element of service to another within the facility. *Eff 02/01/2007*
    - b. Aftercare planning, to be completed 90 calendar days prior to a scheduled discharge, and included with the resident's discharge summary which describes any recommendations for the resident to follow after discharge from the facility. *Eff 02/01/2007*
    - c. Referrals to other agencies. *Eff 02/01/2007*
  12. The placement alternative selected shall be conducive to the optimum restoration of the resident's mental and physical functioning, with due regard for the safety of the resident and those around him/her and the availability of placement alternatives. *Eff 02/01/2007*
- B. A facility shall prohibit all cruel and aversive treatment or therapy including, but not limited to, the following: *Eff 02/01/2007*
1. Any intervention designed to or likely to cause a child physical pain. *Eff 02/01/2007*
  2. Releasing noxious, toxic or unpleasant sprays, mists, or substances in proximity to the child's face. *Eff 02/01/2007*
  3. Any intervention that denies a child sleep, food, water, shelter, access to bathroom facilities, adequate bedding, or appropriate physical comfort. *Eff 02/01/2007*

4. Any intervention or type of treatment that subjects a child to verbal abuse, ridicule, humiliation, or that can be expected to cause excessive emotional trauma. *Eff 02/01/2007*
  5. Interventions that use a device, material, or object that is designed to simultaneously immobilize all four of the child's extremities. *Eff 02/01/2007*
  6. Any treatment intervention that deprives a child of the use of his/her senses, including sight, hearing, touch, taste, or smell. *Eff 02/01/2007*
  7. The use of mechanical restraints, including but not limited to the use of handcuffs, shackles, straight jackets, posey vests, ankle and wrist restraints, craig beds, vail beds, and chest restraints. *Eff 02/01/2007*
  8. Personal restraint, except as described at Section 7.714.53, et seq., and locked seclusion, except as allowed at Section 7.705.7. *Eff 02/01/2007*
  9. Use of rebirthing therapy or any therapy technique that may be considered similar to rebirthing therapy as a therapeutic treatment, as defined by Section 12-43-222(1)(t)(IV), C.R.S. *Eff 02/01/2007*
- C. Within seven (7) calendar days of admitting a child in care, a facility shall begin a comprehensive assessment/evaluation of the child.
1. The assessment/evaluation shall be conducted by a planning team. This team shall include persons responsible for implementing the plan on a daily basis and persons who have had direct interaction with and observation of the child.
  2. The planning team shall assess and evaluate the needs and strengths of the child in at least the following areas where information is available:
    - a. Medical, health and dental care, including a health history of the child and family, and if appropriate health information regarding speech therapy, occupational therapy, and physical therapy needs of the child;
    - b. Mental and psychological health, including treatment history;
    - c. Education/vocation;
    - d. Personal/social development;
    - e. Family and community relationships;
    - f. Vocational training, if appropriate;
    - g. Recreation;
    - h. Life skills development;
    - i. Emancipation skills, if appropriate;
    - j. Legal status and history;
    - k. Treatment/placement history;
    - l. Alcohol/substance abuse history.

3. All direct assessments/evaluations of the child shall be conducted in the child's dominant language or mode of communication, including augmented or facilitated communication, if necessary, and shall take into consideration the child's age, disability, and cultural and religious background.
- D. On the basis of this assessment/evaluation, and within 14 calendar days of admission, a facility shall develop an individual child's plan that is written, time-limited, strength-focused, outcome based, and goal-oriented. The plan must support the Family Services Plan.
1. A facility must provide an opportunity for the following persons to participate in the planning/evaluation process:
    - a. The primary caregiver for the child;
    - b. The child, unless contraindicated;
    - c. His/her parent(s) or guardian(s), unless contraindicated;
    - d. Representatives of the placing agency;
    - e. School personnel;
    - f. Other persons significant in the child's life, such as a GAL, attorney, religious advisor, and therapist.
    - g. When any of the above persons do not participate, the facility shall have documentation of its efforts to involve the persons(s). When the involvement of parents(s) or guardian(s) of the child is deemed contraindicated by the agency or individual holding legal custody of the child, the reasons for contraindication shall be documented.
  2. The individual plan shall include the following components:
    - a. The findings of the assessment/evaluation.
    - b. A statement of specific, measurable goals to be achieved or worked toward for the child and his/her family.
    - c. Strategy for fostering, maintaining, and enhancing positive family relationships with the child and his/her family, including siblings, or other individuals considered like family, or guardian(s), and including the development of a permanent home for the child.
    - d. Strategy for fostering, maintaining and enhancing active community involvement for the child.
    - e. Specification of the daily activities intended to achieve the stated goals including, but not limited to, educational, vocational, and recreational activities.
    - f. Specification of therapeutic services, specialized services, and strategies for positive behavior intervention that will be provided directly or arranged for, frequency of services, and method for ensuring their proper integration with the child's ongoing program activities.
    - g. Long-term and short-term goals and the method to be used for evaluating the child's progress toward meeting the goals.
    - h. Goals and preliminary plans for discharge, aftercare, and moving to a less restrictive setting.
    - i. Identification of all persons responsible for implementing or coordinating implementation of the plan.

- j. Signature by a representative of the facility, a representative of the placing agency, the child, if indicated, and the child's parent(s) or guardian(s).
  - k. Assurance by the facility that the plan and any subsequent revisions are explained to the child in care and his/her parent(s) or guardian(s) in a language or manner of communication the child and parent(s) or guardian(s) can understand.
  - l. Quarterly review of each plan to evaluate the progress which the short-term and long-term goals have been achieved and not achieved. The parties listed in Section 7.714.4, D, 1, shall have an opportunity to participate in the reviews. The plan shall support the Family Service Plan.
- E. If the assessment/evaluation process or the plan requires the services of a specialist, such as a psychiatrist, psychologist, speech therapist, occupational therapist, or physical therapist, the specialist shall be currently certified or licensed according to State law.

#### **7.714.5 SAFETY, DISCIPLINE, AND RESTRAINT**

##### **7.714.51 Building Safety**

##### **7.714.511 Building Site [Rev. eff. 7/2/06]**

- A. The facility must be located in an area that is readily accessible to health resources, public and private utilities, adequate and safe water supplies, sewage disposal, and fire and police protection.
- B. The facility site shall be located in accordance with local zoning department requirements.
- C. The entire premises of the facility are subject to inspection for licensing purposes, including but not limited to the residence where care is to be provided, the grounds surrounding the facility, the basement, the attic (if accessible), any storage buildings, and a garage or carport, if applicable.
- D. If the facility is located in the same building as, or immediately adjacent to, other facilities, or an adult treatment center, or a nursing home, it shall be so arranged that the care and activities of the children residing in the facility are completely separate and independent from the other facility. The facility may not be operated on the premises of a business that might be hazardous to the health, safety, morals, or welfare of children and the operation of the facility.
- E. The facility, including indoor and outdoor space, shall be maintained in a safe condition free from hazards to health and safety.
- F. There shall be outdoor space available to provide some recreation area for children. This area shall be fenced if children younger than five years old are in care, or older children with disabilities require either containment or protection from outside elements such as animals.

##### **7.714.512 Building Maintenance [Rev. eff. 7/2/06]**

- A. Buildings shall be kept in good repair and maintained in a safe, clean, and sanitary condition. Good housekeeping must be observed in all areas at all times. Needed repairs must be identified regularly and corrected immediately.
- B. All areas of the facility available to children's activities including equipment, materials and furnishings shall be of sturdy, safe construction, and free of hazards, such as sharp points or comers, splinters, protruding nails, broken play and recreational equipment.

- C. Closets, attics, basements, cellars, and furnace rooms shall be kept free from accumulation of significant amounts of extraneous materials such as furnishings, newspapers, or magazines that could pose a fire or health hazard.

**7.714.513      Fire Safety [Rev. eff. 7/2/06]**

- A. Fire hazards, such as defective electrical appliances and electric cords, dangerous or defective heating equipment or flammable material stored in such a manner as to create a risk of fire shall be corrected or eliminated.
- B. The facility shall contain at least one U.L.-approved fire extinguisher on each floor of the facility that is highly visible, easily accessible, and in working condition, weighing not less than five pounds, that has a rating of 2A, 10BC. This requirement may be waived where more extensive fire-control measures are required by a local fire department.
- C. A smoke detector, in working condition, must be installed on each level of the facility where child care occurs and near sleeping areas.
- D. All heating units, gas or electric, shall be installed and maintained with safety devices to prevent fire, explosions, and other hazards. No gas or electric space heaters, open-flame gas or oil stoves, hot plates, or unvented heaters shall be used in the facility for heating purposes.
- E. Flammables, aerosol paints, insecticides, chemicals, and other dangerous materials shall be locked or stored so they are inaccessible to children and must be stored in areas separate from sleeping or living areas. Flammables shall be stored in an OSHA approved container.
- F. Heating devices such as radiators, registers, fireplaces, and steam and hot water pipes that pose a fire or burn hazard to children shall be screened or otherwise protected.
- G. Flammable material must not be stored near a furnace, hot water heater, or other heating device.
- H. There shall be no candles or other burnable objects permitted in sleeping areas.
- I. Exit doors shall be obvious, clearly identified as an exit, and marked by an approved sign that is clearly visible from any direction of exit access. No lock or fastening to prevent free escape from the inside of any room used by the children shall be permitted except for a Department-approved locked quiet room.
- J. Exit routes shall be kept free of any barriers to free escape including, but not limited to, discarded furniture, furnishings, laundry, and stacks of newspapers or magazines that could interfere with the prompt evacuation of the facility.

**7.714.514      Disaster Drills [Rev. eff. 7/2/06]**

- A. There shall be written procedures for staff and children to follow in case of emergency or disaster. These procedures shall be developed by the facility with the assistance of qualified fire and safety personnel and shall include provisions for staff roles and responsibilities during an emergency, evaluation of the facility, and the assignment of a central meeting place where each individual may be accounted for.
- B. Fire exit drills must be held on each shift on a rotating basis with no less than one (1) shift per quarter so that all occupants are familiar with the drill procedure and their conduct during a drill is a matter of established routine.
- C. Drills must be held at unexpected times and under varying conditions to simulate the conditions of an actual fire.

- D. Drills must emphasize orderly evacuation under proper discipline rather than speed. Running or horseplay shall not be permitted.
- E. Drills must include suitable procedures for ensuring that all persons in the facility actually participate.
- F. A record of fire drills held over the past twelve (12) months must be maintained by the facility on a drill log, including the number of children and staff participating in the drill.
- G. Fire alarm facilities shall be regularly used in the conduct of drills.
- H. The facility shall make special provisions for the evacuation of any physically handicapped children in the facility.
- I. The facility shall take special care to help emotionally disturbed or perceptually handicapped children understand the nature of such drills.
- J. If appropriate to the location of the facility, tornado drills must be held often enough so that all occupants are familiar with the drill procedure and conduct during a drill is a matter of established routine. A record of tornado drills held over the past 12 months must be maintained by the facility.

**7.714.515 General Comfort and Safety [Rev. eff. 7/2/06]**

- A. All hazardous chemicals, tools, and other equipment, including matches, plastic bags, paints, gasoline, medicines, insecticides, and cleaning and laundry materials, shall be inventoried and stored in a secured locked area.
- B. A facility shall not maintain any weapons such as firearms, air rifles, hunting bows, hunting knives, or hunting sting shots on the grounds or within the structure of the facility. A facility shall not permit any staff member or child to be in possession of any firearm on the grounds or within the structures of the facility. Chemical weapons, even when carried by staff members to and from work for protection, shall be locked when present at the facility. Weapons must not be transported in any vehicle in which children are riding. Law enforcement professionals are exempt from the requirements of this section if conditions of their employment require them to carry weapons.
- C. The facility shall be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy.
- D. All stairways containing more than four steps shall be equipped with a handrail.
- E. The facility shall have an unblocked, non-mobile landline telephone, and emergency numbers shall be posted near the telephone, including those related to medical care, fire, law enforcement, and poison control where available. Numbers for the agency or person having legal custody of each child shall also be readily available.

**7.714.516 Transportation [Rev. eff. 7/2/06]**

- A. A facility shall ensure that each child is provided with the transportation necessary for implementing the child's individual plan.
- B. A facility shall have means of transporting children in cases of emergency.
- C. Any vehicle used by the facility in transporting children in care, whether such vehicle is operated by a staff member or any other person acting on behalf of the facility, shall be properly licensed, and the vehicle shall be maintained in accordance with Colorado law.

- D. Any staff member or other person acting on behalf of the facility operating a vehicle for purpose of transporting children shall be properly licensed to operate the class of vehicle in accordance with Colorado law.
- E. Children under 21 years of age must be properly fastened into a child restraint system that conforms to all applicable Federal Motor Vehicle Safety Standards and pursuant to Colorado law.
- F. A facility shall not allow the number of persons in any vehicle used to transport children to exceed the number of available seats in the vehicle.
- G. The vehicle shall be enclosed and provided with door locks, and contain a First Aid kit and fire extinguisher.
- H. A facility shall ascertain the nature of any need or problem of a child which might cause difficulty during transportation, such as seizures or a tendency toward motion sickness. The facility shall communicate this information to the driver of any vehicle transporting children in care.
- I. The facility shall have a written policy concerning under what circumstances a vehicle may be driven by a licensed resident alone or with one resident passenger. Such driving privileges, if granted, shall be a part of the child's individual plan.

**7.714.52            Discipline [Rev. eff. 7/2/06]**

- A. The facility shall have written policies and procedures regarding discipline that must be explained to all children, parent(s), guardian(s), staff, and placing agencies. These policies must include positive responses to a child's appropriate behavior.
- B. Discipline shall be constructive or educational in nature and may include talking with the child about the situation, praise for appropriate behavior, diversion, separation from the problem situation, and withholding privileges.
- C. Basic rights shall not be denied as a disciplinary measure.
- D. Separation when used as discipline must be brief and appropriate to the child's age and circumstances. The child shall always be within hearing of an adult in a safe, clean, well-lighted, well-ventilated room in the facility that contains at least 50 square feet of floor space. No child shall be isolated in a bathroom, closet, attic, pantry, or garage.
- E. Children in care at the facility shall not discipline other residents. This does not prohibit a facility from operating an organized therapeutic self-government program or positive peer culture that is conducted in accordance with the written policies of the facility and these rules, and is directly supervised by a staff member.
- F. A facility shall prohibit all cruel and unusual discipline including, but not limited to, the following:
  - 1. Any type of physical hitting or any type of physical punishment inflicted in any manner upon the body of the child such as spanking, striking, swatting, punching, shaking, biting, hair pulling, roughly handling a child, striking with an inanimate object, or any humiliating or frightening method of discipline to control the actions of any child or group of children.
  - 2. Discipline that is designed to, or likely to, cause physical pain.
  - 3. Physical exercises such as running or walking laps, push-ups, or carrying or stacking heavy rocks, bricks, or lumber when used solely as a means of punishment.
  - 4. Assignment of physically strenuous or harsh work that could result in harm to the child.



5. Requiring or forcing a child to take an uncomfortable position such as squatting or bending, or requiring a child to stay in a position for an extended length of time such as standing with nose to the wall, holding hands over head, or sitting in a cross-legged position on the floor, or requiring or forcing a child to repeat physical movements when used solely as a means of punishment.
6. Group discipline except in accordance with the facility's written policy and these rules.
7. Verbal abuse or derogatory remarks about the child, his/her family, his/her race; religion, or cultural background.
8. Denial of any essential/basic program service solely for disciplinary purposes.
9. Deprivation of meals or snacks, although scheduled meals or snacks may be provided individually.
10. Denial of visiting or communication privileges with family, clergy, attorney, Guardian Ad Litem (GAL) or caseworker solely as a means of punishment.
11. Releasing noxious, toxic, or otherwise unpleasant sprays, mists, or aerosol substances in proximity to the child's face.
12. Denial of sleep.
13. Requiring the child to remain silent for a period of time inconsistent with the child's age, developmental level, or medical condition.
14. Denial of shelter, clothing or bedding.
15. Withholding of emotional response or stimulation.
16. Discipline associated with toileting, toileting accidents or lapses in toilet training.
17. Sending a child to bed as punishment. This does not prohibit a facility from setting individual bed times for children.
18. Force feeding a child.
19. Isolating a child in a locked room for discipline.
20. Use of physical or mechanical restraint as discipline for a child, including, but not limited to, the use of handcuffs, shackles, straight jackets, posey vests, ankle and wrist restraints, craig beds, vail beds, hospital cribs, and chest restraints.

**7.714.53      Personal Restraint [Rev. eff. 7/2/06]**

- A. Personal restraint is an age appropriate physical intervention by a staff member of a facility in an emergency situation to limit, restrict, or control the dangerous behavior of a child by means of physical holding the child. Physical holding of a child is the only method of personal restraint allowed. The use of a mechanical restraint, including, but not limited to, the use of handcuffs, shackles, straight jackets, posey vests, ankle and wrist restraints, craig beds, vail beds, hospital cribs, and chest restraints is prohibited, except as otherwise allowed under Article 27-10, C.R.S. A personal restraint is to be used only during periods of crisis or emergency for the child, when the child is a danger to him/herself and/or others, the child is beyond control, and when all other means to control and de-escalate the crisis or emergency have failed. The restraint shall not impede or inhibit the child's ability to breathe in any manner, including placing excess pressure on the chest or back area. The restraint shall last only as long as is necessary to calm the child, and for the child to be able to follow adult direction, and to not be a threat to self, or others.

- B. If a facility chooses to use personal restraint with the children placed at the facility, the facility shall restrain children only in accordance with the following rules. If a facility does not use personal restraint, the following sections do not apply to the facility.

**7.714.531 Use of Personal Restraint [Rev. eff. 7/2/06]**

- A. Prior to the use of restraint, the facility must have tried all positive and constructive methods of dealing with a child, including but not limited to, physical structuring of the environment, talking with the child, praise for appropriate behavior, assisting a child with the expression of feelings, and de-escalation of the situation.
- B. Restraint may be used in an emergency situation only when positive, constructive, non-physical de-escalation and structuring of the environment have not been effective in controlling or calming the child's behavior.
- C. Personal restraint must never be used as a punitive form of discipline, as a form of treatment or therapy, or as a threat to control or gain compliance of a child's behavior.
- D. A child must be released from a personal restraint within fifteen minutes after the initiation of the restraint, except when precluded for safety reasons.

**7.714.532 Written Personal Restraint Policy [Rev. eff. 7/2/06]**

Each facility choosing to use personal restraint to control a child whose behavior is out of control and a danger to him/herself or others must have a written personal restraint policy that is adopted and implemented by the facility. The written policy must include at a minimum the following information:

- A. The nationally recognized, research-based type of de-escalation and personal restraint to be used.
- B. Which staff members will be approved by the facility to use personal restraint with children in care.
- C. The type of training/certification staff members approved to use restraint will be required to have prior to restraining a child.
- D. The type and number of hours of ongoing training each staff member will be required to take.
- E. What preventive/de-escalation techniques and positive behavioral intervention must be used by staff prior to any personal restraint.
- F. How the facility observes and evaluates the use of personal restraint on a child at the facility.
- G. The type of written documentation the facility maintains of each personal restraint that describes the details of the incident and the staff involvement.
- H. The type of written documentation the facility maintains that describes the debriefing with the child and staff following the restraint.
- I. Evaluation of each personal restraint to determine appropriateness and effectiveness of preventive/de-escalation techniques used and effectiveness and appropriateness of the restraint itself.
- J. The requirement that staff not restrain children in areas of the child care facility that may pose a threat to the health and safety of the child including, but not limited to, soft, pliable surfaces, concrete, asphalt or areas including broken glass.
- K. Notification of the parent/legal guardian and child in advance of the facility's restraint policy and methodology.

- L. How the facility monitors the physical well-being of the child during and after the restraint, including but not limited to breathing, pulse, color, and signs of choking or respiratory distress.
- M. Emergency procedures, including first aid, that will be used if a child or staff member is seriously injured during a restraint.
- N. The requirement of staff to report to the county department of social services or local law enforcement any injury, bruising, or death that occurs as a result of the restraint pursuant to Colorado state law.
- O. The internal review process of the facility to assess carefully any injuries, bruising, or death.

**7.714.533 Personal Restraint Training [Rev. eff. 7/2/06]**

All staff in the facility that will be involved in personal restraint must complete the following:

- A. An original de-escalation/restraint training program that includes a competency test as a part of the training program in compliance with the nationally recognized, research-based type of restraint being used. Successful completion of the competency test is mandatory prior to any staff member being involved in a personal restraint.
- B. Periodic observation of each staff member performing a restraint by a supervisor of the facility who has been trained in restraint.
- C. If a supervisor of the facility determines a staff member did not correctly perform a personal restraint, the staff member must be immediately retrained or be restricted from performing further restraints until retraining can occur.
- D. Regular training at least every six months for each staff member involved in restraint to review and refresh skills involved in positive behavior intervention, de-escalation, and personal restraint.

**7.714.534 Authorization for Personal Restraint [Rev. eff. 7/2/06]**

- A. At the time of admission, the person or agency holding legal custody of the child shall be notified and must give written consent for the child to be restrained in conjunction with facility policy. No child shall be restrained without the specific written permission of the person or agency holding legal custody of the child.
- B. At the time of admission to the facility, each child shall be told, in a language or manner of communication understandable to him/her, of the purpose of restraint, the restraint model/method, used and the type of behavior which might result in the child being restrained.

**7.714.535 Charting Restraint Incidents [Rev. eff. 7/2/06]**

Each personal restraint incident shall be recorded. The following information must be included:

- A. The name of the child, date and time of day, staff members involved, their position at the facility and their involvement in the personal restraint, and how long the restraint lasted.
- B. The precipitating incidents) and the child's behavior before the restraint occurred.
- C. What specific actions were taken to de-escalate the situation and control, calm, or contain the child and the effect of these de-escalating actions upon the child.
- D. A description of the restraint including the child's physical, emotional and behavioral condition during the restraint.

- E. A description of the debriefing and evaluation with the child and with the staff.
- F. The child's physical condition prior to and following the restraint.
- G. The child's emotional/behavioral condition prior to and following the restraint.

**7.714.536      Review of Use of Restraint [Rev. eff. 7/2/06]**

- A. Records of each personal restraint shall be reviewed by a supervisor of the facility within 24 hours of each restraint.
- B. According to the policies and procedures of the facility, the entire child's individual plan must be reviewed if it appears that the child is being physically restrained an excessive number of times, frequently in a short period of time, or frequently by the same staff member.
- C. If any particular de-escalation technique appears to be causing an escalation in the behavior of a child or a group of children, the use of the technique shall be evaluated for its effectiveness. De-escalation techniques that are not effective or are counter-productive must be terminated at the earliest opportunity.
- D. If either the child or a staff member was seriously injured or died during a restraint, a thorough review of the restraint and injuries must be instituted immediately. Based on the findings of the review, the staff members involved in the restraint must be retrained or corrective personnel action must be taken.
- E. If a staff member appears to be involved in a larger number of physical restraints than other staff members and is not a part of a specially trained team, or is unsuccessful at using de-escalation effectively, the facility must conduct a thorough review of the staff member's interactions with children, prior restraint training, and need for further training as required by facility policies.

**7.714.6      EDUCATIONAL/VOCATIONAL PROGRAMS [Rev. eff. 7/2/06]**

- A. Educational/vocational programs shall be developed and provided for all school-age children who are residents of the facility in accordance with the individual child's plan, the Public School Finance Act and as required by the Exceptional Children's Educational Act and Rules and Regulations.
  - 1. Children shall attend educational/vocational programs in the most appropriate and least restrictive educational setting for the child, including, but not limited to, attending regular classes conducted in accredited elementary, middle, and secondary schools within the community.
  - 2. Children attending school shall be permitted to participate in school extracurricular activities to the extent of their interests and abilities and in accordance with each individual child's plan.
  - 3. The facility shall develop assurances that the educational/vocational program is an integral part of the total plan. Such assurances shall include procedures for information sharing, joint planning, and follow-through.
- B. In order to ensure that all students who may have disabilities are provided an appropriate education, the facility shall ensure that adequate "child find" procedures are utilized. Such procedures shall be developed cooperatively with local education agencies (LEA) in accordance with Exceptional Children's Educational Act rules and regulations and LEA procedures. Child find includes a process for screening, referring, assessing and staffing students suspected of having a disabling condition.
- C. The facility that operates its own educational program shall provide adequate space, staff, equipment and educational materials as required in Exceptional Children's Educational Act Rules and Regulations.
- D. School records shall be transmitted according to State law, pursuant to Section 24-72-204, C.R.S., and the Individuals with Disabilities Education Act (IDEA).

**7.714.7 COMMUNITY PARTICIPATION [Rev. eff. 7/2/06]**

Participation in community activities shall be encouraged, supported, and a vital part of each child's life and choice, and shall be in accordance with each individual child's plan.

- A. The facility shall reflect consideration for, and sensitivity to, the racial, cultural, ethnic and/or religious backgrounds of children in care. The facility shall involve a child in cultural and/or ethnic activities appropriate to his/her cultural and/or ethnic background.
- B. The facility shall utilize available services, facilities, and activity programs of the community, and children shall be given opportunities to participate as individuals or as a group in agency-sponsored recreational and cultural programs such as provided by YMCA, YWCA, Scouting organizations, schools, and churches or other religious institutions.
- C. Children shall be provided work opportunities according to the established policy of the facility and the age of the child, and shall have opportunities to experience the use and value of money by making purchases for items according to their own choice.
  1. Money earned, received as a gift, or received as allowance by a child in care shall be deemed to be that child's personal property. The facility shall maintain a written record of all monies earned or given to a child.
  2. Limitations may be placed on the amount of money a child may possess or have access to when such limitations are considered to be in the child's best interests.
  3. The facility may deduct reasonable sums from a child's allowance as restitution for damages done by the child. Restitution must be negotiated with the child and based on the child's ability to pay. The facility may deduct no more than half of what a child earns or was given during a week. A written record of damages and any restitution paid by a child must be maintained by the facility.
- D. Chores at the facility are considered part of the participatory responsibility of living together. They shall provide constructive experiences in accordance with the age and ability of the child and shall not substitute for the work of staff.
- E. All chores shall be scheduled so as not to conflict with other essential scheduled activities.
- F. The facility shall comply with all child labor laws and regulations in making work assignments.
- G. Paid or voluntary work assignments outside of the facility shall be approved by the administrator of the facility, a staff member, or the parent(s) or guardian(s) of the child, who shall know the employer, the specific type of work, and the conditions of employment.
- H. A child shall not be exploited in any manner. A child may not participate in solicitation on behalf of the facility for a fund-raising activity without the written permission of the parent(s) or guardian(s) for each specific activity, and the child must be willing to participate in the activity.

**7.714.8 PERSONAL CARE OF THE CHILD****7.714.81 Medical and Health Services [Rev. eff. 7/2/06]**

- A. The facility shall ensure the availability of a comprehensive program of preventive, routine, and emergency medical and dental care for each child in care. Every reasonable effort shall be made to obtain routine and corrective dental care. The facility shall have a written plan for providing such care. This plan shall include at a minimum:

1. Assignment of one person to be responsible for the coordination of medical care for the children residing in the facility.
  2. Ongoing appraisal of the general health of each child, including immunizations, in accordance with state law and regulations.
  3. Procedures for obtaining diagnostic services, emergency care, including the availability of a physician or emergency medical facility on a 24-hour, seven-day-a-week basis, corrective care, recuperative care, and immunization updates.
  4. Provision of health education, which includes sex education, and birth control information and education, age appropriate to the child.
  5. Provision that any medical treatment administered will be explained to the child in a language or manner of communication understandable to him/her.
  6. The provision of dental care by a Colorado-licensed dentist, who is available to the facility.
  7. Procedure for obtaining the written authorization from the child's legal guardian or custodian prior to any new psychotropic medication being dispensed.
  8. Procedures for dispensing medication, storage of medication, documentation of administration of all medication, disposing of medications when not needed or no longer in use, and notification to a primary physician in cases of medication errors and/or drug reactions.
- B. A general medical examination for each child must be completed or scheduled with a physician, physician's assistant or a nurse practitioner prior to or within fourteen (14) calendar days following admission. A statement from the examiner shall be retained in the child's file. This exam shall include the following:
1. An examination for physical injury and disease.
  2. Vision and hearing screening.
  3. A current assessment of the child's health, including immunizations.
- C. Whenever indicated, a child shall be referred to an appropriate specialist for either further assessment or treatment.
- D. Subsequent physical and other examinations shall be done annually or as directed, in writing, by the physician or other qualified health professional.
- E. Dental examinations for all children three years of age or older, or at a younger age if recommended by a physician or dentist, must have been completed within four months prior to placement or within eight (8) weeks following placement. The facility or governing body shall ensure that each child receives a dental examination every six months or as required in writing by a dentist.
- F. At all times there shall be first aid supplies readily available at the facility and at least one (1) person present at the facility and supervising the children for every 20 children present, who is certified in First Aid or the equivalent and CPR for all ages of children in care.
- G. The facility, in conjunction with the parent(s) or guardian(s), shall make every effort to ensure that a child needing corrective devices such as glasses, hearing aids, etc., is provided with the necessary equipment.

- H. The facility has the right to request a statement regarding the child's general health from a medical examiner. In a potentially life-threatening situation, the facility shall refer the child's care to the appropriate medical and legal authority. If a child wishes an exemption from a medical examination or medical treatment due to religious beliefs, the child shall submit a written statement signed by his/her parent(s) or guardian(s) which states the reasons for such an exemption. The facility has the right to refuse admission to a child whose parent(s) or guardian(s) refuses medical treatment or examination based upon religious convictions.
- I. The facility shall regularly maintain and update a child's Human Services Health Passport, or a document containing all the information listed in the Health Passport, for children placed by a county department of social services. If received, the original of the document shall be given to the caseworker upon the child's discharge so that it can be given to the facility where the child is being admitted or to the child's parent(s), guardian(s), or family member(s) with whom the child is placed.
- J. Medications shall be administered and stored in the following manner:
1. When a child first comes into care, the facility shall ascertain all medication the child is currently taking.
  2. All medication must be kept in a clean, locked storage area inaccessible to children and stored according to pharmacy instructions.
  3. All prescriptive medications shall be administered only upon the written prescription of a physician or nurse practitioner. The facility shall also obtain written authorization from the prescribing physician or nurse practitioner to administer any non-prescriptive medication, including dietary supplements.
  4. The facility shall have a written medication schedule for each child to whom medication is prescribed, a copy of which shall be available to staff.
  5. In an emergency situation, non-prescriptive medication may be administered on the verbal authorization of a physician. Written confirmation must then be obtained for the verbal authorization.
  6. The facility shall maintain for each child a cumulative record of all medication, both prescriptive and non-prescriptive, dispensed to that child including:
    - a. The name of the child.
    - b. The name and dosage of medication.
    - c. The time and date the medication was dispensed.
    - d. The name of the person administering the medication.
  7. The facility shall document the following information as it relates to handling and dispensing medication:
    - a. Documentation of:
      - 1) all medication errors; and,
      - 2) drug reactions.
    - b. Documentation of all discontinued medication and disposing of medications.
  8. Only staff members trained and authorized by State statute shall administer medications. All direct care staff shall be trained in the recognition of common side effects of medication.

- K. In all instances where a new prescription medication is to be ordered as a part of a treatment program, the following information shall be provided to the client and his/her custodian or legal guardian:
1. The name of the medication being prescribed;
  2. The proper use of the medication;
  3. The reasons for ordering the medication for this client;
  4. A description of the benefits expected;
  5. The common side effects, if any;
  6. The major risks, if any;
  7. The probable consequences of not taking the medication explained in a language or mode of communication that is easily understood by the child, his/her family and/or legal guardian.
- L. No involuntary medications may be administered.
- M. The facility shall have policy and procedures for documenting that the required information was given to the child before the child took the medication. When information is given to the child, the documentation shall include an assessment regarding whether the child understood.
- N. The child may refuse to take his/her medication at any time. The facility must document the refusal in the medication log.
- O. No child shall be threatened with or experience adverse behavioral consequences by staff action due to refusal to take medication.

**7.714.82 Food and Nutrition [Rev. eff. 7/2/06]**

- A. The facility shall provide nutritious foods in the variety and amounts as appropriate for the age, appetite, and activity of each child in care.
- B. At least three nourishing, wholesome, well-balanced meals a day shall be offered at regular intervals except when children receive their morning and/or noon meal(s) at school. No more than fourteen (14) hours shall elapse between the evening and morning meals. Nourishing snacks shall be part of the daily food provided.
- C. Children shall be encouraged to eat a variety of the food served but shall not be subjected to undue coercion, including forced feeding, or punished for refusal to eat.
- D. All food shall be from sources approved or considered satisfactory by the local health department.
- E. There shall be a record made of the special diets prescribed and prepared for a child.
- F. Children must not be given foods that are contrary to their religious beliefs, or those of their family, or are known to cause an allergic reaction or a health hazard.
- G. Water shall be readily accessible to children.

**7.714.83 Personal Hygiene and Daily Routine [Rev. eff. 7/2/06]**

- A. The facility shall establish procedures to ensure that children receive training in good habits of personal care, hygiene, and grooming appropriate to their age, gender, race and culture.



1. There shall be supervision by staff to provide for proper grooming and physical cleanliness of the children.
  2. The facility shall ensure that children are provided with necessary and appropriately maintained toiletry items, individual towels and washcloths, toothbrush, toothpaste, comb, and shampoo.
- B. The facility shall have a plan of basic daily routines for children in care.
1. Daily routines shall not be allowed to conflict with the implementation of a child's plan.
  2. Daily routines shall be established for mealtimes, waking, and bedtimes.
  3. Opportunity for physical exercise shall be planned for each child.

**7.714.84 Clothing and Personal Belongings [Rev. eff. 7/2/06]**

- A. The facility shall allow a child in care to bring his/her personal belongings to the program, as defined by the facility policy, and to acquire belongings of his/her own in accordance with the child's plan. However, the facility shall, as necessary, limit or supervise the use of these items while the child is in care. Where extraordinary limitations are imposed, the child shall be informed of the reasons, in a language or manner of communication the child can understand. The decision and reasons shall be recorded in the child's case record. Provisions shall be made for the protection of the child's property.
- B. The facility shall ensure that each child in care has adequate clean, proper-fitting, attractive, and seasonable clothing as required for health, comfort, and physical well-being and as appropriate to age, gender, individual needs, culture, and ethnicity.
1. Each child's clothing shall be distinguished as his/her own in accordance with the facility's policies.
  2. A child's clothing shall be kept clean and in good repair. The child shall be involved, as appropriate, in the care and maintenance of his/her clothing. As appropriate, laundering, ironing, and sewing facilities shall be accessible to the child.
- C. The facility shall ensure that discharge plans make provisions for clothing needs at time of discharge. The wardrobe for each child shall go with him/her at time of discharge.

**7.714.9 PERSONNEL/POLICY REQUIREMENTS**

**7.714.91 General Requirements for All Staff [Rev. eff. 7/2/06]**

- A. The facility shall provide adequate numbers of staff to assure the health and safety and the proper care and treatment of the children in care.
- B. All staff in the facility shall demonstrate an interest in, and a knowledge of, children and a concern for their proper care and well-being.
- C. The facility shall have written screening procedures and make reasonable efforts to evaluate the overall emotional health and stability of each applicant and/or staff member. Procedures should include exploring for any history of child battering, child abuse, child molestation, child neglect, or previous criminal convictions.
- D. A facility shall not hire or continue to employ any person whose health, educational achievement, or emotional or psychological makeup impairs his/her ability to properly protect the health and safety of the children in care, or who could endanger the physical or psychological well-being of the children.

- E. A staff member who, upon examination or as a result of tests, shows indication of a physical condition which could be hazardous to a child, other staff, or self, or which would prevent performance of duties, shall not be assigned or returned to his/her position until the condition has cleared to the satisfaction of the examining physician or nurse practitioner.

**7.714.92 Personnel Policy, Orientation, and Training [Rev. eff. 7/2/06]**

- A. The facility shall have a comprehensive written plan for the recruitment, hiring or certification, orientation, ongoing training, and professional development of staff.
1. The facility shall have an introductory training and orientation program for all staff. This program shall include orientation to emergency and safety procedures and the general and specific duties and responsibilities of the job.
  2. The facility shall maintain written documentation of specific in-service training held, staff participating in the training, the hours involved, and/or other on-going training activities in which staff were involved. Activities related to supervision of the staff members' routine tasks shall not be considered training activities for the purpose of this requirement.
- B. The facility shall document that staff receive appropriate training in the following areas:
1. The facility's emergency and safety procedures, including but not limited to fire evacuation drills and disaster drills, on at least a semiannual basis.
  2. The principles and practices of child care, including developmentally appropriate practices.
  3. The facility's and, where appropriate, certifying authority's administrative procedures and overall program goals.
  4. Acceptable behavior management techniques, including appropriate discipline and restraint of children in accordance with facility policies and these rules, including the ability to recognize and respond to signs of physical distress in children who are restrained.
  5. Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations.
  6. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods to prevent emergency safety situations.
  7. Appropriate professional boundaries (both physical and emotional) between staff and children while in placement at the facility and after discharge.
  8. Positive and constructive methods of dealing with the child including but not limited to physical structuring of the environment and de-escalation of crisis situations.
  9. Annual review of these regulations by all appropriate staff members of the facility.
  10. All staff must have a minimum of twenty (20) clock-hours of on-going job specific training a year. Training may include areas listed above.
  11. Individuals that are qualified by education, training, and experience must provide staff training.
  12. Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques which they have learned for managing emergency safety intervention.

13. Staff must demonstrate competencies on non-physical intervention skills and restraint on a semiannual basis.
14. The facility must document in the staff personnel record that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training.

**7.714.93            Records and Reports**

**7.714.931            Confidentiality [Rev. eff. 7/2/06]**

- A. The facility shall have a policy as to the maintenance, storage and confidentiality of records.
- B. Records shall be the property of the facility and shall be protected against loss, tampering, or unauthorized use.
- C. Facts learned about children and their families shall be kept confidential, with the following exceptions:
  1. In medical emergencies, and then only when the assistance and/or expertise is required of that unauthorized person; or
  2. To the child, his/her parent(s) or guardian(s) and their respective legal counsel(s), a court having jurisdiction over the child, or an authorized public official, or licensing representative in performance of his/her mandated duties; or,
  3. If the parent(s) or guardian(s) has given voluntary, written consent.
- D. School records shall be transmitted according to State law, pursuant to Section 24-72-204, C.R.S., and the Individuals with Disabilities Education Act.
- E. Medical records shall be kept in a secure location at the facility and only be released in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
- F. Any information concerning observed behavior which reasonably appears to constitute a criminal offense committed on the premises of a facility or any criminal offense committed against any person while performing or receiving services is not considered privileged or confidential.
- G. All researchers conducting clinical research must sign an oath of confidentiality. All information identifying individual children by name, address, telephone number and/or social security number collected for research purposes, shall not be disclosed.
- H. When names are deleted and other identifying information is disguised or deleted, material from case records may be used for teaching purposes, development of the governing bodies' understanding and knowledge of the facilities' services or similar educational purposes.
- I. Information regarding treatment for alcohol or drug abuse may be released only in compliance with the Federal Regulations on Confidentiality of Alcohol and Drug Abuse Resident Records, 42 CFR, Part 2. No amendments or later editions incorporated.

**7.714.932            Records [Rev. eff. 7/2/06]**

- A. The facility shall maintain an organized, legible, chronological, current record for each child in care as required for the licensing or certification of the facility in accordance with the rules regulating the facility. The record shall be separated into discrete sections addressing medical, education, clinical, milieu, and fee for service therapy.

- B. Records for children shall be retained for at least three years. Retention of records for a longer period may be desirable when they reflect an accident, injury or other unusual circumstance.
- C. A record of admission shall be completed for each child in care prior to or at the time of placement. The admission record shall be maintained at the facility where the child resides and shall contain:
1. Child's legal name, date and place of birth (verified by a birth certificate when possible), gender, race, religious preferences of parent(s) or child, date and reason for placement.
  2. Child's address and telephone number, parent(s) or guardian(s) address and telephone number if different from the child.
  3. Name, address, day and nighttime telephone number of individual or agency placing the child with the name of individual arranging the placement.
  4. Any documents pertaining to the child's legal status such as court orders, including the appointment of a Guardian Ad Litem, legal guardianship, custody agreements, or the termination of parental rights.
  5. A copy of the placement agreement pursuant to 7.714.2, G.
  6. Health records including a health history, chronic medical problems of the child, illnesses the child has had during the last six months and a complete list of all medications the child is taking.
  7. Current medical and dental reports, accident, injury, or illness reports, record of medication administered and necessary medical care provided to the child while in placement. Psychiatric and psychological reports, when available.
  8. Copies of educational records and reports of school work, including scholastic performance, certificates of achievement or award, and extracurricular interests.
  9. The Child's Individual Plan (CIP) and Family Service Plan (FSP) when developed or ITP for committed youth, a summary of the periodic evaluations of the child's progress and resultant changes in the CIP, FSP or ITP.
  10. Summary recording of significant contacts with parent(s), guardian(s) and other involved agencies.
  11. Documentation of all transfers and reasons for transfers within the authorized facility.
- D. Within five (5) business days of when a child is removed from placement, the facility shall complete and send to the placing agency a summary of the child's discharge from the facility which includes at a minimum:
1. The date of the discharge of the child from the facility.
  2. Where the child was placed following discharge.
  3. A summary of the services provided to the child during care.
  4. Goals met/not met during treatment.
  5. The treatment goals and assessed needs which remain to be met and alternate service possibilities which might meet those goals and needs.
  6. A statement of an aftercare plan and identification of who is responsible for follow-up services and aftercare.

7. If the discharge was planned or unplanned.
  8. The circumstances which led to an unplanned discharge.
- F. Copies of a child's file, including discharge information but excluding all medical information covered by HIPAA, shall be provided to parent(s) or guardian(s) upon request or to others by written consent pursuant to Section 7.714.931.
- G. A copy of all policies and dated revisions developed by the facility shall be maintained for at least three years.

**7.714.933 Required Notification [Rev. eff. 7/2/06]**

- A. The facility shall immediately notify the child's parent(s), guardian(s), and/or the responsible agency of any serious illness or serious injury resulting in medical treatment away from the facility, hospitalization or death involving a child in care.
- B. The facility shall notify the parent(s), guardian(s), or placing authority as soon as possible upon discovery that a child has run away.
- C. Critical incidents shall be reported as outlined in Section 7.701.52.
- D. A report about a death must include:
1. The child's name, birth date, address, and telephone number.
  2. The names of the child's parent(s) or guardian(s) and their address and telephone number if different from that of the child.
  3. Date of the fatality.
  4. Brief description of the incident or illness leading to the death.
  5. Names and addresses of witnesses or persons who were with the child at the time of death.
  6. Name and address of police department or authority to whom the report was made.
- E. Any change in the status of the facility that would affect care of children shall be immediately reported to the licensing agency.
- F. The facility must immediately notify the Department of any court order or physician's order that violates these regulations.
- G. The facility must notify the parent(s), guardian(s), or placing authority regularly of the issues related to the care of the child including use of time out rooms, discipline, treatment, and restriction of rights.

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