Certification Page
Regular and Emergency Rules

Revised September 2016

☐ Emergency Rules _____ ■ Regular Rules

a. Agency/Board Name Department of Family Services		
b. Agency/Board Address 2300 Capitol Avenue	c. City Cheyenne	d. Zip Code 82002
e. Name of Agency Liaison Nichole Anderson	f. Agency Liaison Telephone Number 307-777-8539	
g. Agency Liaison Email Address nichole.anderson@wyo.gov	h. Adoption Date October 5, 2017	

i. Program
Providers of Subsitute Care Services, Certification of

For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

■ No. ☐ Yes. Please provide the Enrolled Act Numbers and Years Enacted:

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.

Chapter Number:	Chapter Name:			
1	General Provisions	☐ New	■ Amended	☐ Repealed
2	Certification (Certification Process)	☐ New	■ Amended	☐ Repealed
3	General Requirements	☐ New	■ Amended	☐ Repealed
4	Crisis Centers (Crisis Shelters)	☐ New	■ Amended	☐ Repealed
5	Child Placing Agencies	☐ New	■ Amended	☐ Repealed
6	Therapeutic Foster Care Programs	☐ New	■ Amended	☐ Repealed
7	Non-Therapeutic Group Home (Group Home)	☐ New	■ Amended	☐ Repealed
8	Therapeutic Group Homes	☐ New	☐ Amended	■ Repealed
9	Maternity Homes	☐ New	☐ Amended	■ Repealed
10	Residential Treatment Centers (Residential Treatment Centers (RTC))	☐ New	■ Amended	☐ Repealed

State Government Notice of Intended Rulemaking

a. Date on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a), Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of rules were: June 23, 2017

- approved as to form by the **Registrar of Rules**; and
- provided to the **Legislative Service Office** and **Attorney General**:

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. ☐ No. ■ Yes. ☐ N/A

b. A public hearing was held on the proposed rules. ■ No. ☐ Yes. Please complete the boxes below.

Date:	Time:	City:	Location:

c. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

5. Final Filing of Rules

a. Date on which the Certification Page with original signatures and final rules were sent to the **Attorney General's Office for the Governor's signature**: October 5, 2017

b. Date on which final rules were approved as to form by the **Secretary of State** and sent to the Legislative Service Office: October 5, 2017

c. ■ The Statement of Reasons is attached to this certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

	Thomas O Forslund
	Thomas O. Forslund
	Director
	October 5, 2017

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Additional Rule Information

Revised November 2016

a. Agency/Board Name* Department of Family Services		
b. Agency/Board Address 2300 Capitol Avenue	c. City Cheyenne	d. Zip Code 82002
e. Name of Agency Liaison Nichole Anderson	f. Agency Liaison Telephone Number 307-777-8539	
g. Agency Liaison Email Address nichole.anderson@wyo.gov		
h. Program Providers of Substitute Care Services, Certification of		

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.

Chapter Number:	Chapter Name:	New	Amended	Repealed
11	Juvenile Detention Centers (Private Juvenile Detention Centers)	☐	■	☐
12	Therapeutic Wilderness Programs	☐	☐	■
13	Transition/Independent Living Programs	☐	☐	■
14	Adoption Agencies	☐	■	☐
15	Contested Case Hearings	☐	☐	■
16	Board of Cooperative Educational Services (BOCES)	■	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

If Needed

STATEMENT OF PRINCIPAL REASONS

RULES FOR CERTIFICATION OF PROVIDERS
OF SUBSTITUTE CARE SERVICES FOR CHILDREN

The Department of Family Services finds it necessary to amend Chapters 1 through 7. 10 and 14; add Chapters 16; and repeal Chapter 8, 9, 12, 13, and 15 of the Rules for Certification of Providers of Substitute Care Services for Children, in order to provide clarity, provide for a distinction in substitute care programs, and repeal substitute care programs not represented in Wyoming. Wyoming Statutes §§ 9-2-2101, 14-4-101 through 116, authorize the Department of Family Services to promulgate rules.

The proposed rules were drafted following input from substitute care service providers and other experts and interested parties from across the state. The goal of these revisions is to reflect best practices and enhance safety for children in licensed facilities and programs. The chapters and content were reorganized to remove redundant provisions already in statute and between chapters. Additionally, the proposed rules were reduced to comply with the Governor's directive to reduce rules. The Rules were reduced by 90 pages.

By chapter, changes to the rules are:

Chapter 1: General Provisions

- Definitions removed if appear in Wyoming Statute, are not used or are defined in in the subsequent chapters.

Chapter 2: Certification Process

- Adds the fee amount for a program newly established by the rules and removes program fees for obsolete programs.
- Removal of redundant language and consolidation of existing language.

Chapter 3: General Requirements

- Fiscal and other requirements for the organization are consolidated and defined.
- Removal of redundant language.
- Removal of specifics related to the selection and hiring of a qualified administrator/executive director.
- Clarifies the existing requirements for reporting critical incidents to DFS.
- The section specific to background checks for employees is modified to include requirements regarding documentation of an out of state child abuse and/or neglect registry request when that request is denied by the other state. Background checks shall be required of adults in a facility.
- Removal of some of the specific requirements regarding staff training and consolidation of language in the section.
- A Child Health and Safety section is consolidated and redundant language is removed.
- Modification of the procedures that the facility must follow when there is a medication error.

- Modification and removal of the specifics regarding the requirement for facilities to have a recreation plan.
- A Kitchen section has been added to specify that all facilities which provide food for children shall comply with all current Department of Health and/or Department of Agriculture standards and that compliance shall be documented annually.
- The sections addressing allowable discipline and emergency safety interventions such as physical restraints have been consolidated and redundant language removed.
- Section 28 (Prohibition Against Deprivation of Rights), Section 29 (Notification of Rights), and Section 30 (Notification of Rules) have been removed and the requirement consolidated into Section 22 (Childs Rights).

Chapter 4: Crisis Shelters

- Provisions in the chapter have been consolidated and redundant language removed.
- For the purposes of daily census reporting to DFS, a specific timeframe has been added.
- Basic Services section has been removed.

Chapter 5: Child Placing Agencies

- Provisions in the chapter have been consolidated and redundant language removed.
- Specifics from the Foster Home Health and Safety section have been removed.
- The Responsibilities of CPA Foster Parents section has been removed.
- Specifics from the Personal Possessions and Money section have been removed.
- The Responsibilities of and Services Provided by the CPA section has been removed.
- The Services Provided by the CPA Foster Parents section has been removed.
- The Individual Service Plan of Care (ISPC) section has been removed.

Chapter 6: Therapeutic Foster Care Programs

- Provisions in the chapter have been consolidated and redundant language removed.
- The specific descriptions of children who may be admitted to a TFC home have been removed and replaced with a reference to a Diagnostic and Statistical Manual (DSM) diagnosis and meeting the qualifications for Serious Emotional Disturbance (SED).
- Specifics from the TFC Foster Home Health and Safety section have been removed.
- The Responsibilities of TFC Foster Parents section has been removed.
- Specifics from the Personal Possessions and Money section have been removed.
- The Responsibilities of and Services Provided by the TFC section has been removed.
- The Services Provided by the TFC Foster Parents section has been removed.
- The Individual Service Plan of Care (ISPC) section has been removed.

Chapter 7: Group Home

- This chapter is specific to the operation of Group Homes. Currently the rules distinguish between Non-Therapeutic Group Homes and Therapeutic Group Homes. Chapter 8, Therapeutic Group Homes is being REPEALED so there is no need to identify Group Homes as Non-Therapeutic in these rules.
- Provisions in the chapter have been consolidated and redundant language removed.
- Basic Services section has been removed.
- The Individual Service Plan of Care (ISPC) section has been removed.

Chapter 8: Therapeutic Group Homes

- This Chapter is being REPEALED.

Chapter 9: Maternity Homes

- This Chapter is being REPEALED.

Chapter 10: Residential Treatment Centers (RTC)

- Provisions in the chapter have been consolidated and redundant language removed.
- Language regarding the number and frequency of bedroom checks has been added to Section 7, Staffing Ratios.
- A Therapeutic Wilderness Program has been defined as a program within a RTC. In addition, accreditation requirements are outlined.
- Language regarding adjustment to the direct supervision of youth based on his/her specific needs has been added to Section 7, Staffing Ratios.
- Basic Services section has been removed.
- The Individual Treatment Plan of Care (ITPC) section has been removed.

Chapter 11: Private Juvenile Detention Facilities

- Provisions in the chapter have been consolidated and redundant language removed.
- Specifics from the Section 13, Juvenile Health and Safety have been removed. This Section contains only those items related to Juvenile Detention Facilities.
- Specifics from Section 14, Nutrition have been removed. This Section contains only those items related to Juvenile Detention Facilities.
- Specifics from Section 15, Transportation have been removed. This Section contains only those items related to Juvenile Detention Facilities.
- Section 24, Description of Basic Services has been removed.

Chapter12: Therapeutic Wilderness Program

- This Chapter is being REPEALED.

Chapter 13: Transition/Independent Living Programs

- This Chapter is being REPEALED.

Chapter 14: Adoption Agencies

- Provisions in the chapter have been consolidated and redundant language removed.
- Specifics from Section 7, Pre-Adoptive Home Health and Safety have been removed as this section is redundant and the specifics are covered in Chapter 3, General Provisions.
- Specifics training topics have been removed from Section 12, Services to Adoptive Parents.

Chapter 15: Contested Case Hearing

- This chapter is being REPEALED and consolidated with the Department's Contested Care Hearings Rules.

Chapter 16: Board of Cooperative Educational Services (BOCES)

- This is a new classification and chapter to set forth licensing requirements for the operation of Board of Cooperative Educational Services (BOCES). This chapter establishes all of the specific requirements to the operation of these programs. Specifically, these rules:
    - Describe services BOCES shall provide.
    - Set the maximum capacity to twenty (20) children in each living unit.
    - Establish education and experience requirement for all staff.
    - Require a twenty (20) hour orientation and twenty (20) hours of annual training for all staff.
    - Identify appropriate admissions criteria for BOCES.
    - Establish staffing ratios for the program.
- In addition to the specific requirement to the operation of BOCES programs, this Chapter requires compliance with Chapter 1, Chapter 2, and Chapter 3 (Section 1-29 and 31-32).

Department of Family Services
Chapters 1-16, Administrative Rules for Certification of Providers of Substitute Care Services For Children
Comment Summary & Agency Response

The Public Notice for Proposed Administrative Rules for Certification of Providers of Substitute Care Services For Children Comment Period was June 23, 2017 through August 11, 2017. They were published on the DFS Website throughout the entire comment period, published in the Cheyenne Tribune-Eagle on June 21, 2017 and in the Casper Star on June 21, 2017.

The Department received 0 requests for copies of the proposed rules.
The public comment period ended on August 11, 2017.

The Department did not receive any requests for a hearing with regard to the Proposed Rules.

The Department received the following comments:

Rule Location	Subject/Comments	Decision
Chapter 2, Section 3(c)	Recertification fees. The licensing period can be 2 years, consequently recertification is every 2 years, not annually. Change to be consistent. ie. due upon recertification.	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 2, Section 9(a)	Corrective Action Plan Submission. Recommend the director AND the president or chairperson submit the corrective action plan. I would ask that it read: "Within thirty (30) days after receipt of the written notice of noncompliance, the Executive Director shall submit to DFS a corrective action plan (CAP) which shall provide, but not limited to, the following information: …"	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 3, Section 5(b)	Notification of crisis placement.	The Department declines to make the requested change as the requested change is not

	This conflicts with Chapter 4, Section 3(c)(iii). Recommend reconsiling.	related to the proposed rule amendments noticed to the public.
Chapter 3, Section 16(f)(ii)(C)	Medication Errors. Recommends removal, doesn't support a reporting requirement. I would ask that (C) be removed completely.	In response to this comment, the Department reviewed the proposed language and declines to make the suggested change as Medication Errors (proper dosing and administration) are categorized as a safety issue.
Chapter 3, Section 25(d)(i)	Physical Restraint. Recommends including to ensure safety and prevent self harm to the purpose statement.	In response to this comment, the Department agrees to make the following change: Chapter 3, Section 25(d)(i) to read - The purpose of physical restraint shall be to provide only that degree of physical control that the child is unwilling or unable to provide for him or herself and to prevent physical harm to self or others.
Chapter 3, Section 25(d)(viii)(A)	Physical Restraint. Please clarify the purpose. Does not support review by CA if reviewing for appropriateness, rather was it reviewed and changed to reflect adjustments to program to address the behaviors which result in a physical restraint. May look at language in Seclusion...ITPC shall be reviewed by facility and adjustments made to address behavior...documentation provided to the CA. Look at (e)(iii) for language. Nicole Hauser: I would ask that it read: “It appears that the child is being physically restrained one (1) or more times per day for more than four (4) days, the child’s ITPC must be reviewed by a licensed	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.

	mental health provider.	
Chapter 4, Section 2(d)	Reporting Daily Census To DFS. Does not support reporting at 11:00 p.m. Does not think it gives adequate credit for other services provided during the day. The statute describes services provided not just a bed.	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 4, Section 2(d)	Reporting Daily Census To DFS. I would like to see language in here that also reflects the services provided and not just a head on a pillow.	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 4, Section 3(a)	Issues Appropriate For Placement In Crisis Shelters. Please consider adding homeless or homelessness and trauma as issues appropriate for placement.	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 4, Section 3(c)(iii)	Voluntary Agreement For Crisis Shelter. Reconcile with Chapter 3, Section 5(b).	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 5, Section 6(b)	CPA Foster Parent Training. Clarify that this would require BOTH foster	In response to this comment, the Department agrees to make the following change: Chapter 5, Section 6(b) to read - All foster parents shall complete an eighteen (18) hour orientation program before they work directly with children in care and eighteen (18 hours

	parents to complete the required number of training hours.	of annual training.
Chapter 5, Section 8(c)(i)(F)	CPA Home Study. Recommend the addition of whom shall complete the physical and mental health assessment, ie. licensed professional.	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 6, Section 8(a)(iii)	TFC Physician Statement. Recommend removal of medical professional so as to read "other licensed professional". In addition, add and/or rather than just or.	In response to this comment, the Department shall make the following change: Chapter 6, Section 8(a)(iii) to read - Physician's or other licensed professional statement verifying prospective foster parent(s) is physically, cognitively, and emotionally capable of providing care for the children;
Chapter 7, Section 6(b)(iii)	Group Home Sleeping Night Staff. Does not support sleeping staff, does not think they should be allowed to sleep. Believes there should be awake staff, alarms and bed checks.	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 7, Section 6(b)(ii)	Group Home Sleeping Night Staff. Does not support sleeping staff, does not think they should be allowed to sleep. Believes there should be awake staff, alarms and bed checks.	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 10. Section 4(a)(v)	RTC Medical Personnel. Recommends considering an EMT being the	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.

	minimum medical personnel.	
Chapter 14, Section 10	Finalization Of Adoption. Recommend a different schedule for visits. Does not support monthly visits in the home. CONSIDER other states. CONSIDER 3 visits in the home and monthly contact. Monthly supervisory visits in the home is a challenge with staffing, cost, travel requirements, etc. Requiring visits in the home every 2-3 months pre-finalization with monthly contact by phone? It would be interesting to see what other states require. Bethany's standard of a minimum of three visits during 6 month supervisory period is typically talked about as being more than what is required per state rules.	The Department declines to make the requested change as the requested change is not related to the proposed rule amendments noticed to the public.
Chapter 16, Section 2(a)(ii)	Minimum Number Of Therapeutic Services. Recommend changing therapeutic services to specialized services to more wholistically describe services provided. May not all be therapeutic but addressed in the IEP.	In response to this comment and another comment, the Department agrees to make the following change: Chapter 16, Section 2(a)(ii) to read - Specialized services shall be provided at a frequency as required by the ITPC and/or Individualized Education Program (IEP), and may include a combination of behavior modification, physical therapy, occupational therapy, speech therapy, recreation therapy, and individual and family therapy (as able). The specific services shall be determined by the treatment team through the creation and implementation of an ITPC and/or IEP that is family based, child guided and culturally responsive; and
Chapter 16, Section 2(a)(ii)	Minimum Number Of Therapeutic Services.	In response to this comment and another comment, the Department agrees tol make the

	Region V BOCES does not understand the need for a mandatory minimum amount of therapeutic services per a child per month. The time children spend in the therapeutic services is driven by the child's IEP or ITPC. By requiring a minimum number of hours for these services, the IEP or ITPC would need to be written to meet these minimums set by DFS, not base on the child's actual needs. Region V BOCES does not believe that would be the intent of the rule, but this is what we foresee to be the unintended consequences. For example, many students at C-V Ranch many only require 20 hours of therapeutic services if their IEP is for 1 hour/week of individual therapy and 4 hours/week of group therapy. By mandating the 24 hours/month C-V would need to meet services based DFS rules set, rather than the agreed amount of time the IEP/ITPC team deemed necessary.	following change: Chapter 16, Section 2(a)(ii) to read - Specialized services shall be provided at a frequency as required by the ITPC and/or Individualized Education Program (IEP), and may include a combination of behavior modification, physical therapy, occupational therapy, speech therapy, recreation therapy, and individual and family therapy (as able). The specific services shall be determined by the treatment team through the creation and implementation of an ITPC and/or IEP that is family based, child guided and culturally responsive; and
Chapter 16, Section 6(b)(v)	Requirements W/In 14 Days. Recommend adding Complete or Review the current Psycho-educational assessment. All the children at any BOCES program has to have this as part of the IEP (every 3 years) and it takes up to 45 days to complete.	In response to this comment, the Department agrees to make the following change: Chapter 16, Section 6(b)(b) to read - Complete or review psycho-educational assessment; and

Department of Family Services
Chapters 1-10, Rules for Certification of a Family Child Care Home (FCCH), Family Child Care Center (FCCC), or Child Care Center (CCC)
Comment Summary & Agency Response

Chapter 16 Section 6(a)	BOCES Qualification For Placement. Why must the child have an IEP to qualify for placement? What law limits the BOCES in this capacity? Region V BOCES understands that to be reimbursed through the WDE for educational services, including related services such as therapies, a student would need to be on an IEP. BOCES themselves may even make having an IEP a criterion for admissions, however, DFS should not set a rule and limit BOCES to what students a BOCES can or cannot accept. BOCES may choose to change admissions standards or programs, which would allow them to accept non-IEP kids. The BOCES should not be limited by DFS in what programs they offer and placements they can accept.	In response to this comment, the Department agrees to make the following change. Chapter 16, Section 6(a) to read - In order to qualify for placement in a BOCES program, a child shall have an evaluation in process or be referred for an evaluation, to determine if an IEP is necessary.

CHAPTER 1
GENERAL PROVISIONS

Section 1. Authority.

These rules of the Department of Family Services (DFS) are promulgated pursuant to W.S. §§ 9-2-2101, 14-4-101 through 116, and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq.

Section 2. Purpose.

These rules have been adopted to provide uniform certification standards for the protection of children in substitute care homes and facilities.

Section 3. Applicability.

(a) The incorporation by reference of any external code, standard, rule or regulation is intended to be the incorporation of that provision as it is in effect on the effective date of these rules.

(b) DFS may issue manuals, bulletins, or both, to interpret the provisions of these rules. Such manuals and bulletins shall be consistent with these rules. The provisions contained in manuals and bulletins shall be subordinate to the provisions of these rules.

(c) Within these rules if requirements specific to a particular level of care or service conflicts with a general provision of these rules, the specific provision shall prevail.

Section 4. Severability.

If any provision of these rules or the application thereof to any person, program, service or circumstance is declared unconstitutional, invalid, or beyond the authority conferred upon DFS by the Wyoming Legislature, the remaining provisions shall not be affected by the declaration. To the extent that these rules can be given effect without the offending provision, the provisions of these rules are severable.

Section 5. Introduction.

DFS is responsible for the certification, monitoring and enforcement of standards for certification of all Wyoming organizations providing substitute care services for children covered in these rules. Organizations are required to comply with all interstate compacts, statutes and rules that pertain to children, in addition to these rules. Allegations of violations of any interstate compacts, statutes or rules shall be reviewed by DFS and appropriate action taken.

Section 6. Definitions. Other definitions may also be included in other chapters of these rules.

(a) "Aftercare" see "continuing care."

(b) "Appropriateness" means the degree to which a particular service, placement, treatment, intervention, or activity is best suited to a child's needs; is not excessive; unduly intrusive or restrictive; is anticipated to be effective and to achieve the desired and specified outcomes; and is adequate or sufficient in quantity to address the problem.

(c) "Assessment" means an appraisal completed by an appropriately licensed, provisionally licensed and/or certified professional in which expertise and skills are exercised to collect and analyze data in order to understand and describe the nature of service needs of an individual, family, or group.

(d) "Certification" means that DFS formally recognizes the organization as meeting all of the minimum requirements of these rules that pertain to the specific services provided and compliance with applicable laws and regulations.

(e) "Continuing care" means a course of treatment following residential care, customarily out-patient, identified in an Individual Treatment Plan of Care (ITPC) designed to support service frequency sufficient to maintain desired outcomes.

(f) "Department" means the Department of Family Services or its designee, also referred to throughout these rules as "DFS."

(g) "Direct care staff" means staff members whose primary job responsibility is the direct care and supervision of the children/residents assigned to him/her. Usually, direct care staff do not include administrators, therapists, or clerical staff, unless one of those individuals has assumed the role of direct care staff and is providing this service.

(h) "Facility" see definition of Program.

(i) "Family" means the nuclear family (parents, siblings, stepparents, adoptive parents, or legal guardians), extended family (aunts, uncles, grandparents).

(j) "Individual Service Plan of Care (ISPC)" means a document that describes measurable, individualized non-therapeutic service goals and strategies designed to meet the child's needs as determined by the family partnership or case planning meeting.

(k) "Individual Treatment Plan of Care (ITPC)" means a document that describes measurable, individualized therapeutic treatment goals and strategies designed to meet the child's needs as determined by the clinical assessment.

(l) "Informed consent" means a child's parent or legal guardian explicitly grants permission to the organization to use a specific intervention. Consent is premised on full

disclosure of the facts to enable the consumer to make a decision based on knowledge of the risks, benefits and alternatives.

(m) "Living unit" means a self-contained area separated by doors/walls from the rest of the organization. A living unit has its own assigned staff and supervisor, whose offices are located on the unit. Daily records and copies of ISPC and/or ITPC shall be maintained on the unit.

(n) "Organization" means any type of business entity, including, but not limited to sole proprietorships, partnerships, limited partnerships, corporations, non-profit corporations, and limited liability companies who participate in the delivery of substitute care services. "Organization" is used interchangeably with "facility" and "provider" in these rules. This definition does not include adoptive homes, foster care homes or therapeutic foster care homes.

(o) "Person" shall mean any individual, partnership, association, or corporation.

(p) "Physical restraint" means a hands-on technique used by a specially trained staff member/foster parent for the purpose of restricting a child's freedom of movement in order to maintain a safe environment for the child and others. The technique is designed to restrict the movement or function of a child or portion of a child's body and provide a degree of physical control that the child is unwilling or unable to provide for him or herself. Physical restraint does not include:

(i) Physical escort of a child, which means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a child who is acting out to walk to a safe location.

(q) "Program" means a system of services offered by an organization in a specified location. Sometimes the word "program" is used interchangeably with the word "facility" or to describe specific programs.

(r) "Provider" See definition of "Organization".

(s) "Service" means one or more organization-operated programs or activities having a common general objective and involving deployment of the organization's material and human resources in a planned and systematic manner.

(t) "Staff" means any individual who works directly with children in the facility and is used to meet staff:child ratios requirements.

(u) "Substitute care" means room, board and counseling provided to children on a twenty-four (24) hour a day basis away from their own home environments.

(v) "Suicide attempt" means a deliberate act of self-harm that is not fatal, but in which death is the goal.

(w) “Suicidal ideation” means thoughts about completing suicide; destructive thoughts to die.

(x) “Therapeutic staff” means staff licensed, provisionally licensed and/or certified by the Mental Health Professions Licensing Board, Board of Medicine or the Board of Psychology to provide mental health and/or substance use services.

(y) “Weapon” A weapon is any firearm, explosive or incendiary material, archery equipment, or other device, instrument, material or substance, which in the manner it is ordinarily used, or is ordinarily intended to be used, is reasonably capable of producing death or serious bodily injury.

CHAPTER 2
CERTIFICATION PROCESS

Section 1. Certification and Recertification Procedures.

(a) All organizations with programs covered by these rules shall request regular certification and recertification in accordance with these rules.

(b) Upon receipt of an organization's need assessment and application for certification, DFS has thirty (30) calendar days to complete the process for certification.

(c) Interpretation of these rules is the sole responsibility of DFS.

(d) Each organization desiring recertification from DFS shall request recertification not less than 120 days prior to the expiration date of the current certification.

(e) Upon receipt of a request for certification/recertification, DFS shall make or cause to be made a review of organization documents that demonstrate compliance with these rules and make or cause to be made one (1) or more on-site inspections of the organization.

(f) Considering the information on hand and the result of the on-site inspection, DFS shall certify/recertify the organization if the organization meets these rules for the particular area of service and the organization complies with applicable federal, state and local laws, as well as the rules of DFS.

(g) Certification under these rules is for the provision of services to children unless otherwise required by court order or statute. (See Chapter 1, Section 2 herein.) Children who entered the program as a minor and who have reached the age of majority and are still receiving services from the organization must not share bedrooms with the minor population. When the organization is serving children who have reached the age of majority, it must notify the certifying authority.

(h) Each certificate is issued for the premises and persons or governmental units named in the certificate and is neither transferable nor assignable.

(i) If the recertification process is not completed by fault of DFS and the organization has met its obligations for recertification, prior certification issued by DFS shall remain in effect until the recertification process is completed by DFS.

Section 2. Issuance of Certificates.

(a) All organizations with approved programs shall be issued a one (1) year certificate.

(i) When a program or organization has established a history free of substantial violations (as determined by the Certifying Authority) for two (2) consecutive years, a two (2) year certificate may be issued at the discretion of the Certifying Authority.

(ii) Although a formal recertification process will not occur each year of the two (2) year period, the provider shall make available the following documents to the certifying authority on an annual basis:

(A) A current list of members of the governing body, owners and shareholders (if applicable);

(B) Financial audit or review, conducted by a licensed, registered auditor or certified public accountant that shows compliance with all federal and state fiscal requirements and shows the program or organization is financially sound;

(C) Current organizational chart and a summary that identifies and describes all units of operation with the organization and defines the lines of authority and the responsibility of each member of the staff;

(D) Copy of annual health and safety inspection(s) (if applicable); and

(E) Evidence of public liability, professional liability where needed, and vehicle liability insurance coverage, the name and address of the insurance agency providing the insurance, and a copy of the certificate of insurance.

(b) The certifying authority shall issue a provisional certificate for a period not to exceed six (6) months if an organization or facility is not in complete compliance with these rules, but is working toward complete compliance. A full certificate shall be issued to replace the provisional certificate at any time full compliance is documented and/or monitoring is complete.

Section 3. Fees.

(a) Certification and recertification fees are listed below. In the event an organization has multiple programs, the organization must pay the appropriate fee for each program being certified.

(i) Adoption Agency - Fifty Dollars ($50.00).

(ii) Child Placing Agency - Fifty Dollars ($50.00).

(iii) BOCES – One Hundred Fifty Dollars ($150.00).

(iv) Crisis Shelter - One Hundred Dollars ($100.00).

(v) Group Home - One Hundred Dollars ($100.00).

(vi) Juvenile Detention Center - One Hundred Fifty Dollars ($150.00).

(vii) Residential Treatment Center - One Hundred Fifty Dollars ($150.00).

(viii) Therapeutic Foster Care - Fifty Dollars ($50.00).

(b) When an organization operates more than one (1) program, the maximum amount that the organization shall be responsible for shall not exceed the amount for the program with the highest fee.

(c) Recertification fees are nonrefundable and due annually upon the anniversary date of the original certification date for all organizations and/or programs.

Section 4. Changes to Certification.

(a) Written notification from the organization is required prior to any of the following changes:

(i) The name of the facility;

(ii) The name of the executive director (and any change in executive director);

(iii) Physical location of the facility;

(iv) Mailing address of the facility;

(v) Telephone number of the facility;

(vi) Structural modifications/remodeling, that may require an on-site inspection and result in a change in certification, does not include cosmetic changes or minor repairs that do not affect the operation of the facility; or

(vii) Capacity.

(b) In the case of emergencies the provider may give verbal reports of changes in the facility telephone number or mailing address so long as written notification follows.

(c) Changes are considered complete when DFS has received a completed change request form and all required documentation.

(d) DFS is not required to take any action on a change until the change request process has been completed.

(e) Changes shall be effective when all required documentation has been received or the effective date of the change, whichever is later.

Section 5. Variances.

(a) An organization may submit a written request to DFS for a variance to a rule when the facility is unable to meet full compliance with a standard in these rules.

(b) The written request shall show:

(i) A compelling reason why the organization is unable to meet the particular rule requirement; and

(ii) What accommodations the organization will make to ensure that the safety and well-being of children served will not be compromised.

(c) All variance requests shall be reviewed and either approved or denied by DFS. Variances which are approved shall be:

(i) Reviewed not less than annually to determine if continuation of the variance is appropriate; and

(ii) Terminated at any time the safety and well-being of children is in jeopardy.

(d) Approval of a variance request cannot be interpreted as permanently waiving compliance with these rules or any provision of these rules.

Section 6. Discontinuation of Services.

(a) No provider shall discontinue service under the certification without providing the certifying authority a thirty (30) day notice of intent to discontinue service.

(b) When a provider discontinues operation, the certification shall be considered invalid and the certificate must be surrendered to the certifying authority within thirty (30) days of closure.

Section 7. Monitoring Programs.

(a) After a program has been certified, the certifying authority shall monitor the program to assure its compliance with these rules and with all applicable federal, state and local laws, and rules of DFS.

(b) As an element of the monitoring process, the certifying authority shall make on-site inspections and evaluations based on these rules.

(c) The certifying authority may utilize any sources of information during the monitoring process. The organization will cooperate fully with the monitoring process.

(d) DFS may consider compliance with accreditation or certification by other agencies and organizations in the DFS certification and monitoring process.

Section 8. Investigation for Noncompliance.

(a) DFS may investigate an organization with a certified program on its own initiative or upon receipt of a complaint against a provider.

(b) If the certifying authority determines that the program is not in substantial compliance with the applicable federal, state or local laws, DFS rules, including these rules, or the contract with DFS, it shall provide the organization's governing body president or chairperson written notice of noncompliance. The parties shall then proceed as provided in Section 9 of this chapter.

Section 9. Plan for Compliance.

(a) Within thirty (30) days after receipt of the written notice of noncompliance, the president or chairperson shall submit to DFS a corrective action plan (CAP) which shall provide, but not be limited to, the following information:

(i) Who is responsible for the correction;

(ii) What was done or will be done to correct the problem;

(iii) Who will monitor to ensure that the situation does not develop again; and

(iv) An appropriate date, not to exceed sixty (60) days from the date of the notice, for the correction of all issues of non-compliance.

(b) DFS shall review, within thirty (30) days after receipt, the program's CAP and schedule. At that time, DFS shall:

(i) Approve the proposed CAP and completion schedule; or

(ii) Approve a DFS modified CAP and completion schedule; or

(iii) Disapprove the CAP and completion schedule and revoke or suspend the certification of the organization pursuant to Section 8 of this chapter.

Section 10. Denial, Revocation or Suspension of Certification.

(a) Reasons for the denial, revocation or suspension of certification may include, but are not limited to:

(i) Organization fails to comply with these rules within the specified timeframes agreed upon in the corrective action plan;

(ii) Organization deliberately furnishes or makes a misleading or false statement or report to a DFS employee;

(iii) Organization fails to provide, maintain, equip and keep in safe and sanitary condition the premises established or used for child's care, pursuant to these certification standards;

(iv) Organization is in violation of one (1) or more of these rules such that the children's health, welfare and/or safety is in jeopardy at the facility; or

(v) Organization has been substantiated on in a child abuse and/or neglect Child Protective Services investigation and has been placed on the Wyoming Central Registry.

(b) The following incidents shall result in notice of denial, revocation or suspension of a certificate whenever they are documented:

(i) Organization knowingly continues to employ a staff member or used the services of a foster parent, part-time or contract employee, or volunteer who has been convicted of a crime against children, including a misdemeanor or whose name appears on the Central Registry;

(ii) Organization knowingly allows the use of illegal drugs or alcohol in the facility;

(iii) Organization fails or refuses to submit to DFS any reports or refuses to make available any records required by DFS during the course of an investigation, monitoring, or recertification of the facility; or

(iv) Organization fails, hinders, or refuses to submit to an investigation or inspection, or to admit authorized representatives of DFS at any time the facility is open for operation for the purpose of investigation, inspection or monitoring.

(c) Documentation that is necessary for the denial, revocation or suspension of certification must include at least one of the following:

(i) Inspection and/or investigation reports;

(ii) Protective services reports and/or police reports;

(iii) Arrest and/or conviction records;

(iv) Mental health, medical or treatment reports; or

(v) DFS field office files.

(d) Denial or Revocation.

(i) When certification of an organization's program is to be denied or revoked, the governing body must be notified in writing of the action being taken. The certifying authority shall send the notification to the provider's governing body with a copy to the DFS manager in the county where the provider is located, and the Attorney General's representative.

(ii) The notification shall include the following information:

(A) The alleged facts warranting the intended action;

(B) The intended action to be taken and the authority for the action;

(C) A statement that the action being taken shall be effective thirty (30) days from receipt of the notification unless the provider requests a hearing with the board of review by serving proper notice to the certifying authority within ten (10) days of receipt of the notification;

(D) The provider has the right to be represented by a lawyer. DFS will not be responsible for any attorney fees charged to the provider; and

(E) The penalty for uncertified operation, as set forth in W.S. § 14-4-111.

(iii) The hearing shall be conducted in accordance with Chapter 2 of DFS's Contested Case Hearing rules and the Wyoming Administrative Procedures Act, W.S. §§ 16-3-107 through 16-3-114.

(iv) A notice of the intent to revoke a license shall be sent to parents of children currently attending the program and the children's caseworkers, if in the custody

of DFS. Upon request, the provider shall provide DFS with a complete list of parents and their mailing addresses.

(v) Notice to parents shall include the following:

(A) The name of the organization;

(B) A statement of the action being taken (e.g., revocation of certification);

(C) The date the action will be effective;

(D) A statement that an administrative hearing has or has not been requested; and

(E) The administrative hearing results, if applicable.

(e) Suspension.

(i) During the course of an investigation, if it becomes apparent to the investigator that the life, health or safety, of a child is in imminent danger, then the investigator shall request an Order of Summary Suspension.

(ii) The decision to issue an Order of Summary Suspension shall be made by the Director of DFS following the review of the investigative information, including the recommendation of the investigator, DFS caseworker, and the certifying authority.

(iii) The provider shall be served with the Order of Summary Suspension. The support of law enforcement agencies shall be sought in the closure if there is a threat to the safety of involved parties.

(iv) A copy of the Order of Summary Suspension shall be sent to parents of children currently attending the facility/program, the childrens caseworkers, if in the custody of DFS, the DFS manager of the county where the provider is located, and the Attorney General's representative.

(v) A revocation notice shall follow the Order of Summary Suspension as soon as possible after the closure to ensure the certification is legally revoked and the provider's legal rights are not violated.

(f) Appeal. The provider may appeal to the district court for review of any adverse decision of the board of review as provided by the Wyoming Administrative Procedure Act.

Section 11. Reapplication Following Revocation.

Reapplication must include acceptable verification of how all previous compliance issues have been addressed before the new application can be accepted.

CHAPTER 3
GENERAL REQUIREMENTS

Section 1. Administration and Governance.

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

(b) The governing body shall be:

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

(ii) The members of a limited liability company;

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

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

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

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

Section 2. Responsibilities of the Organization.

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

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

(ii) Provide services in compliance with Title VI of the Civil Rights Act of 1964, (Title VI of the 1964 Civil Rights Act, 42 U.S.C. §§2000d – 2000d-7 http://www.justice.gov/crt/about/cor/coord/titlevistat.php) and Wyoming statutes prohibiting discrimination;

(iii) Ensure that all clients are informed of their rights and that the program has written policies that describe the rights of clients and the means by which these rights are protected and exercised;

(iv) Written conflict of interest policies shall include staff and consultants of a voluntary or public organization and shall require they not have a direct or indirect financial interest in the organization and any member who is individually or as part of a business or professional firm involved in the business transactions or current professional services of the organization shall disclose this relationship and not participate in any vote taken in response to such transactions or services.

(v) Ensure that each child is informed and provided a copy of organization's rules within twenty-four (24) hours of admission and signs an acknowledgement, to be maintained in child's file.

(b) The organization shall ensure fiscal policies that make certain the availability of funds (including governing receipt and expenditure of money), resources, and equipment required to carry out the organization's purpose, are in accordance with sound budgeting, disbursement, and audit control procedures and fiscal accounts of the organization are audited or reviewed annually and submitted to the certifying authority.

(c) The organization shall establish personnel policies.

(d) The organization shall select and hire a qualified administrator/executive director and provide documentation that an annual, formal evaluation is conducted.

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

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

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

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

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

(f) The organization shall report, within ten (10) calendar days, in writing to the certifying authority, if applicable, any civil or criminal action that is brought against

the program or any person employed by the program which relates to the delivery of the service or which may impact on the continued operation of the facility.

Section 3. Abuse and/or Neglect Reporting.

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

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

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

(iii) If the suspected abuse and/or neglect occurred in the facility/program, the report shall be made to the DFS field office and/or the law enforcement agency in the community or county in which the facility/program is located and to the certifying authority.

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

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

Section 4. Critical Incident Reporting.

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

(i) Child fatality;

(ii) Serious illness or injury requiring urgent or emergent medical attention;

(iii) Suicidal, homicidal or unable to meet basic needs;

(iv) All abuse and/or neglect allegations (if the allegation is against a parent who is also the legal guardian, the parent is not to be notified; however, procedures described in Section 3 above must be followed);

(v) Child-on-child sexual contact;

(vi) Child runaway;

(vii) Fire at the facility or foster home;

(viii) Riots (loss of staff control of a portion of a facility or unit);

(ix) Physical assaultive conduct/behavior;

(x) Bomb threats;

(xi) Self harm (the deliberate, repetitive, or impulsive non-lethal harming of oneself); and/or

(xii) Law enforcement intervention.

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

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

Section 5. Consent to Treatment and/or Placement.

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

(i) Placement of the child in the facility;

(ii) Routine health care (e.g., health examinations, dental care, vision care, hearing care and treatment for injuries and illnesses); and

(iii) Emergency medical, dental care and psychological care.

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

Section 6. Parental Involvement.

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

Section 7. Admissions and Discharge.

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

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

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

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

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

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

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

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

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

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

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

(D) Child's needs that remain to be addressed;

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

(c) An unplanned discharge requires documentation of the following:

(i) The circumstances leading to the unplanned discharge;

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

(ii) The reason for the actions taken.

Section 8. Staff Requirements.

The organization shall utilize employment policies and procedures to recruit and hire staff capable of providing quality services. The following safeguards shall be built into the policy:

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

(b) An orientation program and required background checks for new staff must be completed before staff can be the only staff person present who is providing direct care for children.

(c) An organization shall establish requirements related to education and experience for the administrator/executive director and all other staff with a minimum of a high school diploma or high school equivalency.

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

(e) Volunteers, Interns, Practicum Students (VIPS). The organization shall develop policies and procedures for the operation of programs in which volunteers or student field placements or internships are utilized in direct service, care, and treatment. The policies and procedures shall include:

(i) Designation to a supervisory staff person the responsibility for coordination of the VIPS program with a clear job description for the coordinator and for each category of volunteers;

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

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

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

(v) Monitor and evaluate activities and contributions.

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

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

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

Section 9. Staff Supervision.

(a) The program shall have a chart delineating supervision for each program.

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

Section 10. Background Checks.

(a) A Wyoming abuse and/or neglect Central Registry check, an abuse and/or neglect Central Registry check from any other state lived in for the past 5 years, and a finger print based national criminal history record check shall be completed for all staff, foster parents, and adoptive parents. In cases where a child abuse and/or neglect registry request was made to another state and a denial of that request has been received, a notarized affidavit from the staff person shall be required, certifying to the best of his/her knowledge, he/she has not appeared upon a child abuse and/or neglect registry in the state of previous residence. These same checks are necessary for adult household members in the case of foster homes, adoptive homes, and facilities that are operated in an individual's home, including any new adult proposing to move into the foster home, adoptive home or facility operated in an individual's home. Background checks for any new adult prosing to move into the foster home, adoptive home or facility operated in an individual's home, shall be completed prior to the adult moving in.

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

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

(A) Child abuse and/or neglect;

(B) Spousal abuse;

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

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

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

(I) Felony physical assault;

(II) Felony battery;

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

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

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

(b) No staff person including volunteers and interns, foster parent, or adult household member residing in any facility who has been charged with a crime outlined in Section 10(a)(ii)(A) through (E) above and awaiting trial may provide care or be present in the facility pending the outcome of the criminal proceeding.

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

Section 11. Staff Training.

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

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

(A) Organization policies and organization staff member roles;

(B) Responsibilities for reporting child abuse and/or neglect;

(C) The staff member's role and responsibilities in relation to the child and family and permanency;

(D) Training in the area of universal precautions (blood borne pathogens);

(E) Procedures for adherence to personal and professional ethics and conduct;

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

(G) Record-keeping requirements;

(H) Cultural competency;

(I) Helping juveniles with acceptance of the residential setting and separation and loss inherent in out-of-home care for children and families, and for the staff members when children leave;

(J) Confidentiality;

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

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

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

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

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

(N) Suicide prevention and intervention;

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

(P) Procedures for safe transportation of children and orientation to organization vehicles, if applicable;

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

(R) Recognition of eating disorders;

(S) Behavior management and appropriate discipline; and

(T) Crisis prevention and intervention.

(ii) If the facility utilizes a Seclusion Room, the designated staff authorized to place a child in the Seclusion Room shall be oriented and trained as outlined in Section 25.

(iii) If the organization is using physical restraint, all staff and foster parents who use restraint shall be oriented and trained in appropriate behavioral interventions procedures as outlined in Section 25.

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

(A) General management, including labor law and staff/management relations;

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

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

(D) Best practices in program area.

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

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

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

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

(i) Emergency plans;

(ii) Suicide prevention and intervention;

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

(iv) Confidentiality;

(v) Behavior management and appropriate discipline;

(vi) Crisis prevention and intervention; and

(vii) Other areas of annual training shall be child and family related.

(d) All staff shall sign off on all trainings attended, this includes electronic signatures.

(e) The individual(s) designated under the Reasonable and Prudent Parent Standard shall complete the training required by that Standard.

Section 12. Employee Health.

(a) TB Testing.

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

(ii) Every staff must complete a TB Yearly Risk Factor Self Assessment and there shall be follow-up TB testing if recommended by a health professional; and

(iii) In case of a positive exposure, employee shall follow the procedures of the Wyoming Department of Health (http://www.health.wyo.gov/PHSD/tb/index.html).

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

(c) Hepatitis B.

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

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

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

Section 13. Child Health and Safety.

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

(b) Health and Safety Documentation. Within twenty-four (24) hours of admission to the program, the program intake staff shall document or obtain the health and safety status of the child including:

(i) Allergies;

(ii) Medications;

(iii) Immunization history;

(iv) Hospitalizations;

(v) Medical diagnoses;

(vi) Medical problems that run in the family;

(vii) Complications of pregnancy, if applicable;

(viii) Special dietary needs;

(ix) Illnesses;

(x) Injuries;

(xi) Dental problems;

(xii) Mental health issues;

(xiii) Emotional problems;

(xiv) Ongoing medical care needs;

(xv) History of aggressive or violent behavior;

(xvi) Substance abuse history;

(xvii) Sexual history or behavior patterns that may place the child or other children at risk;

(xviii) Known or suspected suicide or self-injury attempts or gestures;

(xix) Emotional history which may indicate a predisposition for self-injury or suicide;

(xx) History of fire setting;

(xxi) Homicidal thinking;

(xxii) Animal mutilation; and

(xxiii) Runaway history.

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

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

(e) Medical and Dental Care Documentation. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing preventive, routine and emergency medical and dental care, including provisions for effective

coordination of such dental and medical care with those responsible for the child's continuing care.

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

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

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

(iii) All programs must follow Wyoming Department of Health recommended procedures for infection control for both caregivers and children (http://www.health.wyo.gov/phsd/epiid/HAIevidence.html).

(g) Allergic Reactions.

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

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

(h) Suicide Prevention and Intervention.

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

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

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

(iv) Documentation of training shall be in the staff member's personnel file and/or the foster parent's file.

(i) Family Planning.

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

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

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

(iv) Family planning services are voluntary.

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

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

Section 14. Nutrition.

(a) Provision of Food.

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

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

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

(b) Quantity of Food.

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

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

(c) Prohibition against Withholding or Forcing of Food.

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

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

Section 15. Transportation.

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the maintenance and safe operation of vehicles and

transportation of children that comply with all applicable safety laws and regulations, including the mandatory use of safety belts and harnesses.

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

(ii) The operator of a vehicle transporting children:

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

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

(iii) The operator and all passengers shall wear seat belts, unless being transported in a federally classified school bus.

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

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

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

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

Section 16. Medication.

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

(i) These policies shall include prescription medications, non-prescription medications and vitamins;

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

(iii) All medications shall be administered by the appropriately trained personnel in the facility;

(iv) A medication consent form must be completed by the child's parent or legal guardian for all medications given within agreed upon dosage range;

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

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

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

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

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

(c) Labeling of Medications. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that all medications are accurately labeled.

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

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

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

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

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

(A) Patient's name;

(B) Medication name;

(C) Correct dosage instructions;

(D) Name of physician;

(E) Prescription number; and

(F) Date of repackaging.

(iii) Repackaging may occur as often as needed; and

(iv) If there is medication left over from repackaging:

(A) It shall be documented in the child's record. Said documentation shall state why there was medication left over and a description of what the medication is for; and

(B) Medication left over from repackaging shall not be returned to the original bottle/container due to changes in potency and contamination.

(e) Medication Logs. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that medication logs are maintained for each child. The organization shall maintain a cumulative record of all medication dispensed to children, a copy of which shall be placed in the child's case record. This record shall include:

(i) Child's name;

(ii) Name of physician prescribing medication;

(iii) The name of the medication;

(iv) Date and time the medication was administered;

(v) Amount of medication given;

(vi) Signature/initial of person monitoring medication;

(vii) Any medication errors and reason for the errors; and

(viii) A statement must be signed and documented by the staff member who witnessed medication refusal.

(f) Medication Errors. Documentation of medication errors shall be kept in the medication log.

(i) Medication errors may include:

(A) The failure to administer medication;

(B) Administering the incorrect medication;

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

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

(ii) After each medication error:

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

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

(C) An incident report shall be submitted to the DFS Caseworker and the DFS Certifying Authority within two (2) working days.

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

(h) Medication Administration Training. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that medication administration training has been provided.

(i) Psychotropic Medication

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

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

(A) Criteria for the use and review of psychotropic medications as a part of the ITPC and/or ISPC;

(B) Procedures for monitoring and reviewing use of psychotropic medication by a physician, nurse practitioner, or physician's assistant; and

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

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

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

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

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

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

(k) Incident reporting. Any unscheduled use of medications, excluding any PRN orders, used to target psychiatric symptoms or behaviors shall be reported to the DFS Caseworker and the DFS Certifying Authority within two (2) working days.

Section 17. Recreation and Leisure.

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

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

(c) The facility and/or foster parents shall provide age appropriate recreational experiences, both indoors and out of doors, for all children in placement. Television is not to be considered a form of recreation.

(d) Organization Recreational Plan.

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

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

(A) Special qualifications of staff.

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

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

(B) Special safety equipment.

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

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

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

Section 18. Facility Health and Safety Requirements.

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

(a) Inspections.

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

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

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

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

(ii) All forms of tobacco, and alcohol shall be prohibited in all substitute care facilities and all motor vehicles while transporting children.

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

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

(c) Animals.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Porches, decks, and stairs:

(A) Shall have sturdy railings; and

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

(iii) Fireplaces and wood-burning stoves. The organization and foster home shall ensure the safe disposal of ashes from coal or wood burning fireplaces or stove. Safeguards must be taken to protect small children from accidental contact with fireplaces, space heaters and other hot surfaces;

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

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

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

(f) Exterior Conditions.

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

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

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

(iv) Guardrails shall:

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

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

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

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

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

(viii) Doors shall be operable from the inside without the use of a key or special effort, excluding secure facilities.

(g) Emergency Situations.

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

(A) The procedure for reporting emergencies;

(B) Procedures for relocation and evacuation of children;

(C) Staff member duties during emergencies;

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

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

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

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

(H) Emergency transportation, if required.

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

(iii) Evacuation and emergency plans shall be posted throughout the facility with directions to and the location of exits, fire extinguishers, first aid equipment and other emergency equipment or supplies.

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

(v) Fire/Evacuation Drills:

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

(B) These shall occur under varied conditions and during hours when a majority of children are present in the facility;

(C) Emergency drills shall be documented (including time and date of each drill held, the name of the person conducting such drill, and other information relative to the drill) and evaluated as to their effectiveness and a plan shall be developed if any issues arise due to the drill, including timelines to correct the issues and documentation of the resolution of the issues; and

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

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

(vii) Fire Extinguishers:

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

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

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

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

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

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

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

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

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

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

(i) Communication System.

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

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

(iii) The organization shall provide children with reasonable access to a pay or free telephone and shall not charge children for telephone calls to the DFS caseworker;

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

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

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

(k) Weapons/Firearms. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the safe management of firearms and weapons.

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

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

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

(iv) A foster child on probation and/or an adjudicated delinquent shall abide by the court order or terms and conditions of probation concerning weapons and firearms.

(l) Bladed and Sharp Objects. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the safe management of bladed and sharp objects. Bladed and Sharp object include, but are not limited to: scissors, knives, razors and razor blades.

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

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

(i) Local plumbing codes or in their absence, the International Plumbing Code, International Code Council (http://www.iccsafe.org/Pages/default.aspx), latest edition;

(ii) Local building codes, or in their absence, the International Building Code, International Code Council (http://www.iccsafe.org/Pages/default.aspx), latest edition;

(iii) The Federal Safe Drinking Water Act (http://water.epa.gov/lawsregs/rulesregs/sdwa/currentregulations.cfm);

(vi) The Americans with Disabilities Act, 42 USC §12101 *et seq.*; and

(v) Local or state fire safety and sanitation requirements, as applicable.

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

(c) Prior to the purchase or leasing of an existing structure, sanitation inspections shall be completed and submitted to the certifying authority.

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

(e) In all remodeling and new construction, required smoke detectors shall receive their primary power from the building wiring when such wiring is served from a commercial source and shall be equipped with a battery backup.

Section 20. Bedrooms.

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

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

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

(c) Each child shall be provided with room and board and is to be assigned a bedroom which shall include, as a minimum, an individual bed, mattress, mattress cover, pillow, supply of bed linen and space for the storage of personal items. There shall be no more than four (4) children to a facility or foster home bedroom.

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

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

Section 21. Bathrooms.

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

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

(c) Sinks shall be located in all bathrooms and shall be supplied with hot and cold running water and located at a height between twenty-four (24) and thirty-six (36) inches high for children, or stools shall be provided.

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

(e) Facilities shall comply with the requirements of the International Plumbing Code, International Code Council (http://www.iccsafe.org/Pages/default.aspx) latest edition or the plumbing code adopted by the local jurisdiction.

Section 22. Kitchens.

All facilities that provide food for children shall comply with all current Department of Health and/or Department of Agriculture standards. There shall be documentation that food service, lighting and other fixtures and equipment conform to all health, sanitation, and safety codes and regulations, and the organization shall provide documentation of the review of health and sanitation regulations to the Certifying Authority.

Section 23. Child Rights.

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

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

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

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

(d) Every child shall have access to educational services per Wyoming State law, Title 25, Education;

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

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

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

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

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

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

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

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

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

(ii) The frequency of contact shall be based on the needs of the child, determined with the participation of the child's parent and/or legal guardian, and organization and shall be documented.

(iii) Limits put on communications or visits shall be documented and communicated to child and all staff.

(k) A person may be excluded from visitation with the child if he/she:

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

(ii) Appears to be under the influence of alcohol or drugs; and/or

(iv) Represents reasonable danger to the child, the foster family, or facility.

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

(m) There shall be written policy, procedure and practice to ensure and facilitate children's access to the legal system, as well as confidential contact with legal counsel, and spiritual counsel.

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

(o) The organization shall not place a child in a position of being forced to acknowledge his/her dependency, delinquency, abuse and/or neglect, unless for treatment purposes (e.g., during a therapeutic counseling session) and shall not exploit a child in any way for organization gain (e.g. public statements of gratitude, fund raising).

(p) The organization shall not use reports or pictures from which children can be identified without written consent from the child and the parents and/or legal guardian and DFS if the child is in DFS custody.

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

Section 24. Discipline.

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

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

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

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

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

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

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

(b) Examples of inappropriate discipline and/or punishment:

(i) Humiliating or degrading confrontation or consequences that undermine the child's respect, such as ridicule, sarcasm, shaming, scolding, forcing a child to dress in attire that would humiliate or degrade;

(ii) Verbal remarks that belittle or ridicule the child or his/her family;

(iii) The denial of food, liquids, mail or visits with their families as punishment;

(iv) Any form of discipline, control, or punishment that violates state laws that protect children from abuse and/or neglect; or

(v) Other unacceptable forms of punishment or behavioral control include, but are not limited to, the following:

(A) Slapping;

(B) Spanking;

(C) Shaking;

(D) Paddling;

(E) Belting;

(F) Kicking;

(G) Hitting including hitting with objects with an intent to do harm;

(H) Unreasonable forced physical exertion or meaningless repetitive activities (e.g., marching, push-ups), when used solely as a punishment;

(I) Requiring or forcing the child to take an uncomfortable position, such as squatting or bending, standing, or kneeling rigidly in one spot;

(J) Group discipline for misbehaviors of individuals;

(K) Excessive denial of on-grounds program services or denial of any essential program service solely for disciplinary purposes;

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

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

(N) Deprivation of sleep;

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

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

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

(R) Physical restraint; or

(S) Seclusion.

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

(c) Time out is the removal of a child from the child's immediate environment and restricting the child alone to a room or area. Time out is an approved method of discipline, if used according to the following guidelines:

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

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

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

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

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

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

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

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

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

(A) Have normal meals;

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

(C) Participate in educational activities; and

(D) Have hygiene privileges.

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

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

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

(A) The specific behavior that necessitated room restriction;

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

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

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

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

Section 25. Emergency Safety Interventions.

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

(b) Allowable emergency safety interventions include physical restraint and/or seclusion.

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

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

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

(iii) Chemical restraint, which means a drug used to control acute, episodic behavior that restricts the movement or function of a child; and

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

(d) Physical/Manual Restraint.

(i) The purpose of physical restraint shall be to provide only that degree of physical control that the child is unwilling or unable to provide for him or herself and to prevent physical harm to self or others;

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

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

(B) An organization shall not permit the application of a restraint if a child has a documented physical or mental condition that would contraindicate its use, unless a licensed physician or licensed mental health professional

has previously and specifically authorized its use in writing. Such documentation shall be maintained in the child's file.

(iii) Policy and Procedure. Each program choosing to use physical restraint shall have a written physical restraint policy. The written policy shall include at a minimum the following information:

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

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

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

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

(E) How the program observes and evaluates the use of physical restraint on a child at the facility or foster home including evaluation of appropriateness and effectiveness of preventive/de-escalation techniques on each physical restraint;

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

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

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

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

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

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

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

(A) Participation in annual, ongoing training that concludes with successful completion of a mandated competency test;

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

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

(v) Notification of Physical Restraint Usage.

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

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

(vi) Charting Restraint Incidents. The following information must be included in the documentation:

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

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

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

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

(E) The child's physical and emotional/behavioral condition prior to, during, and following the restraint.

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

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

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

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

(viii) Review of Restraint. A supervisor or licensed mental health professional, of the organization, shall review each physical restraint within 48 hours of each restraint if:

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

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

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

(e) Seclusion refers to the involuntary confinement of a child alone in a room where the child is physically prevented from leaving when all other reasonable means to control or calm the child have failed;

(i) A Seclusion Room is a safe and secure individual room in which a child, who is beyond control and a danger to himself/herself or others, may be temporarily confined;

(ii) Seclusion Policy and Procedures:

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

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

(I) The philosophy and use of the room;

(II) The intake process;

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

(IV) Emergency procedure while in seclusion;

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

(VI) Release from the Seclusion Room.

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

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

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

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

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

(v) Staff Requirements.

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

(B) The supervisor shall be either a full-time staff member or a licensed mental health professional;

(C) If the Seclusion Room supervisor is not a licensed mental health professional, there shall be a contract with a licensed mental health professional to provide consultation with the Seclusion Room supervisor and staff; and

(D) A staff member shall be present when a child is placed inside the room and shall have constant visual contact with the child.

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

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

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

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

(vii) The facility shall identify staff members, who have ongoing training and supervision in the area of seclusion policy and procedures, authorized to place a child in the Seclusion Room within its statement of Seclusion Room policy. Authorized staff shall be employed as:

(A) Administrator/Executive Director;

(B) Direct care staff;

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

(D) Teacher.

(viii) Authorization.

(A) At the time of admission of the child to the facility, the child's parent or legal guardian shall be informed of the use of the Seclusion Room and the circumstances under which it will be employed and a written consent must be obtained from the child's parent or legal guardian authorizing the use of the Seclusion Room;

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

(C) Prior to the placement of the child in the Seclusion Room, the child shall be oriented, in a language or manner of communication understandable to him/her, to the room regarding the purpose of its use and the type of behavior that might result in its use and the child shall sign a statement indicating such orientation was complete.

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

(x) Documentation.

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

(I) The child's name;

(II) Date and time;

(III) Name of the staff member;

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

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

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

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

(VIII) The child shall be in constant visual contact of direct care staff. At least every fifteen (15) minutes there shall be documentation which shall include the time and a description of what the child was doing;

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

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

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

(XII) Initials of the person supervising.

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

(I) Description of the resolution between staff members and the child at the termination of the use of the room and process used in assisting the child to reenter the group; and

(II) The observable physical and emotional/behavioral condition of the child after leaving the Seclusion Room including attitude, affect and emotional intensity;

(C) The review team report shall include:

(I) Record of persons on the review team;

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

(III) The record review process; and

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

(D) The record of the use of the Seclusion Room shall be reviewed daily by the Seclusion Room supervisor.

(E) The record of the use of the Seclusion Room shall be reviewed weekly by the facility administrator.

(xi) Physical Requirements for a Seclusion Room.

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

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

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

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

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

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

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

(H) The windows shall be made of non-breakable, shatter-resistant materials and the facility shall document maintenance by a professional;

(I) There shall be an approved ventilation system;

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

(K) The child shall not be subjected to glaring lights and all lights shall be recessed into the ceiling and covered with a non breakable, shatter resistant guard that is flush with the ceiling;

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

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

(xii) Approvals Necessary to Operate the Seclusion Room.

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

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

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

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

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

Section 26. Personal Possessions and Money.

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

(b) If limits are placed on the type of possessions a child may retain, it shall be documented in the child's record, ISPC and/or ITPC and reviewed with the child, and his/her parents or legal guardian;

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

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

(i) Children's personal funds shall be held by the organization and the record shall be maintained for each individual child; and

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

Section 27. Education.

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

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

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

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

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

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

Section 28. Religion.

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

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

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

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

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

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

Section 29. Grievance Procedures.

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

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

Section 30. Individual Service Plan of Care (ISPC).

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

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

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

(i) Written, measurable objective(s) of what is to be accomplished, including how the staff will facilitate engagement of child with his/her family (to develop, maintain and strengthen relationship) during the estimated period of service;

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

(iii) Delivery of competent, regular and emergency medical, dental, and optical care, with attention to special medical needs (the child's health and safety plan shall be integrated into the ISPC, when available);

(iv) Discharge plan to include a time-line, anticipated discharge date, and continuing care plan with other programs and/or community service providers identified as appropriate;

(v) Time frames for the periodic review of progress;

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

(vii) When age appropriate, independent living skill building;

(viii) A description of any Reasonable and Prudent Parent decisions made by the designated official (executive director) or his/her designee.

(d) The organization shall have a system for the implementation of ISPCs that included keeping a record of progress and sharing with the foster family, the child, the parent or legal guardian, and DFS if the child is in DFS custody, on a regular basis.

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

(f) The ISPC shall be reviewed and revised at least every thirty (30) days by the organization's administrator/executive director (or designee), foster family, the child (if age appropriate), parent or legal guardian and DFS if the child is in DFS custody. Participants shall sign and date the ISPC. Phone and video participation should also be noted and signed for by someone physically present at the review.

Section 31. Individual Treatment Plan of Care (ITPC).

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

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

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

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

(i) Written, measurable behavioral objectives, including how the staff will facilitate engagement of child with his/her family (to develop, maintain and strengthen relationship) of what is to be accomplished during the estimated period of service;

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

(iii) Delivery of competent, regular and emergency medical, dental and optical care, with attention to special medical needs (the child's health and safety plan shall be integrated into the ITPC, when available);

(iv) Discharge plan to include a time-line, anticipated discharge date, and continuing care plan with other programs and/or community service providers identified as appropriate;

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

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

(vii) When age appropriate, independent living skill building; and

(viii) A description of any Reasonable and Prudent Parent decisions made by the designated official (executive director) or his/her designee.

(e) The organization shall have a system for the implementation of ITPCs that included keeping a record of progress and sharing information with the staff and foster parents, DFS if the child is in DFS custody, the child, and the parent or legal guardian on a regular basis.

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

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

Section 32. Records.

(a) Child Records.

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

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

(A) Personal Data Record;

(I) The child's name;

(II) Date of birth;

(III) Social Security number;

(IV) Gender or gender identity;

(V) Religion (if known);

(VI) Race;

(VII) Date and time of placement;

(VIII) Child's immediate needs;

(IX) Name of referral source;

(X) Reason for placement;

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

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

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

(XIV) Child's special needs such as medical, emotional, educational, and child and/or familial substance abuse.

(B) Emergency information, including:

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

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

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

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

(C) Signed Consent to Treatment forms;

(D) Intake/Placement record;

(E) Health and safety documentation;

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

(G) Medication record;

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

(I) Reportable incidents;

(J) Court orders;

(K) Signed notification of rights and grievance procedures;

(L) Signed notification of awareness of the rules;

(M) Education record;

(N) Progress reports;

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

(P) Record of family contact/visitation.

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

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

(b) Staff Records. The staff records shall include:

(i) Name;

(ii) Documentation and verification of education and training;

(iii) Verification of work experience;

(iv) TB screening and/or test and Hepatitis B (if applicable) results;

(v) Copy of resume or application;

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

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

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

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

(x) A completed abuse and/or neglect Central Registry check, and evidence of a FBI criminal history record check;

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

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

(c) Certification Records.

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

(A) Information identifying children or their families;

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

(C) Personnel records; and

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

(ii) Anyone wishing to review a record must make a written request to DFS and that information shall only be released in accordance with applicable state and federal law.

(d) Organization Record Retention. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing record retention including time frame for keeping records, (at least six (6) years from date of last official involvement following the child's departure and until any audit or litigation is resolved).

Section 33. Requirements Pertaining to Children in the Custody of the State of Wyoming, Department of Family Services.

(a) Certified facilities who accept court ordered placements of children in DFS custody or placements funded by DFS and/or the State of Wyoming shall adhere to the Department's Court Ordered Placement Rules.

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

(c) If the child in placement is in the legal custody of DFS, the facility or foster home shall:

(i) Allow full access by the DFS caseworker to the child in placement;

(ii) Cooperate with DFS in all reunification efforts and permanency planning; and

(iii) Cooperate with the DFS caseworker in providing medical services to child in placement.

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

(e) The facility shall have a designated official, who is the executive director, and a trained designee, to make determinations related to the Reasonable and Prudent Parent Standard, per Wyoming Statute 14-13-101 through 104.

CHAPTER 4
CRISIS SHELTERS

Section 1. Program Specific Certification Standards.

(a) All Crisis Shelters must comply with all sections of this Chapter and the following Chapters and Sections of these Rules:

(i) Chapter 1: All;

(ii) Chapter 2: All; and

(iii) Chapter 3: Sections 1 through 29 and Section 32.

Section 2. Program Description.

(a) Crisis Shelters provide a group home living setting for short-term, emergency services for children available twenty-four (24) hours a day, seven (7) days a week, for a period not to exceed thirty (30) days for the following purposes:

(i) The child is unable to receive the parental care he/she needs in his/her own home;

(ii) The child is unable to maintain him/herself in an independent living situation;

(iii) The child is unable to participate in family and community life including school without danger to himself/herself or others;

(iv) The child and/or family is in need of the assistance of the Crisis Shelter to stabilize his/her lives;

(v) The child is in need of protection;

(vi) The non-violent child needs placement which is an alternative to secure detention;

(vii) The child requires diagnostic assessment;

(viii) The child is awaiting a more permanent placement; and/or

(ix) The non-violent child is awaiting court.

(b) Crisis Shelters provide voluntary, temporary shelter services and may also provide the following:

(i) Crisis management/counseling;

(ii) Individualized programming for each child;

(iii) Case management; and

(iv) Assistance to the child's parent(s) or legal guardian in making referrals to other organizations/programs.

(c) The local DFS Manager may approve one extension for up to thirty (30) days in agreement with the provider for children requiring shelter care.

(d) For purposes of daily census reporting to DFS, the number of children in the facility shall be counted at eleven o'clock (11:00) p.m.

Section 3. Admission Criteria.

(a) Issues appropriate for placement in a Crisis Shelter may include:

(i) Non-violent behavior (alternative to secure detention);

(ii) Out of control;

(iii) Drug/alcohol and/or drug endangered;

(iv) Family disturbance;

(v) Placement difficulties;

(vi) Runaway;

(vii) School problems; and/or

(viii) Suspected child abuse and/or neglect (including abandonment).

(b) Age Range

(i) The organization may provide Crisis Shelter services for children from birth through seventeen (17) years of age;

(ii) Special provisions for sleeping arrangements shall be made for children in two (2) separate age groups, defined as children birth through nine (9) years and children age ten (10) years and over. The unrelated children in different age groups shall have separate sleeping areas.

(c) Voluntary Placements.

(i) Parents or legal guardians may voluntarily place children and these placements shall not require a court order;

(ii) Written consent shall be obtained for emergency psychological, medical, and dental care signed from the parent or legal guardian at the time of admission; and

(iii) Crisis Shelters must, within seventy-two (72) hours of placement, enter into a voluntary placement agreement for services with the minor's parents or legal guardian:

(A) Any exceptions must be documented; and

(B) If the parents or legal guardian refuse to sign, or other conditions prevail (e.g., out-of-state runaway), the crisis shelter may refuse continued placement or notify DFS.

(d) Self-Referral Placements.

(i) Shall be handled on a case-by-case basis; and

(ii) Attempts shall be made to notify the parents or legal guardian as soon as possible (never exceeding eight [8] hours), except in cases involving abuse or neglect, which must be reported immediately to the child protective agency (local DFS) or local law enforcement agency.

Section 4. Maximum Capacity.

(a) The maximum capacity, in addition to the standards listed below, shall be based on the facility's ability to provide safe treatment, subject to space, staff/client ratio, and manageable caseloads.

(b) Each Crisis Shelter shall provide services for no more than ten (10) children.

(c) In an emergency, the provider may exceed its certified capacity under the following conditions:

(i) The Crisis Shelter has sufficient bed space;

(ii) The Crisis Shelter has available staff to meet the staff:child ratio required for the specific setting (e.g., group home or residential treatment); and

(iii) The Crisis Shelter shall not exceed by more than three (3) its certified capacity unless otherwise permitted by DFS.

(d) Any time the Crisis Shelter exceeds its certified capacity, the organization must notify the local DFS office within twenty-four (24) hours and DFS will make the determination as to the length of time that the facility can remain over its licensed capacity.

Section 5. Program Personnel.

Crisis Shelters shall have, at a minimum, an Administrator/Executive Director and direct care staff.

Section 6. Specialized Training (Chapter 3, Section 11).

Crisis Shelter staff shall complete a twenty (20) hour orientation program and twenty (20) hours of annual training to include suicide prevention, domestic violence and trauma training.

Section 7. Staffing Ratios.

(a) During the daytime and evening, the minimum ratio of staff to children must be 1:6 for children ages three (3) and older and 1:4 for children under the age of three (3); and

(b) During nighttime sleeping hours:

(i) There must be a direct care staff:child ratio of 1:10 during nighttime sleeping hours unless children under the age of three (3) are present then the staff:child ratio must be 1:5;

(ii) Bedroom checks of children shall be conducted at a minimum of three (3) times per hour, on a random, unscheduled basis and the exact time of the check shall be documented in an overnight log; and

(iii) One (1) or more staff members shall be available on call to provide direct care to any child in crisis or in need of supervision during the nighttime hours.

(iv) Direct supervision of individual youth shall be adjusted to meet his/her specific needs (i.e. runaway risk, youth on room restriction, risk to self or other).

CHAPTER 5
CHILD PLACING AGENCIES

Section 1. Program Specific Certification Standards

(a) All Child Placing Agencies (CPA) must comply with all sections of this Chapter and the following Chapters and Sections of these Rules:

(i) Chapter 1: All;

(ii) Chapter 2: All; and

(iii) Chapter 3: Sections 1 through 18, Sections 20 through 29, and Sections 31 and 32.

Section 2. Program Description.

A CPA is any entity that arranges for the placement or temporary care, maintenance, and supervision of children in a place other than the home of their parents or relatives. A CPA recruits, trains, approves and provides oversight for its own foster homes.

Section 3. Maximum Capacity.

(a) A CPA foster home shall not house more than five (5) foster children, and the total number of children in the home cannot exceed ten (10) children including the foster parents' own children.

(b) No more than two (2) infants under two (2) years of age, including the foster parent's own children, shall be placed in one (1) foster home.

(c) A CPA foster home shall not have more than two (2) severely emotionally disturbed (SED) diagnosed children (including the CPA's family's own SED-diagnosed children) in their care at one time.

(d) The above guidelines must be observed at all times during the provision of respite.

(i) Exceptions (e.g., to maintain family groupings) shall be approved on a case-by-case basis by the Administrator/Executive Director or designee and certifying authority.

Section 4. Admissions Criteria.

In order to qualify for placement in a CPA program, a child must be able to function in the community, attend public school, and live in a family environment.

Section 5. Program Personnel.

CPAs shall have, at a minimum, an Administrator/Executive Director. Direct care is provided by CPA foster parents.

Section 6. Specialized Training (As described in Chapter 3, Section 11).

(a) CPA staff shall complete a twenty (20)-hour orientation program and twenty (20) hours of annual training to include training on children diagnosed with SED.

(b) All CPA foster parents shall complete an eighteen (18) hour orientation program before they work directly with children in care and eighteen (18) hours of annual training.

Section 7. CPA Foster Parent Requirements.

(a) The CPA program shall develop, adopt, follow and maintain on file written policies and procedures to recruit and approve foster parents (including the home study process) capable of providing quality services, while ensuring reasonable and adequate safeguards to children and their families.

(b) Foster parents shall be twenty-one (21) years of age or older.

Section 8. Home Study.

(a) All CPAs shall complete and keep on file the following prior to approving a foster home:

(i) Background checks on the prospective foster parent(s) and any other adults residing in the home as set forth in Chapter 3, Section 10;

(ii) References. Five (5) positive references shall be obtained for each prospective foster parent:

(A) Three (3) non-relative references from persons who have known the applicant for at least two (2) years, and have a general knowledge about the applicant's ability to care for children; and

(B) Two (2) relative references (e.g., parents, siblings) to assess family relationships and support the appropriateness of the applicant to provide foster care.

(iii) Physician or other licensed professional statement verifying prospective foster parent(s) is physically, cognitively, and emotionally capable of providing care for the children;

(iv) TB testing as set forth in Chapter 3, Section 12; and

(v) Three (3) or more interviews with the prospective foster parent(s):

(A) Interview each prospective foster parent and household member separately;

(B) Provide sufficient information to acquaint the family with the CPA program and its philosophies and practices; and

(C) Two (2) of the three (3) interviews shall be conducted at the family home, with all family members present for one (1) of the in home interviews.

(b) Health and Safety Inspection. The CPA program shall develop procedures to inspect and monitor every foster home to ensure a safe and healthy environment for children and shall perform a safety and health inspection of the home (addressing all items in Section 9 of this chapter).

(c) Written Home Study.

(i) The written home study shall include documentation of all interviews and information gathered during home study process and shall also include:

(A) Date of interviews and home visits;

(B) Identifying information about all household members including relationship in the family;

(C) Motivation for becoming a foster family;

(D) Social history and current functioning;

(E) Family of origin, composition, birth order, parents' marriages, separations, other children of prior relationships;

(F) Physical and mental health assessment;

(G) Parenting;

(H) Family relationships;

(I) Employment and finances;

(J) Substance use history of family living in the home; and

(K) Recommendation of approval or disapproval and basis for recommendation.

Section 9. Foster Home Health and Safety.

(a) The CPA program shall develop procedures for the maintenance of a safe, hygienic, and sanitary environment and monitor adherence to procedures in order to protect the health, safety and welfare of the residents.

(b) The CPA shall conduct and document in the foster home file an annual health and safety inspection of the foster home to ensure that the home meets the health and safety requirements in Chapter 3, Sections 18 and 20, as well as:

(i) All forms of tobacco and alcohol shall be stored out of reach of children in a locked or inaccessible area; and

(ii) Foster parents shall not engage in the excessive use of alcohol at any time they are in the presence of a foster child and shall not operate a motor vehicle while transporting a foster child if any alcohol has been consumed.

Section 10. Foster Home Certification and Re-certification.

(a) Approval/disapproval of foster homes is the responsibility of the program.

(b) No foster parent shall be approved to provide care prior to completing the required orientation training.

(c) Foster homes shall be certified to provide care for a specific number of children, based upon the ability of the foster parents and the size of the foster home, not to exceed five (5) placements and for a period not to exceed two (2) years. A copy of the certificate with the expiration date of the certification must be sent to the regional DFS foster care coordinator with copies of the background checks for all of the foster parents.

(d) Foster homes shall be reviewed on an annual basis (including an update of the original home study, documenting any changes) and an in-home inspection must be completed and documented in the foster home file.

Section 11. Personal Possessions and Money.

(a) In addition to the requirements listed in Chapter 3, Section 26, the following requirements must be met:

(i) No child shall be required to participate in uncompensated work assignments unless the work is related to housekeeping, maintenance of the foster home

or grounds, personal hygienic needs, or the work is part of an approved vocational or training program.

(ii) Foster children may be given permission to baby-sit with the approval of the Administrator/Executive Director or designee and the child's DFS caseworker and shall receive compensation based on current "market value" paid for babysitting.

(iii) Neither work experience or the length of time spent on non-paid chores shall interfere with a child's time for school, study periods, play, sleep, community contacts or visits with family, and shall be designed to serve the child's interest.

(iv) The foster family shall comply with applicable child labor laws.

(v) Children shall be provided proper supervision when working with or in proximity to power-driven machinery.

Section 12. Responsibilities of and Services Provided by the CPA.

(a) Develop comprehensive case management that support the child, the parents and/or legal guardian, and the foster parents.

(b) Maintain and document ongoing communication with the foster family by visiting in the foster home at least two (2) times each month, one (1) of which shall occur when the child is present, unless indicated more often based on the circumstances of the case.

(c) In addition to home visits, each child must be seen alone once each month.

(d) Develop and document a system of support services for the foster family that will adequately meet the needs of the child in foster care.

(e) Put in place a mechanism for the monitoring of service delivery which shall be accomplished at least every thirty (30) days or sooner if needed and shall meet the following criteria:

(i) Include a random selection of case files; and

(ii) Documentation must include input from the child and the foster parents.

Section 13. Respite Care.

(a) Respite is defined as a planned period of relief from direct care.

(b) Respite providers must meet one (1) of the following criteria:

(i) Be an approved foster home; or

(ii) Be approved by the Administrator/Executive Director. Approval of a home, at a minimum, includes a completed application, two (2) or more positive references, home inspection, approval by DFS if the child is in DFS custody and a background check (pursuant to Chapter 3, Section 10).

(c) The respite provider shall be provided with information on how to obtain medical care for the children, instruction on addressing the needs of the children, contact information for the children's regular caregivers, caseworker, parents, counselors, and other emergency information.

CHAPTER 6
THERAPEUTIC FOSTER CARE PROGRAMS

Section 1. Program Specific Certification Standards.

(a) All Therapeutic Foster Care (TFC) programs must comply with all sections of this Chapter and the following Chapters and Sections:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: Sections 1 through 18, Sections 20 through 28, and 30 through 32.

Section 2. Program Description.

(a) TFC is a family-based, intensive treatment foster care program for severely emotionally disturbed (SED) youth. Programs are operated by any entity that arranges for the placement or temporary care, maintenance, and supervision of children in a place other than the home of their parents or relatives.

(b) A TFC must be a legal entity eligible to bill Medicaid.

(c) A TFC recruits, trains, approves and provides oversight for its own TFC foster homes.

Section 3. Maximum Capacity.

(a) A TFC home shall not house more than five (5) children, including the TFC foster parents' own children, with no more than two (2) foster children in their care at one (1) time.

(b) No more than two (2) infants under two (2) years of age shall be placed in one (1) TFC home, including the TFC foster parent's own children.

(c) The above guidelines shall be observed at all times, including during the provision of respite.

(d) Exceptions (e.g., maintenance of family groupings) shall be approved on a case-by-case basis by the Administrator/Executive Director or designee and certifying authority.

Section 4. Program Personnel.

(a) A TFC program shall have, at a minimum, an Administrator/Executive Director, and sufficient staff to provide for all components of the ITPC, as described in Chapter 3, Section 30, to include licensed, provisionally licensed and/or certified mental health professionals (on staff or by contract) to direct the ITPC.

(b) Direct care shall be provided by TFC foster parents.

Section 5. Specialized Staff Training (Chapter 3, Section 11).

(a) TFC staff shall complete a twenty (20)-hour orientation program and twenty (20) hours of annual training.

(b) TFC foster parents shall complete a twenty (20)-hour orientation program before they work directly with children in care and twenty (20) hours of annual training.

Section 6. Admissions Criteria.

(a) In order to qualify for placement in a TFC program, a child must have a Diagnostic and Statistical Manual (DSM) diagnosis and meet qualifications for Serious Emotional Disturbance (SED).

(b) The following are required within 14 days of admission to a TFC program:

(i) Initial diagnostic assessment;

(ii) Medical, psychiatric and substance use history;

(iii) Family and social assessment;

(iv) Child assets and strengths;

(v) Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem-solving;

(vi) Psycho-educational assessment;

(vii) An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations; and

(viii) A problem list, related to the reasons why the child was admitted to this level of care.

Section 7. TFC Foster Parent Requirements.

(a) The TFC program shall develop, adopt, follow and maintain on file written policies and procedures to recruit and approve TFC foster parents capable of providing quality services, while ensuring reasonable and adequate safeguards to children and their families.

(b) TFC foster parents shall be twenty-one (21) years of age or older.

Section 8. Home Study.

(a) All TFC programs shall complete and keep on file prior to approving a TFC foster home:

(i) Background checks on the prospective TFC foster parent(s) and any other adults residing in the home as set forth in Chapter 3, Section 10.

(ii) References. Five (5) positive references shall be obtained for each prospective TFC foster parent:

(A) Three (3) non-relative references from persons who have known the applicant for at least two (2) years, and have a general knowledge about the applicant's ability to care for children; and

(B) Two (2) references (e.g., parents, siblings) to assess family relationships and support the appropriateness of the applicant to provide foster care.

(iii) Physician or other licensed medical professional statement verifying prospective TFC foster parent(s) is physically, cognitively, and emotionally capable of providing care for the children;

(iv) TB testing as set forth in Chapter 3, Section 12.

(v) Three (3) or more interviews with the prospective TFC foster parent(s).

(A) Interview each prospective TFC foster parent and household member separately;

(B) Provide sufficient information to acquaint the family with the TFC program and its philosophies and practices; and

(C) Two (2) of the three (3) interviews shall be conducted at the family home, with all family members present for one (1) of the in home interviews.

(b) Health and Safety Inspection. The TFC program shall develop procedures to inspect and monitor every foster home to ensure a safe and healthy environment for children and shall perform a safety and health inspection of the home (addressing all items in Section 9 of this chapter).

(c) Written Home Study.

(i) The written home study shall include documentation of all interviews and information gathered during home study process and shall also include:

(A) Date of interviews and home visits;

(B) Identifying information about all household members including relationship in the family;

(C) Physical and mental health assessment;

(D) Substance use history of family living in the home; and

(E) Motivation for becoming a TFC foster family;

(F) Social history and current functioning;

(G) Family of origin, composition, birth order, parents' marriages, separations, other children of prior relationships;

(H) Parenting;

(I) Family relationships;

(J) Employment and finances; and

(K) Recommendation of approval or disapproval and basis for recommendation.

Section 9. TFC Foster Home Health and Safety.

(a) The TFC program shall develop procedures for the maintenance of a safe, hygienic, and sanitary environment and monitor adherence to procedures in order to protect the health, safety and welfare of the residents.

(b) The TFC program shall conduct and document in the TFC foster home file an annual health and safety inspection of the TFC foster home to ensure that the home meets the health and safety requirements in Chapter 3, Section 18 and 20, as well as:

(i) All forms of tobacco and alcohol shall be stored out of reach of children in a locked or inaccessible area; and

(ii) TFC foster parents shall not engage in the excessive use of alcohol at any time they are in the presence of a foster children and will not operate a motor vehicle while transporting a foster children if any alcohol has been consumed.

Section 10. TFC Foster Home Certification and Re-certification.

(a) Approval/disapproval of TFC foster homes is the responsibility of the TFC program.

(b) No TFC foster parent shall be approved to provide care prior to completing the required orientation training.

(c) TFC foster homes shall be certified to provide care for a specific number of children, based upon the ability of the TFC foster parents and the size of the TFC foster home, not to exceed two (2) placements and for a period not to exceed two (2) years. A copy of the certificate with the expiration date of the certification must be sent to the regional DFS foster care coordinator with documentation that the background checks have been completed for all of the TFC foster parents.

(d) TFC foster homes shall be reviewed on an annual basis (including an update of the original home study) and an in-home inspection must be completed and documented in the TFC foster home file.

Section 11. Personal Possessions and Money.

(a) In addition to the requirements listed in Chapter 3, Section 26, the following requirements shall be met:

(i) No child shall be required to participate in uncompensated work assignments unless the work is related to housekeeping, maintenance of the TFC foster home or grounds, personal hygienic needs, or the work is part of an approved vocational or training program.

(ii) Foster children may be given permission to baby-sit with the approval of the Administrator/Executive Director or designee and the child's DFS caseworker and shall receive compensation based on current "market value" paid for babysitting.

(iii) Neither work experience or the length of time spent on non-paid chores shall interfere with a child's time for school, study periods, play, sleep, community contacts or visits with family, and shall be designed to serve the child's interest.

(iv) The TFC foster family shall comply with applicable child labor laws.

(v) Children shall be provided proper supervision when working with or in proximity to power-driven machinery.

Section 12. Responsibilities of and Services Provided by the TFC Program.

(a) Develop comprehensive case management to support the child, the parents and/or legal guardian, and the TFC foster parents.

(b) Maintain and document ongoing communication with the TFC foster family by visiting in the TFC foster home at least one (1) time each week unless indicated more often based on the circumstances of the case and at least one (1) home visit each month shall occur when the child is present.

(c) In addition to home visits, each child shall be seen alone once each month.

(d) Provide outpatient treatment services consistent with an intensive approach to severe emotional disturbances. Specifically:

(i) Individual mental health and/or substance abuse treatment for the child, as needed; and

(ii) Family therapy as required by the ITPC and discharge plan.

(e) Provide or arrange for appropriate consultation and treatment by a psychiatrist if indicated by the assessment.

(f) Put in place a mechanism for the monitoring of service delivery which shall be accomplished at least every thirty (30) days or more as needed and shall meet the following criteria:

(i) Include a random selection of case files with a minimum of five (5) case files; and

(ii) Documentation shall include input from the child and the foster parents.

Section 13. Respite Care.

(a) Respite is defined as a planned period of relief from direct care.

(b) Respite providers shall meet one (1) of the following criteria:

(i) Be an approved TFC foster home; or

(ii) Be approved by the TFC Administrator/Executive Director or designee. Approval of a home, at a minimum, includes a completed application, two (2)

or more positive references, home inspection, approved by DFS if the child is in DFS custody and a background check (pursuant to Chapter 3, Section 10).

(c) The respite provider shall be provided with information on how to obtain medical care for the children, instruction on addressing the needs of the children, contact information for the children's regular caregivers, caseworker, parents, counselors, and other emergency information.

CHAPTER 7
GROUP HOME

Section 1. Program Specific Certification Standards.

(a) All Group Homes shall comply with all sections of this Chapter and the following Chapters and Sections:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: Sections 1-30 and 32.

Section 2. Program Description.

A Group Home offers a home-like environment where staff may be live-in parents with their own children. Therapeutic services may be provided.

Section 3. Maximum Capacity.

Group Homes shall provide services for no more than ten (10) children, including the staff's own children.

Section 4. Specialized Training (Chapter 3, Section 11).

Group Home staff shall complete a twenty (20) hour orientation program and twenty (20) hours of annual training.

Section 5. Admissions Criteria.

(a) The Group Home is designed to maintain:

(i) Children who may enter independent living upon discharge;

(ii) Children awaiting placement; and

(iii) Children who may attend public school.

(b) Behaviors appropriate for placement may include:

(i) Difficulty following directions;

(ii) Frequent arguments with persons;

(iii) Mild self-injurious behavior, risk taking and/or sexual promiscuity;

(iv) Suicidal thoughts;

(v) Frequent fights at home, school or community;

(vi) Frequent verbally aggressive outbursts;

(vii) Frequent property damage;

(viii) Inability to engage in age appropriate activities without constant supervision (e.g., little league, scouts); and

(ix) Possible involvement with the juvenile justice system.

(c) Age Range. The age range at the time of admission is ten (10) through seventeen (17) years unless ordered by the court for placement at the facility.

(d) Voluntary Placements.

(i) Parents or legal guardians shall arrange placement with the facility's executive director or designee;

(ii) Voluntary placements by parents or legal guardians shall not require a court order; and shall include:

(A) Written consent for placement; and

(B) Written consent for emergency psychological, medical, and dental care signed by the parent or legal guardian at the time of admission.

(e) The following are required within fourteen (14) days of admission to a Group Home:

(i) Medical, psychiatric and substance use history;

(ii) Assess family and social interactions;

(iii) Assess child's assets and strengths;

(iv) Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem-solving;

(v) Assess the need for evaluations and document subsequent referrals based on assessment; and

(vi) A problem list, related to the reasons why the child was admitted to this level of care.

Section 6. Staffing Ratios.

(a) Daytime and evening hours. The minimum ratio of staff to children is 1:6.

(b) Nighttime Sleeping Hours.

(i) There must be a direct care staff/child ratio of 1:10;

(ii) If night staff are sleeping, the facility must have an operative alarm system to provide security. The purpose of the alarm system will be to monitor the movement of children within the facility. This alarm system must either be self-monitoring or must be monitored and checked daily by staff to prevent tampering;

(iii) If night staff are awake, bedroom checks of children shall be conducted at a minimum of three (3) times per hour, on a random, unscheduled basis and the exact time of the check shall be documented in an overnight log;

(iv) One (1) or more staff members shall be available on-call to provide direct care to any child in crisis or in need of supervision twenty-four (24) hours a day, seven (7) days a week; and

(v) Direct supervision of individual youth shall be adjusted to meet his/her specific needs (ie. runaway risk, youth on room restriction, risk to self or others).

CHAPTER 8
THERAPEUTIC GROUP HOMES

Chapter 8, Therapeutic Group Homes, is being repealed.

CHAPTER 9
MATERNITY HOMES

Chapter 9, Maternity Homes, is being repealed.

CHAPTER 10
RESIDENTIAL TREATMENT CENTERS (RTC)

Section 1. Program Specific Certification Standards.

(a) For the purpose of these rules, the term Residential Treatment Center (RTC) includes facilities that are certified by Medicaid as a Psychiatric Residential Treatment Facilities (PRTF).

(b) All RTCs must comply with all sections of this Chapter and with the following Chapters and Sections of these rules:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: Sections 1-28 and 30-32.

Section 2. Program Description.

RTCs provide services for children who require a combination of therapeutic, educational, and treatment services in a group care setting.

(a) RTCs shall provide:

(i) Wyoming Department of Education approved or accredited on-grounds school, a High School Equivalency program, or a program which works with the local school district to meet the educational needs of the child;

(ii) A minimum of twenty-four (24) hours of therapeutic services per child per month, which shall include a combination of behavior modification, individual therapy, group therapy and family therapy. The specific services shall be determined by the treatment team through the creation and implementation of an ITPC that is family based, child guided and culturally responsive; and

(iii) Ongoing discharge and continuing care planning.

(b) Secure RTC is defined as an RTC or portion of an RTC, which uses locked doors or any other physical measures to prevent children from leaving the RTC.

(i) Secure RTCs shall comply with all standards set forth in this Chapter.

(ii) A facility which offers both secure and non-secure care shall have a separate living unit or wing of a living unit provided exclusively for secure care.

(iii) Locking hardware is permitted on children's sleeping room doors if equipped with an approved electronic locking-release mechanism.

(iv) All secure RTCs must be nationally accredited.

(c) Therapeutic Wilderness Program is defined as a program within a Residential Treatment Center, which provides, in an outdoor living setting, services to children who are enrolled because they have behavioral, emotional, mental health problems or problems with abuse of alcohol or drugs. A Therapeutic Wilderness Program does not include any programs, ranches, or outdoor wilderness adventure experiences for children designed to be recreational.

(i) All Therapeutic Wilderness Programs shall be accredited through the Association for Experiential Education (AEE) Accreditation Program. The accreditation shall be maintained and current.

Section 3. Maximum Capacity.

All levels of RTCs shall provide services for no more than twenty (20) children in each living unit.

Section 4. Program Personnel.

(a) RTCs shall have, at a minimum:

(i) Administrator/Executive Director;

(ii) Licensed mental health professionals on staff or under contract, to direct the ITPCs;

(iii) Certified educational staff;

(iv) Direct care staff; and

(v) Medical personnel on staff or under contract, to include, at a minimum, a licensed practical nurse (LPN).

Section 5. Specialized Training (Chapter 3, Section 11).

All RTC staff must complete a thirty (30) hour orientation program and twenty (20) hours of annual training.

Section 6. Admissions Criteria.

(a) In order to qualify for placement in an RTC program, a child must exhibit one (1) of the following conditions:

(i) Child cannot function in his/her community;

(ii) Child has treatment issues requiring therapeutic intervention;

(iii) The child has received a psychiatric evaluation resulting in a diagnosed behavioral condition;

(iv) The child is only minimally accepting of the treatment process;

(v) There are documented attempts to treat the child with the maximum intensity of services available at a less intensive level of care that cannot meet or has failed to meet the needs of the child;

(vi) Without intervention, there is clear evidence that the child will likely decompensate and present a risk of serious harm to self or others; and

(vii) Child cannot attend public school.

(viii) In addition to meeting one (1) of the conditions above, children exhibiting the following behaviors may be appropriate for placement in a RTC:

(A) Inability to follow directions and conform to structure of school, home or community;

(B) Constant, sometimes violent arguments with caretakers, peers, siblings and/or teachers;

(C) Moderate level of self-injurious behavior, risk taking, and/or sexual promiscuity;

(D) Suicidal actions/history of serious suicidal actions;

(E) Almost daily physical altercations in school, home or community;

(F) Constant verbally aggressive and provocative language;

(G) Frequent and severe property damage;

(H) Probable juvenile justice system involvement; and/or

(I) Moderate to high risk for sexually victimizing others.

(b) The following are required within 14 days of admission to an RTC:

(i) Initial diagnostic assessment;

(ii) Medical, psychiatric and substance use history;

(iii) Family and social assessment;

(iv) Child assets and strengths;

(v) Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem-solving;

(vi) Psycho-educational assessment;

(vii) An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations; and

(viii) A problem list, related to the reasons why the child was admitted to this level of care.

Section 7. Staffing Ratios.

(a) RTCs shall maintain one (1) full time equivalent licensed mental health professional/child ratio of 1:10 or a ratio of 1:12 when the licensed mental health professional works with an aide for the delivery of therapeutic services.

(b) Direct care staff for RTCs:

(i) Daytime and evening hours**.** The minimum ratio of direct care staff to child ratio is 1:6. If the teacher is counted in the staff/child ratios, he/she shall complete all training required for direct care staff.

(ii) Nighttime sleeping hours.

(A) There shall be awake direct care staff/child ratio 1:10 during nighttime sleeping hours;

(B) Bedroom checks of children shall be conducted at a minimum of three (3) times per hour, on a random, unscheduled basis and the exact time of the check shall be documented in an overnight log; and

(C) One (1) or more staff members shall be available on-call to provide direct care to any child in crisis or in need of supervision during the nighttime hours.

(iii) Direct supervision of individual youth shall be adjusted to meet his/her specific needs (ie. runaway risk, youth on room restriction, risk to self or others).

CHAPTER 11
PRIVATE JUVENILE DETENTION CENTERS

Section 1. Program Specific Certification Standards.

(a) All private Juvenile Detention Centers (JDC) shall comply with all sections of this Chapter and the following Chapters and Sections of these Rules:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: All (Not including the exceptions noted in this chapter).

Section 2. Program Description.

(a) A JDC provides safe and secure custody of juveniles. Juveniles placed in a JDC includes those:

(i) Accused of conduct subject to the jurisdiction of the court, requiring a restricted environment for the juvenile's or the community's protection while pending legal action; or

(ii) Adjudicated as a delinquent; or

(iii) Sentenced to a term of incarceration by a court of competent jurisdiction.

(iv) Between twelve (12) and seventeen (17) years of age at the time of placement and determined to be:

(A) In need of segregation from the community because they present a threat to community safety or because they may flee prosecution if released; and/or

(B) Physical impairment due to alcohol intoxication or the influence of a controlled substance and no other placement is available.

(b) Placement may be made by law enforcement to protect the juvenile's person or the person or property of others, or to prevent the juvenile from leaving or being removed from the jurisdiction of the court.

(c) The juvenile shall remain in the JDC no longer than forty-eight (48) hours without a court order, excluding weekends and legal holidays.

(d) The JDC shall ensure restricted and supervised access to all entrances and exits.

Section 3. Maximum Capacity.

(a) The maximum capacity, in addition to the standards listed below, must be based on the JDC's capacity to provide safe treatment, subject to space, staff/juvenile ratio, and manageable caseloads.

(b) Uncrowded conditions shall be maintained at all times.

(c) Single occupancy rooms shall be available when indicated for the following:

(i) Juveniles with severe medical disabilities;

(ii) Juveniles suffering from serious mental illness;

(iii) Sexual predators;

(iv) Juveniles likely to be exploited or victimized by others; and

(v) Juveniles who have other special needs.

(d) Juveniles with disabilities shall be housed in a manner that provides for their safety, security and dignity.

(e) Day rooms shall provide sufficient seating and writing surfaces for every juvenile using the day room at one (1) time. Furnishings shall be consistent with the security needs of the assigned juveniles.

Section 4. Program Personnel.

A JDC shall have, at a minimum, the following personnel:

(a) Administrator/Executive Director.

(b) A licensed mental health professional (on staff or by contract) to provide for the therapeutic needs of the juveniles;

(c) A certified teacher (on staff or by contract) to provide for the education needs of the juvenile;

(d) Direct care staff; and

(e) Medical personnel, on staff or by contract, to include:

(i) A licensed physician, physician's assistant, advanced practitioner of nursing, registered nurse or licensed practical nurse (LPN) must be available on-call on a twenty-four (24) hour basis.

(ii) When facilities do not have full-time, qualified, health-trained personnel, a staff member who is certified as an Emergency Medical Technician (EMT) may coordinate the services in the JDC under the joint supervision of the responsible health authority and JDC administrator.

Section 5. Specialized Training (Chapter 3, Section 11).

JDC staff shall complete a twenty (20) hour orientation program and twenty (20) hours of annual training.

Section 6. Intake Procedures.

The JDC shall develop, adopt, follow and maintain on file written policies and procedures covering intake procedures, to include but not be limited to the following activities:

(a) Based on reasonable belief that the juvenile is carrying contraband or other prohibitive material, there shall be a complete search of the juvenile and his/her possessions to include a visual inspection of the juvenile body cavities. Reasonable belief is not required when juveniles return from unsupervised contact with the general public or from outside the institution. Contraband means any item that is illegal by law or expressly prohibited by those legally charged with the administration and operation of the JDC or program. In all cases, the physical inspection shall be:

(i) Conducted by trained personnel;

(ii) Conducted by at least two (2) staff members of the same sex; and

(iii) Performed in an area providing complete privacy to the juvenile.

(b) The intake staff at the JDC shall record basic personal data and information.

(c) Within three (3) hours of arrival, juveniles shall receive a comprehensive screening for all addictive substances, illegal drugs and alcohol.

Section 7. Staffing Ratios.

(a) There shall be a minimum of two (2) JDC employees on duty at all times who are responsible for direct supervision of juveniles being detained.

(i) There is an staff: juvenile overall ratio of 1:8 during waking hours (in classroom, if the teacher is counted in the staff:juvenile ratios, he/she shall complete all training required for direct care staff) and 1:16 during nighttime sleeping hours.

(ii) When female juveniles are housed in the JDC, at least one (1) employee (on duty) shall be a female.

(iii) When male juveniles are housed in the JDC, at least one (1) employee (on duty) shall be a male.

(iv) Same gender staff shall be available to respond to medical situations that may arise.

(v) The JDC shall have staff located in or adjacent to juvenile housing and activity areas to permit JDC employees to hear and respond promptly to problems or emergency situations.

Section 8. Level of Supervision.

(a) Personal Observation.

(i) Except when juveniles are involved in an activity where staff are present, JDC employees shall observe all juveniles at least every thirty (30) minutes on an irregular schedule;

(ii) The times of all such checks shall be logged; and

(iii) Juveniles who are violent, suicidal, mentally ill, intoxicated, experiencing drug withdrawal, or who have other special problems or needs warranting closer observation shall be checked at least every fifteen (15) minutes.

(b) Cross Gender Supervision. Except in emergencies, JDC employees should not observe juveniles of the opposite sex in toilet and shower areas.

(c) Head Count. The JDC shall have a system to physically count juveniles at least every four (4) hours and the system shall provide strict accountability of juveniles on work release, educational release, or other temporary leave status, who may be absent from the JDC for certain periods of the day.

(d) Electronic Surveillance. Electronic surveillance equipment, where available, shall be used primarily to monitor hallways, stairwells, points of access through the security perimeter and common areas and shall not be used in place of the personal observation of juveniles. If used, provision shall be made to shield shower and toilet areas to protect privacy needs.

Section 9. Restrictive Procedures.

(a) Mechanical Restraints. A mechanical restraint is a device that restricts the movement or function of a juvenile or portion of a juvenile's body, including but not limited to, handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets and similar devices. The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of mechanical restraints;

(i) Mechanical restraints are never to be applied as punishment; and

(ii) Mechanical restraints shall be applied only with the approval of the JDC Administrator/Executive Director or designee.

(b) Use of Physical Restraint. The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing the use of physical restraint;

(i) Use of physical restraint shall be limited to instances of justifiable self-defense, protection of others, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority;

(ii) In no event is physical restraint justifiable as punishment; and

(iii) Chapter 3 Section 24 shall also be followed for all incidents involving the use of physical restraint.

(c) Room/Cell Confinement.

(i) The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of room/cell confinement, including:

(A) Emergency procedures while in confinement;

(B) Method for juveniles to access the grievance procedure during room confinement; and

(C) Time limits for confinement.

(ii) A juvenile may be confined in his/her room only if one (1) of the following conditions is met:

(A) During the intake period, it is necessary to observe the juvenile prior to classification;

(B) A period of crisis or emergency exists for the juvenile, when the juvenile is a danger to himself/herself or others; and/or

(C) The juvenile is beyond control, all other reasonable means to control or calm the juvenile have failed and the juvenile's welfare or the welfare of others requires the juvenile be confined.

(ii) If the juvenile is placed in room confinement, the following conditions shall be met:

(A) The juvenile shall be accorded living conditions and privileges approximating those available to the general juvenile population. Exceptions shall be justified by clear and substantial evidence;

(B) The juvenile has had the reasons for the confinement explained to him/her and been given an opportunity to explain the behavior leading to the confinement;

(C) The juvenile placed in room confinement shall be checked visually by staff at least every fifteen (15) minutes;

(D) The juvenile placed in room confinement shall be visited at least once each day by personnel from administrative, clinical, social work, religious, and/or medical units; and

(E) A confinement log shall be maintained that records:

(I) The name and title of the staff member who authorized the confinement;

(II) The date and time juvenile was placed in confinement;

(III) Documentation of the fifteen (15) minute visual checks;

(IV) Persons visiting the juvenile;

(V) The name and title of the staff member authorizing release from confinement; and

(VI) The time of release.

Section 10. Sight and Sound Separation from Incarcerated Adults.

Each JDC shall have a written policy and procedure to ensure that any juvenile shall not be detained or confined where he/she could have contact with incarcerated adults. Contact includes any physical or sustained sight or sound contact between

juveniles in a secure custody status and incarcerated adults, including inmate trustees. Separation may also be addressed architecturally.

Section 11. Privileged Communication.

(a) The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of a juvenile's right of access to and reasonable communication with licensed attorneys and judges and clerks of federal, state and local courts and shall address:

(i) Juveniles' right to present issues to and seek judicial relief from the court without reprisal or penalty;

(ii) Juveniles' right to access and assistance in making and receiving confidential communication with licensed attorneys and their authorized representatives, which communication should include private and confidential visits during normal JDC hours, telephone communication, written correspondence and after-hours visits which are deemed necessary because of special circumstances;

(iii) A juvenile shall be allowed to make a reasonable number of telephone calls to his/her attorney at reasonable times;

(iv) A juvenile shall be permitted to return the call of an attorney at a reasonable time and the telephone number of the attorney shall be obtained when the call is received;

(v) A juvenile shall be permitted to send and receive mail from his attorney and the court without charge (1st class postage only); and

(vi) The JDC shall notify the juvenile and counsel in the event it has a legitimate concern that a privileged communication contains a threat to the safety and security of the JDC, public officials or the general public. In the event inspection of mail is deemed necessary, it shall be opened and examined for contraband in the presence of the juvenile and at least two (2) detention staff, but in no event may it be read or censored.

Section 12. Non-Privileged Communication.

The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of a juveniles' right of reasonable communication in the form of mail, telephone, and visitation of a non-privileged nature with persons such as family and friends. Policy and procedure shall address:

(a) Mail (letters and packages).

(i) Mail shall be delivered or posted as soon as reasonably possible;

(ii) When the juvenile bears the mailing cost, there is no limit on the number of letters he/she can send or receive;

(iii) An indigent juvenile shall be provided with sufficient envelopes, writing materials and postage to send a reasonable number of letters per month;

(iv) For security reasons, all incoming packages shall be inspected;

(v) When mail is inspected or rejected, the juvenile or sender shall be notified of the reasons for the action and provided with an opportunity to appeal that decision;

(vi) Inspection, when deemed necessary, shall be completed within twenty-four (24) hours for letters and within forty-eight (48) hours for packages. These inspections shall be conducted by at least two (2) detention staff and signed and dated in a log; and

(vii) All first class letters and packages shall be forwarded to juveniles who are transferred to another JDC or released, provided that a forwarding address is available. If a forwarding address is not available, first class letters and packages shall be returned to the sender.

(b) Telephone.

(i) Juveniles shall have reasonable access to make telephone calls. The hours of telephone availability, the number of calls allowed and the duration of each call shall be specified by the JDC;

(ii) Telephone facilities shall allow for a reasonable amount of privacy; and

(iii) All long distance calls shall be made collect.

(c) Visitation.

(i) The JDC shall establish a visitation schedule for no less than two (2) days each week, one (1) of which shall be during the weekend. Each juvenile, except those restricted as a result of disciplinary action, shall have the opportunity for visitation at least two (2) hours of each week in two (2) or more visits, each of which shall be no less than fifteen (15) minutes in duration with special consideration and allowances provided based on unusual circumstances (e.g., hardships imposed on family; long distances traveled);

(ii) Rules concerning the number of visitors, the duration of each visitation and the necessary surveillance shall be consistent with the JDC's security

requirements and the security risk of each juvenile. This information may be accessed by attorney and/or court;

(iii) Persons under the age of eighteen (18) when accompanied by a parent or legal guardian, may be permitted to visit the juvenile;

(iv) Visitation restrictions may be imposed in case of a substantiated security risk or in the event the visitor or juvenile refuses to comply with the visitation rules of the JDC;

(v) A visitor may be excluded if the visitor has a past history of disruptive conduct at the JDC, if the visitor appears to be under the influence of alcohol or drugs or if the visitor represents a reasonable danger to the juvenile or the JDC; and

(vi) The juvenile may refuse visitation.

Section 13. Juvenile Health and Safety (in addition to Chapter 3, Section 13).

(a) Health Care Services. The JDC shall provide comprehensive health care services by qualified personnel to protect the health and well being of juveniles. Except for regulations necessary to ensure the safety and order of the JDC, all matters of medical, mental health, substance use and dental judgment shall be the sole province of the responsible clinicians.

(b) Requests for Treatment. Juveniles' requests for treatment shall be collected daily. Requests for treatment shall be reviewed by health care professionals or the trained employees to determine appropriate disposition or referred directly to the JDC physician, physician's assistant, advanced practitioner of nursing, registered nurse, licensed practical nurse (LPN), or licensed mental health professional.

(c) Access to Care. The JDC shall develop, adopt, follow and maintain on file written policies and procedures for providing access to care and a system for processing complaints regarding health care, at no cost to the juvenile and/or family. These shall be communicated orally and in writing to juveniles upon intake.

(d) Administration of Treatment. The JDC shall develop, adopt, follow and maintain on file written policies and procedures to ensure the availability of medical treatment space, equipment, supplies, and materials necessary for those services provided at the JDC.

(e) Direct and/or Standing Orders. All treatment provided by medical personnel other than physicians and dentists shall be performed pursuant to standing or direct orders. Physician's assistants and nurse practitioners may practice within the limits of state law.

(f) Emergency Medical Services. Emergency medical and dental care shall be available at all times at no cost to the juvenile and/or family. Written plans for emergency services shall include arrangements for the following:

(i) Emergency evacuation of juveniles from the JDC;

(ii) Use of an emergency vehicle;

(iii) Use of one (1) or more hospital emergency rooms or other appropriate health care facility;

(iv) Emergency on-call physician and dental services when the emergency health care facility is not located nearby; and

(v) The caseworker staff and other personnel are trained to respond to health-related situations within a four (4) minute response time.

(g) Informed Consent. All examinations, treatments, and procedures affected by informed consent requirements shall be observed for juveniles' care.

(h) Serious illness, injury or death.

(i) The JDC shall have a procedure for the notification of those individuals so designated by the juvenile in the case of serious illness, injury, or death.

(i) In the event of a juvenile's death, the coroner, prosecuting attorney, and appropriate law enforcement agency shall be notified immediately.

(ii) The JDC medical personnel shall have access to information in the juvenile's confinement records, when needed and follow any requirements regarding confidentiality of juvenile records.

(iii) JDC employees shall be apprised of the juvenile's medical conditions when they have a need to know to ensure the safety and well being of the juvenile or others.

(j) Dental Services. Reasonable dental care shall be available and provided to juveniles when the health of the juvenile during the confinement would otherwise be adversely affected.

(k) Detoxification. Arrangements shall be made for providing detoxification programs under medical supervision that are certified by the Substance Abuse Division of the Wyoming Department of Health of alcohol and drug-dependent juveniles with the JDC or through transfer to other facilities.

(l) Suicide Prevention and Intervention. The suicide prevention and intervention policy must include specific procedures for intake/admission screening, identification, and intensive supervision of suicide-prone juveniles.

Section 14. Nutrition (in addition to Chapter 2, Section 14).

(a) Food service shall be supervised by a designated employee having experience and/or training in menus, food preparation and health and safety codes in order to provide three (3) meals a day that are nutritionally adequate, palatable, attractive, and produced under sanitary conditions.

(b) Accurate records that include published menus, information on waste, food costs and nutritional accounting shall be maintained of all meals served to juveniles, employees, guests and visitors.

(c) There shall be written documentation that a system of dietary allowances that provides for a nutritionally adequate diet, as adjusted for age, sex and activity, is reviewed at least annually by a registered dietitian, nutritionist or physician.

Section 15. Transportation (in addition to Chapter 3, Section 15).

All juvenile movement from one (1) location to another shall be controlled and supervised by staff.

Section 16. Education.

(a) JDC's must provide adequate and secure space for conducting educational programs for juveniles in residence seven (7) days or longer.

(b) Educational programs must be equally available to all classification of juveniles, except when there is justification for restricting a juvenile's participation.

(c) The educational program shall:

(i) Be available a minimum of three (3) hours per day, Monday-Friday, during a regular school term, with time off for holidays, weekends and vacations; and

(ii) Have teacher contact every three (3) hour session.

(d) The exercise and recreation program shall not be considered in determining the minimum requirement for the educational program.

(e) A written body of procedures shall govern the JDC's academic and vocational education program, including program accreditation, staff certification and coordination with other programs and services in the community.

(i) Educational programs shall be designed to assist juveniles in keeping up with their studies and shall include contact and coordination with their home schools.

(ii) Educational programs shall include provisions for juveniles not otherwise enrolled in school to work on preparing for the High School Equivalency, or to work in credit courses or classes recognized by the Wyoming State Department of Education or local school district.

(iii) Educational programs shall include life skills and vocational training activities designed to improve the juveniles' employment and independent living capabilities.

(iv) Juveniles may participate in educational release programs authorized by the court having jurisdiction.

(v) The JDC shall utilize certified teachers and curriculum in the delivery of education services to juveniles. Copies of current credentials for each teacher shall be kept on file at the JDC or by the contracting entity.

(vi) An adequate number of educational personnel as dictated by education accreditation shall be available to provide identified educational programming.

(c) Juveniles shall be counseled regarding the importance of education and continuing their school attendance or re-enrolling in school upon discharge.

(d) Arrangements may be made for juveniles to enroll in higher education courses if the juveniles will be in the JDC long enough to benefit.

(e) Coeducational programs may be utilized in JDC’s if adequate supervision is maintained.

(f) Educational programs shall include provisions for remediation and shall include special education services or referral to appropriate educational authorities for those in need.

(g) The educational program shall be supported by sufficient equipment and education materials that meet state education standards.

Section 17. Mental Health Services.

The JDC shall develop, adopt, follow and maintain on file written policies and procedures covering the provision of mental health services for juveniles.

(a) A range of services shall be available to address individual, group, and family counseling.

(b) Other programs may address drug and alcohol treatment and special offender treatment.

(c) A licensed mental health professional shall be available to counsel juveniles with their personal problems and with their adjustment to the JDC.

(d) If requested by a juvenile and clinically recommended, a licensed mental health professional shall meet with the juvenile on a regularly scheduled basis.

(e) A licensed mental health professional shall be available (on staff or by contract) twenty-four (24) hours a day to provide emergency treatment.

(f) Comprehensive counseling and assistance may be provided to pregnant juveniles in keeping with their expressed desires in planning for their unborn child. If the juvenile is in the custody of DFS, the JDC shall consult with the juvenile's caseworker prior to initiating pregnancy counseling.

Section 18. Physical Activity.

(a) All juveniles shall be allowed at least one (1) hour minimum of physical exercise per day. The JDC shall document when these activities are provided each day.

(b) The JDC shall have space designated for exercise both indoors and outdoors. When weather permits, exercise shall be provided outdoors, in a secure exercise area.

(c) A variety of equipment shall be provided in sufficient amounts to ensure that all juveniles have the opportunity to participate in exercise activities during the designated recreation period.

(d) Physical exercise within the cell may be provided if the Administrator/Executive Director has reasonable grounds to believe that the release of the juvenile from the cell may jeopardize the safety and security of residents and/or order of the JDC.

(i) The JDC shall document any grounds for not allowing physical exercise outside of the cell; and

(ii) Special effort shall be made to provide daily physical exercise for those juveniles in restricted living units.

(e) The minimum space requirements for exercise areas are as follows:

(i) Outdoor exercise area shall have fifteen (15) square feet per youth for the maximum number of youth expected to use the space at one (1) time, but not less than one thousand, five hundred (1,500) square feet of unencumbered space; and

(ii) Covered/enclosed exercise areas shall not have less than five hundred (500) square feet of unencumbered space with proper ventilation.

Section 19. Leisure-Time Activity.

All juveniles shall be allowed at least one (1) hour of structured leisure-time activity per day, not including time spent watching television and shall document when these activities are provided each day.

Section 20. JDC Release (in addition to Chapter 3, Section 7).

(a) An updated case file shall accompany any juvenile transferred from one (1) JDC to another, or be sent to the new JDC within seventy-two (72) hours. Information on security or safety risks should be reported to the new JDC immediately.

(b) The JDC shall establish procedures for release of juveniles including, but not limited to, the following:

(i) Verification of identity;

(ii) Verification of release papers and/or court order;

(iii) Completion of release arrangements, including the person or organization to whom the juvenile is to be release;

(iv) Documentation of release plan;

(v) Verification of follow-up on release plan, if applicable;

(vi) Return of personal effects;

(vii) Completion of any pending action, such as grievances, claims for damages or lost possessions;

(viii) Transportation arrangements; and

(ix) Instructions for forwarding mail.

CHAPTER 12
THERAPEUTIC WILDERNESS PROGRAMS

Chapter 12, Therapeutic Wilderness Programs, is being repealed.

CHAPTER 13
TRANSITION/INDEPENDENT LIVING PROGRAMS

Chapter 13, Transition/Independent Living Programs, is being repealed.

CHAPTER 14
ADOPTION AGENCIES

Section 1. Program Specific Certification Standards.

(a) All Adoption Agencies shall comply with all sections of this Chapter and the following Chapters and Sections in these Rules:

(i) Chapter 1: All;

(ii) Chapter 2: All; and

(iii) Chapter 3: Sections 1 through 3, 8 through 12, 22 (a) through (e), 29 and 32.

Section 2. Program Description.

(a) Adoption is the method provided by state law, which establishes the legal relationship of parent and child between persons who are not so related by birth. This relationship can only be termed "adoption" after the legal process is completed.

(b) Adoption Agencies conducting business within the State of Wyoming shall have an office within the State of Wyoming and be certified as an Adoption Agency by the certifying authority.

Section 3. Program Personnel.

The program shall have, at a minimum, an Administrator/Executive Director and sufficient professional staff to provide for all components of the agency's adoption activities.

(a) The Administrator/Executive Director shall supervise the agency and conduct business from an office located in Wyoming.

(b) A staff member shall have a minimum of a bachelor's degree in the human service field if he/she directly supervises non-degreed staff.

Section 4. Specialized Training (Chapter 3, Section 11).

Adoption Agency staff shall complete a twenty (20) hour orientation program and twenty (20) hours of annual training.

Section 5. Adoptive Family Screening.

The Adoption Agency shall utilize policies and procedures to place children with families capable of providing quality care. The following safeguards shall be built into the program:

(a) As part of the approval and screening process, the Adoption Agency shall complete a home study.

(b) An abuse and/or neglect Wyoming Central Registry check and a central registry check from all other states he/she has lived in for past five (5) years, and a finger print based national criminal history record shall be completed (Chapter 3, Section 10).

Section 6. Home Study.

(a) All Adoption Agencies shall complete and keep on file the following prior to approval:

(i) Background checks on the prospective parents as set forth in Chapter 3, Section 10.

(ii) References. Five (5) positive references shall be obtained for each prospective adoptive parent:

(A) Three (3) non-relative references from persons who have known the applicant for at least two (2) years, and have a general knowledge about the applicant's ability to care for children.

(B) Two (2) references (e.g., parents, siblings) to assess family relationships and support the appropriateness of the applicant as an adoptive parent.

(iii) Physician or other medical professional statement verifying prospective adoptive parent is physically, cognitively, and emotionally capable of providing care for the child(ren).

(iv) TB testing as set forth in Chapter 3, Section 12.

(v) Three (3) or more interviews shall be held with the prospective adoptive parent(s):

(A) Interview each prospective adoptive parent and household member separately (if age appropriate):

(I) Obtain necessary biographical information; and

(II) Assess each family member's attitude with regard to adoption.

(B) Provide sufficient information to acquaint the family with the Adoption Agency and its philosophies and practices; and

(C) At least one (1) interview shall be conducted at the family home with all family members present.

(b) Health and Safety Inspection. The Adoption Agency shall develop procedures to inspect and monitor every adoptive home to ensure a safe and healthy environment for children and shall perform a safety and health inspection of the home.

(c) Written Home Study.

(i) The written home study shall include documentation of all interviews and information gathered during home study process and shall also include:

(A) Date of interviews and home visits;

(B) Identifying information about all household members including relationship in the family;

(C) Motivation for adoption;

(D) Social history and current functioning;

(E) Family of origin, composition, birth order, parents' marriages, separations, other children of prior relationships;

(F) Physical, mental health, substance use and domestic violence assessment for each family member living in the home;

(G) Prospective adoptive parents' relationship;

(H) Family relationships;

(I) Parenting;

(J) Employment and finances;

(K) Religion, values and attitudes; and

(L) Ages and type of children desired.

Section 7. Pre-Adoptive Home Health and Safety.

The Adoption Agency shall conduct a health and safety inspection of the prospective adoptive home to ensure that the home meets the health and safety requirements (Chapter 3, Sections 18 and 20). Documentation of the inspection shall be placed in the adoptive home file.

(a) All forms of tobacco and alcohol shall be stored out of reach of children in locked or inaccessible area; and

(b) Prospective adoptive parents shall not engage in the excessive use of alcohol at any time they are in the presence of a foster child and shall not operate a motor vehicle while transporting a foster child if any alcohol has been consumed.

Section 8. Adoption Approval/Disapproval Process.

(a) Approval/disapproval of adoptive homes is the responsibility of the Administrator/Executive Director, including a recommendation for the number, age, and sex of children for which the home is approved.

(b) The home study with the agency Administrator/Executive Director's approval shall be maintained in the adoptive home file.

(c) Active adoptive homes (awaiting child placement) shall be reviewed and updated on an annual basis, or earlier if a significant change occurs.

(d) Children shall not be placed in unapproved homes.

(e) All adoptive home placements shall be made in compliance with W.S. §§ 1-22-101 through 1-22-117.
(http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title1/T1CH22.htm, 2012).

(f) When children are placed across state lines for adoption, the placements shall be made in accordance with the Interstate Compact on the Placement of Children.

(g) International adoptions shall be made in compliance with the rules and guidelines of the U.S. Citizenship & Immigration Service (USCIS) (https://www.uscis.gov/adoption).

(h) Adoptive applications and home studies shall be updated before additional placements are made.

Section 9. Agreement.

(a) The Adoption Agency shall have a written agreement with the adoptive parents prior to finalization of adoption. This agreement shall specify the Adoption Agency's rights prior to finalizing the adoption and shall include:

(i) The financial agreement between the agency and the adoptive home, including the amount due for services rendered and when fees are payable;

(ii) The Adoption Agency's right to remove a child(ren) or recommend the removal of the child from the pre-adoptive home with the custodial agency's approval;

(iii) The child(ren) shall be released from the pre-adoptive home only with the consent of the custodial agency's approval;

(iv) Visitation by the child(ren)'s birth parents or birth relatives shall be arranged through the agency;

(v) The Adoption Agency's responsibility for regular supervision of the adoptive home; and

(vi) The adoptive parent(s) shall notify the Adoption Agency whenever he/she wish to take a child(ren) out of the state prior to finalization of the adoption.

(b) Both the Adoption Agency and the adoptive parent(s) shall sign the agreement. One (1) copy of the agreement shall be filed in the adoptive home record, one (1) copy shall be given to the adoptive parents, and one (1) copy shall be retained by the Adoption Agency.

Section 10. Pre-Finalization Services.

Prior to finalization of an adoption, monthly supervisory visits shall be made to each adoptive home in which children are placed. These visits shall be recorded in the adoptive home record.

Section 11. Services to Birth Parents.

(a) Services to be provided to birth parents shall include pre-relinquishment and post-relinquishment services.

(b) Individualized case services shall be tailored to the needs of the birth parent(s).

(c) Voluntary relinquishments shall be accepted from the biological mother, putative father and/or the legal father of the child(ren) by the Adoption Agency in accordance with W.S. § 1-22-109. (http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title1/T1CH22AR1.htm, 2012).

Section 12. Services to Adoptive Parents.

(a) Pre-placement and post-placement services, including, but not limited to the home study process, shall be designed to educate and prepare the family for the type of adoption they intend to pursue.

(b) Training shall be available to all adoptive families.

Section 13. Foster-Adopt Program.

(a) A foster-adopt home shall be developed specifically with the idea of possible adoption as the outcome of placing foster children.

(b) The foster-adopt home shall comply with all foster care regulations found in Chapter 5 of these rules.

(c) If an Adoption Agency utilizes foster care in the course of providing adoptive services, the agency shall be dually certified as an Adoption Agency and Child Placing Agency.

Section 14. International Adoption Agencies.

(a) All international adoptions shall be made in compliance with the rules and guidelines of the U.S. Citizenship & Immigration Service (USCIS), formerly the United States Immigration and Naturalization Service.

(b) The international Adoption Agency responsible for placing the child with the adoptive family shall document the following:

(i) An English language translation of all written contracts or agreements between foreign governments or entities and adoptive parents shall be placed in the adoptive family's file and be available for review by the certifying authority.

(ii) All agreements entered into with adoptive parents shall conform to:

(A) The legal requirements of the foreign country involved;

(B) The laws and regulations of the United States; and

(C) The laws of the State of Wyoming and all other states involved in the adoption.

(c) International Adoption Agencies conducting business within the State of Wyoming shall have an office within the State of Wyoming and be certified as an Adoption Agency by the certifying authority.

(d) Adoption Agencies providing international services shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of services offered and practices followed. Services shall include, but not be limited to:

(i) Performance of all activities required for a domestic adoption;

(ii) Post placement supervision and reports pertaining to the adoptive family shall be provided to the appropriate agency in accordance with the requirements of the country from which the child was adopted; and

(iii) A Wyoming Adoption Agency working with an out-of-state family shall maintain an adoptive family file that contains all documentation required for a domestic adoption (e.g., family assessment, reference letters, and records check).

Section 15. Records.

(a) Adoptive home records shall include the same information for each parent as is maintained for staff, as set forth in Chapter 3, Section 32(c).

(b) Prior to finalization, files on all adoptive families and children shall be maintained in a confidential manner in a locked, fireproof safe or file.

(c) Final adoption records shall be sealed and opened only according to Wyoming statute 1-22-104. (http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title1/T1CH22AR1.htm, 2012).

(d) Final adoption records shall be retained indefinitely in a locked, fireproof file or safe.

CHAPTER 15
CONTESTED CASE HEARING

Chapter 15, Contested Case Hearing, is being repealed.

CHAPTER 16
BOARD OF COOPERATIVE EDUCATIONAL SERVICES (BOCES)

Section 1. Program Specific Certification Standards.

(a) All BOCES shall comply with all sections of this Chapter and with the following Chapters and Sections of these rules:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: Sections 1-29 and 31-32.

Section 2. Program Description.

BOCES provide services for children who require a combination of therapeutic and educational services in a group care setting.

(a) BOCES shall provide:

(i) Wyoming Department of Education approved or accredited on-grounds school, a High School Equivalency program, or a program which works with the local school district to meet the educational needs of the child;

(ii) Specialized services shall be provided at a frequency as required by the ITPC and/or Individualized Education Program (IEP), and may include a combination of behavior modification, physical therapy, occupational therapy, speech therapy, recreation therapy, and individual, group and family therapy (as able). The specific services shall be determined by the treatment team through the creation and implementation of an ITPC and/or IEP that is family based, child guided and culturally responsive; and

(iii) Ongoing discharge and continuing care planning.

Section 3. Maximum Capacity.

(a) All levels of BOCES shall provide services for no more than twenty (20) children in each living unit.

Section 4. Program Personnel.

(a) BOCES shall have, at a minimum:

(i) Administrator/Executive Director;

(ii) Licensed or certified professionals on staff or under contract to direct the ITPCs and/or IEP;

(iii) Certified educational staff;

(iv) Direct care staff; and

(v) Medical personnel on staff or under contract, to include, at a minimum, a licensed practical nurse (LPN).

Section 5. Specialized Training (Chapter 3, Section 11).

All BOCES staff shall complete a thirty (30) hour orientation program and twenty (20) hours of annual training.

Section 6. Admissions Criteria.

(a) In order to qualify for placement in a BOCES program, a child shall have an evaluation in process or be referred for an evaluation, to determine if an IEP is necessary. In addition, a child must exhibit one (1) or more of the following conditions:

(i) Child cannot function in his/her community;

(ii) Child has treatment issues requiring therapeutic intervention;

(iii) There are documented attempts to treat the child with the maximum intensity of services available at a less intensive level of care that cannot meet or has failed to meet the needs of the child;

(iv) Without intervention, there is clear evidence that the child will likely decompensate and present a risk of serious harm to self or others;

(v) The child's needs cannot be met by the public school, as determined by the treatment team; and

(vi) The child has special education or generalized education needs.

(b) The following are required within 14 days of admission to a BOCES:

(i) Initial diagnostic assessment;

(ii) Child assets and strengths;

(iii) Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning, self harm, institutional behaviors and social problem-solving;

(iv) Medical assessment;

(v) Complete or review psycho-educational assessment; and

(vi) A problem list, related to the reasons why the child was admitted to this level of care.

Section 7. Staffing Ratios.

(a) BOCESs shall maintain one (1) full time equivalent licensed or certified professional/child ratio of 1:10 or a ratio of 1:12 when the licensed or certified professional works with an aide for the delivery of any therapeutic services.

(b) Direct care staff for BOCESs:

(i) Daytime and evening hours**.** The minimum ratio of direct care staff to child ratio is 1:6. If the teacher is counted in the staff/child ratios, he/she shall complete all training required for direct care staff.

(ii) Nighttime sleeping hours.

(A) There shall be awake direct care staff/child ratio 1:10 during nighttime sleeping hours;

(B) Bedroom checks of children shall be conducted at a minimum of three (3) times per hour, on a random, unscheduled basis and the exact time of the check shall be documented in an overnight log; and

(C) One (1) or more staff members shall be available on-call to provide direct care to any child in crisis or in need of supervision during the nighttime hours.

(iii) Direct supervision of individual youth shall be adjusted to meet his/her specific needs (ie. runaway risk, youth on room restriction, risk to self or others).

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

CHAPTER 1
GENERAL PROVISIONS

Section 1. Authority.

These rules of the Department of Family Services (DFS) are promulgated pursuant to W.S. §§ 9-2-2101, 14-4-101 through 116, and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq.

Section 2. Purpose.

These rules have been adopted to provide uniform certification standards for the protection of children in substitute care homes and facilities.

Section 3. Applicability.

(a) The incorporation by reference of any external code, standard, rule or regulation is intended to be the incorporation of that provision as it is in effect on the effective date of these rules.

(b) DFS may issue manuals, bulletins, or both, to interpret the provisions of these rules. Such manuals and bulletins shall be consistent with these rules. The provisions contained in manuals and bulletins shall be subordinate to the provisions of these rules.

(c) Within these rules if requirements specific to a particular level of care or service conflicts with a general provision of these rules, the specific provision shall prevail.

Section 4. Severability.

If any provision of these rules or the application thereof to any person, program, service or circumstance is declared unconstitutional, invalid, or beyond the authority conferred upon DFS by the Wyoming Legislature, the remaining provisions shall not be affected by the declaration. To the extent that these rules can be given effect without the offending provision, the provisions of these rules are severable.

Section 5. Introduction.

DFS is responsible for the certification, monitoring and enforcement of standards for certification of all Wyoming organizations providing substitute care services for children covered in these rules. Organizations are required to comply with all interstate compacts, statutes and rules that pertain to children, in addition to these rules.

Allegations of violations of any interstate compacts, statutes or rules shall be reviewed by DFS and appropriate action taken.

Section 6. Definitions. Other definitions may also be included in other chapters of these rules.

~~(a) "Abuse and neglect" means the improper treatment of children as defined in W.S. § 14-3-202(a)(ii) and (vii).~~

~~(b)~~ (a) "Aftercare" see "continuing care."

~~(c)~~ (b) "Appropriateness" means the degree to which a particular service, placement, treatment, intervention, or activity is best suited to a child's needs; is not excessive; unduly intrusive or restrictive; is anticipated to be effective and to achieve the desired and specified outcomes; and is adequate or sufficient in quantity to address the problem.

~~(d)~~ (c) "Assessment" means an appraisal completed by an appropriately licensed, provisionally licensed and/or certified professional in which expertise and skills are exercised to collect and analyze data in order to understand and describe the nature of service needs of an individual, family, or group.

~~(e) "Caretaker" means a person responsible for a child's welfare.~~

~~(f) "Case plan" means a DFS plan of action that brings prioritized issues and mutually defined goals and objectives together into a written plan which the child, DFS caseworker, and provider agree to pursue together.~~

~~(g)~~ (d) "Certification" means that DFS formally recognizes the organization as meeting all of the minimum requirements of these rules that pertain to the specific services provided and compliance with applicable laws and regulations.

~~(h) "Certified teacher" means having obtained full State certification as a teacher with a license to teach in this State.~~

~~(i) "Certifying authority" means DFS or its designee operating as the governmental agency which issues certificates, makes inspections, enforces standards, and handles all administrative details relating to enforcement of W.S. § 14-4-101 et seq.~~

~~(j) "Child" means an individual under the age of majority (18 years of age).~~

~~(k) "Confidentiality" means abiding by all federal and state requirements and restrictions related to sharing information.~~

~~(l)~~ (e) "Continuing care" means a course of treatment following residential care, customarily out-patient, identified in an Individual Treatment Plan of Care (ITPC) designed to support service frequency sufficient to maintain desired outcomes.

~~(m) "Contract staff" means those staff members with whom the organization contracts for services to fully meet the needs of the organization or the clients it serves.~~

~~(n) "Counseling" means the application of special knowledge and skills in performing the core functions utilized in support of the ITPC.~~

~~(o) "Critical incident" means a serious life safety or potential life safety incident or concern that poses a danger to the life, health and/or well being of a child, staff, or visitor to the program and/or facility.~~

~~(p)~~ (f) "Department" means the Department of Family Services or its designee, also referred to throughout these rules as "DFS."

~~(q) "Dietician" means a person registered by the Commission on Dietetic Registration of the American Dietetic Association or with the documented equivalent.~~

~~(r)~~ (g) "Direct care staff" means staff members whose primary job responsibility is the direct care and supervision of the children/residents assigned to him/her. Usually, direct care staff do not include administrators, therapists, or clerical staff, unless one of those individuals has assumed the role of direct care staff and is providing this service.

~~(s) "Director of DFS" means the chief administrator of the Department or his/her designee.~~

~~(t) "Discharge" means a voluntary or involuntary process describing the point at which an organization no longer assumes responsibility for provision of services to a particular person or persons served.~~

~~(u) "Discharge plan" means the planning that is initiated at the time of admission to the program, including the length of stay and the services necessary to treat the child in the least restrictive environment to be developed and put into place by the time the child is discharged from the program.~~

~~(v) "Discipline" means~~

~~(i) An educational process by which staff assist children to develop the self-control and self-direction necessary to assume responsibilities, make daily living decisions, and learn to live in conformity to accepted levels of social behavior; and~~

~~(ii) A system of rules governing conduct, which usually prescribes consequences for the violation of particular rules.~~

~~(w)~~ (h) "Facility" see definition of ~~Organization~~ Program.

~~(x)~~ (i) "Family" means the nuclear family (parents, ~~grandparents,~~ siblings, stepparents, adoptive parents, or legal guardians), extended family (aunts, uncles, ~~cousins~~ grandparents~~), significant others, mentors, caretakers, or persons viewed as family members when a child has no identifiable family~~.

~~(y) "Family centered practice" means a practice that assesses and addresses the needs of all family members that impact the safety, permanency, and well-being of the child and empowers the family to create their own solutions to their problems.~~

~~(z) "Financial audit" means an independent review by a certified public accountant which certifies that an organization's financial report fairly and accurately reflects its financial status.~~

~~(aa) "Foster care" means 24-hour substitute care for children placed away from their parents or guardians and for whom the DFS has placement and care responsibility.~~

~~(bb) "Foster family home" means the home of an individual or family certified or approved by the organization as meeting the standards established by the certifying authority.~~

~~(cc) "General Educational Development (GED)" means the tests of GED, which provide an opportunity to earn a high school credential. The GED program, sponsored by the American Council on Education, enables individuals to demonstrate that they have acquired a level of learning comparable to that of high school graduates.~~

~~(dd) "Hazardous substances" means materials or their residue that, when a person is exposed to them, can result in immediate or gradual illness or death.~~

~~(ee) "Human services" means policies and programs to meet and maintain the physical, emotional, social, educational, and spiritual needs of people and to assist them to develop their own capacity to enhance the quality of their lives.~~

~~(ff) "Independent living" means the ability of a child to live as a self-sufficient adult.~~

~~(gg)~~ (j) "Individual Service Plan of Care (ISPC)" means a document that describes measurable, individualized non-therapeutic service goals and strategies designed to meet the child's needs as determined by the family partnership or case planning meeting.

~~(hh)~~ (k) "Individual Treatment Plan of Care (ITPC)" means a document that describes measurable, individualized therapeutic treatment goals and strategies designed to meet the child's needs as determined by the clinical assessment.

~~(ii)~~ (l) "Informed consent" means a child's parent or ~~his/her~~ legal guardian explicitly grants permission to the organization to use a specific intervention. ~~The c~~ Consent is premised on full disclosure of the facts to enable the consumer to make a decision based on knowledge of the risks, benefits and alternatives.

~~(jj) "Intake" means the entry point at which eligibility is assessed against established criteria and a preliminary evaluation of the presenting issues.~~

~~(kk) "Job description" means explicit obligations and specific tasks required of staff as a condition of employment. A job description shall be in writing and may include credentials, education, experience, and skill requirements associated with the job.~~

~~(ll) "Least restrictive environment" means placement, residence, or location of treatment for children in situations that most closely meet their special needs in an environment that most closely approximates that of a person without the disability or condition.~~

~~(mm)~~ (m) "Living unit" means a self-contained area separated by doors/walls from the rest of the organization. A living unit has its own assigned staff and supervisor, whose offices are located on the unit. Daily records and copies of ISPC and/or ITPC shall be maintained on the unit.

~~(nn) "Medication" means a prescribed or over-the-counter drug which is injected, taken by mouth, applied topically, or otherwise administered.~~

~~(oo) "Monitoring" means an evaluation activity which involves a periodic review of services, organizational activities or conduct.~~

~~(pp) "National accreditation" means officially recognized or approved by a national accreditation body such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), and/or the Council on Accreditation (COA).~~

~~(qq)~~ (n) "Organization" means any type of business entity, including, but not limited to sole proprietorships, partnerships, limited partnerships, corporations, non-profit corporations, and limited liability companies ~~the entity~~ who participate in the delivery of substitute care services. ~~Sometimes the word~~ "O~~o~~rganization" is used interchangeably with "facility" and "provider" in these rules. This definition does not include adoptive homes, foster care homes or therapeutic foster care homes.

~~(rr)~~ (o) "Person" shall mean any individual, partnership, association, or corporation.

~~(ss)~~ (p) "Physical restraint" means a hands-on technique used by a specially trained staff member/foster parent for the purpose of restricting a child's freedom of

movement in order to maintain a safe environment for the child and others. The technique is designed to restrict the movement or function of a child or portion of a child's body and provide a degree of physical control that the child is unwilling or unable to provide for him or herself. Physical restraint does not include:

~~(i) Holding a child when the child does not physically resist (e.g., to calm or comfort a child);~~

~~(ii) Briefly holding a child with appropriate force to deescalate a situation and prevent the need for more intrusive interventions (e.g., interference by a staff member or foster parent in a fight between children); or~~

~~(iii)~~(i) Physical escort of a child, which means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a child who is acting out to walk to a safe location.

~~(tt)~~ (q) "Program" means a system of services offered by an organization in a specified location. Sometimes the word "program" is used interchangeably with the word "~~service~~ facility" or to describe specific programs.

~~(uu)~~ (r) "Provider" ~~means a person participating in the delivery of substitute care services under these rules. Sometimes the word "provider" is used interchangeably with the words "facility" and "organization."~~See definition of "Organization".

~~(vv) "Psychiatric Residential Treatment Facility (PRTF)" means any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21 (psych under 21 benefit). The facility must be accredited by JCAHO or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements in 42 CFR §§ 441.151 through 441.182 of the CFR, (http://www.gpo.gov/fdsys/pkg/CFR-2012-title42-vol4/html/CFR-2012-title42-vol4.htm).~~

~~(ww) "Psychotropic medication" means medications used by psychiatrists and other physicians to help children achieve psychological or emotional changes, including reduction in depression, anxiety, and other manifestations of mental or emotional disturbance.~~

~~(xx) "Seclusion" means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.~~

~~(yy) "Seclusion room" means a secure, safe and clean room which is free of potentially hazardous conditions in which an individual can be protected from injuring himself or herself or others. A seclusion room must allow staff full view of the child in all areas of the room and does not include the child's bedroom.~~

~~(zz) "Secure care" means an organization or portion of an organization, which uses locked doors or any other physical measures to prevent children from leaving the program.~~

~~(aaa) "Secure detention" means the act of restraining an child, usually in an institution, jail, or other holding facility for some legal purpose.~~

~~(bbb)~~ (s) "Service" means one or more organization-operated programs or activities having a common general objective and involving deployment of the organization's material and human resources in a planned and systematic manner.

~~(ccc)~~ (t) "Staff" means any individual who works directly with children in the facility and is used to meet staff:child ratios requirements.

~~(ddd)~~ (u) "Substitute care" means room, board and counseling provided to children on a twenty-four (24) hour a day basis away from their own home environments.

~~(eee)~~ (v) "Suicide attempt" means a deliberate act of self-harm that is not fatal, but in which death is the goal.

~~(fff)~~ (w) "Suicidal ideation" means thoughts about completing suicide; destructive thoughts to die.

~~(ggg) "Therapeutic foster care" means the home of an individual or family certified or approved as meeting the standards pursuant to Medicaid requirements.~~

~~(hhh)~~ (x) "Therapeutic staff" means staff licensed, provisionally licensed and/or certified by the Mental Health Professions Licensing Board, Board of Medicine or the Board of Psychology to provide mental health and/or substance use services.

(y) "Weapon" A weapon is any firearm, explosive or incendiary material, archery equipment, or other device, instrument, material or substance, which in the manner it is ordinarily used, or is ordinarily intended to be used, is reasonably capable of producing death or serious bodily injury.

~~(iii) "Time out" means a process used as a behavioral intervention to help correct a child's inappropriate behavior in the least restrictive manner possible.~~

~~(jjj) "Treatment team" means facility staff having the responsibility of creating and implementing the child's ISPC and/or ITPC.~~

~~(kkk) "Vulnerable adult" means any person eighteen (18) years of age or older who is unable to manage and take care of himself/herself or his property without assistance as a result of advanced age or physical or mental disability.~~

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

CHAPTER 2
CERTIFICATION PROCESS

Section 1. Certification and Recertification Procedures.

(a) All organizations with programs covered by these rules shall request regular certification and recertification in accordance with these rules.

(b) Upon receipt of an organization's need assessment and application for certification, DFS has thirty (30) calendar days to complete the process for certification.

~~(b)~~(c) Interpretation of these rules is the sole responsibility of DFS. ~~No other person, agency or organization shall make official interpretation of the certification rules.~~

~~(c)~~(d) Each ~~program~~ organization desiring recertification from DFS shall request recertification not less than 120 days prior to the expiration date of the current certification.

~~(d)~~(e) Upon receipt of a request for certification/recertification, DFS shall make or cause to be made a review of program documents that demonstrate compliance with these rules and make or cause to be made one (1) or more on-site inspections of the ~~program~~ organization.

~~(e)~~(f) Considering the information on hand and the result of the on-site inspection, DFS shall certify/recertify the ~~program~~ organization if the organization meets these rules for the particular area of service and the organization complies with applicable federal, state and local laws, as well as the rules of DFS.~~:~~

~~(i) The program meets these rules for the particular area of service; and~~

~~(ii) The program complies with applicable federal, state, and local laws, as well as the rules of DFS.~~

~~(f)~~(g) Certification under these rules is for the provision of services to children unless otherwise required by court order or statute. (See Chapter 1, Section 2 herein.) Children who entered the program as a minor and who have reached the age of majority and are still receiving services from the organization must not share bedrooms with the minor population. When the organization is serving children who have reached the age of majority, it must notify the certifying authority.

~~(g)~~(h) Each certificate is issued for the premises and persons or governmental units named in the certificate and is neither transferable nor assignable.

~~(h) The certificate is neither transferable nor assignable.~~

(i) ~~(i)~~ If the recertification process is not completed by fault of DFS and the organization has met its obligations for recertification, prior certification issued by DFS shall remain in effect until the recertification process is completed by DFS.

Section 2. Issuance of Certificates.

~~(a) The length of the certificate is based upon compliance history.~~

(a) ~~(b)~~ All organizations with approved programs shall be issued a one (1) year certificate.

(i) When a ~~new~~ program or organization has established a ~~compliance~~ history free of substantial violations (as determined by the Certifying Authority) for two (2) consecutive years, a two (2) year certificate may be issued at the discretion of the Certifying Authority.

(ii) Although a formal recertification process will not occur each year of the two (2) year period, the provider ~~must~~ shall ~~submit~~ make available the following documents to the certifying authority on an annual basis:

~~(A) Applicable annual recertification fee;~~

(A) ~~(B)~~ A current list of members of the governing body, owners and shareholders (if applicable);

(B) ~~(C)~~ Financial audit or review, conducted by a licensed, registered auditor or certified public accountant, ~~as required in Chapter 3, Section 2~~ that shows compliance with all federal and state fiscal requirements and shows the program or organization is financially sound;

(C) ~~(D)~~ Current organizational chart and a summary that identifies and describes all units of operation with the organization and defines the lines of authority and the responsibility of each member of the staff;

(D) ~~(E)~~ Copy of annual health and safety inspection(s) (if applicable); and

(E) ~~(F)~~ Evidence of public liability, professional liability where needed, and vehicle liability insurance coverage, the name and address of the insurance agency providing the insurance, and a copy of the certificate of insurance.

(b) ~~(c)~~ The Ceertifying Aauthority ~~may~~ shall issue a provisional certificate for a period not to exceed six (6) months. ~~less than one (1) year~~ if an ~~program~~ organization or facility is not in complete compliance with these rules, but is working toward complete compliance. ~~In that event, the following procedure shall be observed:~~ A full certificate shall be issued to replace the provisional certificate at any time full compliance is documented and/or monitoring is complete.

~~(i) The provisional certificate shall be effective for a period not to exceed six (6) months; and~~

~~(ii) A full certificate shall be issued to replace the provisional certificate at any time full compliance is documented and/or monitoring is completed.~~

Section 3. Fees.

~~(a) At the time of the original application, all applicants shall pay a nonrefundable application fee of Fifty Dollars ($50.00), which shall be applied toward the initial certification fee.~~

(a) ~~(b)~~ Certification and recertification fees are listed below. In the event an organization has multiple programs, the organization must pay the appropriate fee for each program being certified.

(i) Adoption Agency - Fifty Dollars ($50.00).

(ii) Child Placing Agency - Fifty Dollars ($50.00).

(iii) BOCES – One Hundred Fifty Dollars ($150.00).

(iv) ~~(iii)~~ Crisis Shelter - One Hundred Dollars ($100.00).

(v) ~~(iv)~~ Group Home - One Hundred Dollars ($100.00).

(vi) ~~(v)~~ Juvenile Detention Center - One Hundred Fifty Dollars ($150.00).

~~(vi) Maternity Home - One Hundred Dollars ($100.00).~~

(vii) Residential Treatment Center - One Hundred Fifty Dollars ($150.00).

(viii) Therapeutic Foster Care - Fifty Dollars ($50.00).

~~(ix) Transitional/Independent Living - One Hundred Dollars ($100.00).~~

~~(x) Therapeutic Wilderness Program - One Hundred Dollars ($100.00).~~

(b) ~~(c)~~ When an organization operates more than one (1) program, the maximum amount that the organization shall be responsible for shall not exceed the amount for the program with the highest fee.

(c) ~~(d)~~ Recertification fees are nonrefundable and due annually upon the anniversary date of the original certification date for all organizations and/or programs.

Section 4. Changes to Certification.

(a) Written notification from the organization is required prior to any of the following changes:

(i) The name of the facility;

(ii) The name of the executive director (and any change in executive director);

~~(ii) Change in executive director;~~

(iii) ~~(iv)~~ Physical location of the facility;

(iv) ~~(v)~~ Mailing address of the facility;

(v) ~~(vi)~~ Telephone number of the facility;

(vi) ~~(vii)~~ Structural modifications/remodeling, that may require an on-site inspection and result in a change in certification, does not include cosmetic changes or minor repairs that do not affect the operation of the facility; or

(vii) ~~(viii)~~ Capacity.

(b) In the case of emergencies the provider may give verbal reports of changes in the facility telephone number or mailing address so long as written notification follows.

(c) Changes are considered complete when DFS has received a completed change request form and all required documentation.

(d) DFS is not required to take any action on a change until the change request process has been completed.

(e) Changes shall be effective when all required documentation has been received or the effective date of the change, whichever is later.

~~(f) Changes to physical location, structural modifications or capacity may require an on-site inspection and result in a change in certification.~~

Section 5. Variances.

(a) ~~The~~ An organization may submit a written request to DFS for a variance to a rule when the facility is unable to meet full compliance with a standard in these rules.

(b) The written request ~~must~~ shall show:

(i) A compelling reason why the organization is unable to meet the particular rule requirement; and

(ii) What accommodations the organization will make to ensure that the safety and well-being of children served will not be compromised.

(c) All variance requests shall be reviewed and either approved or denied by DFS. Variances which are approved shall be:

(i) Reviewed not less than annually to determine if continuation of the variance is appropriate; and

(ii) Terminated at any time the safety and well-being of children is in jeopardy.

(d) Approval of a variance request cannot be interpreted as permanently waiving compliance with these rules or any provision of these rules.

Section 6. Discontinuation of Services.

(a) No provider shall discontinue service under the certification without providing the certifying authority ~~with~~ a thirty (30) day notice of intent to discontinue service.

(b) When a provider discontinues operation, the certification shall be considered invalid and the certificate must be surrendered to the certifying authority within thirty (30) days of closure.

Section 7. Monitoring Programs.

(a) After a program has been certified, the certifying authority shall monitor the program to assure its compliance with these rules and with all applicable federal, state and local laws, and rules of DFS.

(b) As an element of the monitoring process, the certifying authority shall make on-site inspections and evaluations based on these rules.

(c) ~~The monitoring process may also include, but is not limited to, the following:~~ The certifying authority may utilize any sources of information during the monitoring process. The organization will cooperate fully with the monitoring process.

~~(i) Examination of reports received from or about the provider including accreditation, certification, licensing;~~

~~(ii) On-site inspections;~~

~~(iii) Review of documentation of staff qualifications, background checks, and training;~~

~~(iv) Review of client files;~~

~~(v) Discussions with the board or boards of county commissioners of the county or counties where the services are provided, including a review of governing body minutes;~~

~~(vi) Discussion with other individuals, programs and agencies that partner with the organization to deliver services;~~

~~(vii) Attendance at or information presented during public meetings;~~

~~(viii) Discussion with the organization's governing body;~~

~~(ix) Review of all financial reports and records;~~

~~(x) Review of all corporate records to include articles of incorporation, bylaws, list of corporate officers, owners, and shareholders (if applicable); and~~

~~(xi) Any other pertinent sources of information concerning the provider and its services, including clients and other service consumers, including policy and procedure manuals.~~

(d) DFS may consider compliance with accreditation or certification by other agencies and organizations in the DFS certification and monitoring process.

~~(e) The provider shall provide the certifying authority with all verification necessary to verify compliance.~~

Section 8. Investigation for Noncompliance.

(a) DFS may investigate ~~the~~ an organization with a certified program on its own initiative or upon receipt of a complaint against a provider.

(b) If the certifying authority determines that the program is not in substantial compliance with the applicable federal, state or local laws, DFS rules, including these rules, or the contract with DFS, it shall provide the ~~program~~organization's governing body president or chairperson written notice of noncompliance. The parties shall then proceed as provided in Section ~~8~~ 9 of this chapter.

Section 9. Plan for Compliance.

(a) Within thirty (30) days after receipt of the written notice of noncompliance, the president or chairperson shall submit to DFS a corrective action plan (CAP) which shall provide, but not be limited to, the following information:

(i) Who is responsible for the correction;

(ii) What was done or will be done to correct the problem;

(iii) Who will monitor to ensure that the situation does not develop again; and

(iv) An appropriate date, not to exceed sixty (60) days from the date of the notice, for the correction of all issues of non-compliance.

(b) DFS shall review, within thirty (30) days after receipt, the program's CAP and schedule. At that time, DFS shall:

(i) Approve the proposed CAP and completion schedule; or

(ii) Approve a DFS modified CAP and completion schedule; or

(iii) Disapprove the CAP and completion schedule and revoke or suspend the ~~prior~~ certification of the ~~program~~ organization pursuant to Section 8 of this chapter.

~~(c) When DFS approves a proposed or modified CAP and completion schedule for achieving full compliance, DFS may grant certification.~~

Section 10. Denial, Revocation or Suspension of Certification.

(a) Reasons for the denial, revocation or suspension of certification may include, but are not limited to:

(i) Organization fails to comply with these rules within the specified timeframes agreed upon in the corrective action plan;

(ii) Organization deliberately furnishes or makes a misleading or false statement or report to a DFS employee; ~~or~~

(iii) Organization fails to provide, maintain, equip and keep in safe and sanitary condition the premises established or used for child's care, pursuant to these certification standards~~.~~;

(iv) Organization is in violation of one (1) or more of these rules such that the children's health, welfare and/or safety is in jeopardy at the facility; or

(v) Organization has been substantiated on in a child abuse and/or neglect Child Protective Services investigation and has been placed on the Wyoming Central Registry.

(b) The following incidents shall result in notice of denial, revocation or suspension of a certificate whenever they are documented:

(i) Organization knowingly continues to employ a staff member or used the services of a foster parent, part-time or contract employee, or volunteer who has been convicted of a crime against children, including a misdemeanor or whose name appears on the Central Registry;

~~(ii) Organization knowingly continues to employ a staff member or used the services of a foster parent, part-time or contract employee, or volunteer whose name appears on central registry;~~

(ii) ~~(iii)~~ Organization knowingly allows the use of illegal drugs or alcohol in the facility~~/foster home~~;

~~(vi) Organization knowingly allows the use of alcohol by minors in the facility/foster home;~~

~~(v) Organization knowingly allows the use of alcohol by staff in the facility;~~

~~(vi) The organization has accepted court ordered placements of children in DFS custody or placements funded by DFS and/or the State of Wyoming without entering into a contract with DFS to do so;~~

(iii) ~~(vii)~~ Organization fails or refuses to submit to DFS any reports or refuses to make available any records required by DFS during the course of an investigation, monitoring, or recertification of the facility; or

(iv) ~~(viii)~~ Organization fails, hinders, or refuses to submit to an investigation or inspection, or to admit authorized representatives of DFS at any time the facility is open for operation for the purpose of investigation, inspection or monitoring.

(c) Documentation that is necessary for the denial, revocation or suspension of certification must include at least one of the following:

(i) Inspection and/or investigation reports;

(ii) Protective services reports and/or police reports;

(iii) Arrest and/or conviction records;

(iv) Mental health, medical or treatment reports; or

(v) DFS field office files.

(d) Denial or Revocation.

(i) When certification of ~~a facility or~~ an organization's program is to be denied or revoked, the governing body must be notified in writing of the action being taken. The certifying authority shall send the notification to the provider's governing body with a copy to the DFS manager in the county where the provider is located, and the Attorney General's representative.

(ii) The notification shall include the following information:

(A) The alleged facts warranting the intended action;

(B) The intended action to be taken and the authority for the action;

(C) A statement that the action being taken shall be effective thirty (30) days from receipt of the notification unless the provider requests a hearing with the board of review by serving proper notice to the certifying authority within ten (10) days of receipt of the notification;

(D) The provider has the right to be represented by a lawyer. DFS will not be responsible for any attorney fees charged to the provider; and

(E) The penalty for uncertified operation, as set forth in W.S. § 14-4-111.

(iii) The hearing shall be conducted in accordance with Chapter ~~15~~ 2 of ~~these~~ DFS's Contested Case Hearing rules and the Wyoming Administrative Procedures Act, W.S. §§ 16-3-107 through 16-3-114.

(iv) A notice of the intent to revoke a license shall be sent to parents of children currently attending the program and the childrens'~~s~~ caseworkers, if in the custody of DFS. Upon request, the provider shall provide DFS with a complete list of parents and their mailing addresses.

(v) Notice to parents shall include the following:

(A) The name of the organization;

(B) A statement of the action being taken (e.g., revocation of certification);

(C) The date the action will be effective;

(D) A statement that an administrative hearing has or has not been requested; and

(E) The administrative hearing results, if applicable.

(e) Suspension.

(i) During the course of an investigation, if it becomes apparent to the investigator that the life, health or safety, of a child is in imminent danger, then the investigator shall request an Order of Summary Suspension.

(ii) The decision to issue an Order of Summary Suspension shall be made by the Director of DFS following the review of the investigative information, including the recommendation of the investigator, DFS caseworker, and the certifying authority.

(iii) The provider shall be served with the Order of Summary Suspension. The support of law enforcement agencies shall be sought in the closure if there is a threat to the safety of involved parties.

(iv) A copy of the Order of Summary Suspension shall be sent to parents of children currently attending the facility/program, the childrens'~~s~~ caseworkers, if in the custody of DFS, the DFS manager of the county where the provider is located, and the Attorney General's representative~~, and the certifying authority~~.

(v) A revocation notice shall follow the Order of Summary Suspension as soon as possible after the closure to ensure the certification is legally revoked and the provider's legal rights are not violated.

(f) Appeal. The provider may appeal to the district court for review of any adverse decision of the board of review as provided by the Wyoming Administrative Procedure Act.

Section 11. Reapplication Following Revocation.

Reapplication must include acceptable verification of how all previous compliance issues have been addressed before the new application can be accepted.

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

CHAPTER 3
GENERAL REQUIREMENTS

Section 1. Administration and Governance.

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

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

(b) ~~(c)~~ The governing body shall be:

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

(ii) The members of a limited liability company;

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

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

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

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

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

Section 2. Responsibilities of the Organization.

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

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

(ii) Provide services in compliance with Title VI of the Civil Rights Act of 1964, (Title VI of the 1964 Civil Rights Act, 42 U.S.C. §§2000d – 2000d-7 http://www.justice.gov/crt/about/cor/coord/titlevistat.php) and Wyoming statutes prohibiting discrimination;

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

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

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

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

~~a. Ensure that the organization's standards of practice are professional, ethical and responsive to children's needs:~~

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

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

(iv) ~~iii~~ Written conflict of interest policies shall ~~cover these issues~~ include staff and consultants of a voluntary or public organization and shall require they not have a direct or indirect financial interest in the organization and any member who is individually or as part of a business or professional firm involved in the business transactions or current professional services of the organization shall disclose this relationship and not participate in any vote taken in response to such transactions or services.

(v) Ensure that each child is informed and provided a copy of organization's rules within twenty-four (24) hours of admission and signs an acknowledgement, to be maintained in child's file.

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

(b) The organization shall ensure fiscal policies that make certain the availability of funds (including governing receipt and expenditure of money), resources, and equipment required to carry out the organization's purpose, are in accordance with sound budgeting, disbursement, and audit control procedures and fiscal accounts of the organization are audited or reviewed annually and submitted to the certifying authority.

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

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

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

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

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

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

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

(c) The organization shall establish personnel policies.

(d) The organization shall select and hire a qualified administrator/executive director and provide documentation that an annual, formal evaluation is conducted. ~~and perform a background check as part of the hiring process. Refer to Section 10 of this Chapter for the requirements for background checks~~.

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

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

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

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

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

~~(i) Public liability insurance coverage;~~

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

~~(iii) Professional liability insurance coverage, where applicable.~~

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

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

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

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

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

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

Section 3. Abuse and/or Neglect Reporting.

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

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

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

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

(iii) ~~(C)~~ If the suspected abuse and/or neglect occurred in the facility/program, the report shall be made to the DFS field office and/or the law enforcement agency in the community or county in which the facility/program is located and to the certifying authority.:

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

~~(II) The certifying authority.~~

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

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

Section 4. Critical Incident Reporting.

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

(i) Child fatality;

(ii) Serious illness or injury requiring urgent or emergent medical attention;

(iii) ~~Suicide attempt or acute s~~Suicidal, homicidal or unable to meet basic needs ~~ideation~~;

(iv) All abuse and/or neglect allegations (if the allegation is against a parent who is also the legal guardian, the parent is not to be notified; however, procedures described in Section 3 above must be followed);

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

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

(v) Child-on-child sexual contact;

(vi) Child runaway;

(vii) Fire at the facility or foster home;

(viii) Riots (loss of staff control of a portion of a facility or unit);

(ix) Physical assaultive conduct/behavior;

(x) Bomb threats; ~~and/or~~

(xi) Self harm (the deliberate, repetitive, or impulsive non-lethal harming of oneself); and/or

(xii) ~~(xi)~~ Law enforcement intervention.

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

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

Section 5. Consent to Treatment and/or Placement.

(a) The organization shall have policy and procedures to ensure that at a minimum oral consent with a witness is obtained within forty-eight (48) hours from the

child's parent and/or legal guardian if not already addressed in a court order. When an oral consent is obtained, a follow up written consent is received within four (4) business days for the provision of:

(i) Placement of the child in the facility;

(ii) Routine health care (e.g., health examinations, dental care, vision care, hearing care and treatment for injuries and illnesses); and

(iii) Emergency medical, dental care and psychological care.

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

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

Section 6. Parental Involvement.

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

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

Section 7. Admissions and Discharge.

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

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

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

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

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

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

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

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

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

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

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

(D) ~~Service~~ Child's needs that remain to be addressed;

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

(c) An unplanned discharge ~~shall also document~~ requires documentation of the following:

(i) The circumstances leading to the unplanned discharge;

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

(ii) The reason for the actions taken.

Section 8. Staff Requirements.

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

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

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

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

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

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

(e) ~~(f)~~ Volunteers, Interns, Practicum Students (VIPS). The organization shall develop policies and procedures for the operation of programs in which volunteers or student field placements or internships are utilized in direct service, care, and treatment. The policies and procedures shall include:

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

~~(ii) The policies shall include:~~

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

(i) ~~(B)~~ Designation to a supervisory staff person the responsibility for coordination of the VIPS program with a clear job description for the coordinator and for each category of volunteers;

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

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

~~(iii) The procedures shall include:~~

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

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

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

(v) ~~(D) Procedures to m~~ Monitor and evaluate activities and contributions.

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

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

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

Section 9. Staff Supervision.

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

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

Section 10. Background Checks.

(a) A Wyoming abuse and/or neglect Central Registry check, an abuse and/or neglect Central Registry check from any other state lived in for the past 5 years, ~~Division of Criminal Investigation (DCI) criminal history record prescreen~~, and a finger print based national criminal history record check shall be completed for all staff, foster parents, and adoptive parents. In cases where a child abuse and/or neglect registry request was made to another state and a denial of that request has been received, a notarized affidavit from the staff person shall be required, certifying to the best of his/her knowledge, he/she has not appeared upon a child abuse and/or neglect registry in the state of previous residence. These same checks are necessary for adult household members in the case of foster homes, adoptive homes, and facilities that are operated in an individual's home, including any new adult proposing to move into the foster home, adoptive home or facility operated in an individual's home. Background checks for any new adult prosing to move into the foster home, adoptive home or facility operated in an individual's home, shall be completed prior to the adult moving in.

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

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

(A) Child abuse and/or neglect;

(B) Spousal abuse;

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

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

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

(I) Felony physical assault;

(II) Felony battery;

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

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

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

(b) No staff person including volunteers and interns, foster parent, or adult household member residing in any facility who has been charged with a crime ~~involving children, physical or sexual violence against any person, or a felony drug related offense~~ outlined in Section 10(a)(ii)(A) through (E) above and awaiting trial may provide care or be present in the facility pending the outcome of the criminal proceeding.

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

Section 11. Staff Training.

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

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

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

~~(A) Organization philosophy and history;~~

(A) ~~(B)~~ Organization policies and organization staff member roles;

(B) ~~(C)~~ Responsibilities for reporting child abuse and/or neglect;

~~(D) Permanency and family centered practice;~~

(C) ~~(E)~~ The staff member's role and responsibilities in relation to the child and family and permanency;

(D) ~~(F)~~ Training in the area of universal precautions (blood borne pathogens);

(E) ~~(G)~~ Procedures for adherence to personal and professional ethics and conduct;

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

(G) ~~(I)~~ Record-keeping requirements;

(H) ~~(J)~~ Cultural competency;

(I) ~~(K)~~ Helping juveniles with acceptance of the residential setting and ~~S~~separation and loss inherent in out-of-home care for children and families, and for the staff members when children leave;

(J) ~~(L)~~ Confidentiality;

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

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

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

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

~~(O) Bomb threats (exclusive to facilities);~~

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

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

(N) ~~(R)~~ Suicide prevention and intervention;

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

(P) ~~(T)~~ Procedures for safe transportation of children and ~~O~~orientation to organization vehicles, if applicable;

~~(U) Procedures for safe transportation of children;~~

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

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

(R) Recognition of eating disorders;

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

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

~~(III) Training shall include:~~

~~(1) Familiarization with assigned duties;~~

~~(2) Evacuation routes;~~

~~(3) Areas of refuge;~~

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

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

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

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

(S) Behavior management and appropriate discipline; and

(T) Crisis prevention and intervention.

(ii) ~~(iii)~~ If the facility utilizes a Seclusion Room, the designated staff authorized to place a child in the Seclusion Room shall be oriented and trained as outlined in Section 2~~4~~5.

(iii) ~~(iv)~~ If the organization is using physical restraint, all staff and foster parents who use restraint shall be oriented and trained in appropriate behavioral interventions procedures as outlined in Section 2~~4~~5.

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

(A) General management, including labor law and staff/management relations;

~~(B) Labor law;~~

~~(C) Staff/management relations;~~

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

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

(D) ~~(F) Emerging trends and~~ ~~b~~Best practices in program area.

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

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

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

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

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

(i) Emergency plans;

(ii) Suicide prevention and intervention;

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

(iv) Confidentiality; ~~and~~

(v) Behavior management and appropriate discipline;

(vi) Crisis prevention and intervention; and

(vii) Other areas of annual training ~~may include~~ shall be child and family related.~~:~~

~~(A) Child development;~~

~~(B) Behavior management and appropriate discipline;~~

~~(C) Crisis prevention and intervention;~~

~~(D) Supervisory training;~~

~~(E) Attachment disorders;~~

~~(F) Eating disorders;~~

~~(G) Ethical issues;~~

~~(H) Cultural competency;~~

~~(I) Dietary and nutritional needs of children;~~

~~(J) Educational issues;~~

~~(K) Child safety;~~

~~(L) Issues surrounding transition (back home or to independent living);~~

~~(M) Self-care/independent living skills;~~

~~(N) Rights of the persons served by the program;~~

~~(O) Permanency and family centered practice;~~

~~(P) Substance abuse and mental health issues with the child and/or family and their impact on the family systems;~~

~~(q) Procedures for adherence to personal and professional ethics and conduct; and/or~~

~~(R) Emerging trends and best practices in program area.~~

(d) All staff shall sign off on all trainings attended, this includes electronic signatures.

(e) The individual(s) designated under the Reasonable and Prudent Parent Standard shall complete the training required by that Standard.

Section 12. Employee Health.

(a) TB Testing.

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

(ii) Every staff must complete a TB Yearly Risk Factor Self Assessment and ~~T~~there shall be follow-up TB testing if recommended by a health professional; and

(iii) In case of a positive exposure, employee shall follow the procedures of the Wyoming Department of Health (http://www.health.wyo.gov/PHSD/tb/index.html).

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

(c) Hepatitis B.

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

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

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

Section 13. Child Health and Safety.

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

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

(i) Allergies;

(ii) Medications;

(iii) Immunization history;

(iv) Hospitalizations;

(v) Medical diagnoses;

(vi) Medical problems that run in the family;

(vii) Complications of pregnancy, if applicable;

(viii) Special dietary needs;

(ix) Illnesses;

(x) Injuries;

(xi) Dental problems;

(xii) Mental health issues;

(xiii) Emotional problems;

(xiv) Ongoing medical care needs;

(xv) History of aggressive or violent behavior;

(xvi) Substance abuse history;

(xvii) Sexual history or behavior patterns that may place the child or other children at risk;

(xviii) Known or suspected suicide or self-injury attempts or gestures;

(xix) Emotional history which may indicate a predisposition for self-injury or suicide;

(xx) History of fire setting;

(xxi) Homicidal thinking; ~~and~~

(xxii) Animal mutilation~~.~~; and

(xxiii) Runaway history.

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

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

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

~~(A) Child's physical limitations;~~

~~(B) Emotional state;~~

~~(C) Parental/extended family involvement; and~~

~~(D) Runaway history.~~

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

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

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

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

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

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

(iii) All programs must follow Wyoming Department of Health recommended procedures for infection control for both caregivers and children (http://www.health.wyo.gov/phsd/epiid/HAIevidence.html).

(g) ~~(h)~~ Allergic Reactions.

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

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

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

(h) ~~(i)~~ Suicide Prevention and Intervention.

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

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

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

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

(i) ~~(j)~~ Family Planning.

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

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

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

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

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

(iv~~i~~) Family planning services are voluntary.

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

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

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

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

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

Section 14. Nutrition.

(a) Provision of Food.

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

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

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

(b) Quantity of Food.

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

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

(c) Prohibition against Withholding or Forcing of Food.

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

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

~~(d) Eating Disorders.~~

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

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

Section 15. Transportation.

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

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

~~(ii) Documentation shall be kept on vehicle maintenance.~~

(ii) ~~(iii)~~ The operator of a vehicle transporting children:

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

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

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

(iii) ~~(iv)~~ The operator and ~~A~~all passengers shall wear seat belts, unless being transported in a federally classified school bus.

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

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

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

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

Section 16. Medication.

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

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

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

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

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

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

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

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

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

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

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

(c) Labeling of Medications. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that all medications are accurately labeled.

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

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

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

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

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

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

(A) Patient's name;

(B) Medication name;

(C) Correct dosage instructions;

(D) Name of physician;

(E) Prescription number; and

(F) Date of repackaging.

(iii) Repackaging may occur as often as needed; and

(iv) If there is medication left over from repackaging:

(A) It shall be documented in the child's record. Said documentation shall state why there was medication left over and a description of what the medication is for; and

(B) Medication left over from repackaging shall not be returned to the original bottle/container due to changes in potency and contamination.

(e) Medication Logs. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that medication logs are maintained for each child. The organization shall maintain a cumulative record of all medication dispensed to children, a copy of which shall be placed in the child's case record. This record shall include:

~~(I) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that medication logs are maintained for each child;~~

~~(ii) The organization shall keep a written record of all medication given to each child; and~~

~~(iii) The organization shall maintain a cumulative record of all medication dispensed to children, a copy of which shall be placed in the child's case record. This record shall include:~~

(~~A~~i) Child's name;

(~~B~~ii) Name of physician prescribing medication;

(~~C~~iii) The name of the medication;

(~~D~~iv) Date and time the medication was administered;

(~~E~~v) Amount of medication given;

~~(F) Time the child received the medication;~~

(vi) ~~(G)~~ Signature/initial of person monitoring medication;

(vii) ~~(H)~~ Any medication errors and reason for the errors; and

(viii) ~~(I)~~ A statement must be signed and documented by the staff member who witnessed medication refusal.

(f) Medication Errors. Documentation of medication errors shall be kept in the medication log.

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

(i) ~~(ii)~~ Medication errors may include:

(A) The failure to administer medication;

(B) Administering the incorrect medication;

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

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

(ii) ~~(iii)~~ After each medication error:

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

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

(C) ~~Said actions shall be documented.~~An incident report shall be submitted to the DFS Caseworker and DFS Certifying Authority within two (2) working days.

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

(h) Medication Administration Training. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that medication administration training has been provided.

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

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

(i) Psychotropic Medication

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

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

(A) Criteria for the use and review of psychotropic medications as a part of the ~~individual treatment plan~~ ITPC and/or ISPC;

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

(B) ~~(C)~~ Procedures for monitoring and reviewing use of psychotropic medication by a physician, nurse practitioner, or physician's assistant; and

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

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

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

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

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

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

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

(k) Incident reporting. Any unscheduled use of medications, excluding any PRN orders, used to target psychiatric symptoms or behaviors shall be reported to the DFS Caseworker and the DFS Certifying Authority within two (2) working days.

Section 17. Recreation and Leisure.

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

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

(c) The facility and/or foster parents shall provide age appropriate recreational experiences, both indoors and out of doors, for all children in placement. Television is not to be considered a form of recreation.

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

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

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

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

(d) ~~(h)~~ Organization Recreational Plan.

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

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

(A) Special qualifications of staff.

(I) The organization shall make documentation available to the certifying authority that the staff member has specialized training, or

extensive life experience in the recreational activity that qualify staff to supervise the activity; and

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

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

(B) Special safety equipment.

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

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

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

~~(C) Special rules for staff and child behavior.~~

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

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

~~(D) Risk management.~~

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

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

Section 18. Facility Health and Safety Requirements.

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

(a) Inspections.

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

~~(ii) The purpose of the inspection is to prescribe the minimum requirements and controls that will provide a reasonable level of life safety, property protection and public welfare from the actual and potential hazards created by fire, explosions and other hazardous conditions;~~

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

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

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

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

~~(ii) In all substitute care facilities:~~

(ii) ~~(A)~~ All forms of tobacco, and alcohol shall be prohibited in all substitute care facilities and all motor vehicles while transporting children.~~;~~ ~~and~~

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

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

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

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

(c) Animals.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Porches, decks, and ~~S~~stairs:

(A) ~~Stairs s~~Shall have sturdy railings; and

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

(iii) Fireplaces and wood-burning stoves. Safeguards must be taken to protect small children from accidental contact with fireplaces, space heaters and other hot surfaces The organization and foster home shall ensure the safe disposal of ashes from coal or wood burning fireplace or stoves;

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

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

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

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

(f) ~~(g)~~ Exterior Conditions.

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

~~(ii) Property shall be maintained in good repair;~~

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

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

~~(v) Fences shall be in good repair;~~

(iv) ~~(vi)~~ Guardrails shall:

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

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

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

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

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

(viii) ~~(x)~~ Doors shall be operable from the inside without the use of a key or special effort, excluding secure facilities.

(g) ~~(h)~~ Emergency Situations.

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

(A) The procedure for reporting emergencies;

(B) Procedures for relocation and evacuation of children;

(C) Staff member duties during emergencies;

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

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

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

~~(G) Specific procedures for responding to the crisis;~~

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

(H) ~~(I)~~ Emergency transportation, if required~~;~~.

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

(iii) Evacuation and emergency plans shall be posted throughout the facility with directions to and the location of exits, fire extinguishers, first aid equipment and other emergency equipment or supplies.~~:~~

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

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

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

(v) Fire/Evacuation Drills:

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

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

(C) Emergency drills shall be documented (including time and date of each drill held, the name of the person conducting such drill, and other information relative to the drill) and evaluated as to their effectiveness and a plan shall be developed if any issues arise due to the drill, including timelines to correct the issues and documentation of the resolution of the issues; and

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

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

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

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

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

(vii) ~~(viii)~~ Fire Extinguishers:

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

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

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

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

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

(xi) ~~(xii)~~ Fire exi~~s~~ts must be accessible at all times; and

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

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

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

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

(~~j~~i) Communication System.

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

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

(iii) The organization shall provide children with reasonable access to a pay or free telephone and shall not charge children for telephone calls to the DFS caseworker;

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

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

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

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

(~~l~~k) Weapons/Firearms. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the safe management of firearms and weapons. ~~A weapon is any firearm, explosive or incendiary material, archery equipment, or other device, instrument, material or substance, which in the manner it is ordinarily used, or is ordinarily intended to be used, is reasonably capable of producing death or serious bodily injury.~~

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

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

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

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

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

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

~~(A) Successfully completing a course of firearm safety;~~

~~(B) Obtaining a hunter's safety certificate;~~

~~(C) He/she is no longer on probation and/or an adjudicated delinquent; and~~

~~(D) The foster child must also be accompanied and supervised by an adult over 21 years of age in possession of a hunter's safety certificate.~~

(l) Bladed and Sharp Objects. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the safe management of bladed and sharp objects. Bladed and Sharp object include, but are not limited to: scissors, knives, razors and razor blades.

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

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

(i) Local plumbing codes or in their absence, the International Plumbing Code, International Code Council (http://www.iccsafe.org/Pages/default.aspx), latest edition;

(ii) Local building codes, or in their absence, the International Building Code, International Code Council (http//www.iccsafe.org/pages/default.aspx), latest edition;

(iii) The Federal Safe Drinking Water Act (http://water.epa.gov/lawsregs/rulesregs/sdwa/currentregulations.cfm);

(iv) The Americans with Disabilities Act, 42 USC §12101 *et seq.*; and

(v) Local or state fire safety and sanitation requirements, as applicable~~;~~ ~~and~~.

(b) Prior to purchase, lease, construction or remodeling of a new or existing facility, there shall be a plan review completed by DFS and the State Fire Marshal or other local fire authority. After construction or remodeling is completed, a fire inspection

shall be conducted and a certificate of occupancy ~~must be issued. The organization~~ shall be submitted ~~documentation of the fire inspection~~ to the certifying authority.

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

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

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

(e) ~~(f)~~ In all remodeling and new construction, required smoke detectors shall receive their primary power from the building wiring when such wiring is served from a commercial source and shall be equipped with a battery backup. ~~The detector shall emit a signal when the batteries are low.~~

Section 20. Bedrooms.

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

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

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

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

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

(c) ~~(e)~~ Each child shall be provided with room and board and is to be assigned a bedroom which shall include, as a minimum, an individual bed, mattress, mattress cover, pillow, supply of bed linen and space for the storage of personal items. There shall be no more than four (4) children to a facility or foster home bedroom.

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

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

Section 21. Bathrooms.

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

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

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

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

(c) ~~(e)~~ Sinks shall be located in all bathrooms and shall be supplied with hot and cold running water and located at a height between twenty-four (24) and thirty-six (36) inches high for children, or stools shall be provided.

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

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

(~~h~~e) Facilities shall comply with the requirements of the International Plumbing Code, International Code Council (http://www.iccsafe.org/Pages/default.aspx) latest edition or the plumbing code adopted by the local jurisdiction.

Section 22. Kitchens.

All facilities that provide food for children shall comply with all current Department of Health and/or Department of Agriculture standards. There shall be documentation that food service, lighting and other fixtures and equipment conform to all health, sanitation, and safety codes and regulations, and the organization shall provide documentation of the review of health and sanitation regulations to the Certifying Authority.

Section 2~~2~~3. Child Rights.

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

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

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

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

(d) Every child shall have access to educational services per Wyoming State law, Title 25, Education;

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

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

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

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

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

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

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

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

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

(ii) The frequency of contact shall be based on the needs of the child, determined with the participation of the child's parent and/or legal guardian, and organization and shall be documented.

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

~~(B) Limitations shall be documented.~~

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

~~(A) These limits shall be documented; and~~

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

(k) ~~A visitor may be excluded if the visitor~~ A person may be excluded from visitation with the child if he/she:

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

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

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

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

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

(m) ~~(n)~~ There shall be written policy, procedure and practice to ensure and facilitate children's access to the legal system, as well as confidential contact with legal counsel, and spiritual counsel.

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

(o) The organization shall not place a child in a position of being forced to acknowledge his/her dependency, delinquency, abuse and/or neglect, unless for treatment purposes (e.g., during a therapeutic counseling session) and shall not exploit a child in any way for organization gain (e.g. public statements of gratitude, fund raising).

(p) The organization shall not use reports or pictures from which children can be identified without written consent from the child and the parents and/or legal guardian and DFS if the child is in DFS custody.

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

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

Section 2~~3~~4. Discipline.

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

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

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

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

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

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

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

~~(b) Examples of appropriate discipline:~~

~~(i) Teaching and administering consequences of unacceptable behavior;~~

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

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

~~(iv) Team approaches to behavior management;~~

~~(v) Staff utilization of verbal crisis intervention; and~~

~~(vi) Use of timeout;~~

(b) ~~(c)~~ Examples of inappropriate discipline and/or punishment:

(i) Humiliating or degrading confrontation or consequences that undermine the child's respect, such as ridicule, sarcasm, shaming, scolding, forcing a child to dress in attire that would humiliate or degrade;

(ii) Verbal remarks that belittle or ridicule the child or his/her family;

(iii) The denial of food, liquids, mail or visits with their families as punishment;

(iv) Any form of discipline, control, or punishment that violates state laws that protect children from abuse and/or neglect; or

(v) Other unacceptable forms of punishment or behavioral control include, but are not limited to, the following:

(A) Slapping;

(B) Spanking;

(C) Shaking;

(D) Paddling;

(E) Belting;

(F) Kicking;

(G) Hitting including hitting with objects with an intent to do harm;

(H) Unreasonable forced physical exertion or meaningless repetitive activities (e.g., marching, push-ups), when used solely as a punishment;

(I) Requiring or forcing the child to take an uncomfortable position, such as squatting or bending, standing, or kneeling rigidly in one spot;

(J) Group ~~punishments~~ discipline for misbehaviors of individuals;

(K) Excessive denial of on-grounds program services or denial of any essential program service solely for disciplinary purposes;

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

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

(N) Deprivation of sleep;

~~(O) Inadequate food;~~

~~(P) Imposed physical discomfort;~~

~~(Q) Verbal abuse;~~

~~(R) Humiliation;~~

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

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

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

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

(R) Physical restraint; or

(S) Seclusion.

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

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

(c) ~~(d)~~ Time out is the removal of a child from the child's immediate environment and restricting the child alone to a room or area~~;~~. Time out is an approved method of discipline, if used according to the following guidelines:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Have normal meals;

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

(C) Participate in educational activities; and

(D) Have hygiene privileges.

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

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

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

(A) The specific behavior that necessitated room restriction;

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

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

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

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

Section 24<u>5</u>. Emergency Safety Interventions.

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

(b) Allowable emergency safety interventions include<u> physical restraint and/or seclusion.</u>~~:~~

~~(i) Physical restraint; or~~

~~(ii) Seclusion.~~

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

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

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

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

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

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

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

(d) ~~(f)~~ Physical/Manual Restraint.

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

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

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

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

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

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

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

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

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

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

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

(D) ~~(F)~~ What and how the preventive/de-escalation techniques and positive behavioral intervention shall be used by staff prior to any physical restraint;

(E) ~~(G)~~ How the program observes and evaluates the use of physical restraint on a child at the facility or foster home including evaluation of appropriateness and effectiveness of preventive/de-escalation techniques on each physical restraint;

(F) ~~(H)~~ The type of written documentation the facility and foster parent maintains of each physical restraint that describes the details of the incident and the staff and foster parent involvement;

(G) ~~(I)~~ The type of written documentation the facility and foster parent maintains that describes the debriefing with the child and staff and foster parent following the restraint;

~~(J) Develop, implement and evaluate a written plan for when preventive and/or de-escalation techniques shall be used prior to using physical restraint;~~

~~(K) Evaluation of each physical restraint to determine appropriateness and effectiveness of preventive and/or de-escalation techniques used and effectiveness and appropriateness of the restraint itself;~~

(H) ~~(L)~~ The requirement that staff and foster parent not restrain children in areas of the facility/home that may pose a threat to the health and safety of the child including, but not limited to, soft, pliable surfaces, concrete, asphalt or areas which may result in broken glass;

(I) ~~(M)~~ How the program monitors the physical well-being of the child during and after the restraint, including but not limited to breathing, pulse, color, and signs of choking or respiratory distress;

(J) ~~(N)~~ Emergency procedures, including first aid and how medical personnel will be contacted, that shall be used if a child, staff member and foster parent is injured during a restraint; and

(K) ~~(O)~~ The internal review process of the program to assess all injuries.

(iv) ~~(v)~~ Restraint Training. If the organization is using physical restraint, all staff and foster parents using physical restraint shall be oriented and trained in a nationally recognized program for appropriate behavioral intervention procedures which shall include:

(A) Participation in annual, ongoing training that concludes with successful completion of a mandated competency test ~~for each staff member involved in physical restraint to review and refresh skills involved in positive behavior intervention, de-escalation, and physical restraint~~;

~~(B) A comprehensive preventive, de-escalation and restraint training program that includes a competency test as a part of the training program;~~

~~(C) Successful completion of the competency test is mandatory prior to any staff member being involved in a physical restraint;~~

(B) ~~(D)~~ Periodic observation of each staff member performing a physical restraint must be done by a supervisor of the facility who has been trained in restraint; and

(C) ~~(E)~~ If a supervisor of the facility or designee determines a staff member did not correctly perform a physical restraint or performed an inappropriate or unnecessary physical restraint, the staff member must be immediately retrained and be restricted from performing further restraints until retraining can occur~~; and~~.

~~(F) Documentation of staff and foster parent training must be made available to the certifying authority.~~

(v) ~~(vi)~~ Notification of Physical Restraint Usage.

~~(A) At the time of admission the child's parent or legal guardian shall be advised of the purpose and method of restraint used by the program;~~

(A) ~~(B)~~ At the time of admission to the program, ~~each~~ the child, child's parent and/or legal guardian, shall be told, in a language or manner of communication understandable to him/her, of the purpose of restraint, the restraint model/method used and the type of behavior that might result in the child being restrained; and

(B) ~~(C)~~ All use of physical restraint of a child must be reported to the parent/legal guardian and reported in writing to the certifying authority within two (2) working days following occurrence.

(vi) ~~(vii)~~ Charting Restraint Incidents. ~~Each physical restraint incident shall be documented.~~ The following information must be included in the documentation:

(A) The name of the child, date and time of day, staff members and foster parent involved, his/her position at the facility, his/her involvement in the physical restraint, how long the restraint lasted, and the signature of the reporter and date and time of the documentation;

(B) The precipitating incident(s) and the child's behavior before the restraint occurred;

(C) What specific actions were taken to de-escalate the situation and control, calm, or contain the child and the effect of these de-escalating actions upon the child;

~~(D) A description of the restraint including the child's physical, emotional and behavioral condition during the restraint;~~

(D) ~~(E)~~ A description of the debriefing and evaluation with the child and with the staff and foster parent; and

(E) ~~(F)~~ The child's physical and emotional/behavioral condition prior to, during, and following the restraint~~; and~~.

~~(G) The child's emotional/behavioral condition prior to and following the restraint.~~

(vii) ~~(viii)~~ Debriefing. Following every restraint ~~incident~~, a face-to-face discussion between staff and/or foster parent(s) involved in the intervention and the child shall take place in order to:

(A) Minimize the psychological harm inherent in the use of restraints;

(B) Help staff, ~~and~~ foster parent and child~~ren~~ plan for alternative interventions to reduce the need for restraints in the future; and

(C) Encourage culture change among facility staff and foster parent.

(viii) ~~(ix)~~ Review of Restraint. A supervisor or licensed mental health professional, of the organization, shall review ~~records of~~ each physical restraint within 48 hours of each restraint if:

(A) It appears that the child is being physically restrained one (1) or more times per day for more than four (4) days, the child's ITPC must be reviewed by the certifying authority;

(B) Any particular de-escalation technique appears to be causing escalation in the behavior of a child or a group of children, the use of the technique shall be evaluated for its effectiveness. De-escalation techniques that are not effective or are counter-productive must be terminated at the earliest opportunity; or

(C) A staff member and foster parent appears to be involved in a larger number of physical restraints than other staff members and foster parents and is not a part of a specially trained team, or is unsuccessful at using de-escalation effectively, the program administrator/executive director must conduct a thorough review of the staff member's and foster parent's interactions with children, prior restraint training, and need for further training as required by organization policies.

(e) ~~(g)~~ Seclusion refers to the involuntary confinement of a child alone in a room where the child is physically prevented from leaving when all other reasonable means to control or calm the child have failed;

(i) A Seclusion Room is a safe and secure individual room in which a child, who is beyond control and a danger to himself/herself or others, may be temporarily confined;

(ii) Seclusion Policy and Procedures:

(A) The facility shall have written policies and procedures for dealing with children who are temporarily beyond control and are a danger to themselves or others. These shall include identifying, developing, and promoting preventive strategies and the use of safe and effective alternatives to using the Seclusion Room;

(B) When the Seclusion Room is used, a written statement of purpose, organization policy or operational procedures shall include the following:

(I) The philosophy and use of the room;

(II) The intake process;

(III) The evaluation of the child while in the room;

(IV) Emergency procedure while in seclusion;

(V) Child's grievance procedure regarding the use of the room; and

(VI) Release from the Seclusion Room.

~~(C) The Seclusion Room can only be used for the child to resume self-control and/or to prevent harm to the child or others. A child is to be confined in a Seclusion Room only when he/she is:~~

~~(I) In a period of crisis or emergency for him/herself;~~

~~(II) A danger to him/herself and/or others; or~~

~~(III) Beyond control; and~~

~~(IV) All other reasonable means to control or calm the child have failed, and the child's welfare, or the welfare of those around the child, demands that the child be confined;~~

~~(D) The Seclusion Room shall not be used as means of punishment; and~~

(C) ~~(E)~~ Use of the Seclusion Room is expressly prohibited as a means of dealing with non-violent or non-assaultive behaviors.

(iii) If a child is placed in the Seclusion Room more than three (3) times in a seventy-two (72) hour period (or a maximum of six [6] hours in a seventy-two [72] hour period), the ~~treatment plan~~ ITPC for the child shall be reviewed and revisions made if necessary.

(iv) Time Limits. Time limits are as follows**:**

(A) One (1) hour for children nine (9) years of age and under; and

(B) Two (2) hours for children ten (10) years of age and above.

(v) Staff Requirements.

(A) There shall be a Seclusion Room supervisor who is designated and trained to be responsible for the use of the Seclusion Room;

(B) The supervisor shall be either a full-time staff member~~, a Wyoming licensed psychologist, or a psychiatrist licensed to practice medicine in Wyoming~~ or a licensed mental health professional; ~~and~~

(C) If the Seclusion Room supervisor is not a ~~psychologist or a psychiatrist~~ licensed mental health professional, there shall be a contract with a ~~psychologist or psychiatrist~~ licensed mental health professional to provide consultation with the Seclusion Room supervisor and staff~~.~~; and

(D) A staff member shall be present when a child is placed inside the room and shall have constant visual contact with the child.

(vi) The facility that operates a Seclusion Room shall appoint a review team, which includes a neutral observer.

(A) The neutral observer may be a staff member of the facility or human services professional;

(B) The neutral observer shall not be the Seclusion Room supervisor or the person who placed the child in the Seclusion Room;

(C) The review team shall determine within seventy-two (72) hours if the situation resulting in the seclusion of a child in a Seclusion Room merited such a decision; and

(vii) ~~(D)~~ The facility shall identify staff members, who have ongoing training and supervision in the area of seclusion policy and procedures, authorized to place a child in the Seclusion Room within its statement of Seclusion Room policy. Authorized staff shall be employed as:

(A) ~~(I)~~ Administrator/Executive Director;

(B) ~~(II)~~ Direct care s~~S~~taff;

~~(III) Social worker;~~

~~(IV) Psychologist;~~

~~(V) Psychiatrist;~~

(C) ~~(VI)~~ Licensed, provisionally licensed and/or certified mental health professional; or

(D) ~~(VII)~~ Teacher.

~~(vii) The designated staff authorized to place a child in the Seclusion Room shall have ongoing training and supervision in the area of seclusion policy and procedure.~~

(viii) Authorization.

(A) At the time of admission of the child to the facility, the child's parent or legal guardian shall be informed of the use of the Seclusion Room and the circumstances under which it will be employed and a written consent must be obtained from the child's parent~~/~~ or legal guardian authorizing the use of the Seclusion Room;

~~(B) Prior to signing the consent form for the child to be placed in the Seclusion Room, the child's parent/legal guardian shall be informed of the use of the Seclusion Room and the circumstances under which it will be employed;~~

(B) ~~(C)~~ If the consent form is unsigned, the child may not be placed in a Seclusion Room and an alternative plan shall be developed; and

(C) ~~(D)~~ Prior to the placement of the child in the Seclusion Room, the child shall be oriented, in a language or manner of communication understandable to him/her, to the room regarding the purpose of its use and the type of behavior that might result in its use and the child shall sign a statement indicating such orientation was complete.~~:~~

~~(I) The child shall know the purpose of its use;~~

~~(II) The child shall be oriented to the type of behavior that might result in its use; and~~

~~(III) The child shall sign a statement indicating he/she has been oriented to the Seclusion Room.~~

(ix) At the time of placement of the child in the Seclusion Room all articles of potential harm to the child (e.g., sharp objects, belt) shall be removed from his/her person.

(x) Documentation.

(A) Each incident of seclusion shall be documented. The following information must be included:

(I) The child's name;

(II) Date and ~~T~~time ~~of day the child was placed in the Seclusion Room~~;

(III) Name of the staff member ~~who placed the child in the room~~;

(IV) The staff member who was notified of the placement;

(V) The precipitating incident and the child's behavior before placement in the room;

(VI) Actions taken by staff members of a less restrictive nature to try to control, calm, or contain the child;

(VII) Observable physical and emotional/behavioral condition of the child when entering the Seclusion Room; and

~~(VIII) Observable emotional and behavior condition of the child entering the Seclusion Room.~~

(VIII) ~~(IX)~~ The child shall be in constant visual contact of direct care staff. At least every fifteen (15) minutes ~~the child shall be checked and~~ there shall be documentation which shall include the time and a description of what the child was doing;

(IX) ~~(X)~~ When the child was last given access to restroom facilities;

(X) ~~(XI)~~ When and what type of medications were given and by whom, if applicable;

(XI) ~~(XII)~~ When the child's last staff contact occurred; and

(XII) ~~(XIII)~~ Initials of the person supervising.

(B) The resolution process shall be documented as follows:

(I) Description of the resolution between staff members and the child at the termination of the use of the room and process used in assisting the child to reenter the group; and

(II) The observable physical and emotional/behavioral condition ~~behavior and the emotional state~~ of the child after leaving the Seclusion Room including attitude, affect and emotional intensity;

~~(III) Observable physical condition of the child when leaving the Seclusion Room; and~~

~~(IV) Process used in assisting the child to reenter the group.~~

(C) The review team report shall include:

(I) Record of persons on the review team;

(II) Conclusions ~~of the review team~~ as to the appropriateness of placing the child in the Seclusion Room;

(III) The record review process; and

(IV) ~~(VI)~~ The identification of issues that need to be addressed, ~~how they will be addressed~~ and how they will be assessed and evaluated.

(D) ~~(IV)~~ The record of the use of the Seclusion Room shall be reviewed daily by the Seclusion Room supervisor~~;~~.

(E) ~~(V)~~ The record of the use of the Seclusion Room shall be reviewed weekly by the facility administrator~~; and~~.

(xi) Physical Requirements for a Seclusion Room.

(A) The Seclusion Room shall be located in reasonable proximity to the living unit or other areas of activity;

~~(B) A staff member shall be present when a child is placed inside the room and must remain in close proximity at all times;~~

(B) ~~(C)~~ The Seclusion Room shall be a minimum of eight (80) square feet in size;

(C) ~~(D)~~ The Seclusion Room shall be kept in a clean and sanitary condition;

(D) ~~(E)~~ All switches for light, heat and ventilation, as well as other electrical outlets, shall be outside the room~~. All switches~~ and shall be accessible only to staff;

(E) ~~(F)~~ There shall be no features by which a child might injure him or herself within the Seclusion Room (e.g., utility pipes, sprinkler system, cleaning equipment and materials, mirrors);

(F) ~~(G)~~ Exterior windows to the outside of the building are not recommended. If the Seclusion Room does have exterior windows, the window panes shall be of shatter resistant material and have psychiatric screening;

(G) ~~(H)~~ There shall be an observation window from which all parts of the room are visible for purposes of supervision;

(H) ~~(I)~~ The windows shall be made of non-breakable, shatter-resistant materials and the facility shall document maintenance by a professional;

~~(J) The facility shall document the maintenance of the non-breakable, shatter-resistant window by a professional;~~

(I) ~~(K)~~ There shall be an approved ventilation system;

(J) ~~(L)~~ The Seclusion Room shall be constructed to meet all appropriate fire regulations;

~~(M) The Seclusion Room shall have a lighted, soothing environment;~~

(K) ~~(N)~~ The child shall not be subjected to glaring lights and all lights shall be recessed into the ceiling and covered with a non breakable, shatter resistant guard that is flush with the ceiling;

~~(O) All lights shall be recessed into the ceiling and shall be covered with a non-breakable, shatter-resistant guard that is flush with the ceiling;~~

(L) ~~(P)~~ There shall be no more than one (1) locked door between the child and the staff member, unless a mechanism for supportive monitoring is in place; and

(M) ~~(Q)~~ If the Seclusion Room is soundproof, there must be an intercom system that is activated when a child is in the room~~; and~~.

~~(R) Sprinkler system shall not be accessible to client.~~

(xii) Approvals Necessary to Operate the Seclusion Room.

(A) It is the responsibility of the facility to provide the certifying authority with the written approval of the fire official prior to the initial use of the Seclusion Room;

~~(I) There shall be an annual inspection by the fire official and certifying authority;~~

~~(II) The facility shall retain a copy of the annual fire inspection report in the facility file; and~~

~~(III) The facility shall forward a copy of the annual fire inspection report to the certifying authority.~~

(B) The certifying authority must approve the Seclusion Room prior to the initial use of the room;

~~(C) The records of the use of the Seclusion Room, the policy for operation of the room, the children's records, staff records and the room shall be open to representatives of DFS for inspection;~~

(C) ~~(D)~~ If it is found at the time of inspection of the Seclusion Room that the facility does not meet all the regulations for operation of the room, the following will occur:

(I) The certifying authority shall give written notice of specific deficiencies to be corrected; and

(II) The facility shall cease confining any child in the Seclusion Room until corrections are completed and authorization is given by the certifying authority.

Section 2~~5~~6. Personal Possessions and Money.

(a) The organization shall develop, adopt, follow and maintain written policy and procedure on the control and safeguarding of each child's personal property and funds;

~~(b) A child shall be allowed to bring personal possessions to the facility and/or foster home and to acquire personal possessions and money in accordance with the program's rules;~~

(b) ~~(c) When~~ If limits are placed on the type of possessions a child may retain, it shall be documented ~~the nature and quantity of those items shall be described in policy and, if applicable,~~ in the child's record, ~~or~~ ISPC and/or ITPC and~~. All limits shall be~~ reviewed with the child, and his/her parents or legal guardian;

(c) ~~(i)~~ Personal property ~~retained~~ confiscated by the organization shall be itemized in a written list where each item is checked and initialed by staff that is kept in a permanent case file and the child shall receive a current copy of this list. Upon discharge from the program, the child's ~~confiscated~~ property shall be returned; and

(d) Children may be allowed to earn money by doing odd jobs, if consistent with his/her ISPC and/or ITPC and:

~~(i) This shall be documented in the ISPC and/or ITPC;~~

(i) ~~(ii)~~ Children's personal funds shall be held by the organization ~~and controlled by accepted accounting procedures~~ and the record shall be maintained for each individual child; and

(ii) ~~(iii)~~ If interest is earned on any account involving children's funds, the interest must be prorated to the children accordingly.

Section 2~~6~~7. Education.

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing educational needs of a child;

(b) Each child who is of compulsory school age shall participate in a Wyoming Department of Education-approved and/or local school district-approved school program;

(c) High School Equivalency ~~GED~~ programs shall be made available for children who are not participating in a Wyoming Department of Education-approved and/or local school district-approved school program;

(d) The organizations shall provide appropriate space and supervision for quiet study after school hours;

(e) The organizations shall ensure that each child has access to necessary educational reference materials; and

(f) The organization shall ensure that developmental issues, learning disabilities, and/or behavioral issues, are assessed and addressed as indicated.

Section 2~~7~~8. Religion.

(a) An organization shall respect the religious preference of the child and his/her parent(s) or legal guardian and shall ensure that each child is afforded opportunities to attend or participate in religious services or activities in his/her religious faith of choice that are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of persons involved in such activity or that the activity itself disrupts order in the facility;

~~(b) An organization shall ensure that each child is afforded opportunities to attend or participate in religious services or activities in his/her religious faith of choice that are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of persons involved in such activity or that the activity itself disrupts order in the facility;~~

(b) ~~(c)~~ An organization that has a particular religious or denominational orientation shall provide a written description of its orientation or beliefs to the child and to the child's parent(s) or legal guardian prior to the child's admission, or within seven (7) consecutive calendar days following the admission of the child;

(c) ~~(d)~~ If an organization requires mandatory religious observance or mandatory church attendance, information shall be shared and consent given from the child and parent(s) or legal guardian or both upon admission;

(d) ~~(e)~~ Non-mandatory religious programs shall not require or coerce children to participate in religious services or activities, shall not discipline, discriminate against, or deny privileges to any child who chooses not to participate, and shall not reward any child who chooses to participate;

(e) ~~(f)~~ The child's parent(s) or legal guardian shall provide written authorization regarding any change in religious affiliation by the child while he/she is in care; and

(f) ~~(g)~~ An organization shall recognize and take into account the racial, cultural, ethnic and religious backgrounds of children when planning various activities or religious services.

~~**Section 28. Prohibition Against Deprivation of Rights.**~~

~~(a) The organization shall develop policy and procedures to ensure that every child's rights are protected; and~~

(b) In addition to protecting children's rights, the organization shall refrain from practices that may be intentionally detrimental to the child, including, but not limited to, the following:

(i) The organization shall not place a child in a position of being forced to acknowledge his/her dependency, delinquency, abuse or neglect, unless for treatment purposes (e.g., during a therapeutic counseling session);

(ii) The organization shall not require a child to make public statements to acknowledge gratitude to the organization;

(iii) Children in care shall not be required to perform at public gatherings;

(iv) Every child has a right not to be exploited or have his/her privacy invaded by organization publicity or fund-raising efforts; and

(v) The organization shall not use reports or pictures from which children can be identified without written consent from the child and the parents and/or legal guardian;

Section 29. Notification of Rights.

(a) The organization shall have written policies and procedures to ensure that all children are made aware of their rights as listed in Chapter 3, Section 23;

(b) The program shall have written policies and procedures providing children receive written materials and/or translations in his/her own language if he/she does not understand English; and

(c) There shall be documentation in each child's record that he/she is familiar with his/her rights and have signed a statement to that effect, if age appropriate.

Section 30. Notification of Rules.

(a) The organization shall have written policies and procedures to ensure that all children are made aware of the organization's rules or the rules of the foster home, as appropriate.

(b) A copy of the organization's rules shall be provided to each child within twenty-four (24) hours of admission and made readily available thereafter;

(c) The program shall have written policies and procedures providing children receive written materials and/or translations in his/her own language if he/she does not understand English; and

~~(d) There shall be documentation in each child's record that they are familiar with the rules of the facility or foster home, as appropriate, and have signed a statement to that effect.~~

Section ~~31~~29. Grievance Procedures.

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the grievance process, including that the person has the option to notify DFS if the grievance is not resolved to a satisfactory level; and

(b) The grievance policy shall be provided and explained to the child and his/her parent or legal guardian at the time of ~~intake~~admission.

Section 3~~2~~0. Individual Service Plan of Care (ISPC).

(a) An Individual Service Plan of Care (ISPC) shall be developed for each child within fourteen (14) calendar days of placement.

(b) The ISPC shall be developed by the organization's administrator/executive director (or designee), ~~or~~ foster parent, parent or legal guardian, DFS if the child is in DFS custody, ~~foster parent,~~ and the child, if age appropriate.

(c) The ISPC shall include, but not be limited to, the following:

(i) Written, measurable objective(s) of what is to be accomplished, including how the staff will facilitate engagement of child with his/her family (to develop, maintain and strengthen relationship) during the estimated period of service;

~~(ii) Activities and tasks specific to the accomplishment of each objective;~~

(ii) ~~(iii)~~ Activities and ~~T~~tasks assigned to the organization or foster parent, child and family members (others as indicated) along with time frames for achievement of each task and clearly stated expectations and resources to be provided by the organization, child, family members, or other agencies or community organizations;

(iii) ~~(iv)~~ Delivery of competent, regular and emergency medical, dental, and optical care, with attention to special medical needs (the child's health and safety plan shall be integrated into the ISPC, when available);

(iv) ~~(v)~~ Discharge ~~summary and~~ plan to include a time-line, anticipated discharge date, ~~a summary of to what degree objectives were accomplished,~~ and continuing care plan with ~~referrals to~~ other programs and/or community service providers identified as appropriate;

(v) ~~(vi)~~ Time frames for the periodic review of progress ~~toward the objectives~~;

(vi) ~~(vii)~~ Description of the potential benefits of achieving the ISPC objectives and a description of potential ramifications of not achieving the ISPC objectives;

~~(viii) Use of community facilities; and~~

(vii) ~~(ix)~~ When age appropriate, independent living skill building~~.~~; and

(viii) A description of any Reasonable and Prudent Parent decisions made by the designated official (executive director) or his/her designee.

(d) ~~Implementation of ISPC.~~ The organization shall have a system for the implementation of ISPCs that included keeping a record of progress and sharing with the foster family, the child, the parent or legal guardian, and DFS if the child is in DFS custody, on a regular basis.

~~(i) The organization shall have a system for the implementation of ISPCs that includes keeping a record of progress; and~~

~~(ii) This information shall be shared with the foster family, the child, and the parent (if appropriate) and legal guardian, and DFS if the child is in DFS custody on a regular basis.~~

(e) Copies of the ISPC shall be provided to the foster family, the child (if age appropriate), the parent ~~(if appropriate), and~~ or the legal guardian and DFS if the child is in DFS custody.

(f) The ISPC shall be reviewed and revised ~~on a quarterly basis~~ at least every thirty (30) days by the organization's administrator/executive director (or designee), foster family, the child (if age appropriate), parent or legal guardian and DFS if the child is in DFS custody. Participants shall sign and date the ISPC. Phone and video participation should also be noted and signed for by someone physically present at the review.

Section ~~33~~31. Individual Treatment Plan of Care (ITPC).

(a) An ITPC shall be developed for each child within fourteen (14) calendar days of placement.

(b) The ITPC shall be developed by the organization's administrator/executive director (or designee) foster ~~family~~parent, professional staff, parent or legal guardian, DFS if the child is in DFS custody, and the child~~,~~ (if age appropriate).

(c) All ITPCs shall be written, reviewed and conducted under the supervision of the therapeutic staff/case manager.

(d) The ITPC shall include, but not be limited to:

(i) Written, measurable behavioral objectives, including how the staff will facilitate engagement of child with his/her family (to develop, maintain and strengthen relationship) of what is to be accomplished during the estimated period of service;

(ii) Activities and tasks ~~specific to the accomplishments of each objective;~~ assigned to the organization or foster parent, child and family members (others as indicated) along with time frames for achievement of each task and clearly stated expectations and resources to be provided by the organization, child, family members, or other agencies or community organizations;

~~(iii) Responsibilities of the DFS case worker, organization, child and family members for the assigned tasks and time frames necessary to achieve the objectives;~~

~~(iv) Clearly stated expectations and resources to be provided by the organization, child, family members, or other agencies or community organizations;~~

(iii) ~~(v)~~ Delivery of competent, regular and emergency medical, dental and optical care, with attention to special medical needs (the child's health and safety plan shall be integrated into the ITPC, when available);

(iv) ~~(vi)~~ Discharge ~~summary and~~ plan to include a time-line, anticipated discharge date, ~~a summary of to what degree objectives were accomplished,~~ and continuing care plan with ~~referrals to~~ other programs and/or community service providers identified as appropriate;

(v) ~~(vii)~~ Time frames for the periodic review of progress toward the objectives;

(vi) ~~(viii)~~ Description of the potential benefits of achieving the ITPC objectives and a description of potential ramifications of not achieving the ITPC objectives;

~~(ix) Use of community facilities; and~~

(vii) ~~(x)~~ When age appropriate, independent living skill building~~.~~;; and

(viii) A description of any Reasonable and Prudent Parent decisions made by the designated official (executive director) or his/her designee.

(e) ~~Implementation of ITPC.~~ The organization shall have a system for the implementation of ITPCs that included keeping a record of progress and sharing

information with the staff and foster parents, DFS if the child is in DFS custody, the child, and the parent or legal guardian on a regular basis.

~~(i) The organization shall have a system for the implementation of ITPCs that includes keeping a record of progress; and~~

~~(ii) This information shall be shared with the staff and foster parents, DFS if the child is in DFS custody, the child, and the parent or legal guardian on a regular basis.~~

(f) Copies of the ITPC shall be provided to the staff and foster parents, DFS if the child is in DFS custody, the child (if age appropriate), and the parent or legal guardian.

(g) The ITPC shall be reviewed and revised at least every thirty (30) days by the therapeutic staff, parent or legal guardian, foster parent, DFS if the child is in DFS custody and the child. Participants shall sign and date the ITPC. Phone and video participation of any member shall be acknowledged and signed for by someone physically present at the review.

Section ~~34~~32. Records.

~~(a) Emergency Information.~~

~~(i) Emergency information for children shall be easily accessible at the facility and foster home; and~~

~~(ii) Emergency information for each child shall include:~~

~~(A) Name, address, telephone number and relationship of a designated person to be contacted in case of an emergency;~~

~~(B) Name, address, telephone number and relationship of the child's physician or source of health care;~~

~~(C) Name, address, telephone number of the person able to give consent for emergency medical treatment (excluding surgery); and~~

~~(D) A copy of the child's most recent health examination, when available.~~

(a) ~~(b)~~ Child Records.

(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing the personal records of every child, including compliance with The Health Insurance Portability and Accountability Act (HIPAA), 45 CFR and Substance Abuse Confidentiality, 42 CFR Part 2, and the Family Educational and Privacy Rights Acts, 20 USC § 1232(g) when applicable.

(ii) The content of records shall include, but not be limited to:

(A) Personal Data Record;

(I) The child's name;

(II) Date of birth;

(III) Social Security number;

(IV) ~~Sex~~Gender or gender identity;

(V) Religion (if known);

(VI) Race;

(VII) Date and time of placement;

(VIII) Child's immediate needs;

(IX) Name of referral source;

(X) Reason for placement;

(XI) Description of the child's condition as observed by the intake worker. This shall include notation of the child's response to the placement;

(XII) Names and addresses of parents, brothers and sisters;

(XIII) Names of others who have a significant relationship with the child;

(XIV) Child's special needs ~~which shall include, but not be limited to:~~ such as medical, emotional, educational, and child and/or familial substance abuse.

~~(1) Medical;~~

~~(2) Emotional;~~

~~(3) Educational; and~~

~~(4) Child and/or familial substance use.~~

(B) Emergency information, including:~~;~~

(I) Name, address, telephone number and relationship of a designated person to be contacted in case of an emergency;

(II) Name, address, telephone number and relationship of the child's physician or source of health care;

(III) Name, address, telephone number of the person able to give consent for emergency medical treatment (excluding surgery); and

(IV) A copy of the child's most recent health examination, when available.

(C) Signed Consent to Treatment forms;

(D) Intake/Placement record;

(E) Health and safety documentation;

(F) Health record, to include dental, vision, hearing;

(G) Medication record;

(H) ISPC, ITPC,~~;~~ and/or Transition Plan;

(I) Reportable incidents;

(J) Court orders;

(K) Signed notification of rights and grievance procedures;

(L) Signed notification of awareness of the rules;

(M) Education record;

(N) Progress reports;

(O) Required documentation as specified in these rules (e.g., use of emergency safety interventions); and

(P) Record of family contact/visitation.

(iii) Confidentiality. A child's record, information concerning a child or birth/adoptive family, and information that may identify a child or family by name or address is confidential and may not be disclosed or used other than in the course of official duties.

(iv) Locked Records. The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that a child's record is

inaccessible to all but staff bound by confidentiality rules and the certifying authority. Hard copy records must be locked up in a secure area and electronic records must be protected by a password with automatic back-up to assure protection against loss of information.

(b) ~~(c)~~ Staff Records. The staff records shall include:

~~(i) The organization shall make the following information available to the certifying authority:~~

(i) ~~(A)~~ Name;

(ii) ~~(B)~~ Documentation and verification of education and training;

(iii) ~~(C)~~ Verification of work experience;

(iv) ~~(D)~~ TB screening and/or test and Hepatitis B (if applicable) results;

(v) ~~(E)~~ Copy of resume or application;

(vi) ~~(F)~~ Employee signature verifying that they have reviewed all policy and procedures for the organization;

(vii) ~~(G)~~ Employee signature verifying the employee understands his/her statutory responsibility for reporting child abuse and/or neglect per W.S. §§ 14-3-205 through 14-3-206;

(viii) ~~(H)~~ Documented proof of all training received by staff to include the number of hours, dates, titles of training and name of trainer;

(ix) ~~(I)~~ Documentation in writing, signed by each staff member that to the best of his/her knowledge he/she is not on a child abuse and/or neglect registry in Wyoming or any other state;

(x) ~~(J)~~ A completed abuse and/or neglect Central Registry check, and evidence of a ~~Division of Criminal Investigation (DCI) and~~ FBI criminal history record check;

(xi) ~~(K)~~ Documentation of the completion of an annual evaluation; and

(xii) ~~(L)~~ For contract staff, a copy of their employment contract.

(c) ~~(d)~~ Certification Records.

(i) The records maintained by DFS concerning the certification/licensing of facilities and organizations are open to the public except for the following, which are confidential and not available for review:

(A) Information identifying children or their families;

(B) Scholastic records, health reports, social or psychological reports;

(C) Personnel records; and

(D) Reports and records received from other agencies, including police and child protection investigation reports and any other regulatory reports.

(ii) Anyone wishing to review a record must make a written request to DFS and that information shall only be released in accordance with ~~45 CFR, HIPAA, 20 USC § 1232 (g), Family Educational and Privacy Rights Act, and 42 CFR, Part 2, Substance Abuse Confidentiality, if~~ applicable state and federal law.

(d) ~~(e)~~ Organization Record Retention. The organization shall develop, adopt, follow and maintain on file written policies and procedures governing record retention including time frame for keeping records, (at least six (6) years from date of last official involvement following the child's departure and until any audit or litigation is resolved).

~~(i) The organization shall develop, adopt, follow and maintain on file written policies and procedures governing record retention; and~~

~~(ii) Information in the child's, employee's, or foster parents' records shall be kept:~~

~~(A) At least six (6) years (per 45 CFR HIPAA) from date of last official involvement following the child's departure, or~~

~~(B) Until any audit or litigation is resolved.~~

Section ~~35~~33. Requirements Pertaining to Children in the Custody of the State of Wyoming, Department of Family Services.

(a) Certified facilities ~~shall not~~ who accept court ordered placements of children in DFS custody or placements funded by DFS and/or the State of Wyoming ~~unless they have entered into a contract to do so with DFS.~~shall adhere to the Department's Court Ordered Placement Rules.

(b) Child Placing Agencies and Therapeutic Foster Care Agencies must send a copy of the foster parent certification and documentation that background checks have been completed to the appropriate DFS Foster Care Coordinator.

(c) If the child in placement is in the legal custody of DFS, the ~~following standards must be met~~ facility or foster home shall:

(i) ~~The facility must a~~Allow full access by the DFS caseworker to the child in placement;

(ii) ~~The facility must c~~Cooperate with DFS in all reunification efforts and permanency planning; and

(iii) ~~The facility must c~~Cooperate with the DFS caseworker in providing medical services to child in placement.

(d) Programs wishing to accept children in ~~state/~~DFS custody must comply with all requirements of 42 USC §§ 670 through 679(b).

(e) The facility shall have a designated official, who is the executive director, and a trained designee, to make determinations related to the Reasonable and Prudent Parent Standard, per Wyoming Statute 14-13-101 through 104.

~~**ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN**~~

CHAPTER 4
CRISIS SHELTERS

Section 1. Program Specific Certification Standards.

(a) All Crisis Shelters must comply with all sections of this Chapter and the following Chapters and Sections of these Rules:

(i) Chapter 1: All;

(ii) Chapter 2: All; and

(iii) Chapter 3: Sections 1 through ~~32~~ 29 and Section~~s 35-36~~ 32.

Section 2. Program Description.

(a) Crisis Shelters provide a group home living setting for short-term, emergency services for children available twenty-four (24) hours a day, seven (7) days a week, for a period not to exceed thirty (30) days for the following purposes:

(i) The child is unable to receive the parental care he/she needs in his/her own home;

(ii) The child is unable to maintain him/herself in an independent living situation;

(iii) The child is unable to participate in family and community life including school without danger to himself/herself or others;

(iv) The child and/or family is in need of the assistance of the Crisis Shelter to stabilize his/her lives;

(v) The child is in need of protection;

(vi) The non-violent child needs placement which is an alternative to secure detention;

(vii) The child requires diagnostic assessment;

(viii) The child is awaiting a more permanent placement; and/or

(ix) The non-violent child is awaiting court.

(b) Crisis Shelters provide voluntary, temporary shelter services and may also provide the following:

(i) Crisis management/counseling;

(ii) Individualized programming for each child;

~~(iii) Direct care;~~

(iii) ~~(iv)~~ Case management; and

(iv) ~~(v)~~ Assistance to the child's parent(s) or legal guardian in making referrals to other organizations/programs.

(c) The local DFS Manager may approve one extension for up to thirty (30) days in agreement with the provider for children requiring shelter care.

(d) For purposes of daily census reporting to DFS, the number of children in the facility shall be counted at eleven o'clock (11:00) p.m.

Section 3. Admission Criteria.

(a) ~~Behaviors~~ Issues appropriate for placement in a Crisis Shelter may include:

(i) Non-violent behavior (alternative to secure detention);

(ii) Out of control;

~~(iii) Awaiting placement;~~

(iii) ~~(iv)~~ Drug/alcohol and/or drug endangered ~~issues~~;

(iv) ~~(v)~~ Family disturbance;

(v) ~~(vi)~~ Placement difficulties;

(vi) ~~(vii)~~ Runaway; ~~and/or~~

(vii) ~~(viii)~~ School problems~~.~~; and/or

(viii) Suspected child abuse and/or neglect (including abandonment).

~~(b) The organization shall determine if the child is appropriate for placement in the Crisis Shelter based on the items listed in Section 2 (a).~~

(b) ~~(c)~~ Age Range

(i) The organization may provide Crisis Shelter services for children from birth through seventeen (17) years of age;

(ii) Special provisions for sleeping arrangements shall be made for children in two (2) separate age groups, defined as children birth through nine (9) years and children age ten (10) years and over~~; and~~. The unrelated children in different age groups shall have separate sleeping areas.

~~(iii) The unrelated children in different age groups must have separate sleeping areas.~~

(c) ~~(d)~~ Voluntary Placements.

(i) Parents or legal guardians may voluntarily place children and these placements shall not require a court order;

~~(ii) Voluntary placements by parents or guardians shall not require a court order;~~

(ii) ~~(iii)~~ Written consent shall be obtained for emergency psychological, medical, ~~substance use,~~ and dental care signed from the parent or legal guardian at the time of admission; and

(iii) ~~(iv)~~ Crisis Shelters must, within seventy-two (72) hours of placement, enter into a voluntary placement agreement for services with the minor's parents or legal guardian:

(A) Any exceptions must be documented; and

(B) If the parents or legal guardian refuse to sign, or other conditions prevail (e.g., out-of-state runaway), ~~the following options are available:~~ the crisis shelter may refuse continued placement or notify DFS.

~~(I) Refusal of continued placement; or~~

~~(II) Notification to DFS.~~

(d) ~~(e)~~ Self-Referral Placements.

(i) Shall be handled on a case-by-case basis; and

(ii) Attempts shall be made to notify the parents or legal guardian as soon as possible (never exceeding eight [8] hours), except in cases involving abuse or neglect, which must be reported immediately to the child protective agency (local DFS) or local law enforcement agency.

Section 4. Maximum Capacity.

(a) The maximum capacity, in addition to the standards listed below, ~~must~~ shall be based on the facility's ability to provide safe treatment, subject to space, staff/client ratio, and manageable caseloads.

(b) Each Crisis Shelter shall provide services for no more than ten (10) children.

(c) In an emergency, the provider may exceed its certified capacity under the following conditions:

(i) The Crisis Shelter has sufficient bed space;

(ii) The Crisis Shelter has available staff to meet the staff:child ratio required for the specific setting (e.g., group home or residential treatment); and

(iii) The Crisis Shelter shall not exceed by more than three (3) its certified capacity unless otherwise permitted by DFS.

(d) Any time the Crisis Shelter exceeds its certified capacity, the organization must notify the local DFS office within twenty-four (24) hours and DFS will make the determination as to the length of time that the facility can remain over its licensed capacity.

Section 5. Program Personnel.

Crisis Shelters shall have, at a minimum, an Administrator/Executive Director and direct care staff.

Section 6. Specialized Training (Chapter 3, Section 11).

~~(a)~~ Crisis Shelter staff ~~must~~ shall complete a twenty (20) hour orientation program~~, as described in Chapter 3, Section 11~~ and twenty (20) hours of annual training to include suicide prevention, domestic violence and trauma training.

~~(b) Crisis Shelter staff must complete twenty (20) hours of annual training including the training described in Chapter 3, Section 11 as well as domestic violence and trauma training.~~

Section 7. Staffing Ratios.

~~Direct care staff includes only those staff whose primary function is to provide direct child care and supervision to residents in the program. Usually, direct care staff do not include administrators, therapists, clerical staff, unless the individual has assumed the role of direct care staff and met all requirements of direct care staff in Chapter 3 and is providing this service.~~

(a) During the daytime and evening, the minimum ratio of staff to children must be 1:6 for children ages three (3) and older and 1:4 for children under the age of three (3); and

(b) During nighttime sleeping hours:

(i) There must be a direct care staff:child ratio of ~~one (1) awake staff for every ten (10) children~~ 1:10 during nighttime sleeping hours unless children under the age of three (3) are present then the staff:child ratio must be 1:5; ~~and~~

(ii) Bedroom checks of children shall be conducted at a minimum of three (3) times per hour, on a random, unscheduled basis and the exact time of the check shall be documented in an overnight log; and

(iii) One (1) or more staff members shall be available on call to provide direct care to any child in crisis or in need of supervision during the nighttime hours.

(iv) Direct supervision of individual youth shall be adjusted to meet his/her specific needs (ie. runaway risk, youth on room restriction, risk to self or others).

~~**Section 8. Basic Services.**~~

~~(a) Each child shall be provided with room and board and is to be assigned a bedroom which shall include, at a minimum, a bed, mattress, mattress cover, pillow, supply of bed linen and space for the storage of personal items unless there are safety issues that would contraindicate assigning the child to a bedroom.~~

~~(b) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that:~~

~~(i) Children will receive guidance and instruction in personal care and hygiene appropriate to their age, gender, race and culture; and~~

~~(ii) Children will be encouraged to follow personal care and good hygiene practices.~~

~~(c) Services may or may not be provided pursuant to court order.~~

~~(d) Services must be accessible to DFS, children (self-referral), parents or legal guardians, law enforcement, and other referring organizations.~~

~~**ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN**~~

CHAPTER 5
CHILD PLACING AGENCIES

Section 1. Program Specific Certification Standards

(a) All Child Placing Agencies (CPA) must comply with all sections of this Chapter and the following Chapters and Sections of these Rules:

(i) Chapter 1: All;

(ii) Chapter 2: All; and

(iii) Chapter 3: Sections 1 through 1~~7~~8, Sections 20 through ~~32~~ 29, and Sections 3~~4~~1 and 3~~5~~2.

Section 2. Program Description.

A CPA ~~(CPA)~~ is any entity that arranges for the placement or temporary care, maintenance, and supervision of children in a ~~place~~ home other than the home of their parents or relatives. A CPA recruits, trains, approves and provides oversight for its own foster homes.

Section 3. Maximum Capacity.

(a) A CPA foster home shall not house more than five (5) foster children, and the total number of children in the home cannot exceed ten (10) children including the foster parents' own children.

(b) No more than two (2) infants under two (2) years of age, including the foster parent's own children, shall be placed in one (1) foster home.

(c) A CPA foster home shall not have more than two (2) severely emotionally disturbed (SED) diagnosed children (including the CPA's family's own SED-diagnosed children) in their care at one time.

(d) The above guidelines must be observed at all times during the provision of respite.

(i) Exceptions~~,~~ (e.g., to maintain family groupings) shall be approved on a case-by-case basis by the Administrator/Executive Director or designee and certifying authority.

Section 4. Admissions Criteria.

In order to qualify for placement in a CPA program, a child must be able to function in the community, attend public school, and live in a family environment.

Section 5. Program Personnel.

CPAs shall have, at a minimum, an Administrator/Executive Director. Direct care is provided by CPA foster parents.

Section 6. Specialized Training (As described in Chapter 3, Section 11).

(a) CPA staff shall complete a twenty (20)-hour orientation program~~, as described in Chapter 3, Section 11~~ and twenty (20) hours of annual training to include training on children diagnosed with SED.

~~(b) CPA direct care staff shall complete twenty (20) hours of annual training as described in Chapter 3, Section 11 and include training on children diagnosed with SED.~~

(b) ~~(c)~~ CPA foster parents shall complete an eighteen (18) hour orientation program~~, as described in Chapter 3, Section 11,~~ before they work directly with children in care and eighteen (18) hours of annual training.

~~(d) CPA foster parents shall complete eighteen (18) hours of annual training, as described in Chapter 3, Section 11.~~

Section 7. CPA Foster Parent Requirements.

(a) The CPA program shall develop, adopt, follow and maintain on file written policies and procedures to recruit and approve foster parents (including the home study process) capable of providing quality services, while ensuring reasonable and adequate safeguards to children and their families.

(b) Foster parents shall be twenty-one (21) years of age or older.

Section 8. Home Study ~~Process~~.

(a) All CPAs ~~must~~ shall complete and keep on file the following ~~home study process~~ prior to approving a foster home:

(i) ~~Conduct b~~Background checks on the prospective foster parent(s) and any other adults residing in the home as set forth in Chapter 3, Section 10;

(ii) ~~Check~~ References. Five (5) positive references ~~must~~ shall be obtained for each prospective foster parent:

(A) Three (3) non-relative references from persons who have known the applicant for at least two (2) years, and have a general knowledge about the applicant's ability to care for children; and

(B) Two (2) relative references (e.g., parents, siblings)~~, if available,~~ to assess family relationships and support the appropriateness of the applicant to provide foster care ~~and if unavailable, documentation as to why they were unavailable~~.

(iii) ~~Review p~~Physician~~'s~~ or other licensed medical professional statement verifying prospective foster parent(s) is physically, cognitively, and emotionally capable of providing care for the children;

(iv) TB testing as set forth in Chapter 3, Section 12; and

(v) ~~Five (5)~~ Three (3) or more interviews with the prospective foster parent(s):

(A) Interview each prospective foster parent and household member separately~~:~~ ~~to:~~

~~(I) Obtain necessary biographical information; and~~

~~(II) Assess each family member's attitude with regard to becoming a foster family.~~

(B) Provide sufficient information to acquaint the family with the CPA program and its philosophies and practices; and

(C) Two (2) of the ~~five (5)~~ three (3) interviews shall be conducted at the family home, with all family members present for one (1) of the in home interviews ~~to assess:~~ .

~~(I) Family functioning;~~

~~(II) How foster children will be included and integrated into the home; and~~

~~(III) For substance use, emotional or domestic violence.~~

(b) Health and Safety Inspection. The CPA program shall develop procedures to inspect and monitor every foster home to ensure a safe and healthy environment for children and shall perform a safety and health inspection of the home (addressing all items in Section 9 of this chapter).

~~(i) The CPA program shall develop procedures to inspect and monitor every foster home to ensure a safe and healthy environment for children.~~

~~(ii) The CPA program shall perform a safety and health inspection of the home addressing all items in Section 9 of this Chapter. Documentation of the inspection shall be placed in the prospective foster home or facility file. The provider may create its own checklist, provided all items are addressed.~~

(c) Written Home Study.

(i) The written home study shall include documentation of all interviews and information gathered during home study process and shall also include:

(A) Date of interviews and home visits;

(B) Identifying information about all household members including relationship in the family;

(C) Motivation for becoming a foster family;

(D) Social history and current functioning;

(E) Family of origin, composition, birth order, parents' marriages, separations, other children of prior relationships;

(F) Physical and mental health assessment;

(G) Parenting;

(H) Family relationships;

(I) Employment and finances;

(J) Substance use history of family living in the home; and

(K) Recommendation of approval or disapproval and basis for recommendation.

Section 9. Foster Home Health and Safety.

(a) The CPA program shall develop procedures for the maintenance of a safe, hygienic, and sanitary environment and monitor adherence to procedures in order to protect the health, safety and welfare of the residents.

(~~a~~b) The CPA shall conduct and document in the foster home file an annual health and safety inspection of the foster home to ensure that the home meets the ~~following~~ health and safety requirements in Chapter 3, Sections 18 and 20, as well as:

~~(i) Tobacco, Alcohol and Other Controlled Substances.~~

~~(A) The foster parent shall prohibit the use of all forms of tobacco, alcohol and other controlled substances by children.~~

~~(B) In all foster homes:~~

~~(I) The foster home shall maintain a smoke free environment. There shall be no smoking in any space connected to the home environment, to include but not limited to the garage, bathroom, or house;~~

~~(II) Foster parents shall ensure a smoke-free environment in all motor vehicles while transporting children;~~

(i) ~~(III)~~ All forms of tobacco and alcohol shall be stored out of reach of children in a locked or inaccessible area;

(ii) ~~(IV)~~ Foster parents shall not engage in the excessive use of alcohol at any time they are in the presence of a foster child and shall not operate a motor vehicle while transporting a foster child if any alcohol has been consumed; and

~~(V) If a child appears to be addicted to tobacco, alcohol and/or other controlled substances when entering the foster home, the foster parent(s) shall make it known to the CPA, who shall investigate availability of treatment and offer the treatment to the foster child.~~

~~(C) All foster parents shall prohibit all use of illegal drugs by anyone on the premises, in any vehicle used by children and in the presence of children.~~

~~(D) The CPA shall offer referrals to tobacco cessation programs for children, foster parents and staff.~~

~~(ii) Animals. All Foster Homes are required to comply with Chapter 3 Section 18 (c) in reference to animals.~~

~~(iii) Pest Control. Insect and rodent control measures shall be implemented as needed.~~

~~(iv) Indoor Space and Equipment.~~

~~(A) Porches, decks and stairs shall have sturdy railings.~~

(B) Open staircases shall have a child-safe gate if there are young children in the facility/home;

(C) Safeguards must be taken to protect small children from accidental contact with fireplaces, space heaters and other hot surfaces. The foster parent shall ensure the safe disposal of ashes from coal or wood burning fireplace or stoves; and

(D) Unused electrical outlets shall have safety shields if there are young children placed in foster home.

(v) Exterior Conditions.

(A) The overall condition of the buildings and grounds shall be maintained in a clean, uncluttered, sanitary and healthful manner;

(B) House numbers or addresses shall be plainly visible from the street;

(C) Home shall have at least two (2) exits; and

(D) Doors shall be operable from the inside without the use of a key or special effort.

(vi) Emergency Policy and Procedures.

(A) Smoke detectors. Underwriters Laboratory approved smoke detectors shall be installed on all floors of the foster home and centrally located in the hall or area giving access to each sleeping area;

(B) A working fire extinguisher must be available in the foster home;

(C) Every foster home shall have a carbon monoxide detector following manufacturer's recommendations for placement;

(D) Fire exits shall be free of obstructions and accessible at all times;

(E) Windows in rooms designated as sleeping areas must be adequate for emergency escape or rescue; and

(F) Emergency Situations.

(I) Each foster home shall have a written plan for action in case of emergencies (e.g., fire), natural disaster (e.g., earthquakes, floods, tornadoes, and severe weather), and missing children;

~~(II) The emergency plan of action shall be on file at the CPA;~~

~~(III) The plan of action shall include:~~

~~(1) Specific procedures for responding to the crisis;~~

~~(2) The procedure for reporting emergencies to both the CPA and parents and/or legal guardians;~~

~~(3) Procedures for relocation and evacuation of children; and~~

~~(4) Local, out-of-county and out-of-state emergency contact information, as applicable.~~

~~(IV) All household members must be familiar with the escape plan in the event of a fire.~~

~~(vii) Storage of Chemicals, Cleaning Solvents, Flammable and Combustible Materials, Poisons, Toxins.~~

~~(A) All poisonous and toxic materials shall be stored in a safe location that is inaccessible to children; and~~

~~(B) Combustible and flammable materials and liquids shall be stored outside of main living areas, and shall not create a fire hazard.~~

~~(viii) There must be an operable phone available in the foster home.~~

~~(ix) Emergency phone numbers and the foster home's address must be posted and accessible.~~

~~(x) The foster parent(s) shall ensure that first aid kits are readily available and accessible in the foster home.~~

~~(xi) Weapons/Firearms. All Foster Homes are required to comply with Chapter 3 Section 18 (k) in reference to weapons/firearms.~~

Section 10. Foster Home Certification and Re-certification.

(a) Approval/disapproval of foster homes is the responsibility of the program.

(b) No foster parent shall be approved to provide care prior to completing the required orientation training.

~~(c) Careful consideration must be given to all information gathered throughout the application/home study process.~~

(c) ~~(d)~~ Foster homes shall be certified to provide care for a specific number of children, based upon the ability of the foster parents and the size of the foster home, not to exceed five (5) placements and for a period not to exceed two (2) years. A copy of the certificate with the expiration date of the certification must be sent to the regional DFS foster care coordinator with copies of the background checks for all of the foster parents.

(d) ~~(e)~~ Foster homes shall be reviewed on an annual basis (including an update of the original home study, documenting any changes) and an in-home inspection must be completed and documented in the foster home file.

~~(f) The annual review shall include an update of the original home study process and the following:~~

~~(i) Ensuring TB testing is current based on Wyoming Department of Health recommendations (http://www.health.wyo.gov/PHSD/tb/index.html);~~

~~(ii) Ensuring the foster parent(s) have eighteen (18) hours of annual training, including current in Infant/Child and Adult CPR and First Aid certification;~~

~~(iii) Updating the onsite inspection;~~

~~(iv) Documenting any changes in the family structure and verifying background checks have been completed prior to any new adult members joining the household; and~~

~~(v) Ensuring driver's license(s) and vehicle registration(s) requirements are current.~~

~~Section 11. Responsibilities of CPA Foster Parents.~~

~~(a) Successful fostering requires knowledge and skills beyond those of parenting one's own biological children.~~

~~(b) The foster parent(s)' role includes intentional, active involvement in advocating for, planning, and delivering services to meet the individual needs of a child who is not the foster parents' child by birth or adoption, and may include involvement with the child's birth/adoptive parents. Therefore, foster parents are to be considered full, participating members of the family foster care team.~~

~~(c) The responsibilities and contributions of the foster parents include:~~

~~(i) Acquiring the specialized knowledge and skills to successfully foster a child, including knowledge of child development and parenting skills;~~

~~(ii) Actively helping the child and, when appropriate, the child's birth/adoptive parents, to meet case goals;~~

~~(iii) Supporting the relationship between foster children and their birth/adoptive families;~~

~~(iv) Advocating for additional services needed by the child and, as appropriate, the child's birth/adoptive parents, for attainment of ISPC goals; and~~

~~(v) With the CPA case manager, planning for permanency to connect children to safe and nurturing relationships intended to last a lifetime.~~

~~(d) Required to immediately notify the CPA as to any new adult proposing to move into the foster home and do required paperwork including but not limited to background checks as cited in Chapter 3 Section 10 and 12.~~

Section 12<u>1</u>. Personal Possessions and Money.

(a) In addition to the requirements listed in Chapter 3, Section 26, the following requirements must be met:

~~(i) Children in foster care shall be allowed to earn money while in placement, when appropriate and as part of the ISPC;~~

~~(A) Employment may be outside the home or work may be performed for the foster parents; and~~

(i) ~~(B)~~ No child shall be required to participate in uncompensated work assignments unless the work is related to housekeeping, maintenance of the foster home or grounds, personal hygienic needs, or the work is part of an approved vocational or training program.

(ii) ~~Babysitting by foster children.~~ Foster children may be given permission to baby-sit with the approval of the Administrator/Executive Director or designee and the child's DFS caseworker and shall receive compensation based on current "market value" paid for babysitting.

~~(A) Foster children may be given permission to baby-sit with the approval of the Administrator/Executive Director or designee and the child's DFS caseworker. Decisions shall be made on a case-by-case basis.~~

~~(B) Foster children shall receive compensation for babysitting from the family receiving services. Said compensation shall be based on the current "market value" paid for babysitting.~~

(iii) ~~Employment by foster children.~~ Neither work experience or the length of time spent on non-paid chores shall interfere with a child's time for school, study periods, play, sleep, community contacts or visits with family, and shall be designed to serve the child's interest.

~~(A) Neither work experience nor the length of time spent on non-paid chores shall interfere with a child's time for school, study periods, play, sleep, community contacts or visits with family, and shall be designed to serve the child's interest;~~

~~(B) If work experience is a part of the child's ISPC, it shall be identified in the ISPC;~~

~~(C) The foster family shall differentiate between chores children are expected to perform, specific work assignments made as a means of earning money, and jobs performed in or outside of the home to gain vocational training;~~

~~(D) The foster family shall limit the length of time children spend on regular non-paid chores to one (1) hour per day during the school year and not more than two (2) hours a day during the summer months; and~~

~~(E) The time limits may be extended for the performance of special household projects (e.g., house painting). All time extensions shall be approved on a case-by-case basis by the Administrator/Executive Director or designee.~~

(iv) ~~(F)~~ The foster family shall comply with applicable child labor laws.

(v) ~~(G)~~ Children shall be provided proper supervision when working with or in proximity to power-driven machinery.

~~(b) The CPA program shall develop policy and procedure describing how each child's personal funds shall be handled, to include where the money is held (e.g., bank account) and how often the account is reviewed by CPA program staff:~~

~~(i) A complete record of a child's earnings and dispersals from this fund shall be maintained and made available upon request;~~

~~(ii) Foster parents shall be actively involved in teaching money management skills appropriate to the child's age; and~~

~~(iii) Children shall never be required to use their personal funds for reasonable basic needs (e.g., hygiene products, food, clothing).~~

Section 1~~3~~2. Responsibilities of and Services Provided by the CPA.

~~(a) Recruit foster families.~~

~~(b) Ensure orientation training and opportunities for annual training requirements of all foster parents.~~

(a) ~~(c)~~ Develop comprehensive case management ~~services~~ that support the child, the parents and/or legal guardian, and the foster parents.

~~(d) Facilitate access to the community resources necessary to carry out the ISPC objectives.~~

~~(e) Develop, adopt, follow and maintain on file written policies and procedures ensuring:~~

~~(i) Children placed in foster homes shall receive guidance and instruction in personal care and good hygienic practices;~~

~~(ii) Necessary hygiene supplies, towels, wash clothes and toiletries are provided to children;~~

~~(iii) Children are adequately clothed; and~~

~~(iv) Children are not to be forced to wear any type of uniform or clothing that is degrading or humiliating.~~

(b) ~~(f)~~ Maintain and document ongoing communication with the foster family by visiting in the foster home at least two (2) times each month, one (1) of which shall occur when the child is present, unless indicated more often based on the circumstances of the case.

~~(i) Visitation by the CPA program staff in the foster home may be adjusted if circumstances warrant such a change in frequency.~~

~~(ii) At least one (1) home visit each month must occur when the child is present; and~~

~~(iii) All visits must be documented in the child's file.~~

(c) ~~(g)~~ In addition to home visits, each child must be seen alone once each month.

(d) ~~(h)~~ Develop and document a system of support services for the foster family that will adequately meet the needs of the child in foster care.

(e) ~~(i)~~ Put in place a mechanism for the monitoring of service delivery which shall be accomplished at least every thirty (30) days or sooner if needed and shall meet the following criteria:

(i) Include a random selection of case files; and

(ii) Documentation must include input from the child and the foster parents. ~~To accomplish this, the child must be interviewed individually; and~~

~~(iii) Documentation must include input from the foster parents.~~

~~Section 14. Services Provided by CPA Foster Parents.~~

~~Foster parents shall provide the following services:~~

~~(a) Room and board;~~

~~(b) Supervision;~~

~~(c) Meeting the physical, mental health, vocational, developmental, social, cultural, spiritual and educational needs of children in their care;~~

~~(d) Helping the child meet all appointments included in the ISPC by providing transportation and other pertinent services;~~

~~(e) Participating in planning for the child;~~

~~(f) Meeting regularly with the CPA case manager, DFS caseworker if in DFS custody and other professionals, as indicated, to review progress; and~~

~~(g) Helping the child acquire skills in the following areas:~~

~~(i) Socialization;~~

~~(ii) Daily living skills;~~

~~(iii) Education;~~

~~(iv) Job seeking and job placement skills, as appropriate for the child;~~

~~(v) Independent living skills; and~~

~~(vi) Development of cultural identity.~~

~~**Section 15. Individual Service Plan of Care (ISPC).**~~

~~(a) An ISPC shall be developed for each child within ten (10) days of placement pursuant to guidelines set forth in Chapter 3, Section 33.~~

~~(b) The ISPC shall be developed by the Administrator/Executive Director (or designee), foster parent, parent or legal guardian, DFS caseworker if child is in DFS custody and the child, if age appropriate.~~

Section 16~~3~~. Respite Care.

(a) Respite is defined as a planned period of relief from direct care.

(b) Respite providers must meet one (1) of the following criteria:

(i) Be an approved foster home; or

(ii) Be approved by the Administrator/Executive Director. Approval of a home, at a minimum, includes a completed application, two (2) or more positive references, home inspection, approval by DFS if the child is in DFS custody and a background check (~~central registry, DCI prescreen and criminal history~~ pursuant to Chapter 3, Section 10).

(c) The respite provider shall be provided with information on how to obtain medical care for the children, instruction on addressing the needs of the children, contact information for the children's regular caregivers, caseworker, parents, counselors, and other emergency information.

~~**ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN**~~

CHAPTER 6
THERAPEUTIC FOSTER CARE PROGRAMS

Section 1. Program Specific Certification Standards.

(a) All Therapeutic Foster Care (TFC) programs must comply with all sections of this Chapter and the following Chapters and Sections:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: Sections 1 through 18, Sections 20 through ~~31~~28, and 3~~3~~0 through 3~~5~~2.

Section 2. Program Description.

(a) ~~Therapeutic Foster Care (~~TFC~~)~~ is a family-based, intensive treatment foster care program for severely emotionally disturbed (SED) youth. P~~p~~rograms ~~(also known by Medicaid as Intensive Child Treatment Services)~~ are operated by any entity that arranges for the placement or temporary care, maintenance, and supervision of children in a place other than the home of the their parents or relatives.

(b) A TFC must be a legal entity eligible to bill Medicaid.

(c) A TFC recruits, trains, approves and provides oversight for its own TFC foster homes.

~~(d) A TFC is a family-based, intensive treatment foster care program for severely emotionally disturbed (SED) youth.~~

Section 3. Maximum Capacity.

(a) A TFC home shall not house more than five (5) children, including the TFC foster parents' own children, with no more than two (2) foster children in their care at one (1) time.

(b) No more than two (2) infants under two (2) years of age shall be placed in one (1) TFC home, including the TFC foster parent's own children.

~~(c) A TFC home can have no more than two (2) foster children in their care at one (1) time.~~

(c) ~~(d)~~ The above guidelines ~~must~~ shall be observed at all times, including during the provision of respite.

(d) ~~(i)~~ Exceptions (e.g., maintenance of family groupings) shall be approved on a case-by-case basis by the Administrator/Executive Director or designee and certifying authority.

Section 4. Program Personnel.

(a) A TFC program shall have, at a minimum, an Administrator/Executive Director, and sufficient staff to provide for all components of the ITPC, as described in ~~Section 15 of this chapter~~ Chapter 3, Section 30, to include licensed, provisionally licensed and/or certified ~~therapists~~ mental health professionals (on staff or by contract) to direct the ITPC.

(b) Direct care shall be provided by TFC foster parents.

Section 5. Specialized Staff Training (Chapter 3, Section 11).

(a) TFC staff shall complete a twenty (20)-hour orientation program~~, as described in Chapter 3, Section 11~~ and twenty (20) hours of annual training.

~~(b) TFC staff shall complete twenty (20) hours of annual training, as described in Chapter 3, Section 11.~~

(b) ~~(c)~~ TFC foster parents shall complete a twenty (20)-hour orientation program~~, as described in Chapter 3, Section 11,~~ before they work directly with children in care and twenty (20) hours of annual training.

~~(d) TFC foster parents shall complete twenty (20) hours of annual training, as described in Chapter 3, Section 11.~~

Section 6. Admissions Criteria.

(a) In order to qualify for placement in a TFC program, a child must have a Diagnostic and Statistical Manual (DSM) diagnosis and ~~exhibit one (1) of the following conditions:~~ meet qualifications for Serious Emotional Disturbance (SED).

~~(i) Severe maladaptive or disruptive behavior as expressed in aggressive behavior toward others, aggression toward self through self-inflicting injuries, aggression toward animals or destruction of property. Other aggressive or self-destructive behaviors may include oppositional behavior, incorrigibility, running away behaviors, fire-setting behaviors, suicidal or homicidal gestures, or suicidal or homicidal ideation;~~

(ii) Severe psychiatric symptoms that affect the ability to perform activities of daily living. The child may be extremely impulsive and demonstrate limited ability to delay gratification. Social and emotional immaturity impairs their decision-making ability and places them at risk in the community. They may evidence psychiatric dysfunction (hallucinations or delusions or bizarre behaviors) that require the constant attention of a caretaker;

(iii) Severe emotional problems associated with medical conditions. Close monitoring and therapy are required due to the child/adolescent not adapting to recommended medical treatment;

(iv) Severe emotional problems associated with sexual and/or physical abuse, which lead the child to avoid adult relationships and be detached from others. The child may be preoccupied with sexual content, act out as a perpetrator or victim; and/or

(v) Severe emotional problems associated with substance abuse. Excessive use of drugs and/or alcohol creating the need for a structured environment, close monitoring, frequent counseling, medical visits, and a well coordinated network of support.

(vi) In addition to meeting the above conditions, children exhibiting the following behaviors may be appropriate for placement in a TFC program:

(A) Difficulty following directions;

(B) Frequent arguments with persons such as caretakers, siblings, teachers;

(C) Mild self-injurious behavior, risk taking, or sexual promiscuity;

(D) Frequent fights at home, school or community;

(E) Frequent verbally aggressive outbursts;

(F) Inability to engage in age-appropriate activities without constant supervision (e.g., little league, scouts);

(G) Low to moderate risk for sexually victimizing others;

(H) Possible involvement with the juvenile justice system; and/or

(I) Infrequent school suspensions.

(b) The following are required within 14 days of admission to a TFC program:

(i) Initial diagnostic assessment;

(ii) Medical, psychiatric and substance use history;

(iii) Family and social assessment;

(iv) Child assets and strengths;

(v) Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem-solving;

(vi) Psycho-educational assessment;

(vii) An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations; and

(viii) A problem list, related to the reasons why the child was admitted to this level of care~~;~~.

~~(ix) Identification of interventions for the immediate management of the problems identified in 8; and/or~~

~~(x) The treatment objectives (desired child responses) expected to be met by the time of the first continued stay review.~~

Section 7. TFC Foster Parent Requirements.

(a) The TFC program shall develop, adopt, follow and maintain on file written policies and procedures to recruit and approve TFC foster parents capable of providing quality services, while ensuring reasonable and adequate safeguards to children and their families.

(b) TFC foster parents shall be twenty-one (21) years of age or older.

Section 8. Home Study ~~Process~~.

(a) All TFC programs shall complete and keep on file ~~the following home study process~~ prior to approving a TFC foster home:

(i) ~~Conduct b~~Background checks on the prospective TFC foster parent(s) and any other adults residing in the home as set forth in Chapter 3, Section 10.

(ii) ~~Check~~ References. Five (5) positive references ~~must~~ shall be obtained for each prospective TFC foster parent:

(A) Three (3) non-relative references from persons who have known the applicant for at least two (2) years, and have a general knowledge about the applicant's ability to care for children; and

(B) Two (2) ~~relative~~ references (e.g., parents, siblings) to assess family relationships and support the appropriateness of the applicant to provide foster care.

(iii) ~~Review p~~Physician~~'s~~ or other licensed medical professional statement verifying prospective TFC foster parent(s) is physically, cognitively, and emotionally capable of providing care for the children;

(iv) TB testing as set forth in Chapter 3, Section 12.

(v) ~~Five (5)~~ Three (3) or more interviews with the prospective TFC foster parent(s).

(A) Interview each prospective TFC foster parent and household member separately ~~to:~~;

~~(I) Obtain necessary biographical information; and~~

~~(II) Assess each family member's attitude with regard to becoming a TFC foster family.~~

(B) Provide sufficient information to acquaint the family with the TFC program and its philosophies and practices; and

(C) Two (2) of the ~~five (5)~~ three (3) interviews shall be conducted at the family home, with all family members present for one (1) of the in home interviews ~~to assess:~~.

~~(I) Family functioning; and~~

~~(II) How foster children will be included and integrated into the home.~~

(b) Health and Safety Inspection. The TFC program shall develop procedures to inspect and monitor every foster home to ensure a safe and healthy environment for children and shall perform a safety and health inspection of the home (addressing all items in Section 9 of this chapter).

~~(i) The TFC program shall develop procedures to inspect and monitor every TFC foster home to ensure a safe and healthy environment for children.~~

~~(ii) The TFC program shall perform a safety and health inspection of the home addressing all items listed in Section 9 of this Chapter. Documentation of the inspection shall be placed in the prospective TFC foster home or facility file. The TFC program may create its own checklist, provided all items are addressed.~~

(c) Written Home Study.

(i) The written home study shall include documentation of all interviews and information gathered during home study process and shall also include:

(A) Date of interviews and home visits;

(B) Identifying information about all household members including relationship in the family;

(C) Physical and mental health assessment;

(D) Substance use history of family living in the home; and

(E) Motivation for becoming a TFC foster family;

(F) Social history and current functioning;

(G) Family of origin, composition, birth order, parents' marriages, separations, other children of prior relationships;

(H) Parenting;

(I) Family relationships;

(J) Employment and finances; and

(K) Recommendation of approval or disapproval and basis for recommendation.

Section 9. TFC Foster Home Health and Safety.

(a) The TFC program shall develop procedures for the maintenance of a safe, hygienic, and sanitary environment and monitor adherence to procedures in order to protect the health, safety and welfare of the residents.

(~~a~~b) The TFC program shall conduct and document in the TFC foster home file an annual health and safety inspection of the TFC foster home to ensure that the home

meets the ~~following~~ health and safety requirements in Chapter 3, Section 18 and 20, as well as:

~~(i) Tobacco, Alcohol and Other Controlled Substances.~~

~~(A) The provider and/or TFC foster parent shall prohibit the use of all forms of tobacco, alcohol and other controlled substances by children.~~

~~(B) In all TFC foster homes:~~

~~(I) The TFC foster home shall maintain a smoke free environment. There shall be no smoking in any space connected to the home environment, to include but not limited to the garage, bathroom, or house;~~

~~(II) TFC foster parents shall ensure a smoke-free environment in all motor vehicles while transporting children;~~

(i) ~~(III)~~ All forms of tobacco and alcohol shall be stored out of reach of children in a locked or inaccessible area; and

(ii) ~~(IV)~~ TFC foster parents shall not engage in the excessive use of alcohol at any time they are in the presence of a foster children and will not operate a motor vehicle while transporting a foster children if any alcohol has been consumed~~; and~~.

~~(V) If a child appears to be addicted to tobacco, alcohol and/or other controlled substances when entering the TFC foster home, the TFC foster parent(s) shall make it known to the TFC program, who shall investigate availability of treatment and offer the treatment to the foster child.~~

~~(C) All TFC foster parents shall prohibit all use of illegal drugs by anyone on the premises, in any vehicle used by children and in the presence of children.~~

~~(D) The TFC program shall offer referrals to tobacco cessation programs for child(ren), TFC foster parents and staff.~~

~~(ii) Animals. All TFC Foster Homes are required to comply with Chapter 3 Section 18 (c) in reference to animals.~~

~~(iii) Pest Control. Insect and rodent control measures shall be implemented as needed.~~

~~(iv) Indoor Space and Equipment:~~

~~(A) Porches, decks and stairs shall have sturdy railings.~~

(B) Open staircases shall have a child-safe gate if there are young children in the facility/home;

(C) Safeguards must be taken to protect small children from accidental contact with fireplaces, space heaters and other hot surfaces. The TFC foster parent shall ensure the safe disposal of ashes from coal or wood burning fireplace or stoves; and

(D) Unused electrical outlets shall have safety shields if there are young children placed in TFC foster home.

(v) Exterior Conditions.

(A) The overall condition of the buildings and grounds shall be maintained in a clean, uncluttered, sanitary and healthful manner;

(B) House numbers or addresses shall be plainly visible from the street;

(C) Home shall have at least two (2) exits; and

(D) Doors shall be operable from the inside without the use of a key or special effort.

(vi) Emergency Policy and Procedures.

(A) Smoke detectors. Underwriters Laboratory approved smoke detectors shall be installed on all floors of the TFC foster home and centrally located in the hall or area giving access to each sleeping area;

(B) A working fire extinguisher must be available in the TFC foster home;

(C) Every TFC foster home shall have a carbon monoxide detector following manufacturer's recommendations for placement;

(D) Fire exits shall be free of obstructions and accessible at all times;

(E) Windows in rooms designated as sleeping areas must be adequate for emergency escape or rescue; and

(F) Emergency Situations.

(I) Each TFC foster home shall have a written plan for action in case of emergencies (e.g., fire), natural disaster (e.g., earthquakes, floods, tornadoes, and severe weather), and missing children;

(II) The emergency plan of action shall be on file at the TFC Program;

(III) The plan of action shall include:

(1) Specific procedures for responding to the crisis;

(2) The procedure for reporting emergencies to both the TFC PROGRAM and parents and/or legal guardians;

(3) Procedures for relocation and evacuation of children; and

(4) Local, out-of-county and out-of-state emergency contact information, as applicable.

(IV) All household members must be familiar with the escape plan in the event of a fire.

(vii) Storage of Chemicals, Cleaning Solvents, Flammable and Combustible Materials, Poisons, Toxins.

(A) All poisonous and toxic materials shall be stored in a safe location that is inaccessible to young children; and

(B) Combustible and flammable materials and liquids shall be stored outside of main living areas, and shall not create a fire hazard.

(viii) There must be an operable phone available in the TFC foster home.

(ix) Emergency phone numbers and the TFC foster home's address must be posted and accessible.

(x) The TFC foster parent(s) shall ensure that first aid kits are readily available and accessible in the TFC foster home.

(xi) Weapons/Firearms. All TFC Foster Homes are required to comply with Chapter 3 Section 18 (k) in reference to weapons/firearms.

Section 10. TFC Foster Home Certification and Re-certification.

(a) Approval/disapproval of TFC foster homes is the responsibility of the TFC program.

(b) No TFC foster parent shall be approved to provide care prior to completing the required orientation training.

~~(c) Careful consideration must be given to all information gathered throughout the application/home study process.~~

(c) ~~(d)~~ TFC foster homes shall be certified to provide care for a specific number of children, based upon the ability of the TFC foster parents and the size of the TFC foster home, not to exceed two (2) placements and for a period not to exceed two (2) years. A copy of the certificate with the expiration date of the certification must be sent to the regional DFS foster care coordinator with documentation that the background checks have been completed for all of the TFC foster parents.

(d) ~~(e)~~ TFC foster homes shall be reviewed on an annual basis (including an update of the original home study) and an in-home inspection must be completed and documented in the TFC foster home file.

~~(f) The annual review shall include an update of the original home study process and the following:~~

~~(i) Ensuring TB testing is current based on Wyoming Department of Health recommendations (http://www.health.wyo.gov/PHSD/tb/index.html);~~

~~(ii) Ensuring the TFC foster parents have eighteen (18) hours of annual training, including current in Infant/Child and Adult CPR and First Aid certification;~~

~~(iii) Updating the onsite inspection;~~

~~(iv) Documenting any changes in the family structure and verifying background checks have been completed prior to any new adult members joining the household; and~~

~~(v) Ensuring driver's license(s) and vehicle registration(s) requirements are current.~~

~~**Section 11. Responsibilities of TFC Foster Parent(s).**~~

~~(a) Successful fostering requires knowledge and skills beyond those of parenting one's own biological children.~~

~~(b) The TFC foster parents' role includes intentional, active involvement in advocating for, planning, and delivering services to meet the individual needs of a child who is not the TFC foster parents' child by birth or adoption, and may include~~

~~involvement with the child's birth/adoptive parents. Therefore, TFC foster parents are to be considered full, participating members of the family foster care team.~~

~~(c) The responsibilities and contributions of the TFC foster parents include:~~

~~(i) Acquiring the specialized knowledge and skills to successfully foster a child;~~

~~(ii) Actively helping the child and, when appropriate, the child's birth/adoptive parents, to meet case goals;~~

~~(iii) Supporting the relationship between foster children and their birth/adoptive families;~~

~~(iv) Advocating for additional services needed by the child and, as appropriate, the child's birth/adoptive parents, for attainment of ITPC goals; and~~

~~(v) With the TFC treatment team, planning for permanency to connect children to safe and nurturing relationships intended to last a lifetime; and~~

~~(d) Required to immediately notify the TFC program as to any new adult proposing to move into the TFC foster home and do required paperwork including but not limited to background checks as cited in Chapter 3 Section 10 and 12.~~

Section 1~~2~~1. Personal Possessions and Money.

(a) In addition to the requirements listed in Chapter 3, Section 26, the following requirements ~~must~~ shall be met:

~~(i) Children in foster care shall be allowed to earn money while in placement, when appropriate and as part of the ITPC:~~

~~(A) Employment may be outside the home or work may be performed for the TFC foster parents; and~~

(i) ~~(B)~~ No child shall be required to participate in uncompensated work assignments unless the work is related to housekeeping, maintenance of the TFC foster home or grounds, personal hygienic needs, or the work is part of an approved vocational or training program.

(ii) ~~Babysitting by foster children.~~ Foster children may be given permission to baby-sit with the approval of the Administrator/Executive Director or designee and the child's DFs caseworker and shall receive compensation based on current "market value" paid for babysitting.

~~(A) Foster children may be given permission to baby-sit with the approval of the TFC Administrator/Executive Director or designee and the child's DFS caseworker. Decisions shall be made on a case-by-case basis.~~

~~(B) Foster children shall receive compensation for babysitting from the family receiving services. Said compensation shall be based on the current "market value" paid for babysitting.~~

(iii) ~~Employment by foster children.~~ Neither work experience or the length of time spent on non-paid chores shall interfere with a child's time for school, study periods, play, sleep, community contacts or visits with family, and shall be designed to serve the child's interest.

~~(A) Neither work experience nor the length of time spent on non-paid chores shall interfere with a child's time for school, study periods, play, sleep, community contacts or visits with family, and shall be designed to serve the child's interest;~~

~~(B) If work experience is a part of the child's ITPC, it shall be identified in the ITPC;~~

~~(C) The TFC foster family shall differentiate between chores children are expected to perform, specific work assignments made as a means of earning money, and jobs performed in or outside of the home to gain vocational training;~~

~~(D) The TFC foster family shall limit the length of time children spend on regular non-paid chores to one (1) hour per day during the school year and not more than two (2) hours a day during the summer months; and~~

~~(E) The time limits may be extended for the performance of special household projects (e.g., house painting). All time extensions shall be approved on a case-by-case basis by the Administrator/Executive Director or designee.~~

(iv) ~~(F)~~ The TFC foster family shall comply with applicable child labor laws.

(v) ~~(G)~~ Children shall be provided proper supervision when working with or in proximity to power-driven machinery.

~~(b) The TFC program shall develop policy and procedure describing how each child's personal funds shall be handled, to include where the money is held (e.g., bank account) and how often the account is reviewed by TFC program staff.~~

~~(i) A complete record of a child's earnings and dispersals from this fund shall be maintained and made available upon request;~~

~~(ii) TFC foster parent(s) shall be actively involved in teaching money management skills appropriate to the child's age; and~~

~~(iii) Children shall never be required to use their personal funds for basic and reasonable needs (e.g., hygiene products, food, clothing).~~

Section 1~~3~~2. Responsibilities of and Services Provided by the TFC Program.

~~(a) Recruit foster families.~~

~~(b) Ensure orientation training and opportunities for annual training requirements of all TFC foster parents.~~

(a) ~~(c)~~ Develop comprehensive case management ~~services that~~ to support the child, the parents and/or legal guardian, and the TFC foster parents.

~~(d) Facilitate access to the community resources necessary to carry out the ITPC objectives.~~

~~(e) Develop, adopt, follow and maintain on file written policies and procedures ensuring:~~

~~(i) Children placed in TFC foster homes shall receive guidance and instruction in personal care and good hygienic practices;~~

~~(ii) Necessary hygiene supplies, towels, wash clothes and toiletries are provided to children;~~

~~(iii) Children are adequately clothed; and~~

~~(iv) Children shall not be forced to wear any type of uniform or clothing that is degrading or humiliating.~~

(b) ~~(f)~~ Maintain and document ongoing communication with the TFC foster family by visiting in the TFC foster home at least one (1) time each week unless indicated more often based on the circumstances of the case and at least one (1) home visit each month shall occur when the child is present.

~~(i) At least one (1) home visit each month must occur when the child is present; and~~

~~(ii) All visits must be documented in the child's file.~~

(c) ~~(g)~~ In addition to home visits, each child shall be seen alone once each month.

(d) ~~(h)~~ Provide outpatient treatment services consistent with an intensive approach to severe emotional disturbances. Specifically:

(i) Individual mental health and/or substance abuse treatment for the child, as needed; and

(ii) Family therapy as required by the ITPC and discharge plan.

(e) ~~(i)~~ Provide or arrange for appropriate consultation and treatment by a psychiatrist if indicated by the assessment.

(f) ~~(j)~~ Put in place a mechanism for the monitoring of service delivery which shall be accomplished at least every thirty (30) days or more as needed and shall meet the following criteria:

(i) Include a random selection of case files ~~not less than ten percent (10%)~~ with a minimum of five (5) case files; and

(ii) Documentation ~~must~~ shall include input from the child and the foster parents. ~~To accomplish this, the child must be interviewed individually; and~~

~~(iii) Documentation must include input from the TFC foster parents.~~

~~**Section 14. Services Provided by TFC Foster Parents.**~~

~~(a) Room and board;~~

~~(b) Supervision;~~

~~(c) Meeting the physical, mental health, substance use, vocational, developmental, social, cultural, spiritual and educational needs of children in their care;~~

~~(d) Helping the child meet all appointments included in the DFS case plan and ITPC by providing transportation and other pertinent services;~~

~~(e) Participating in planning for the child;~~

~~(f) Meeting regularly with the TFC case manager, DFS caseworker if in DFS custody and other professionals, as indicated, to review progress; and~~

~~(g) Helping the child acquire skills in the following areas:~~

~~(i) Socialization;~~

~~(ii) Daily living skills;~~

~~(iii) Education;~~

~~(iv) Job seeking and job placement skills, as appropriate for the child;~~

~~(v) Independent living skills; and~~

~~(vi) Development of cultural identity.~~

~~(h) TFC parents shall, in conjunction with the treatment team, implement the ITPC.~~

~~**Section 15. Individual Treatment Plan of Care (ITPC).**~~

~~(a) An ITPC shall be developed for each child within ten (10) days of placement in accordance with the guidelines set forth in Chapter 3, Section 34.~~

~~(b) The ITPC shall be developed by the Administrator/Executive Director or designee, TFC therapeutic staff, parent or legal guardian, TFC foster parent(s), DFS caseworker if the child is in DFS custody and the child, if age appropriate.~~

~~(c) All ITPCs shall be written, reviewed, and conducted under the supervision of the therapeutic staff. Participants shall sign and date the ITPC. Phone and video participation of any member shall be acknowledged and signed for by someone physically present at the meeting.~~

Section 1~~6~~3. Respite Care.

(a) Respite is defined as a planned period of relief from direct care.

(b) Respite providers ~~must~~ shall meet one (1) of the following criteria:

(i) Be an approved TFC foster home; or

(ii) Be approved by the TFC Administrator/Executive Director or designee. Approval of a home, at a minimum, includes a completed application, two (2) or more positive references, home inspection, approved by DFS if the child is in DFS custody and a background check (~~central registry, DCI prescreen and criminal history~~ pursuant to Chapter 3, Section 10).

(c) The respite provider shall be provided with information on how to obtain medical care for the children, instruction on addressing the needs of the children, contact information for the children's regular caregivers, caseworker, parents, counselors, and other emergency information.

~~**ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN**~~

CHAPTER 7
~~NON-THERAPEUTIC~~ GROUP HOME

Section 1. Program Specific Certification Standards.

(a) All ~~Non-Therapeutic~~ Group Homes shall comply with all sections of this Chapter and the following Chapters and Sections:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: Sections 1-33<u>0</u> and 3~~5-36~~<u>2</u>.

Section 2. Program Description.

~~(a)~~ A ~~Non-Therapeutic~~ Group Home offers a home-like environment where staff may be live-in parents with their own children. Therapeutic services <u>may be</u> ~~are not~~ provided.

Section 3. Maximum Capacity.

~~(a) Non-Therapeutic~~ Group Homes shall provide services for no more than ten (10) children, including the staff's own children.

Section 4. Specialized Training <u>(Chapter 3, Section 11)</u>.

~~(a) Non-Therapeutic~~ Group Home staff shall complete a twenty (20) hour orientation program~~, as described in Chapter 3, Section 11~~ <u>and twenty (20) hours of annual training</u>.

~~(b) Non-Therapeutic Group Home staff shall complete twenty (20) hours of annual training, as described in Chapter 3, Section 11.~~

Section 5. Admissions Criteria.

(a) The ~~Non-Therapeutic~~ Group Home is designed to maintain:

(i) ~~Older~~ ~~c~~<u>C</u>hildren who <u>may</u> ~~will~~ enter independent living upon discharge;

~~(ii) Children who do not have therapeutic needs that must be addressed;~~

(ii) ~~(iii)~~ Children awaiting placement; and

(iii) ~~(iv)~~ Children who may ~~can~~ attend public school.

(b) Behaviors appropriate for placement ~~in a Non-Therapeutic Group Home~~ may include:

(i) Difficulty following directions;

(ii) Frequent arguments with persons ~~such as but not limited to caretakers, siblings, teachers~~;

(iii) Mild self-injurious behavior, risk taking and/or sexual promiscuity;

(iv) Suicidal thoughts;

(v) Frequent fights at home, school or community;

(vi) Frequent verbally aggressive outbursts;

(vii) Frequent property damage;

(viii) Inability to engage in age appropriate activities without constant supervision (e.g., little league, scouts); and

~~(ix) Low to moderate risk for sexually victimizing others;~~

(ix) ~~(x)~~ Possible involvement with the juvenile justice system~~; and/or~~.

~~(xi) Infrequent school suspensions.~~

(c) Age Range. The age range at the time of admission is ten (10) through seventeen (17) years unless ordered by the court for placement at the facility.

~~(i) The age range at the time of admission is ten (10) through seventeen (17) years unless ordered by the court for placement in the facility;~~

~~(ii) The age limit does not apply to the children of the staff in Non-Therapeutic Group Homes.~~

(d) Voluntary Placements.

(i) Parents or legal guardians ~~must~~ shall arrange placement with the facility's executive director or designee;

(ii) Voluntary placements by parents or legal guardians shall not require a court order; and shall include:

~~(iii) Parental or legal guardian placement shall include:~~

(A) Written consent for placement; and

(B) Written consent for emergency psychological, medical, ~~substance use~~ and dental care signed by the parent or legal guardian at the time of admission.

(e) The following are required within fourteen (14) days of admission to a ~~Non-Therapeutic~~ Group Home:

(i) Medical, psychiatric and substance use history;

(ii) Assess ~~F~~family and social interactions ~~assessment~~;

(iii) Assess~~ment of~~ child's assets and strengths;

(iv) ~~Gather child's information related to d~~Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem-solving;

(v) ~~An a~~Assess~~ment of~~ the need for ~~psychological testing, neurological evaluation and speech, hearing and language~~ evaluations and document subsequent referrals based on assessment; and

(vi) A problem list, related to the reasons why the child was admitted to this level of care~~;~~.

~~(vii) Identification of interventions for the immediate management of the problems identified in (viii); and~~

~~(viii) ISPC objectives expected to be met.~~

Section 6. Staffing Ratios.

(a) Daytime and evening hours. The minimum ratio of staff to children is 1:6.

~~(i) The minimum ratio of staff to children is 1:6.~~

(b) Nighttime Sleeping Hours.

(i) There must be a direct care staff/child ratio of 1:10;

(ii) If night staff are sleeping, the facility must have an operative alarm system to provide security. The purpose of the alarm system will be to monitor the movement of children within the facility. This alarm system must either be self-monitoring or must be monitored and checked daily by staff to prevent tampering; ~~and~~

(iii) If night staff are awake, bedroom checks of children shall be conducted at a minimum of three (3) times per hour, on a random, unscheduled basis and the exact time of the check shall be documented in an overnight log;

~~(iii)~~(iv) One (1) or more staff members shall be available on-call to provide direct care to any child in crisis or in need of supervision twenty-four (24) hours a day, seven (7) days a week~~.~~;-and

(v) Direct supervision of individual youth shall be adjusted to meet his/her specific needs (ie. runaway risk, youth on room restriction, risk to self or others).

~~**Section 7. Basic Services.**~~

~~(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that:~~

~~(i) Children shall receive guidance and instruction in personal care and hygiene appropriate to their age, gender, race and culture; and~~

~~(ii) Children shall follow personal care and good hygiene practices.~~

~~**Section 8. Individual Service Plan of Care (ISPC) – Also see Chapter 3, Section 33.**~~

~~(a) An ISPC which is individually tailored for each child shall be developed for each child within fourteen (14) calendar days of admission;~~

~~(b) The ISPC shall be developed by the facility's Administrator/Executive Director (or designee), direct care staff, parent or legal guardian, DFS caseworker if the child is in DFS custody and the child and shall be monitored.~~

REPEALED
ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN

CHAPTER 8
THERAPEUTIC GROUP HOMES

Section 1. Program Specific Certification Standards.

(a) All Therapeutic Group Homes must comply with all sections of this Chapter and the following Chapters and Sections of these rules:

(i) Chapter 1: All;

(ii) Chapter 2: All; and

(iii) Chapter 3: Sections 1 through 32 and 34 through 36.

Section 2. Program Description.

Therapeutic Group Homes are intended to provide a community-based program where the child may attend public school, work in the community and have access to his/her support systems.

(a) The Therapeutic Group Home shall:

(i) Provide out-of-home care in a structured, therapeutic environment;

(ii) Have twenty-four (24) hour awake staff;

(iii) Never have group home staff's children residing at the facility; and

(iv) At a minimum, the facility shall have an Administrator/Executive Director, a licensed or certified therapist (contract or on-staff, full-time equivalent), and direct care staff.

Section 3. Maximum Capacity.

(a) The maximum capacity, in addition to the standards listed below, shall be based on the facility's ability to provide safe treatment, subject to space, staff/client ratio, and manageable caseloads.

(b) The Therapeutic Group Home shall provide services for no more than ten (10) children per living unit (see definition of living unit in Chapter 1).

Section 4. Specialized Training.

(a) Therapeutic Group Home staff shall complete a twenty (20) hour orientation program, as described in Chapter 3, Section 11.

(b) Therapeutic Group Home staff shall complete twenty (20) hours of annual training, as described in Chapter 3, Section 11.

Section 5. Admissions Criteria.

(a) In order to qualify for placement, a child shall be able to attend public school for at least part of the day and shall meet one (1) of the following conditions:

(i) Child has difficulty attaching to adults;

(ii) Child requires a higher level of supervision than is afforded by a Non-Therapeutic Group Home; or

(iii) Child has identified mental health and/or substance use needs that must be addressed.

(b) Age Range. The age range at the time of admission for children in Therapeutic Group Homes is ten (10) through seventeen (17);

(c) Voluntary Placements.

(i) Parents or legal guardians shall arrange placement with the facility's executive director or designee;

(ii) Voluntary placements by parents or legal guardians shall not require a court order; and

(iii) Parental or legal guardian placement shall include:

(A) Written consent for placement; and

(B) Written consent for emergency psychological, substance use, medical and dental care signed by the parent or legal guardian at the time of admission.

Section 6. Staffing Ratios.

(a) Daytime and evening hours.

(i) The minimum ratio of staff to children shall be 1:6.

(b) Nighttime sleeping hours.

(i) There shall be awake direct care staff/child ratio of one (1) staff for every ten (10) children during nighttime sleeping hours; and

(ii) In addition to awake staff, one (1) or more staff members shall be available on-call to provide direct care to any child in crisis or in need of supervision twenty-four (24) hours a day, seven (7) days a week.

Section 7. Basic Services.

(a) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that:

(i) Children shall receive guidance and instruction in personal care and hygiene appropriate to their age, gender, race and culture; and

(ii) Children will follow personal care and good hygiene practices.

Section 8. Specialized Services.

(a) Therapeutic Group Homes shall maintain a case ratio of one (1) full-time equivalent licensed or certified therapist for every fifteen (15) children.

(i) The Therapeutic Group Home shall provide, at a minimum, two (2) hours of mental health and/or substance use services per week to each child in placement, which may include a combination of individual therapy, group therapy and family therapy. The specific services shall be determined by the treatment team through the creation and implementation of an ITPC.

Section 9. Individual Treatment Plan of Care (ITPC). Also see Chapter 3, Section 34.

(a) An ITPC which is individually tailored for each child shall be developed for each child within fourteen (14) days of admission;

(b) The ITPC will be developed by the facility's executive director (or designee), direct care staff, DFS caseworker if the child is in DFS custody, parent or legal guardian, and the child and shall be monitored by an individual with a bachelor's degree from an accredited institution of higher education in social work or other related field or equivalent experience.

REPEALED

~~ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN~~

~~CHAPTER 9~~
~~MATERNITY HOMES~~

~~Section 1. Program Specific Certification Standards.~~

~~(a) All Maternity Homes must comply with all sections of this Chapter and the following Chapters and Sections:~~

~~(i) Chapter 1: All~~

~~(ii) Chapter 2: All~~

~~(iii) Chapter 3: Sections 1-33 and 35-36.~~

~~(iv) Chapter 7: All~~

~~Section 2. Program Description.~~

~~A Maternity Home is a residential facility which only provides continuing full-time care for a child parent during pregnancy (and/or after pregnancy) and which may also provide for their infant(s). The child parent shall be responsible for her infant at all times, including the responsibility of making child care arrangements while the child parent is in school or other activities the infant cannot attend.~~

~~Section 3. Maximum Capacity.~~

~~(a) A Maternity Home shall provide services for no more than 12 children (including infants and resident staff's own children) per living unit.~~

~~Section 4. Program Personnel.~~

~~(a) A Maternity Home shall have, at a minimum, an Administrator/Executive Director and direct care staff.~~

~~(b) A Maternity Home shall obtain consultation from a licensed practicing physician concerning medical plans and a program of medical care for the children and their infants.~~

~~(c) The Maternity Home shall have on the premises, or otherwise readily available 24 hours a day, seven (7) days a week, a registered nurse or licensed practical nurse.~~

Section 5. Admissions Criteria.

(a) A Maternity Home shall not discriminate against a child parent based on her age, marital status, prior pregnancy, stage of pregnancy, plans for the baby, or the availability of adoption services.

(b) Age Range. The age range at the time of admission is ten (10) through seventeen (17).

(c) Private Placements

(i) Parent(s) or legal guardian(s) must arrange placement with the facility's Administrator/Executive Director or designee.

(ii) Voluntary placements by parent(s) or legal guardian(s) shall not require a court order.

(iii) Parental or legal guardian placement shall include:

(A) Written consent for placement; and

(B) Written consent for emergency psychological, substance use, medical and dental care signed by the parent(s) or legal guardian(s) at the time of admission.

Section 6. Intake Process.

(a) A Maternity Home shall require, prior to admission, a complete medical examination including obstetrical information and findings.

(b) A Maternity Home shall compile a family medical history on the child parent and purported father (if available).

Section 7. Specialized Staff Training.

(a) Maternity Home staff must complete a twenty (20) hour orientation program and twenty (20) hours of annual training, as described in Chapter 3, Section 11.

(b) In addition to the requirements listed in Chapter 3, Section 11, all staff shall receive training in the medical, physical and psychological implications of pregnancy.

Section 8. Staffing Ratios.

(a) A Maternity Home shall provide a staff/child ratio of no less than one (1) staff member to every ten (10) children. More staff may be required per child depending on the intensity of the program and the children's needs.

(b) During sleeping hours, one (1) staff member shall be on duty and one (1) shall be readily available for emergencies.

(c) A Maternity Home housing more than two (2) infants shall be dually licensed as a Child Care Facility.

(d) Direct care staff includes only those staff whose primary function is to provide direct care and supervision to child parents in the program. Usually, direct care staff do not include administrators, therapists, clerical staff, unless the individual has assumed the role of direct care staff and is providing this service.

Section 9. Bedrooms.

A Maternity Home shall provide bedrooms for children that shall meet the following requirements:

(a) There shall be no more than four (4) children to a bedroom, including infants.

(b) Sleeping space shall measure at least sixty (75) square feet for the first child parent occupant and fifty (50) square feet for each additional child parent. When infants are included there shall be forty (40) square feet per infant.

Section 10. Bathroom Facilities.

The provisions of Chapter 3, Section 21, apply. In addition, the following requirements apply:

(a) All Maternity Homes shall have bathroom and shower facilities that are separated by a wall from the bedroom, which shall have at least one (1) toilet and one (1) sink per bathroom.

(b) The maximum number of residents using one (1) bathroom facility shall not exceed six (6).

(c) Provision shall be made for diaper disposal or soiled diaper storage in a hygienic manner.

Section 11. Maternal Health.

(a) Each child parent shall receive the services of a licensed physician on a regular and continuing basis to be determined by the client's physician.

(b) The child parent's medical record shall include a medical consent form, the name of the health care provider, a schedule of appointments, the expected date of delivery and any special needs or problems.

(c) Periodic examinations and laboratory tests recommended by a physician shall be performed according to standards of good prenatal care.

(d) No prescription or non-prescription medication shall be administered without the specific documented approval of the physician providing obstetric care.

(e) There shall be a written plan for all deliveries to take place in a licensed hospital.

(f) A Maternity Home shall have written agreements with clinics and hospitals utilized for obstetrical and related services.

(g) Ambulance service shall be available for emergencies.

(h) Following delivery, each child parent shall be given medical and nursing supervision and be allowed an adequate period for recovery. The length of this period and the continued limitation of activities shall be determined by her physician.

(i) Each infant residing in a Maternity Home shall be under the medical supervision of a practicing physician.

(j) A postnatal examination shall be made by a practicing physician before discharge from the Maternity Home.

(k) Each child parent shall be screened for post-partum depression and treated as indicated.

Section 12. Education.

The Maternity Home shall make provisions for child parents who have not completed high school or received a GED to continue their education while in the Maternity Home.

Section 13. Nutritional Counseling.

In addition to the requirements listed in Chapter 3, Section 14, the Maternity Home must offer nutritional counseling and guidance to all child parents. Content of the counseling and guidance program must meet generally accepted standards in regard to nutrition during pregnancy.

Section 14. Basic Services.

(a) A Maternity Home shall develop, adopt, follow and maintain on file written policies and procedures ensuring that:

(i) Child parents will receive guidance and instruction in personal care and hygiene appropriate to their age, gender, race and culture;

(ii) Child parents will follow personal care and good hygiene practices;

(iii) The Maternity Home shall provide supplies necessary for caring for infants (e.g., diapers, feeding bottles).

Section 15. Specialized Services.

(a) A Maternity Home shall ensure arrangements for the delivery of the infant are made by the end of the second trimester. In situations where the child parent is already pregnant beyond the second trimester upon admission to the facility, arrangements for delivery shall be made within fifteen (15) days of admission.

(b) A Maternity Home shall have an established system to provide background medical information on the child parent to the hospital identified for delivery.

(c) Delivery arrangements shall be clearly recorded, signed and dated in the child parent's medical record to which employees are to have access in an emergency.

(d) A Maternity Home shall, whenever possible, ensure that all child parents participate in a child parent birth class provided by a registered nurse or childbirth educator.

(e) Maternity Homes shall provide consultation services for the child parent, their families, the fathers of the children and significant others. The consultation services shall include:

(i) Preparation for delivery of the baby;

(ii) Decision-making with regard to the baby;

(iii) Help to the child parent with family, peer, and other significant relationships;

(iv) Help to the father, when interested and available;

(v) Help to the families of the young parents;

(vi) Employment and/or education planning;

(vii) Living arrangements;

(viii) Preparation for parenthood and family life for child parents keeping their babies;

(ix) Adoption counseling for those child parents planning to relinquish;

(x) Socialization and support opportunities for single parents; and

(xi) Access to public health nursing programs for pregnant women, new child parents and infants.

Section 16. Individual Service Plan of Care (ISPC).

(a) An ISPC shall be developed for each child parent within ten (10) days of admission in accordance with the standards set forth in Chapter 3, Section 33, of these rules.

(b) The ISPC shall outline a program for the child parent addressing prenatal care, labor, delivery, nutrition, general health and hygiene, postnatal care, family planning, and venereal disease.

(c) As part of the ISPC, a training plan shall be developed and implemented to help the child parent develop skills and knowledge regarding infant care.

(d) The ISPC shall identify referrals that will be made to other service providers including time frames and follow-up.

(e) The ISPC shall include a long-term plan for the child parent and infant. This plan shall be developed with the involvement of the child parent and the child parent's parent(s) or legal guardian(s).

(f) The decision to keep or relinquish the infant shall be the right of the birth parent(s). This decision shall be made without undue pressure or influence allowing the right of self-determination.

(i) At the request of the child parent, the professional staff shall arrange for referral to a certified adoption organization.

Section 17. Discharge and Continuing Care Plans.

In addition to the requirements set forth in Chapter 3, Section 7 the following requirements apply:

(a) Upon discharge from the Maternity Home, each child parent shall be given written information regarding postnatal care.

(b) Upon discharge from the Maternity Home, each child parent shall be given written information regarding post-partum depression and grief counseling, as needed.

~~**ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN**~~

CHAPTER 10
RESIDENTIAL TREATMENT CENTERS (RTC)

Section 1. Program Specific Certification Standards.

(a) For the purpose of these rules, the term Residential Treatment Center (RTC) includes facilities that are certified by Medicaid as a Psychiatric Residential Treatment Facilities (PRTF). ~~PRTF's certified by Medicaid must also comply with all applicable Medicaid rules~~

(b) All RTCs must comply with all sections of this Chapter and with the following Chapters and Sections of these rules:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: Sections 1-~~31~~28 and 3~~3~~0-3~~6~~2.

Section 2. Program Description.

RTCs provide services for children who require a combination of therapeutic, educational, and treatment services in a group care setting.

(a) RTCs shall provide:

~~(i) Long-term, out-of-home residential care in a structured, therapeutic environment;~~

(i) ~~(ii)~~ Wyoming Department of Education approved or accredited on-grounds school, ~~which offers a comparable public school program which provides credits and/or coursework that are transferable to a public school or~~ a ~~GED~~ High School Equivalency program, or a program which works with the local school district to meet the educational needs of the child;

~~(iii) Regularly scheduled supervised recreational/leisure activities;~~

(ii) ~~(iv)~~ A minimum of twenty-four (24) hours of therapeutic services per child per month, which shall include a combination of behavior modification, individual therapy, group therapy and family therapy. The specific services shall be determined by the treatment team through the creation and implementation of an ITPC that is family based, child guided and culturally responsive; and

(iii) ~~(v)~~ Ongoing discharge and continuing care planning.

(b) Secure RTC is defined as an RTC or portion of an RTC, which uses locked doors or any other physical measures to prevent children from leaving the RTC.

(i) Secure RTCs shall comply with all standards set forth in this ~~section~~ Chapter.

(ii) A facility which offers both secure and non-secure care shall have a separate ~~cottage~~ living unit or wing ~~of a dormitory~~ of a living unit provided exclusively for secure care.

(iii) Locking hardware is permitted on children's sleeping room doors if equipped with an approved electronic locking-release mechanism.

(iv) All secure RTCs must be nationally accredited.

(c) Therapeutic Wilderness Program is defined as a program within a Residential Treatment Center, which provides, in an outdoor living setting, services to children who are enrolled because they have behavioral, emotional, mental health problems or problems with abuse of alcohol or drugs. A Therapeutic Wilderness Program does not include any programs, ranches, or outdoor wilderness adventure experiences for children designed to be recreational.

(i) All Therapeutic Wilderness Programs shall be accredited through the Association for Experiential Education (AEE) Accreditation Program. The accreditation shall be maintained and current.

Section 3. Maximum Capacity.

~~(a)~~ All levels of RTCs shall provide services for no more than twenty (20) children in each living unit.

Section 4. Program Personnel.

(a) RTCs shall have, at a minimum:

(i) Administrator/Executive Director;

~~(ii) Sufficient professional staff to provide for all components of the ITPC, including:~~

(ii) ~~(A)~~ Licensed ~~or certified therapist(s)~~ mental health professionals on staff or under contract, to direct the ITPCs;

(iii) ~~(B)~~ Certified educational staff~~.~~;

(iv) ~~(iii)~~ Direct care staff; and

(v) ~~(iv)~~ Medical personnel on staff or under contract, to include, at a minimum, a licensed practical nurse (LPN).

Section 5. Specialized Training (Chapter 3, Section 11).

~~(a)~~ All RTC staff must complete a thirty (30) hour orientation program~~, as described in Chapter 3, Section 11~~ and twenty (20) hours of annual training.

~~(b) All RTC staff must complete twenty (20) hours of annual training, as described in Chapter 3, Section 11.~~

Section 6. Admissions Criteria.

(a) In order to qualify for placement in an RTC program, a child must exhibit one (1) of the following conditions:

(i) Child cannot function in his/her community;

(ii) Child has treatment issues requiring therapeutic intervention;

(iii) The child has received a psychiatric evaluation resulting in a diagnosed behavioral condition;

(iv) The child is only minimally accepting of the treatment process;

(v) There are documented attempts to treat the child with the maximum intensity of services available at a less intensive level of care that cannot meet or has failed to meet the needs of the child;

(vi) Without intervention, there is clear evidence that the child will likely decompensate and present a risk of serious harm to self or others; and

(vii) Child cannot attend public school.

(viii) In addition to meeting one (1) of the conditions above, children exhibiting the following behaviors may be appropriate for placement in a RTC:

(A) Inability to follow directions and conform to structure of school, home or community;

(B) Constant, sometimes violent arguments with caretakers, peers, siblings and/or teachers;

(C) Moderate level of self-injurious behavior, risk taking, and/or sexual promiscuity;

(D) Suicidal actions/history of serious suicidal actions;

(E) Almost daily physical altercations in school, home or community;

(F) Constant verbally aggressive and provocative language;

(G) Frequent and severe property damage;

(H) Probable juvenile justice system involvement; and/or

~~(I) Frequent school suspensions; and/or~~

(I) ~~(J)~~ Moderate to high risk for sexually victimizing others.

(b) The following are required within 14 days of admission to an RTC:

(i) Initial diagnostic assessment;

(ii) Medical, psychiatric and substance use history;

(iii) Family and social assessment;

(iv) Child assets and strengths;

(v) Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem-solving;

(vi) Psycho-educational assessment;

(vii) An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations; and

(viii) A problem list, related to the reasons why the child was admitted to this level of care~~;~~.

~~(ix) Identification of interventions for the immediate management of the problems identified in 8; and/or~~

~~(x) The treatment objectives (desired child responses) expected to be met by the time of the first continued stay review.~~

Section 7. Staffing Ratios.

(a) ~~Case loads for therapists:~~ RTCs shall maintain one (1) full time equivalent licensed mental health professional/child ratio of 1:10 or a ratio of 1:12 when the licensed mental health professional works with an aide for the delivery of therapeutic services.

~~(i) RTCs shall maintain a case ratio of one (1) full-time equivalent licensed or certified therapist for every ten (10) children or a ratio of one (1) full-time equivalent licensed or certified therapist for every twelve (12) children when the therapist works with an aide for the delivery of therapeutic services.~~

(b) Direct care staff for RTCs:

(i) Daytime and evening hours ~~– Non-classroom time~~. The minimum ratio of direct care staff to child ratio is 1:6. If the teacher is counted in the staff/child ratios, he/she shall complete all training required for direct care staff.

~~(A) The minimum ratio of direct care staff to children is 1:6.~~

~~(ii) Daytime and evening ratios to be maintained in school classroom:~~

~~(A) The same ratios apply as stated above; and~~

~~(B) If the teacher is counted in the staff/child ratios, he/she shall complete all training required for direct care staff.~~

(ii) ~~(iii)~~ Nighttime sleeping hours.

(A) There shall be awake direct care staff/child ratio ~~of one (1) staff for every ten (10) children~~ 1:10 during nighttime sleeping hours;

(B) Bedroom checks of children shall be conducted at a minimum of three (3) times per hour, on a random, unscheduled basis and the exact time of the check shall be documented in an overnight log; and

~~(B)~~(C) One (1) or more staff members shall be available on-call to provide direct care to any child in crisis or in need of supervision during the nighttime hours.

(iii) Direct supervision of individual youth shall be adjusted to meet his/her specific needs (ie. runaway risk, youth on room restriction, risk to self or others).

Section 8. Basic Services.

(a) In RTCs, each child shall be provided with room and board and is to be assigned a bedroom, unless there are safety issues that would contraindicate assigning the child to a bedroom. Each bedroom shall include, at a minimum, a bed, mattress, mattress pad, pillow, supply of bed linen and space for the storage of personal items.

(b) The organization shall develop, adopt, follow and maintain on file written policies and procedures ensuring that:

(i) Children shall receive guidance and instruction in personal care and hygiene appropriate to their age, gender, race and culture; and

(ii) Children shall follow personal care and good hygiene practices.

Section 9. Individual Treatment Plan of Care (ITPC) Also see Chapter 3, Section 34.

(a) A preliminary ITPC, which is individually tailored for each child, shall be developed within fourteen (14) calendar days of admission in accordance with the standards set forth in Chapter 3, Section 34 of these rules; and

(b) The ITPC shall be developed by the child's treatment team, which may include but not be limited to the child, parent(s) or legal guardian(s), licensed or certified therapist, educational staff, direct care staff, consultants and DFS caseworker if in DFS custody. Participants shall sign and date the ITPC. Phone and video participation should also be noted and signed for by someone physically present at the meeting.

~~**ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN**~~

CHAPTER 11
PRIVATE JUVENILE DETENTION CENTERS

Section 1. Program Specific Certification Standards.

(a) All private Juvenile Detention Centers (JDC) ~~must~~ shall comply with all sections of this Chapter and the following Chapters and Sections of these Rules:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: All (Not including the exceptions noted in this chapter).

Section 2. Program Description.

(a) A JDC provides safe and secure custody of juveniles. Juveniles placed in a JDC includes those:

(i) Accused of conduct subject to the jurisdiction of the court, requiring a restricted environment for the juvenile's or the community's protection while pending legal action; or

(ii) Adjudicated as a delinquent; or

(iii) Sentenced to a term of incarceration by a court of competent jurisdiction.

(iv) ~~Must be b~~Between twelve (12) and seventeen (17) years of age at the time of placement and determined to be:

(A) In need of segregation from the community because they present a threat to community safety or because they may flee prosecution if released; and/or

(B) Physical impairment due to alcohol intoxication or the influence of a controlled substance and no other placement is available.

(b) Placement may be made by law enforcement to protect the juvenile's person or the person or property of others, or to prevent the juvenile from leaving or being removed from the jurisdiction of the court.

~~(c) Placement may be made under court order directing detention.~~

(c) ~~(d)~~ The juvenile shall remain in the ~~detention~~ JDC no longer than forty-eight (48) hours without a court order, excluding weekends and legal holidays.

(d) ~~(e)~~ The JDC shall ensure restricted and supervised access to all entrances and exits.

Section 3. Maximum Capacity.

(a) The maximum capacity, in addition to the standards listed below, must be based on the JDC's capacity to provide safe treatment, subject to space, staff/juvenile ratio, and manageable caseloads.

(b) Uncrowded conditions shall be maintained at all times.

(c) Single occupancy rooms shall be available when indicated for the following:

(i) Juveniles with severe medical disabilities;

(ii) Juveniles suffering from serious mental illness ~~meeting the criteria of a Severe Axis I DFS diagnosis~~;

(iii) Sexual predators;

(iv) Juveniles likely to be exploited or victimized by others; and

(v) Juveniles who have other special needs ~~for single housing~~.

(d) Juveniles with disabilities shall be housed in a manner that provides for their safety, security and dignity.

(e) Day rooms shall provide sufficient seating and writing surfaces for every juvenile using the day room at one (1) time. Furnishings shall be consistent with the security needs of the assigned juveniles.

Section 4. Program Personnel.

A JDC shall have, at a minimum, the following personnel:

(a) Administrator/Executive Director.

~~(b) Sufficient professional staff to provide for all components of the program, including:~~

(b) ~~(i)~~ A licensed ~~or certified therapist(s)~~ mental health professional (on staff or by contract) to provide for the therapeutic needs of the juveniles;

(c) ~~(ii)~~ A certified teacher (on staff or by contract) to provide for the education needs of the juvenile; ~~and~~

(d) Direct care staff; and

(e) ~~(iii)~~ Medical personnel, on staff or by contract, to include:

(i) ~~(A)~~ A licensed physician, physician's assistant, advanced practitioner of nursing, registered nurse or licensed practical nurse (LPN) must be available on-call on a twenty-four (24) hour basis.

~~(I) Physician's assistants and nurse practitioners may practice within the limits of state law, provided their use is approved by the JDC physician;~~

~~(II) Provisions made to notify a licensed physician or registered nurse on duty at a hospital are sufficient; and~~

~~(III) Facilities in communities without a licensed physician or nurse must have arrangements made to provide health care to a juvenile on the same basis as any resident of the community. That is, the juvenile must be transported to an appropriate health care facility or a licensed physician or nurse must be brought to the JDC.~~

(ii) ~~(B)~~ When facilities do not have full-time, qualified, health-trained personnel, a staff member who is certified as an Emergency Medical Technician (EMT) may coordinate the services in the JDC under the joint supervision of the responsible health authority and JDC administrator.

~~(C) All state licensing, certification, and/or registration requirements and restrictions shall apply to medical personnel. Copies of current credentials for each medical employee shall be kept on file.~~

~~(D) The JDC shall have written job descriptions for all medical personnel that define their respective roles in the JDC's health care system.~~

~~(c) Direct Care Staff.~~

Section 5. Specialized Training (Chapter 3, Section 11).

~~(a)~~ JDC staff ~~must~~ shall complete a twenty (20) hour orientation program~~, as described in Chapter 3, Section 11~~ and twenty (20) hours of annual training.

~~(b) JDC staff must complete twenty (20) hours of annual training, as described in Chapter 3, Section 11.~~

Section 6. Intake Procedures.

The JDC shall develop, adopt, follow and maintain on file written policies and procedures covering ~~admission~~ intake procedures, to include but not be limited to the following activities:

(a) Based on reasonable belief that the juvenile is carrying contraband or other prohibitive material, there shall be a complete search of the juvenile and his/her possessions to include a visual inspection of the juvenile body cavities. Reasonable belief is not required when juveniles return from unsupervised contact with the general public or from outside the institution. Contraband means any item that is illegal by law or expressly prohibited by those legally charged with the administration and operation of the JDC or program. In all cases, the physical inspection shall be:

(i) Conducted by trained personnel;

(ii) Conducted by ~~personnel~~ at least two (2) staff members of the same sex; and

(iii) Performed in an area providing complete privacy to the juvenile~~; and~~.

~~(iv) Performed in the presence of at least two (2) staff members of the same sex.~~

~~(b) Written policy, procedure, and practice shall govern the control and safeguarding of juvenile personal property.~~

~~(i) Personal property retained at the JDC shall be itemized, the listing of which shall be maintained in a permanent case file. The juvenile shall receive a current copy of this list.~~

(b) ~~(c)~~ The intake staff at the JDC shall record basic personal data and information.

(c) ~~(d)~~ Within three (3) hours of arrival, juveniles shall receive a comprehensive screening for all addictive substances, illegal drugs and alcohol.

Section 7. Staffing Ratios.

(a) There shall be a minimum of two (2) JDC employees on duty at all times who are responsible for direct supervision of juveniles being detained.

(i) There is an staff: juvenile overall ratio of ~~one (1) staff to eight (8) juveniles~~ 1:8 during waking hours (in classroom, if the teacher is counted in the staff:juvenile ratios, he/she shall complete all training required for direct care staff) and ~~one (1) awake staff to sixteen (16) juveniles~~ 1:16 during nighttime sleeping hours.

(ii) When female juveniles are housed in the JDC, at least one (1) employee (on duty) shall be a female.

(iii) When male juveniles are housed in the JDC, at least one (1) employee (on duty) shall be a male.

(iv) Same gender staff shall be available to respond to medical situations that may arise.

(v) The JDC shall have staff located in or adjacent to juvenile housing and activity areas to permit JDC employees to hear and respond promptly to problems or emergency situations.

~~(b) Daytime ratios to be maintained in school classroom:~~

~~(i) The same ratios apply as stated above; and~~

~~(ii) If the teacher is counted in staff/juvenile ratios, he/she must complete all training required for direct care staff.~~

Section 8. Level of Supervision.

(a) Personal Observation.

(i) Except when juveniles are involved in an activity where staff are present, JDC employees shall observe all juveniles at least every thirty (30) minutes on an irregular schedule;

(ii) The times of all such checks shall be logged; and

(iii) Juveniles who are violent, suicidal, mentally ill, intoxicated, experiencing drug withdrawal, or who have other special problems or needs warranting closer observation shall be checked at least every fifteen (15) minutes.

(b) Cross Gender Supervision. Except in emergencies, JDC employees should not observe juveniles of the opposite sex in toilet and shower areas.

~~(i) Policies governing supervision of female juveniles by male employees and male juveniles by female employees shall be based on equal employment opportunity, privacy needs, and legal standards; and~~

~~(ii) Except in emergencies, JDC employees should not observe juveniles of the opposite sex in toilet and shower areas. Reasonable accommodation of privacy needs shall be observed.~~

(c) Head Count. The JDC shall have a system to physically count juveniles at least every four (4) hours and the system shall provide strict accountability of juveniles on work release, educational release, or other temporary leave status, who may be absent from the JDC for certain periods of the day.

~~(i) The JDC shall have a system to physically count juveniles.~~

~~(A) At least every four (4) hours; and~~

~~(B) The system shall also provide strict accountability of juveniles on work release, educational release, or other temporary leave status, who may be absent from the JDC for certain periods of the day.~~

(d) Electronic Surveillance. Electronic surveillance equipment, where available, shall be used primarily to monitor hallways, stairwells, points of access through the security perimeter and common areas and shall not be used in place of the personal observation of juveniles. If used, provision shall be made to shield shower and toilet areas to protect privacy needs.

~~(i) Electronic surveillance shall not be used in place of the personal observation of juveniles, as outlined above;~~

~~(ii) Visual electronic surveillance equipment, where available, shall be used primarily to monitor hallways, stairwells, points of access through the security perimeter and common areas; and~~

~~(A) If juvenile living areas are visually monitored with electronic equipment, provisions shall be made to shield shower and toilet areas to protect privacy needs.~~

Section 9. Restrictive Procedures.

(a) Mechanical Restraints. A mechanical restraint is a device that restricts the movement or function of a juvenile or portion of a juvenile's body, including but not limited to, handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets and similar devices. The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of mechanical restraints;

~~(i) A mechanical restraint is a device that restricts the movement or function of a juvenile or portion of a juvenile's body, including but not limited to, handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with~~

~~fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets and similar devices. The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of mechanical restraints;~~

(i) ~~(ii)~~ Mechanical restraints are never to be applied as punishment; and

(ii) ~~(iii)~~ Mechanical restraints shall be applied only with the approval of the JDC Administrator/Executive Director or designee~~; and~~.

~~(iv) Chapter 3 Section 24 shall also be followed if mechanical restraints are used.~~

(b) Use of ~~Force~~ Physical Restraint. The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing the use of physical restraint;

~~(i) The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing the use of physical force;~~

(i) ~~(ii)~~ Use of physical ~~force~~ restraint shall be limited to instances of justifiable self-defense, protection of others, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority;

(ii) ~~(iii)~~ In no event is physical ~~force~~ restraint justifiable as punishment; and

~~(iv) A written report shall be prepared following all incidents involving the use of force. Said report shall be submitted to administrative staff and the certifying authority; and~~

(iii) ~~(v)~~ Chapter 3 Section 24 shall also be followed for all incidents involving the use of ~~force~~ physical restraint.

(c) Room/Cell Confinement.

(i) The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of room/cell confinement, including:

(A) Emergency procedures while in confinement;

(B) Method for juveniles to access the grievance procedure during room confinement; and

(C) Time limits for confinement.

(ii) A juvenile may be confined in his/her room only if ~~at least~~ one (1) of the following conditions is met:

(A) During the intake period, it is necessary to observe the juvenile prior to classification;

(B) A period of crisis or emergency exists for the juvenile, when the juvenile is a danger to himself/herself or others; and/or

(C) The juvenile is beyond control, all other reasonable means to control or calm the juvenile have failed and the juvenile's welfare or the welfare of others requires the juvenile be confined.

(ii) If the juvenile~~s~~ is placed in room confinement, the following conditions ~~must~~ shall be met:

(A) The ~~J~~juvenile~~s~~ shall be accorded living conditions and privileges approximating those available to the general juvenile population. Exceptions shall be justified by clear and substantial evidence;

(B) The juvenile has had the reasons for the confinement explained to him/her and been given an opportunity to explain the behavior leading to the confinement;

(C) The ~~J~~juvenile~~s~~ placed in room confinement shall be checked visually by staff at least every fifteen (15) minutes;

(D) The ~~J~~juvenile~~s~~ placed in room confinement ~~must~~ shall be visited at least once each day by personnel from administrative, clinical, social work, religious, and/or medical units; and

(E) A confinement log shall be maintained that records:

(I) The name and title of the staff member who authorized the confinement;

(II) The date and time juvenile was placed in confinement;

(III) Documentation of the fifteen (15) minute visual checks;

(IV) Persons visiting the juvenile;

(V) The name and title of the staff member authorizing release from confinement; and

(VI) The time of release.

Section 10. Sight and Sound Separation from Incarcerated Adults.

(a) Each JDC shall have a written policy and procedure to ensure that any juvenile shall not be detained or confined where he/she could have contact with incarcerated adults. Contact includes any physical or sustained sight or sound contact between juveniles in a secure custody status and incarcerated adults, including inmate trustees. Separation may also be addressed architecturally.

~~(i) Sight contact occurs when a juvenile has clear visual contact with an incarcerated adult within close proximity; and~~

~~(ii) Sound contact occurs when a juvenile can have direct oral communication with an incarcerated adult.~~

~~(b) Separation must be accomplished architecturally or through policies and procedures in all secured areas.~~

~~**Section 11. Communication and Visitation.**~~

~~Each JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of communication and visitation involving the juvenile. The written policy and procedure shall be provided to the juvenile when he/she enters the JDC and shall, in addition, be posted in a conspicuous place in the JDC.~~

Section 12~~1~~. Privileged Communication.

(a) The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of a juvenile's right of access to and reasonable communication with licensed attorneys and judges and clerks of federal, state and local courts~~.~~and shall address:

~~(b) Policy and procedure shall address privileged communication including:~~

(i) Juveniles' right to present issues to and seek judicial relief from the court without reprisal or penalty;

(ii) Juveniles' right to access and assistance in making and receiving confidential communication with licensed attorneys and their authorized representatives, which communication should include private and confidential visits during normal JDC hours, telephone communication, written correspondence and after-hours visits which are deemed necessary because of special circumstances;

(iii) A juvenile shall be allowed to make a reasonable number of telephone calls to his/her attorney at reasonable times;

(iv) A juvenile shall be permitted to return the call of an attorney at a reasonable time and the telephone number of the attorney shall be obtained when the call is received;

(v) A juvenile shall be permitted to send ~~mail to~~ and receive mail from his attorney and the court without charge (1st class postage only); and

~~(vi) Outgoing correspondence initiated by an indigent juvenile to his/her attorney or the court shall be mailed without charge to the juvenile. This applies to first class postage only and does not include registered, certified or insured mail;~~

~~(vii) Indigent juveniles shall be provided with free envelopes and writing materials for the mailing and drafting of legal documents; and~~

(vi) ~~(viii)~~ The JDC shall notify the juvenile and counsel in the event it has a legitimate concern that a privileged communication contains a threat to the safety and security of the JDC, public officials or the general public. In the event inspection of mail is deemed necessary, it shall be opened and examined for contraband in the presence of the juvenile and at least two (2) detention staff, but in no event may it be read or censored.

Section 1~~3~~2. Non-Privileged Communication.

The JDC shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of a juveniles' right of reasonable communication in the form of mail, telephone, and visitation of a non-privileged nature with persons such as family and friends. Policy and procedure shall address ~~non-privileged communication including~~:

(a) Mail (letters and packages).

(i) Mail shall be delivered or posted as soon as reasonably possible;

(ii) When the juvenile bears the mailing cost, there is no limit on the number of letters he/she can send or receive;

(iii) An indigent juvenile shall be provided with sufficient envelopes, writing materials and postage to send a reasonable number of letters per month;

~~(iv) Correspondence shall not be inspected as long as it poses no threat to the safety and security of the JDC, public officials or the general public and is not being used in the furtherance of illegal activities;~~

(iv) ~~(v)~~ For security reasons, all incoming packages shall be inspected;

(v) ~~(vi)~~ When mail is inspected or rejected, the juvenile or sender shall be notified of the reasons for the action and provided with an opportunity to appeal that decision;

(vi) ~~(vii)~~ Inspection, when deemed necessary, shall be completed within twenty-four (24) hours for letters and within forty-eight (48) hours for packages. These inspections shall be conducted by at least two (2) detention staff and signed and dated in a log; and

(vii) ~~(viii)~~ All first class letters and packages shall be forwarded to juveniles who are transferred to another JDC or released, provided that a forwarding address is available. If a forwarding address is not available, first class letters and packages shall be returned to the sender.

(b) Telephone.

(i) Juveniles shall have reasonable access to make telephone calls. The hours of telephone availability, the number of calls allowed and the duration of each call shall be specified by the JDC;

(ii) Telephone facilities shall allow for a reasonable amount of privacy; and

(iii) All long distance calls shall be made collect.

(c) Visitation.

(i) The JDC shall establish a visitation schedule for no less than two (2) days each week, one (1) of which shall be during the weekend. Each juvenile, except those restricted as a result of disciplinary action, shall have the opportunity for visitation at least two (2) hours of each week in two (2) or more visits, each of which shall be no less than fifteen (15) minutes in duration with special consideration and allowances provided based on unusual circumstances (e.g., hardships imposed on family; long distances traveled);

(ii) Rules concerning the number of visitors, the duration of each visitation and the necessary surveillance shall be consistent with the JDC's security requirements and the security risk of each juvenile. This information may be accessed by attorney and/or court;

(iii) Persons under the age of eighteen (18) when accompanied by a parent or legal guardian, may be permitted to visit the juvenile~~.~~;

~~(iv) Each visitor shall be required to register his/her name, address, and relation to the juvenile on entry and shall be subject to a search of his/her person and belongings.;~~

(iv) ~~(v)~~ Visitation restrictions may be imposed in case of a substantiated security risk or in the event the visitor or juvenile refuses to comply with the visitation rules of the JDC;

(v) ~~(vi)~~ A visitor may be excluded if the visitor has a past history of disruptive conduct at the JDC, if the visitor appears to be under the influence of alcohol or drugs or if the visitor represents a reasonable danger to the juvenile or the JDC; and

(vi) ~~(vii)~~ The juvenile may refuse visitation.

~~**Section 14. Juvenile Rights.**~~

~~The provisions of Chapter 3, Section 22 apply.~~

~~**Section 15. Personal Property.**~~

~~The provisions of Chapter 3, Section 25 (a), (c) and (d) apply.~~

~~**Section 16. Religion.**~~

~~Policy and procedure shall provide that juveniles have the opportunity to participate in practices of their religious faith that are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of persons involved in such activity, or that the activity itself disrupts order in the JDC.~~

Section 1~~7~~3. Juvenile Health and Safety (in addition to Chapter 3, Section 13).

~~(a) Medical Screening.~~

~~(i) Medical screening shall be performed on all juveniles upon admission to the JDC. The findings shall be recorded on a printed form approved by the JDC physician.~~

~~(ii) The medical screening shall include, at a minimum, the following:~~

~~(A) Inquiry into:~~

~~(I) Current illness and health problems, including dental problems, sexually transmitted diseases and other infectious diseases;~~

~~(II) Medication taken and special health requirements;~~

~~(III) Use of alcohol or drugs, which includes types, methods, date or time of last use, and a history of problems that may have occurred after ceasing use;~~

~~(IV) Past or present treatment or hospitalization for mental disturbance or suicidal behavior;~~

~~(V) Mental illness; and~~

~~(V) Other health problems identified by the JDC physician.~~

~~(B) Observation of:~~

~~(I) Behavior, including state of consciousness, mental status, appearance, conduct, tremor, or sweating; and~~

~~(II) Physical issues such as, but not limited to, body deformities, physical injuries, trauma markings, bruises, jaundice, rashes, evidence of body vermin, ease of movement, self-mutilation.~~

~~(C) Disposition to:~~

~~(I) General population;~~

~~(iii) Referrals for health care services shall be based on medical screening, observations and dispositions.~~

(a) ~~(b)~~ Health Care Services. The JDC shall provide comprehensive health care services by qualified personnel to protect the health and well being of juveniles~~, to include:~~. Except for regulations necessary to ensure the safety and order of the JDC, all matters of medical, mental health, substance use and dental judgment shall be the sole province of the responsible clinicians.

~~(i) Written agreement or contract with a physician or other health authority, such as a hospital or clinic, to provide health care services.~~

~~(A) If the health authority is an entity other than a physician, final medical judgments shall rest with a single designated responsible physician licensed in the state.~~

~~(B) Medical personnel shall be responsible for health care administration and development of health care policies and procedures.~~

~~(i) Except for regulations necessary to ensure the safety and order of the JDC, all matters of medical, mental health, substance use and dental judgment shall be the sole province of the responsible clinicians.~~

(b) ~~(c)~~ Requests for Treatment. Juveniles' requests for ~~medical~~ treatment shall be collected daily. Requests for treatment shall be reviewed by ~~medical~~ health care professionals or the trained employees to determine appropriate disposition or referred directly to the JDC physician, physician's assistant, advanced practitioner of nursing, registered nurse, licensed practical nurse (LPN), or licensed mental health professional.

(c) ~~(d) Unimpeded~~ Access to Care. The JDC shall develop, adopt, follow and maintain on file written policies and procedures for providing access to care and a system for processing complaints regarding health care, at no cost to the juvenile and/or family. These shall be communicated orally and in writing to juveniles upon intake.

~~(i) The JDC shall provide for unimpeded access to health care and for a system for processing complaints regarding health care at no cost to the juvenile and/or family.~~

~~(ii) Policies shall detail this procedure and shall be communicated orally and in writing to juveniles upon admission to the JDC.~~

~~(iii) Juveniles' medical complaints shall be monitored and responded to daily by qualified personnel.~~

(d) ~~(e)~~ Administration of Treatment. The JDC shall develop, adopt, follow and maintain on file written policies and procedures to ensure the availability of medical treatment space, equipment, supplies, and materials necessary for those services provided at the JDC.

~~(i) The JDC shall develop, adopt, follow and maintain on file written policies and procedures to ensure the availability of medical treatment space, equipment, supplies, and materials necessary for those services provided at the JDC.~~

~~(ii) First-aid supplies shall be available in the JDC at all times. The JDC physician shall determine strategic locations for first-aid supplies and shall specify their contents. The JDC administrator shall establish a procedure and method for documentation for the monthly inspection and maintenance of the supplies.~~

(e) ~~(f)~~ Direct and/or Standing Orders. All treatment provided by medical personnel other than physicians and dentists shall be performed pursuant to standing or direct orders. Physician's assistants and nurse practitioners may practice within the limits of state law~~, provided their use is approved by the JDC physician~~.

(f) ~~(g)~~ Emergency Medical Services. Emergency medical and dental care shall be available at all times at no cost to the juvenile and/or family. Written plans for emergency services shall include arrangements for the following:

(i) Emergency evacuation of juveniles from the JDC;

(ii) Use of an emergency vehicle;

(iii) Use of one (1) or more hospital emergency rooms or other appropriate health care facility;

(iv) Emergency on-call physician and dental services when the emergency health care facility is not located nearby; and

(v) The caseworker staff and other personnel are trained to respond to health-related situations within a four (4) minute response time. ~~A training program is established that shall include the following:~~

~~(A) Recognition of signs and symptoms and knowledge of action required in potential emergency situations;~~

~~(B) Administration of first-aid and cardiopulmonary resuscitation (CPR); and~~

~~(C) Signs and symptoms of mental illness, retardation, and chemical dependency.~~

(g) ~~(h)~~ Informed Consent. All examinations, treatments, and procedures affected by informed consent requirements shall be observed for juveniles' care.

(h) ~~(i)~~ Serious illness, injury or death.

(i) The JDC shall have a procedure for the notification of those individuals so designated by the juvenile in the case of serious illness, injury, or death.

(i) In the event of a juvenile's death, the coroner, prosecuting attorney, and appropriate law enforcement agency shall be notified immediately.

(ii) The JDC ~~physician and~~ medical personnel shall have access to information in the juvenile's confinement records, when needed and follow any requirements regarding confidentiality of juvenile records.

(iii) ~~When Informed on Juvenile's Medical Condition.~~ JDC employees shall be apprised of the juvenile's medical conditions when they have a need to know to ensure the safety and well being of the juvenile or others.

(j) Dental Services. Reasonable dental care shall be available and provided to juveniles when the health of the juvenile during the confinement would otherwise be adversely affected.

(k) Detoxification. Arrangements shall be made for providing detoxification programs under medical supervision that are certified by the Substance Abuse Division of the Wyoming Department of Health of alcohol and drug-dependent juveniles with the JDC or through transfer to other facilities.

(l) Suicide Prevention and Intervention. ~~In addition to the requirements of Chapter 3, Section 13(l), t~~The suicide prevention and intervention policy must include specific procedures for intake/admission screening, identification, and intensive supervision of suicide-prone juveniles.

Section 1~~8~~4. Nutrition (in addition to Chapter 2, Section 14).

~~In addition to the provisions of Chapter 3, Section 14, the following requirements apply:~~

~~(a) All meals served at the JDC must be nutritionally balanced, well planned, prepared and served in a manner that meets established governmental health and safety regulations.~~

(a) ~~(b)~~ Food service shall be supervised by a designated employee having experience and/or training in menus, food preparation and health and safety codes in order to provide three (3) meals a day that are nutritionally adequate, palatable, attractive, and produced under sanitary conditions.

(b) ~~(c)~~ Accurate records that include published menus, information on waste, food costs and nutritional accounting shall be maintained of all meals served to juveniles, employees, guests and visitors.

(c) ~~(d)~~ There shall be written documentation that a system of dietary allowances that provides for a nutritionally adequate diet, as adjusted for age, sex and activity, is reviewed at least annually by a registered dietitian, nutritionist or physician.

~~(e) Menu Planning.~~

~~(i) Advanced, planned menus and meal preparation must take into consideration food flavor, texture, temperature, appearance and palatability;~~

~~(ii) All menus, including special diets, must be planned, dated and available for review. Substitutions in the menu must be documented and must be nutritionally equal to the food item for which the substitution was made; and~~

~~(iii) All juveniles and staff, except those on special diets, shall eat the same meals.~~

~~(f) Meal Service. Meal service shall be an orderly experience.~~

~~(i) Staff members shall supervise juveniles during meals; and~~

~~(ii) At least three (3) meals shall be served, of which one (1) must be hot, at regular meal times each twenty-four (24) hour period with no more than fourteen (14) hours between the evening meal and breakfast. If snacks are served, there may be sixteen (16) hours between the evening meal and breakfast. Provided nutritional needs are met, variations in the menu may be allowed for juveniles on work release and for weekend and holiday demands.~~

Section 19<u>5</u>. Transportation <u>(in addition to Chapter 3, Section 15)</u>.

~~In addition to the provisions of Chapter 3, Section 15, the following requirements apply:~~

~~(a)~~ All juvenile movement from one (1) location to another shall be controlled and supervised by staff~~; and~~.

~~(b) All security precautions shall be taken to ensure safety to staff, public, and juveniles.~~

Section ~~20~~<u>16</u>. Education.

(a) JDC's must provide adequate and secure space for conducting educational programs for juveniles in residence seven (7) days or longer.

(b) Educational programs must be equally available to all classification of juveniles, except when there is ~~substantial~~ justification for restricting a juvenile's participation.

(c) The educational program shall:

(i) Be available a minimum of three (3) hours per day, Monday-Friday, during a regular school term, with time off for holidays, weekends and vacations; and

(ii) Have teacher contact every three (3) hour session.

(d) The exercise and recreation program shall not be considered in determining the minimum requirement for the educational program.

(e) A written body of procedures shall govern the JDC's academic and vocational education program, including program accreditation, staff certification and coordination with other programs and services in the community.

(i) Educational programs shall be designed to assist juveniles in keeping up with their studies and shall include contact and coordination with their home schools.

(ii) Educational programs shall include provisions for juveniles not otherwise enrolled in school to work on preparing for the ~~GED~~ High School Equivalency, or to work in credit courses or classes recognized by the Wyoming State Department of Education or local school district.

(iii) Educational programs shall include life skills and vocational training activities designed to improve the juveniles' employment and independent living capabilities.

(iv) Juveniles may participate in educational release programs authorized by the court having jurisdiction.

(v) The JDC shall utilize certified teachers and curriculum in the delivery of education services to juveniles. Copies of current credentials for each teacher shall be kept on file at the JDC or by the contracting entity.

(vi) An adequate number of educational personnel as dictated by education accreditation shall be available to provide identified educational programming.

(c) ~~(vii)~~ Juveniles shall be counseled regarding the importance of education and continuing their school attendance or re-enrolling in school upon discharge.

(d) ~~(viii)~~ Arrangements may be made for juveniles to enroll in higher education courses if the juveniles will be in the JDC long enough to benefit.

(e) ~~(ix)~~ Coeducational programs may be utilized in JDC's if adequate supervision is maintained.

(f) ~~(x)~~ Educational programs shall include provisions for remediation and shall include special education services or referral to appropriate educational authorities for those in need.

(g) ~~(xi)~~ The educational program shall be supported by sufficient equipment and education materials that meet state education standards.

Section ~~21~~ 17. Mental Health Services.

The JDC shall develop, adopt, follow and maintain on file written policies and procedures covering the provision of mental health services for juveniles.

(a) A range of services shall be available to address individual, group, and family counseling.

(b) Other programs may address drug and alcohol treatment and special offender treatment.

~~(c) Services shall assist juveniles with family and personal problems through supportive guidance and professional assistance.~~

(c) ~~(d)~~ A licensed ~~or certified therapist~~ mental health professional shall be available to counsel juveniles with their personal problems and with their adjustment to the JDC.

(d) ~~(e)~~ If requested by a juvenile and clinically recommended, a licensed ~~or certified therapist~~ mental health professional shall meet with the juvenile on a regularly scheduled basis.

(e) ~~(f)~~ A licensed ~~or certified therapist~~ mental health professional shall be available (on staff or by contract) twenty-four (24) hours a day to provide emergency treatment.

(f) ~~(g) Counseling for Pregnant Juveniles.~~ Comprehensive counseling and assistance may be provided to pregnant juveniles in keeping with their expressed desires in planning for their unborn child. If the juvenile is in the custody of DFS, the JDC shall consult with the juvenile's caseworker prior to initiating pregnancy counseling.

Section ~~22~~18. Physical Activity.

(a) All juveniles shall be allowed at least one (1) hour minimum of physical exercise per day. The JDC shall document when these activities are provided each day.

(b) The JDC shall have space designated for exercise both indoors and outdoors. When weather permits, exercise shall be provided outdoors, in a secure exercise area.

(c) A variety of equipment shall be provided in sufficient amounts to ensure that all juveniles have the opportunity to participate in exercise activities during the designated recreation period.

(d) Physical exercise within the cell may be provided if the Administrator/Executive Director has reasonable grounds to believe that the release of the juvenile from the cell may jeopardize the safety and security of residents and/or order of the JDC.

(i) The JDC shall document any grounds for not allowing physical exercise outside of the cell; and

(ii) Special effort shall be made to provide daily physical exercise for those juveniles in restricted living units.

(e) The minimum space requirements for exercise areas are as follows:

(i) Outdoor exercise area shall have fifteen (15) square feet per youth for the maximum number of youth expected to use the space at one (1) time, but not less than one thousand, five hundred (1,500) square feet of unencumbered space; and

(ii) Covered/enclosed exercise areas shall not have less than five hundred (500) square feet of unencumbered space with proper ventilation.

Section ~~23~~19. Leisure-Time Activity.

~~(a)~~ All juveniles shall be allowed at least one (1) hour of structured leisure-time activity per day, not including time spent watching television and shall document when these activities are provided each day.

~~(b) The JDC shall document when these activities are provided each day.~~

~~(c) The JDC shall have a variety of leisure-time recreational activities to encourage play and creative activity.~~

~~(d) Activities can include, but are not limited to board games, arts and crafts, and reading.~~

~~**Section 24. Description of Basic Services.**~~

~~(a) The JDC shall develop, adopt, follow and maintain on file written policies and procedures ensuring that each juvenile is provided with the following basic goods and services:~~

~~(i) An assigned living area;~~

~~(ii) Space for the storage of personal items;~~

~~(iii) All necessary hygiene supplies and toiletries, including but not limited to soap, toothbrush, toothpaste, comb, toilet paper, sanitary products and deodorant; and~~

~~(iv) Clean, usable bedding (two [2] sheets, one [1] pillowcase and sufficient blankets), towels, wash cloths, mattress and mattress cover.~~

~~(b) The JDC shall provide for the exchange or laundering of sheets, pillowcases, towels, and wash cloths at least weekly.~~

~~(c) Juveniles shall receive guidance and instruction in personal care and hygiene appropriate to their age, gender, race and culture.~~

~~(d) The JDC shall allow youth to follow personal care and good hygiene practices on a daily basis.~~

Section 2~~5~~0. ~~Discharge and Continuing Care Plans~~ JDC Release (in addition to Chapter 3, Section 7).

~~In addition to the provisions of Chapter 3, Section 7, the following requirements apply:~~

(a) An updated case file shall accompany any juvenile transferred from one (1) JDC to another, or be sent to the new JDC within seventy-two (72) hours. Information on security or safety risks should be reported to the new JDC immediately.

(b) The JDC shall establish procedures for release of juveniles including, but not limited to, the following:

(i) Verification of identity;

(ii) Verification of release papers and/or court order;

(iii) Completion of release arrangements, including the person or organization to whom the juvenile is to be release;

(iv) Documentation of release plan;

(v) Verification of follow-up on release plan, if applicable;

(vi) Return of personal effects;

(vii) Completion of any pending action, such as grievances, claims for damages or lost possessions;

(viii) Transportation arrangements; and

(ix) Instructions for forwarding mail.

REPEALED
~~ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN~~

~~CHAPTER 12~~
~~THERAPEUTIC WILDERNESS PROGRAM~~

~~Section 1. Program Specific Certification Standards.~~

~~(a) All Therapeutic Wilderness Programs (TWP) must comply with all sections of this Chapter and the following Chapters and Sections of these Rules:~~

~~(i) Chapter 1: All~~

~~(ii) Chapter 2: All~~

~~(iii) Chapter 3: Sections 1 through 17, 23-26, 28-32, 34-36 and if services are provided in a permanent structure, the organization must meet the requirements in Sections 18-22.~~

~~Section 2. Program Description.~~

~~(a) TWP means a program that provides, in an outdoor living setting, services to children who are enrolled in the program because they have behavioral, emotional, mental health problems or problems with abuse of alcohol or drugs. A TWP does not include any programs, ranches, or outdoor wilderness adventure experiences for children designed to be recreational.~~

~~(b) There shall be a written program description that reflects the purpose of the TWP, including a list of activities and generally accepted practices in the field. The written program description must be provided to parents.~~

~~Section 3. Maximum Capacity.~~

~~(a) The maximum capacity, in addition to the standards listed below, must be based on the facility's capacity to provide safe treatment, subject to space, staff/child ratio, and manageable caseloads.~~

~~(b) The maximum number of participants in an expedition group shall not exceed twelve (12) children, or the maximum limit allowed by the legal land owner or whichever is less.~~

~~Section 4. Program Personnel.~~

(a) The program shall have, at a minimum, an Administrator/Executive Director and direct care staff.

(b) All staff members having the responsibility of developing or directing ITPCs, providing group, individual and family therapy shall be fully or provisionally licensed by the respective Licensing Board.

(c) Wilderness First Responder. At least one (1) staff member per expedition group shall have a current Wilderness First Responder Certificate or equivalent certification from a nationally accredited program.

(d) Field Staff Supervisor.

(i) Shall possess the qualifications and training required of a direct care staff member;

(ii) Shall have a minimum of forty (40), twenty-four (24) hour field days of program experience or equivalent experience in outdoor programs; and

(iii) Documentation of the above requirements shall be made available to the certifying authority.

(e) Direct care staff must be at least twenty one (21) years of age and a minimum of five (5) years older than the program's oldest child.

(f) Treatment Team.

(i) The program shall have a treatment team of staff or consultants who have knowledge of the physical and emotional demands of the program and who shall be available to program participants upon the recommendation of the field supervisor or field staff; and

(ii) At a minimum, the team shall consist of:

(A) A licensed physician, nurse practitioner, or physician's assistant;

(B) A treatment professional who is a licensed psychologist, family therapist, clinical social worker, or counselor;

(C) The child;

(D) His/her parent(s) or legal guardian(s); and

(E) DFS caseworker if the child is in DFS custody.

Section 5. Specialized Staff Training.

(a) TWP staff shall complete a twenty (20) hour orientation program and twenty (20) hours of annual training to maintain and upgrade their skills, as described in Chapter 3, Section 11.

(b) In addition to the orientation training specified in Chapter 3, Section 11, TWPs shall adopt a written training curriculum, which adequately addresses the child population served, outdoor environment factors and the variety of issues, which may arise in the program.

(c) Each staff member shall demonstrate specific skills as required by his/her position to the Administrator/Executive Director or designee, prior to assuming sole supervision of children. The TWP shall document the results of the assessment and keep it on file at the base of operations.

(d) Training shall include:

(i) Four (4) days of practicum field training;

(ii) Supervision of program participants;

(iii) Water, food, and shelter procurement, preparation and conservation;

(iv) "Leave No Trace Principles" for outdoor activities, or policy of the public land being used;

(v) Instruction in safety procedures and the use of field equipment;

(vi) Sanitation procedures related to food, water, and waste;

(vii) Risk management issues specific to their area of operation;

(viii) First aid kit contents and use;

(ix) Navigation skills including contour map and compass use to establish location;

(x) Local environmental precautions, including terrain, weather, insects, poisonous plants, wildlife, and proper response to adverse situations;

(xi) Critical incident prevention, identification and response; and

(xii) The program's emergency plan.

Section 6. Admissions Criteria.

(a) The age range at the time of admission for children in TWPs is ten (10) years old through seventeen (17) years of age.

(b) Admission criteria shall be specific with regard to defining the range of children which the program serves.

(c) Intake staff shall determine at the time of admission if the child is currently appropriate (based on the child's age, social and psychological history and physical health) for placement in the TWP. The admission shall be referred to a more appropriate setting at the time of intake if, for example, the child:

(i) Is determined to be an unsuitable candidate because of a limiting medical factor;

(ii) Requires secure psychiatric attention;

(iii) Requires secure detention;

(iv) Is in imminent risk of being a danger to self or others;

(v) The child's functioning level reduces his/her capacity to benefit from the program; and/or

(vi) Has substance use issues that have known life threatening effects.

Section 7. Intake Process.

(a) TWPs shall develop, adopt, follow and maintain on file written policies and procedures covering intake procedures and forms.

(b) Intake staff shall be knowledgeable in the specific program elements and receive training in:

(i) Intake policies and procedures; and

(ii) Appropriateness for placement.

Section 8. Staff Health – Physical Demands.

(a) Before going into the field, staff shall have a current written statement from a licensed physician, physician's assistant or nurse practitioner signifying they are physically fit to perform the duties of the job.

(i) An updated statement shall be obtained at least every year.

(b) The TWP shall give the medical professional who provides the written statement a form which clearly describes the physical demands and the environment the person being evaluated is required to be able to meet.

(c) The Administrator/Executive Director or designee shall review the form and maintain it in the individual's personnel file.

Section 9. Staffing Ratios.

(a) At any TWP camp where children are more than one (1) hour away from emergency medical services, there shall be at least one (1) staff member with each group of children who is certified pursuant to Section 4(c) of this chapter.

(b) The ratio of staff to children must be 1:4, but there should not be less than two (2) staff present regardless of the number of children in the program. This ratio may be increased, depending on the intensity of the program and the child's needs.

(c) Where the gender of a group is mixed, there shall be at least one (1) female staff and one (1) male staff member.

(d) The program shall have at least one (1) staff member available by phone or radio to provide backup support and crisis management.

(e) Non-trained interns, volunteers, and administrative staff cannot be used in the staff ratios.

Section 10. Child Health and Safety.

(a) Physical Examination.

(i) At the time of admission, each child shall furnish evidence of a sports physical examination having been performed within the preceding thirty (30) days by a licensed physician, qualified licensed nurse practitioner, or physician's assistant; and

(ii) The physical examination shall include:

(A) Knowledge as to any physical problems which would limit the child's physical activity;

(B) Any special care which the child will need;

(C) A record of up-to-date immunizations which the child has had, including the date of the last tetanus shot;

(D) A physical assessment based on the climate and temperature in which the child will be participating, given the participant's age, weight, and sex;

(E) A history of communicable diseases and serious illnesses or operations the individual has had;

(F) Any known drug reactions and allergies;

(G) Medications being taken;

(H) Any necessary special dietary requirements at the time of camp admission; and

(I) Any heredity health issues that may affect the child.

(iii) Prior to engaging in strenuous physical activity, the TWP shall review the child's health history and physical examination record.

(iv) If a child is currently taking or has been receiving prescribed medication within the past six (6) months, a specific notation shall be made on the physical examination form, by the clearing medical professional, which shall include clearance for participation in an outdoor, high impact environment and a description of any possible special needs due to use of medication in said environment.

(v) The health history and physical exam form and authorization to obtain medical care shall be copied and the original maintained at the base of operations and the copy carried by staff in a waterproof container when the child is away from the base of operations.

(b) Health and Safety Documentation. Written health and safety documentation shall be conducted by the TWP's intake worker within twenty four 24 hours of admission to the program, utilizing:

(i) A physical exam sheet from a physician; and

(ii) A physical demand form (designed by the facility and completed by a physician) which clearly describes the physical demands and the environment to which the child will be subjected.

(c) Health Care.

(i) First aid treatment shall be provided in as prompt a manner as the location and circumstances allow;

(ii) A child with an illness or physical complaint needing care or treatment beyond what can be provided in the field shall be seen as soon as possible by a physician, physician's assistant, or nurse practitioner;

(iii) Complaints or reports by a child of illness and injuries shall be documented in a daily log along with any treatment provided;

(iv) There shall be no negative consequence imposed on a child for reporting an injury or illness or for requesting to see a health care professional;

(v) On a daily basis, children's hydration, skin condition, extremities, and general physical condition shall be monitored and documented by staff; and

(vi) At least every seven (7) days, each child's physical condition shall be assessed by a Wilderness First Responder, an Emergency Medical Technician, or licensed medical professional. The assessment shall be documented and shall at a minimum include:

(A) Blood pressure;

(B) Heart rate;

(C) Check of extremities;

(D) Condition of skin;

(E) Hydration level;

(F) Allergies if any;

(G) General physical condition; and

(H) Provision of appropriate medical treatment if needed.

(d) Emergency Health and Dental Care. The provider shall develop, adopt, follow and maintain on file written policies and procedures governing emergency medical and dental care.

(e) Firearms/Weapons.

(i) Firearms shall be prohibited in all TWPs.

(ii) The TWP shall inventory knives, hatchets, other edged tools or any item that might pose a danger to self or others and complete a daily count of these items against the inventory.

(iii) The TWP shall supervise participant possession and use of knives, hatchets, other edged tools or any item that might post a danger to self or others.

Section 11. Nutrition.

(a) The quantity of food served shall meet the demands of the environment and the physical activity in which the child is engaged.

(b) A child's refusal to eat or drink, which negatively affects his/her health and/or safety, shall result in evacuation from the field.

(c) Water Requirements.

(i) Children shall have access to potable water while engaged in hiking. At a minimum children shall:

(A) Be provided six (6) quarts of potable water a day; and

(B) Be encouraged to consume at least three (3) quarts of potable water a day.

(ii) When the temperature is eighty degrees (80°) Fahrenheit or higher, water shall be available for coating each child's body for the purpose of cooling as needed.

(iii) When water caches are used, each water cache shall be placed prior to the day the group leaves the camp. Field staff shall verify the water cache locations before the group leaves the base camp each day.

(iv) An expedition group shall not depend on aerial drops for its water supply. Aerial water drops shall be used only in the case of an emergency.

(v) Water from a natural source used for drinking or cooking shall be treated for sanitation to eliminate health hazards.

(vi) Each group shall have a supply of electrolyte replacement, quantities to be determined by group size and environment conditions.

Section 12. Expedition.

(a) An expedition is described as a journey or excursion away from the base camp undertaken for a specific purpose.

(b) There shall be a written description and schedule of every expedition activity.

(c) The program director, field supervisor, field staff or designee shall brief staff prior to any expedition. The briefing at a minimum shall include:

(i) The planned route, terrain, time schedule, weather forecast and any potential hazards;

(ii) Any procedures unique to that expedition; and

(iii) Information about the child's background, which may include, but is not limited to, potential problems, plus the goals and objectives of the ITPC (see Section 22 of this Chapter).

(d) Evaluations of the children and staff shall be conducted as follows:

(i) The field supervisor shall conduct an evaluation on the overall physical condition of the children and staff on each expedition at least every seven (7) days.

(ii) If the expedition is longer in duration than three (3) weeks, the field supervisor or designee shall make an on-site visit at least every two (2) weeks in order to conduct a supervisory evaluation of the children and staff.

(e) The field supervisor shall debrief staff after returning from any expedition, at time of staff changes, or both.

(f) The field supervisor shall debrief children after returning from any expedition. The debriefing shall at a minimum:

(i) Include a written summary of the child's participation and progress achieved;

(ii) Be provided in written form to the child's parent(s) or legal guardian(s); and

(iii) Parent(s) or legal guardian(s) and child shall be given the opportunity and encouraged to submit a written evaluation of the outdoor youth experience.

(g) The program shall document results of the evaluation of the conditions of the child, interactions of child and staff, briefings, de-briefings, and compliance with program policies and procedures.

(h) The program shall retain evaluations of the child in the child's record.

Section 13. Outings and Hiking.

(a) Hiking shall not exceed the physical capability of the weakest member of the group.

(b) When temperatures exceed ninety-five degrees (95°) Fahrenheit or fall below ten degrees (10°) Fahrenheit, staff shall take appropriate measures to ensure children are free from heat or cold related illness or injuries.

(c) When a child cannot hike, the group shall not continue hiking unless it is necessary for obvious safety reasons.

(d) When a child refuses to hike, a contingency plan, based on pre-approved policies and procedures, shall be used. The plan shall ensure that if the group is split, there is proper staff coverage for each group and communication between the groups is maintained.

(e) Map routes, and anticipated schedules and times shall be carried by field staff when a group is on an outing away from the base camp.

(f) Staff shall closely monitor children, while acclimating to the environment.

(g) There shall be a common log, which is signed and dated by the participating staff immediately following the termination of an outing away from the base camp. The log shall:

(i) Contain information on health problems, accidents, injuries, medications used, behavioral problems, and unusual occurrences; and

(ii) Be recorded in permanent ink.

Section 14. Solo Experiences.

(a) If a TWP conducts individual or separate components for children as part of the therapeutic process, the organization shall have and follow written policies and procedures.

(b) If a child is in the custody of DFS and placed in a wilderness program, prior approval for the solo experience must be obtained from the DFS Director or designee.

(c) The policies and procedures shall, at a minimum, require:

(i) A written plan including, but not limited to:

(A) Individual Solo Plan. The goals, methods, techniques to be used and time frames shall be listed for each participant;

(B) Ability. There shall be consideration of the maturity level, health and physical ability of the child;

(C) Preparation. The child shall be instructed on the solo experience, which shall include expectations, restrictions, communication, environment, and emergency procedures; and

(D) Back-up Plan. Instruction on a back-up plan in case the primary plan does not work.

(ii) A designated staff member responsible for coordinating and implementation of the plan.

(iii) Staff familiar with the site chosen to conduct solos shall include, but not limited to:

(A) Pre-site Investigation. A pre-site investigation shall be conducted prior to the solo;

(B) Hazardous Conditions. Any hazardous conditions are to be considered prior to selection of a solo site; and

(C) Supplies. Arrangements shall be made prior to the solo for medication, food and water drop-offs if needed.

(iv) Plans for supervision shall be in place during the solo and shall include, but are not limited to:

(A) Assigned Staff. The assignment of a specific staff member responsible for the supervision of the solo participant;

(B) Observation. There shall be a predetermined procedure for:

(I) Placing children at a distance from each other and the central staff site to allow for appropriate supervision and emergency communication; and

(II) Placing children requiring special attention closer to the central staff site.

(C) Clearly defining boundaries;

(D) Instructing children to not participate in potentially dangerous activities;

(E) Notification and check in systems;

(F) Visual checks shall be conducted at least every six (6) hours or more frequently based on the child's maturity, experience, and other relevant factors;

(G) Checking the child's emotional and physical condition daily; and

(H) The solo experience shall be debriefed immediately by field staff with the child and also with other field staff.

(v) In addition to the requirements of Section 20 of this Chapter, solo emergency plans shall include, but are not limited to:

(A) Instructing the child on the safety and emergency procedures, including evacuation routes;

(B) Providing each child with signaling capabilities for emergency notification;

(C) Instruction of other children on how to respond if the emergency notification system is put into use; and

(D) Provide a check-in system should an emergency occur.

Section 15. Base of Operation – Field Office.

(a) All TWPs operating in the State of Wyoming shall have a base of operation or field office in Wyoming.

(b) The base of operation at a minimum shall:

(i) Have current staff personnel files;

(ii) At all times, shall maintain records of enrollment for all children and have a current list of the names of staff and children in each field group;

(iii) Have a master map of all activity areas used by the program copies of which shall be made available to the certifying authority, the land managing agency and local law enforcement and emergency services upon request;

(iv) Have copies of each group's expeditionary route with its schedule and itinerary, copies of which shall be made available to the provider, the land managing agency and local law enforcement and emergency services upon request;

(v) Maintain current logs of communications with each field group away from the base of operations; and

(vi) Have an emergency response plan that is reviewed annually.

(c) Every base of operation used to house children must meet all physical plant requirements documented earlier in Chapter 3, Sections 18, 19, 20, 21, and 22 and local health and fire standards.

Section 16. Communication.

(a) There shall be a communication system that meets the following criteria:

(i) Reliable communication with each group away from the base of operations;

(ii) Extra charged battery packs for the two (2) way communication if used; and

(iii) A back up plan for re-establishing communication to be implemented in the event regular communication fails.

(b) The TWP shall attach to each itinerary a reasonable communication plan, which is sufficient to provide routine and emergency care. The plan shall take into account staff, child programming and terrain considerations.

(c) There shall be verbal communication between each field group and the field office on a regularly scheduled basis according to program procedures unless special documented arrangements have been made.

(d) The base of operations support personnel shall have immediate access to emergency telephone numbers, contact personnel and procedures for an emergency evacuation or field incident requiring emergency medical support.

(e) The communication between a field group and the field office shall not exceed twelve (12) hours. This communication shall include the medical conditions and concerns of the children and staff, weather conditions, changes in the itinerary, changes in the base or night camp location, and any requests for supplies for the next day outside of the norm.

Section 17. Land Use.

The organization shall operate its program with regard for the legal requirements for land or facility use and with respect for the physical environment.

(a) Permits, certificates, or licenses for operation of the program, or any permanent or semi-permanent facilities, are maintained as required by law.

(b) Land use permits and permission to use or gain access to an area meet all applicable federal, tribal, state, regional, and local laws or regulations, are maintained on file, and are obtained through an accurate representation of the nature of the planned activities and the itinerary.

(c) Field supervisor shall ensure that children and staff of the TWP comply with all applicable laws, regulations and policies regarding sanitation, the use of the land and the desire to reduce the impact of their presence on the land.

Section 18. Site Health and Safety.

(a) Each TWP shall have appropriate written safety procedures and equipment.

(b) Each program participant shall have instruction on environmental hazards and precautions.

(c) The program shall ensure that first aid kits are readily available on site as well as in all vehicles at all times.

(d) There shall be a first aid kit which meets the standards of an appropriate national organization for the activity being conducted, the location and environment being used and matches the staff's level of training;

(i) Be reviewed with new staff for contents and use;

(ii) Be reviewed at least annually with all staff for contents and use; and

(iii) Be inventoried after each expedition and restocked as needed.

(e) Storage of Fuels and Heat Sources. Policies and procedures shall be in place for the safe use and storage of fuels and all heat sources, to include inaccessibility to children when not being used under the direct supervision of staff. Storage of fuels and heat sources shall be locked and secured when at base operations and meet local standards.

(f) Health and Sanitation. All programs shall follow the rules and regulations of the public lands in which the program operates. If using private property, use standards for public land closest to you.

(g) Hygiene Procedures.

(i) The program shall have reasonable hygiene procedures to prevent infection which are consistent with program risk of infection;

(ii) Cleansing of hands shall occur after each latrine use;

(iii) Means of cleansing the hands shall be available and used by staff and children prior to food preparation and prior to food consumption;

(iv) Provision shall be made for personal hygiene for participants and personnel, including bathing, washing face and hands, and oral and feminine hygiene in a manner that provides privacy and protects the environment;

(v) Where bedding and/or towels are provided by the provider, they shall have been washed or dry-cleaned prior to each issue. The TWP shall be sure that used sheets, towels and pillow cases are laundered at least every two (2) weeks whether they are supplied by the TWP or by the child;

(vi) Each child shall be provided with a clean change of clothing at least once a week or an opportunity to wash his/her clothes at least once a week; and

(vii) Each child shall be provided clean undergarments (or an opportunity to wash their own undergarments) and a means to clean his/her body at least twice a week. Additional clean undergarments shall be provided to a child as may be needed for health and sanitary reasons.

(h) Animals. All TWPs are required to comply with Chapter 3 Section 18 (c) in reference to animals.

(i) Pest Control. Programs shall follow backcountry guidelines for safe food storage and preparation, according to land use agencies on which they operate.

(j) Emergency Plan.

(i) A TWP shall have and follow a written emergency plan for disasters, medical emergencies, hostage situations, casualties and missing children and other critical incidents identified by the program; and

(ii) The plan shall at a minimum include:

(A) Designation of authority and staff assignments;

(B) Plans for evacuation of staff and children;

(C) Transportation and relocation of program children when necessary;

(D) Supervision of program children after an evacuation or a relocation;

(E) Arrangements for medical care and notification of a program participant's physician and nearest relative or guardian;

(F) A procedure for a review of the emergency plan by the law enforcement and emergency services agencies from the area in which the TWP is operating;

(G) Emergency Drills;

(I) The TWP shall hold emergency plan drills monthly; and

(II) All drills shall be recorded, showing date, time and staff present when drill was held.

(H) Emergency Plan Response Review;

(I) In the case of the activation of an emergency plan response, the TWP shall subsequently review the response in the context of the emergency plan to determine if changes need to be made to improve safety and efficiency.

(II) If local law enforcement and emergency services agencies have been involved in an emergency response on behalf of a TWP, the TWP shall invite them to participate in the review of the emergency plan response.

Section 19. Basic Services.

(a) Each TWP shall have a policy describing what services they offer and how those services are delivered.

(b) Therapeutic programs shall admit children with the intention of affecting change in the child's thoughts, feelings, and/or behaviors. All goals of the therapeutic wilderness experience shall be clearly stated in child's ITPC.

(c) Every building, structure, tent, cabin and camp premises shall be kept in good repair and shall be maintained in a safe and sanitary condition.

(d) The TWP shall ensure that each child has appropriate clothing and equipment and supplies for the types of activities and weather conditions likely to be encountered. Clothing, equipment and supplies shall include at a minimum:

(i) Sunscreen, if appropriate for the environmental conditions generally expected for the area and season;

(ii) Insect repellent, if appropriate for the environmental conditions generally expected for the area and season;

(iii) A commercial backpack or the materials to construct a safe backpack or bedroll;

(iv) Personal hygiene items necessary for cleansing such as but not be limited to the following: soap, toothbrush, toothpaste, comb, toilet paper, sanitary products and deodorant;

(v) Appropriate feminine hygiene supplies;

(vi) Shelter from precipitation;

(vii) Appropriate bedding and ground pad when the average nighttime temperature is expected to be 39°F. or lower; and

(viii) Clothing appropriate for the temperature changes generally expected for the area.

(e) The TWP shall not remove, deny, or make unavailable for any reason the appropriate clothing or equipment and supplies.

(f) Staff is responsible for maintaining the safety and well being of children and shall monitor each child to make sure that clothing, equipment and supplies are maintained in a manner adequate to ensure child safety.

(g) The TWP shall develop a list of items that each child will be in possession of during the therapeutic wilderness excursion. Policy shall be in place that ensures only those items are transported into the wilderness.

(h) The TWP shall develop policies that clearly describe:

(i) Interventions used while in the field should the child refuse to participate in any prescribed activity; and

(ii) Interventions used while in the field should the child become a threat to self or others.

(i) The TWP shall prepare a written report of the purpose of the TWP. This report must be updated annually and sent to the certifying authority. The report must contain a statement describing:

(i) The philosophy of the TWP;

(ii) Long and short-term goals of the TWP;

(iii) Services provided by the TWP; and

(iv) Population served by the TWP.

Section 20. Individual Treatment Plan of Care (ITPC).

(a) An ITPC, which is individually tailored for each child, shall be developed prior to or at the time of intake by the child's treatment team in accordance with the standards set forth in Chapter 3, Section 34 of these rules.

REPEALED
~~ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN~~

~~CHAPTER 13~~
~~TRANSITION/INDEPENDENT LIVING PROGRAMS~~

~~Section 1. Program Specific Certification Standards.~~

~~(a) All Transition/Independent Living Programs (TILP) must comply with all sections of this Chapter and the following Chapters and Sections of these Rules.~~

~~(i) Chapter 1: All;~~

~~(ii) Chapter 2: All; and~~

~~(iii) Chapter 3: All.~~

~~Section 2. Program Description.~~

~~(a) TILPs identify goals and services to help children successfully transition from childhood into adulthood. TILPs provide supervision and services comparable with those provided by a therapeutic group home. The TILP does not have to be separate from and independent of non-TILP programs and living units; however, when different service types are commingled, the most restrictive requirements, such as child:staff ratios, shall apply. TILPs shall provide programming and services specific to preparing a child(ren) for independent living and this shall be reflected in the program's procedures and policies.~~

~~(b) If the TILP serves a child(ren) with mental health or substance abuse issues and provides treatment services, the specific needs of the child must be met. This may require the TILP to increase staff:child ratios, the frequency of home visits, and other services, as appropriate, to meet those needs.~~

~~Section 3. Maximum Capacity.~~

~~(a) The TILP is designed for a child(ren) with or without his/her own child(ren). Maximum number of children per living unit is ten (10). A child's own child(ren) shall be counted to determine the maximum number of residents per living unit.~~

~~Section 4. Program Personnel.~~

The TILP shall have, at a minimum, an Administrator/Executive Director and direct care staff. Sufficient staff shall be provided for all components of the ITPC, as described in Section 15 of this chapter, to include licensed, provisionally licensed and/or certified therapists (on staff or by contract) to direct the ITPC.

Section 5. Specialized Training.

(a) Staff shall complete a twenty (20) hour orientation program, as described in Chapter 3, Section 11.

(b) Staff shall complete twenty (20) hours of annual training, as described in Chapter 3, Section 11.

Section 6. Admissions.

(a) A TILP shall admit children who meet one (1) or more of the following criteria:

(i) Demonstrates a level of maturity that will enable them to be involved in some community activities, including education and/or employment;

(ii) Requires minimum guidance or supervision; and/or

(iii) Aging out of state custody.

(b) A TILP shall complete a comprehensive admission evaluation, indicating that preparation for independent living is the primary goal for the child.

(c) Any child with a substance use dependency disorder or a psychiatric condition must also have an ITPC developed within ten (10) days of admission in accordance with the standards set forth in Chapter 3, Section 34, of these rules.

(d) At the time of admission, a TILP shall enter into a written agreement with each child. The agreement shall include:

(i) A delineation of the respective roles and responsibilities of the TILP, the child and other involved parties;

(ii) A description of the rules governing the conduct and consequences of inappropriate behavior of the child while in the TILP;

(iii) A statement of financial responsibility (e.g., who is responsible for what); and

(iv) Approval signatures of the child, parent(s) or legal guardian(s), and representative of the TILP.

Section 7. Staffing Ratios.

(a) Daytime and evening ratio of staff to child is 1:6; and

(b) Nighttime/overnight ratio of staff to child is 1:10; and

(i) The staff may sleep and no alarm system is necessary.

Section 8. Provision of Food.

(a) Meals shall be provided to the child in the TILP, if he/she is present in the home at scheduled meal times. If a child's school, activity, or work schedule does not allow him/her to be at the TILP during meal times, the TILP is not responsible for providing the meal.

Section 9. Medication.

(a) Provider shall follow the provisions set forth in Chapter 3, Section 16.

Section 10. Personal Possessions and Money.

(a) The provisions of Chapter 3, Section 25(a) through (d) apply. In addition, the following requirements apply:

(i) A child(ren) in TILPs shall be required to seek employment at a wage not less than the existing minimum wage, or perform volunteer work until employment is attained.

(A) Work history and volunteer experience shall be documented in the ISPC and/or ITPC;

(ii) A child(ren) shall be encouraged to maintain a bank account; and

(A) The provider shall not hold the child's personal funds if the child is eligible to have an independent bank account.

Section 11. Specialized Services.

(a) In addition to housing, TILPs shall provide programming and services specific to preparing the child(ren) for independent living.

(i) The child(ren) is still under the direct supervision and support of the TILP and the child(ren) is still in need of treatment and shall have an active ISPC and/or ITPC.

(ii) The child shall be instructed in all aspects of independent living and self-sufficiency including classroom work and possibly field trips and/or guest speakers in the following areas:

(A) Employment;

(B) Nutrition and cooking;

(C) Continuing education;

(D) Money management;

(E) Community resources;

(F) Transportation;

(G) Sexuality; and

(H) Housing.

Section 12. Transition Plans.

(a) All children must have a Transition Plan developed within ten (10) days of admission to the TILP.

(b) The TILP shall develop criteria to assess the child's competency in the following areas: employment, housing, education, and social development (i.e. relationships) and use the information in the development and assessment of the Transition Plan.

(c) A Transition Plan shall:

(i) Be developed with the following principles in mind:

(A) Developed with the child as an active partner to foster his/her sense of ownership;

(B) Document the child's strengths and needs assessment, including the skills required to achieve independence, providing for monthly reviews and revisions by the Administrator/Executive Director, staff responsible for service delivery and the child;

(C) Involve the child's birth family and/or foster family where possible, members of their natural supports, DFS caseworker if in DFS custody and significant others whenever appropriate;

(D) Identify the responsibilities, specified in measurable terms, that each member of the team is responsible for completing to support the goals;

(E) Include timelines and methods, for reducing the child's dependency and increasing self-sufficiency as it relates to the goals and identified skills needed as addressed in the Transition Plan;

(F) Include a targeted, outcome-based, anticipated discharge date;

(G) Define possible supports the child will need upon discharge which may include medical and/or therapy and how they will be met.

(H) Identify consequences should the child jeopardize community, personal or other's safety while in the TILP;

(I) Be incorporated as an identifiable portion of the child's ITPC and/or ISPC, if applicable (See [f] below); and

(J) Serve as a contract between the child and the TILP and provide measurable outcomes; and

(ii) Include the following documentation:

(A) Name and contact information;

(B) Custody status;

(C) Summary of assessment results;

(D) The child's vision of success;

(E) Case goals;

(F) Indicators;

(G) Action plan;

(H) The activities and supports necessary to achieve goals;

(I) The respective roles and responsibilities of the TILP, the child and other involved parties;

(J) The time frames and methods to be used to gradually reduce dependency, while appropriately increasing personal responsibility;

(K) The criteria for achieving a successful discharge, to include expectations and plans for continuing care service;

(L) Services delivered/progress towards goals;

(M) A budget worksheet and financial assistance checklist, if applicable;

(N) A signature page with space for the signatures of the child, staff, DFS caseworker, if in DFS custody, and others involved in the planning process;

(O) Frequency and type of supervision provided by the TILP to minimize risks to the community, and maximize the safety of the child, other childs and the staff providing services;

(P) Identification of types of supervision needed; and

(Q) Competency expansion and enhancement in the following areas:

(I) Skills development;

(II) Mental health and substance abuse counseling, as appropriate to individual needs;

(III) Provision of information and assistance in obtaining access to community services;

(IV) Educational services;

(V) Vocational and employment services;

(VI) Health services; and

(VII) Housing services.

(d) Copies of the Transition Plan and the ISPC and/or ITPC, if applicable, shall be provided to the child, parent(s) or legal guardian(s), DFS caseworker if in DFS custody and service providers.

Section 13. Case Closure.

(a) The TILP shall develop, adopt, follow and maintain on file written policies and procedures governing case closures.

(b) A Case Closure Report shall be written within thirty (30) working days following a child's exit from the TILP. This report shall include:

(i) Contact information for the child;

(ii) Final assessment(s) results (when possible);

(iii) Circumstances of the decision to close the case;

(iv) Service needs that remain to be addressed;

(v) Recommendation for appropriate follow-up services;

(vi) Referral for follow-up services will be documented and followed-up on; and

(vii) A final assessment of the child's skills (upon case closure, if staff are unable to administer a final assessment, the reasons why and any efforts made must be documented).

(c) Case closure form must be signed and dated by the staff completing it.

~~**ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE SERVICES FOR CHILDREN**~~

CHAPTER 14
ADOPTION AGENCIES

Section 1. Program Specific Certification Standards.

(a) All Adoption Agencies shall comply with all sections of this Chapter and the following Chapters and Sections in these Rules:

(i) Chapter 1: All;

(ii) Chapter 2: All; and

(iii) Chapter 3: Sections 1 through 3, 8 through 12, 22 (a) through (e), ~~3~~2~~29~~, and 3~~5~~2.

Section 2. Program Description.

(a) Adoption is the method provided by state law, which establishes the legal relationship of parent and child between persons who are not so related by birth. This relationship can only be termed "adoption" after the legal process is completed.

(b) Adoption Agencies conducting business within the State of Wyoming shall have an office within the State of Wyoming and be certified as an Adoption Agency by the certifying authority.

Section 3. Program Personnel.

The program shall have, at a minimum, an Administrator/Executive Director and sufficient professional staff to provide for all components of the agency's adoption activities.

(a) The Administrator/Executive Director shall supervise the agency and conduct business from an office located in Wyoming.

(b) A staff member shall have a minimum of a bachelor's degree in the human service field if he/she directly supervises non-degreed staff.

Section 4. Specialized Training (Chapter 3, Section 11).

~~(a)~~ Adoption Agency staff shall complete a twenty (20) hour orientation program~~, as described in Chapter 3, Section 11~~ and twenty (20) hours of annual training.

~~(b) Adoption Agency staff shall complete twenty (20) hours of annual training, as described in Chapter 3, Section 11.~~

~~**Section 5. Client Rights.**~~

~~The provisions of Chapter 3, Section 22(a) through (e) apply.~~

Section ~~6~~5. Adoptive Family Screening.

The Adoption Agency shall utilize policies and procedures to place children with families capable of providing quality care. The following safeguards shall be built into the program:

(a) As part of the approval and screening process, the Adoption Agency shall complete a home study.

(b) An abuse and/or neglect Wyoming Central Registry check and a central registry check from all other states he/she has lived in for past five (5) years, ~~Division of Criminal Investigation (DCI) criminal history record prescreen~~, and a finger print based national criminal history record shall be completed (Chapter 3, Section 10).

~~(i) A person whose name appears on the Central Registry must not be approved for adoption;~~

~~(ii) If the person's name appears on the DCI prescreen, he/she may be approved for adoption provided:~~

~~(A) The conviction is not a crime against a child or vulnerable adult;~~

~~(B) The Administrator/Executive Director determines rehabilitation has occurred; and~~

~~(I) The Administrator/Executive Director shall document such rehabilitation in the adoption file.~~

~~(iii) If the person's name appears on the national criminal history record, he/she may be approved for adoption provided:~~

~~(A) The conviction is not a crime against a child or vulnerable adult; and~~

~~(B) The Administrator/Executive Director determines rehabilitation has occurred and shall document such rehabilitation in the adoption file.~~

~~(c) An adoptive parent shall possess the following characteristics:~~

~~(i) Ability to work cooperatively with the Adoption Agency, child, biological parent(s) and/or legal guardian(s);~~

~~(ii) Ability to work with community resources on behalf of the child to meet his/her educational, health, mental health and social needs; and~~

~~(iii) Awareness of the developmental stages of child(ren) and appropriate discipline.~~

Section ~~7~~6. Home Study ~~Process~~.

(a) All Adoption Agencies ~~must~~ shall complete and keep on file the following ~~home study process~~ prior to approval:

(i) ~~Conduct b~~Background checks on the prospective parents as set forth in Chapter 3, Section 10.

(ii) ~~Check~~ References. Five (5) positive references ~~must~~ shall be obtained for each prospective adoptive parent:

(A) Three (3) non-relative references from persons who have known the applicant for at least two (2) years, and have a general knowledge about the applicant's ability to care for children.

(B) Two (2) ~~relative~~ references (e.g., parents, siblings) to assess family relationships and support the appropriateness of the applicant as an adoptive parent.

(iii) ~~Review p~~Physician~~'s~~ or other licensed medical professional statement verifying prospective adoptive parent is physically, cognitively, and emotionally capable of providing care for the child(ren).

(iv) TB testing as set forth in Chapter 3, Section 12.

(v) ~~A sufficient number of~~ Three (3) or more interviews shall be held with the prospective adoptive parent(s) ~~to accomplish the following~~:

(A) Interview each prospective adoptive parent and household member separately (if age appropriate) ~~to~~:

(I) Obtain necessary biographical information; and

(II) Assess each family member's attitude with regard to adoption.

(B) Provide sufficient information to acquaint the family with the Adoption Agency and its philosophies and practices; and

(C) At least one (1) interview shall be conducted at the family home with all family members present. ~~to assess:~~

~~(I) Family functioning;~~

~~(II) How adopted children shall be included and integrated into the home; and~~

~~(III) For substance use, emotional or domestic violence.~~

(b) Health and Safety Inspection. The Adoption Agency shall develop procedures to inspect and monitor every adoptive home to ensure a safe and healthy environment for children and shall perform a safety and health inspection of the home.

~~(i) The Adoption Agency shall develop procedures to inspect and monitor every adoptive home to ensure a safe and healthy environment for children.~~

~~(ii) The Adoption Agency shall perform a safety and health inspection of the home addressing all items listed below. Documentation of the inspection shall be placed in the adoption home or facility file. The provider may create its own checklist, provided all items are addressed.~~

~~(iii) The home shall meet the following physical specifications found in Section 8.~~

(c) Written Home Study.

(i) The written home study shall include documentation of all interviews and information gathered during home study process and shall also include:

(A) Date of interviews and home visits;

(B) Identifying information about all household members including relationship in the family;

(C) Motivation for adoption;

(D) Social history and current functioning;

(E) Family of origin, composition, birth order, parents' marriages, separations, other children of prior relationships;

(F) Physical, mental health, substance use and domestic violence assessment for each family member living in the home;

(G) Prospective adoptive parents' relationship;

(H) Family relationships;

(I) Parenting;

(J) Employment and finances;

(K) Religion, values and attitudes; and

(L) Ages and type of children desired.

Section ~~8~~7. Pre-Adoptive Home Health and Safety.

~~(a)~~ The Adoption Agency shall conduct a health and safety inspection of the prospective adoptive home to ensure that the home meets the ~~following~~ health and safety requirements (Chapter 3, Sections 18 and 20). Documentation of the inspection shall be placed in the adoptive home file.

~~(i) Tobacco, Alcohol and Other Controlled Substances.~~

~~(A) The adoptive parent shall prohibit the use of all forms of tobacco, alcohol and other controlled substances by children.~~

~~(B) If a child appears to be addicted to tobacco, alcohol and/or other controlled substances when entering the adoptive home, the foster parent(s) should make it known to the Adoption Agency, who shall investigate availability of treatment and offer the treatment to the adoptive child.~~

~~(C) All adoptive parents shall prohibit all use of illegal drugs by anyone on the premises, in any vehicle used by child(ren) and in the presence of child(ren).~~

(a) All forms of tobacco and alcohol shall be stored out of reach of children in locked or inaccessible area; and

(b) Prospective adoptive parents shall not engage in the excessive use of alcohol at any time they are in the presence of a foster child and shall not operate a motor vehicle while transporting a foster child if any alcohol has been consumed.

~~(ii) Animals.~~

~~(A) Domestic animals which reside in the home shall be current on all vaccinations as recommended by a licensed veterinarian. Verification of such vaccinations shall be present on the premises.~~

~~(B) When the pre-adoptive home has horses, cattle and any other livestock that are used with and by a child(ren), the following conditions apply:~~

~~(I) The animals must be under the care of a licensed veterinarian and how the animals are used must be conveyed to the veterinarian;~~

~~(II) The animals must be housed in appropriate enclosures; and~~

~~(C) All birds capable of carrying psittacosis shall be certified as being psittacosis free, tested or treated by a veterinarian to eliminate or prevent psittacosis or similar diseases.~~

~~(iii) Pest Control. Insect and rodent control measures shall be implemented as needed.~~

~~(iv) Bedrooms. The home shall have sufficient bedroom space to allow at least seventy-five (75) square feet for the first occupant of a bedroom, and fifty (50) square feet for each additional occupant.~~

~~(A) Windows in rooms designated as sleeping areas shall be adequate for emergency escape or rescue.~~

~~(B) There shall be no more than four (4) children to a bedroom.~~

~~(C) All children shall have an individual bed.~~

~~(D) Each child shall be assigned a bedroom which shall include, as a minimum, a bed, mattress, mattress cover, and pillow, supply of bed linen and space for the storage of personal items.~~

~~(v) Bathrooms. All adoptive homes shall have a bathroom and shower or bath tub facilities that are separated by a wall from the bedroom. There shall be at least one (1) toilet and one (1) sink per bathroom.~~

~~(A) All bathrooms shall have trash receptacles, hand towels, toilet tissue and hand cleanser at all times.~~

~~(B) Bathrooms shall be kept clean, sanitary, and maintained in good repair.~~

~~(C) Sinks shall be located in all bathrooms and shall be supplied with hot and cold running water.~~

~~(D) Sinks shall be located at a height between twenty-four (24) and thirty-six (36) inches high for children, or stools shall be provided.~~

~~(vi) Indoor Space and Equipment. Indoor space and equipment shall include but not be limited to:~~

~~(A) Porches, decks and stairs shall have sturdy railings.~~

~~(B) Open staircases shall have a child-safe gate if there are young children in the home;~~

~~(C) Safeguards must be taken to protect small children from accidental contact with fireplaces, space heaters and other hot surfaces. The adoptive parent shall ensure the safe disposal of ashes from coal or wood burning fireplace or stoves; and~~

~~(D) Unused electrical outlets shall have safety shields if there are young children placed in home.~~

~~(vii) Exterior Conditions.~~

~~(A) The overall condition of the buildings and grounds shall be maintained in a clean, uncluttered, sanitary and healthful manner;~~

~~(B) House numbers or addresses shall be plainly visible from the street;~~

~~(C) Home shall have at least two (2) exits; and~~

~~(D) Doors shall be operable from the inside without the use of a key or special effort.~~

~~(viii) Emergency Policy and Procedures.~~

~~(A) Smoke detectors. Underwriters Laboratory approved smoke detectors shall be installed on all floors of the home and centrally located in the hall or area giving access to each sleeping area;~~

~~(B) A working fire extinguisher must be available in the home.~~

~~(C) Every home shall have a carbon monoxide detector following manufacturer's recommendations for placement;~~

~~(D) Fire exists shall be free of obstructions and accessible at all times; and~~

~~(E) Emergency Situations.~~

~~(I) Each adoptive home shall have a written plan for action in case of emergencies (e.g., fire), natural disaster (e.g., earthquakes, floods, tornadoes, and severe weather), and missing child(ren);~~

~~(II) All household members must be familiar with the escape plan in the event of a fire.~~

~~(ix) Storage of Chemicals, Cleaning Solvents, Flammable and Combustible Materials, Poisons, Toxins.~~

~~(A) All poisonous and toxic materials shall be stored in a safe location that is inaccessible to children; and~~

~~(B) Combustible and flammable materials and liquids shall be stored outside of main living areas, and shall not create a fire hazard.~~

~~(x) There must be an operable phone available in the home.~~

~~(xi) The adoptive parent(s) shall ensure that first aid kits are readily available and accessible in the home.~~

~~(xii) Weapons/Firearms. A weapon is any firearm, explosive or incendiary material, or other device, instrument, material or substance, which in the manner it is ordinarily used, or is ordinarily intended to be used, is reasonably capable of producing death or serious bodily injury.~~

~~(A) In adoptive homes, firearms and ammunition shall be stored and locked separately from each other in an area that is inaccessible to children;~~

~~(B) Archery equipment and any other type of weapon shall be handled in the same manner as firearms; and~~

~~(C) No explosives of any type shall be allowed on the premises.~~

Section ~~9~~8. Adoption Approval/Disapproval Process.

(a) Approval/disapproval of adoptive homes is the responsibility of the Administrator/Executive Director, including a recommendation for the number, age, and sex of children for which the home is approved.

(b) The home study with the agency Administrator/ Executive Director's approval shall be maintained in the adoptive home file.

~~(c) Careful consideration shall be given to all information gathered throughout the application and home study process.~~

(c) ~~(d)~~ Active adoptive homes (awaiting child placement) shall be reviewed and updated on an annual basis, or earlier if a significant change occurs.

(d) ~~(e)~~ Children shall not be placed in unapproved homes.

(e) ~~(f)~~ All adoptive home placements shall be made in compliance with W.S. §§ 1-22-101 through 1-22-117.
(http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title1/T1CH22.htm, 2012).

(f) ~~(g)~~ When children are placed across state lines for adoption, the placements shall be made in accordance with the Interstate Compact on the Placement of Children.

(g) ~~(h)~~ International adoptions shall be made in compliance with the rules and guidelines of the U.S. Citizenship & Immigration Service (USCIS) (https://www.uscis.gov/adoption).

(h) ~~(i)~~ Adoptive applications and home studies shall be updated before additional placements are made.

Section ~~10~~9. Agreement.

(a) The Adoption Agency shall have a written agreement with the adoptive parents prior to finalization of adoption. This agreement shall specify the Adoption Agency's rights prior to finalizing the adoption and shall include:

(i) The financial agreement between the agency and the adoptive home, including the amount due for services rendered and when fees are payable;

(ii) The Adoption Agency's right to remove a child(ren) or recommend the removal of the child from the pre-adoptive home with the custodial agency's approval;

(iii) The child(ren) shall be released from the pre-adoptive home only with the consent of the custodial agency's approval;

(iv) Visitation by the child(ren)'s birth parents or birth relatives shall be arranged through the agency;

(v) The Adoption Agency's responsibility for regular supervision of the adoptive home; and

(vi) The adoptive parent(s) shall notify the Adoption Agency whenever he/she wish to take a child(ren) out of the state prior to finalization of the adoption.

(b) Both the Adoption Agency and the adoptive parent(s) shall sign the agreement. One (1) copy of the agreement shall be filed in the adoptive home record, one (1) copy shall be given to the adoptive parents, and one (1) copy shall be retained by the Adoption Agency.

Section 1~~1~~0. Pre-Finalization Services.

Prior to finalization of an adoption, monthly supervisory visits shall be made to each adoptive home in which children are placed. These visits shall be recorded in the adoptive home record.

Section 1~~2~~1. Services to Birth Parents.

(a) Services to be provided to birth parents shall include pre-relinquishment and post-relinquishment services.

(b) Individualized case services shall be tailored to the needs of the birth parent(s).

(c) Voluntary relinquishments shall be accepted from the biological mother, putative father and/or the legal father of the child(ren) by the Adoption Agency in accordance with W.S. § 1-22-109. (http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title1/T1CH22AR1.htm, 2012).

~~(d) Post relinquishment support and counseling shall be available to birth parents as needed.~~

Section 1~~3~~2. Services to Adoptive Parents.

(a) Pre-placement and post-placement services, including, but not limited to the home study process, shall be designed to educate and prepare the family for the type of adoption they intend to pursue.

(b) Training shall be available to all adoptive families. ~~and may include the following topics:~~

~~(i) Special needs children;~~

~~(ii) Appropriate discipline;~~

~~(iii) Grief and loss;~~

~~(iv) Attachment;~~

~~(v) Children's rights;~~

~~(vi) Child development;~~

~~(vii) Parenting the sexually abused child; and~~

~~(viii) Knowledge of and respect for the culture and heritage of an adopted child.~~

Section 14~~3~~. Foster-Adopt Program.

(a) A foster-adopt home shall be developed specifically with the idea of possible adoption as the outcome of placing foster children.

(b) The foster-adopt home shall comply with all foster care regulations found in Chapter 5 of these rules. ~~However, the training hour requirements listed in Chapter 5, Section 6 may be comprised of the topics listed in Section 13 of this Chapter.~~

(c) If an Adoption Agency utilizes foster care in the course of providing adoptive services, the agency shall be dually certified as an Adoption Agency and Child Placing Agency.

Section 15~~4~~. International Adoption Agencies.

(a) All international adoptions ~~must~~ shall be made in compliance with the rules and guidelines of the U.S. Citizenship & Immigration Service (USCIS), formerly the United States Immigration and Naturalization Service.

(b) The international Adoption Agency responsible for placing the child with the adoptive family shall document the following:

(i) An English language translation of all written contracts or agreements between foreign governments or entities and adoptive parents shall be placed in the adoptive family's file and be available for review by the certifying authority.

(ii) All agreements entered into with adoptive parents shall conform to:

(A) The legal requirements of the foreign country involved;

(B) The laws and regulations of the United States; and

(C) The laws of the State of Wyoming and all other states involved in the adoption.

(c) International Adoption Agencies conducting business within the State of Wyoming shall have an office within the State of Wyoming and be certified as an Adoption Agency by the certifying authority.

(d) Adoption Agencies providing international services shall develop, adopt, follow and maintain on file written policies and procedures governing all aspects of services offered and practices followed. Services shall include, but not be limited to:

~~(e) Services shall include, but not be limited to:~~

(i) Performance of all activities required for a domestic adoption;

(ii) Post placement supervision and reports pertaining to the adoptive family shall be provided to the appropriate agency in accordance with the requirements of the country from which the child was adopted; and

(iii) A Wyoming Adoption Agency working with an out-of-state family shall maintain an adoptive family file that contains all documentation required for a domestic adoption (e.g., family assessment, reference letters, and records check).

Section 1~~6~~5. Records.

(a) Adoptive home records shall include the same information for each parent as is maintained for staff, as set forth in Chapter 3, Section 3~~5~~2(c).

(b) Prior to finalization, files on all adoptive families and children shall be maintained in a confidential manner in a locked, fireproof safe or file.

(c) Final adoption records shall be sealed and opened only according to Wyoming statute 1-22-104. (http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title1/T1CH22AR1.htm, 2012).

(d) Final adoption records shall be retained indefinitely in a locked, fireproof file or safe.

REPEALED
~~ADMINISTRATIVE RULES FOR CERTIFICATION OF PROVIDERS OF SUBSTITUTE CARE FACILITIES FOR CHILDREN~~

~~CHAPTER 15~~
~~CONTESTED CASE HEARING~~

~~Section 1. **Authority.**~~

~~These rules are promulgated pursuant to W.S. § 16-3-101, et. seq., W.S. § 9-2-2104(a)(vii) and W.S. § 14-4-101 through 14-4-116.~~

~~Section 2. **Purpose.**~~

~~These rules have been adopted to provide uniform procedures for the conduct of contested case hearings before the Child Care Certification Board pursuant to the Wyoming Administrative Procedure Act, W.S. § 16-3-101 through §16-3-115, and the statutes related to Child Care Facilities Certification, W.S. § 14-4-101 through 14-4-116.~~

~~Section 3. **Applicability.**~~

~~Contested case hearings on the denial, suspension, substantiated complaint, no-renewal or revocation of a certificate to operate a substitute care facility shall be conducted according to these rules.~~

~~Section 4. **Definitions.**~~

~~The definitions set forth in the Wyoming Administrative Procedures Act, W.S. §16-3-101 (2011), are incorporated by reference and this rule does not include any later amendments to the Act. For the purposes of a contested case hearing, the following definitions shall also apply:~~

~~(a) "Affidavit" – a written notarized statement of facts made voluntarily under oath.~~

~~(b) "Board" – the Child Care Certification Board acting as the board of review.~~

~~(c) "Chairman" – the chairman of the Child Care Certification Board.~~

~~(d) "Contested case" – a proceeding involving denial, suspension, revocation, substantiated complaint or non-renewal of any certificate issued under W.S. §14-4-101 through 14-4-116 in which legal rights, duties or privileges of a party are required by law to be determined by an agency after an opportunity for a hearing.~~

(e) "Department" - the Department of Family Services.

(f) "Director" - the Director of the Department of Family Services.

(g) "Ex parte matter" - matters heard by the Hearing Officer in the absence of and without notice to the adverse party.

(h) "Hearing Officer" - any designee of the Chairman to serve as the presiding officer at a hearing held under these rules. The Chairman may appoint such persons as necessary to assist in the conduct of a hearing.

(i) "Hearing Panel" – a committee of three (3) or more Board members designated by the Chairman of the Child Care Certification Board to hear a case and recommend a decision on behalf of the Board.

(j) "Indispensable party" - any person whose joinder as a party is required to obtain a just resolution of the contested case. The Hearing Officer will determine who is an indispensable party.

(k) "Individual" - the person impacted by decisions of the Department.

(l) "Informal Conference" - the conference conducted at the Department local level by the Licensing Program Manager or Supervisor to review case information concerning local DFS action regarding a contested case.

(m) "Person" - any individual, partnership, corporation, association, municipality, governmental subdivision, public or private organization of any character, other than an agency.

(n) "Petitioner" - Department or individual as designated by the Hearing Officer.

(o) "Respondent" - Department or individual as designated by the Hearing Officer.

(p) Wyoming Administrative Procedure Act ("WAPA") - W.S. §§ 16-3-101 through §16-3-115. (http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title16/T16CH3.htm, 2012).

Section 5. **Requests for Hearing.**

(a) Any person or his/her formally designated representative may make a request to the Department for a hearing in a contested case. Requests may be provided to the local Department offices and will then be forwarded to the State Office.

(b) Requests for a hearing shall be in writing.

Section 6. **Computation of Time.**

In computing any time period set forth in these rules, by applicable statute or order of the Hearing Officer or Director, the day of the act, event or default from which the designated period begins to run shall not be included. If the last day of a designated period falls on a Saturday, Sunday or legal holiday, or when the act to be done is the filing of a paper and weather or other conditions have made the place of filing inaccessible, then the period runs until the end of the next business day. For time periods of ten (10) days or less, the period of time shall be ten (10) business days. For purposes of this section, "legal holiday" includes any day officially recognized as a legal holiday in this state by designation of the legislature or appointment as a holiday by the Governor.

Section 7. **Contents of Request for Contested Case Hearings.**

(a) The request shall contain at least:

(i) Name, address, and telephone number of the person requesting the hearing; and identification of the person on whose behalf the hearing is being requested.

(ii) The reason for the request, including the nature of the departmental action, order or determination being contested; and

(iii) Name and address of the requesting party's legal counsel or representative, if the requesting party has retained counsel or a representative at the time the request for hearing is made.

Section 8. **Time Period for Requests and Evaluation of Requests.**

(a) Requests for a hearing on issues pertaining to Substitute Care Licensing shall be made within ten (10) days of receipt of notice of the Department action.

(b) The Chairman of the Child Care Certification Board, or designee, shall evaluate the request, and within twenty (20) days of receipt of the request:

(i) Notify the requesting party a hearing has been approved and will be held according to Section 10 of these rules; or

(ii) Notify the requesting party of the denial of a hearing as requested and the reasons for the denial.

(A) A hearing may be denied if the request for a hearing does not meet the definition of a contested case or if no adverse action has been taken by the Department, against a person requesting the hearing.

(B) A denial of a request for a hearing is a final decision of the Board which may be appealed to the district court pursuant to the Wyoming Administrative Procedures Act.

Section 9. **Filing and Service of Papers.**

In all contested case hearings, the parties shall file all original documents, pleadings and motions with the Department with true and complete copies of the particular documents, pleadings or motions properly served on all of the parties or their attorneys and the Hearing Officer.

Section 10. **Notice of Hearing; Request for Continuance.**

(a) In any contested case, all parties shall be afforded no less than twenty (20) days advance notice of the hearing.

(i) The time period specified herein may be waived by an individual upon written notification to the Chairman or Hearing Officer.

(ii) Notice shall be served personally or by certified mail to the last known address of the party.

(b) Contents

(i) A notice of hearing shall contain, at least:

(A) The time, place, and nature of the hearing;

(B) The legal authority and jurisdiction under which the hearing is being held;

(C) The particular sections of the statutes or rules involved;

(D) A short and plain statement of the matters asserted;

(E) The docket number assigned to the case;

(F) The right to be represented by an attorney or representative; and

(G) The right to present witnesses or other appropriate evidence.

(c) Upon request for a continuance by either party served, the Hearing Officer shall, upon a showing of good cause, allow the party an alternative time and place for the hearing, provided such request is made within ten (10) days from the date of mailing of the notice of hearing.

(i) When a request for a continuance is granted, the Hearing Officer shall reissue the notice in accordance with Section 10 of these rules at least five (5) days prior to the hearing date.

(ii) Only one (1) request for rescheduling of a hearing shall be honored unless, in the Hearing Officer's judgment, additional changes must be allowed to avoid manifest injustice. Notice shall be issued as provided by Section 10 (a) and (b) above.

(d) A hearing shall be held within ninety (90) days of the Department action which gives rise to the complaint, unless otherwise provided by law.

Section 11. **Failure to Appear.**

If a party requesting a hearing fails to appear at the place, date, and time specified in a notice, the Hearing Officer may:

(a) Continue the hearing to a later date and provide notice as prescribed by Section 10 (a) and (b) herein; or,

(b) Dismiss the hearing and send notice to all parties the hearing was dismissed for the requesting party's failure to appear. The party requesting the hearing shall have twenty (20) days from the mailing of the dismissal notice to submit a written request that the hearing be re-calendared accompanied by a showing that good cause existed for the requesting party to have failed to appear at the originally scheduled hearing.

Section 12. **Discovery.**

All discovery in a contested case shall be governed by the Wyoming Rules of Civil Procedure, and the Wyoming Administrative Procedure Act, W. S. §16-3-107 (g) and (h). The party for whom any depositions are taken shall ensure original transcripts are placed in the record by filing them with the Department. All other records of discovery shall likewise be filed with the Department by the party originating such discovery. Each party shall be responsible for its own discovery costs.

Section 13. **Subpoenas.**

Any party may request the Hearing Officer issue a subpoena so as to compel the attendance of a witness pursuant to W. S. §16-3-107. Request for the issuance of the subpoena shall be accompanied by a completed subpoena which should substantially conform to the form provided by the Department. Upon receipt of a subpoena request, the Hearing Officer shall issue the subpoena and return the subpoena to the requesting party for service. An attorney who has entered an appearance in a contested case may also issue and send a subpoena on behalf of the Hearing Officer.

Section 14. **Expedited Contested Case.**

(a) Upon request of the parties, made prior to the date set for the hearing, any case may be heard as an expedited case.

(b) Expedited cases shall be decided on written argument, evidence and stipulations submitted by the parties. Oral argument shall be presented upon the request of any party.

(c) The Hearing Officer has discretion to require an evidentiary hearing in any case in which it appears that facts material to a decision in the case cannot be properly determined without an evidentiary hearing.

Section 15 **Informal Conference**.

(a) Within 10 days of receipt at the state office of the hearing request, the program manager, will arrange an informal conference with the party requesting the hearing and the supervisor of the licenser, to discuss potential settlement of the case. If the parties arrange settlement, informal disposition shall be followed.

Section 16. **Prehearing Conference.**

(a) At a time on or before the day of the hearing, the Hearing Officer, with or without either party's motion, may meet with the parties for a conference to consider simplification of the issues, stipulations and admissions of fact, clarification or limitation

~~of evidence, and any other matters that may expedite the proceeding and assure a just conclusion of the case.~~

~~(b) Any stipulations, limitations or agreements made at a prehearing conference shall be recited in the record and shall control the course of the proceedings, unless modified during the hearing to prevent manifest injustice.~~

~~Section 17.~~ **~~Informal Disposition.~~**

~~Settlement of a contested case by any informal means (i.e., stipulation, agreed settlement or consent order) shall be allowed at any time unless precluded by law. Such settlements shall be in writing by both parties and included as a part of the record. The Hearing Officer shall enter an order dismissing the contested case proceeding upon such settlement, and such order shall be considered a final order of the Department.~~

~~Section 18.~~ **~~Hearing Officer.~~**

~~(a) The Chairman or designee shall appoint a Hearing Officer to preside over contested case hearings on a case by case basis or for a scheduled period of time, as deemed appropriate.~~

~~(b) The Hearing Officer shall be any person determined by the Chairman or designee to be qualified to serve in such a capacity, who has not taken part in the investigation, preparation, or earlier disposition of the case to be heard.~~

~~(i) The Hearing Officer may withdraw from a hearing at any time a contested case is pending by filing a written notice of withdrawal with the Chairman or designee and serving all parties.~~

~~(ii) Any party may request in writing the Chairman remove and replace the Hearing Officer in a contested case. This request must be accompanied by a statement and affidavits, if appropriate, setting forth the alleged grounds for disqualification. The Chairman or designee may deny a party's request for removal and shall issue a written statement explaining the grounds for denial which shall be made a part of the record. If the request is granted, the Chairman or designee shall appoint a new Hearing Officer as soon as is practicable.~~

~~(iii) The party requesting the hearing may object to the appointment of the Hearing Officer on the record at the hearing. The objection shall set forth the alleged grounds for disqualification.~~

~~(c) The Hearing Officer shall have all powers necessary to conduct a fair and impartial hearing, including but not necessarily limited to, the following authority:~~

~~(i) To administer oaths and affirmations;~~

(ii) To subpoena witnesses and require the production of any books, papers or other documents relevant or material to the inquiry;

(iii) To rule upon offers of proof and relevant evidence;

(iv) To provide for discovery and determine its scope;

(v) To regulate the course of the hearing;

(vi) To hold conferences for the settlement or simplification of the issues;

(vii) To dispose of procedural requests or similar matters; and

(viii) To take any other action authorized by the Department's rules.

(d) Failure or refusal to appear or obey orders of the Hearing Officer may result in the sanctions provided in W.S. §16-3-107(c) and (f).

(e) Except to the extent authorized by W.S. §16-3-111 or by other state law, a party or that party's attorney shall not communicate directly or indirectly in connection with any issue of fact or law with the Hearing Officer or any member of the Board concerning any pending case, except upon notice and opportunity for all parties to participate. Should ex parte communication occur, the Hearing Officer or the Board member contacted shall advise all parties of the communication as soon as possible thereafter, and if requested, allow any party the opportunity to respond. If a Board member needs counsel regarding the hearing, he/she shall contact the Attorney General's office. If the individual requesting the hearing needs counsel, he/she shall be encouraged to contact the Wyoming State Bar or a private attorney.

Section 19. **Hearing Panel.**

(a) A Hearing Panel shall be selected from the Child Care Certification Board to hear a case and make a recommendation for the Child Care Certification Board to make the final decision.

Section 20. **Evidence and Testimony; Telephone Conferences**

(a) Except as may be otherwise ordered by the Hearing Officer, the Department bears the burden of proof in cases where an existing license was suspended, revoked, or denied a renewal. The Petitioner shall bear the burden of proof in instances where an initial license was denied. The burden of proof shall be by a preponderance of the evidence.

(b) Admissibility of evidence

(i) The parties shall be entitled to present any oral or documentary evidence, submit rebuttal evidence and conduct cross-examinations, as may be required for a full disclosure of the facts.

(ii) All documentary or physical evidence submitted for consideration shall be marked as exhibits. Petitioner's exhibits shall be marked by letters of the alphabet beginning with "A". Respondent's exhibits shall be marked by numbers beginning with "1".

(iii) The Hearing Officer shall allow any oral or documentary evidence. Irrelevant, immaterial, or unduly repetitious evidence may be excluded. Hearsay is admissible.

(iv) Evidence may be received in written form, yet if such written evidence would not be admissible under the Wyoming Rules of Evidence, all parties should be afforded a reasonable opportunity to confront and cross-examine the author of the written evidence. Generally, such a reasonable opportunity is afforded by giving all parties written notice of the intent to introduce and rely upon the written evidence a reasonable period of time prior to the scheduled evidentiary hearing.

(c) Objections

(i) The grounds for objection to any evidentiary ruling by the Hearing Officer shall be briefly stated. Rulings on all objections shall appear in the record.

(ii) Formal exception to an adverse ruling is not required.

(d) Privileged and confidential information

(i) Any privilege at law shall be recognized by the Hearing Officer in considering evidence.

(ii) No employee of the Department shall be compelled to testify or to divulge information which is confidential or privileged at law and which is contained within the records of the Department or acquired within the scope of employment except as provided in W.S. §16-3-107.

(e) Administrative notice may be taken of any material fact not appearing in evidence in the record that is of the nature of traditional matters of judicial notice or within the special technical knowledge or files of the Department. Parties shall be given an opportunity to contest matters administratively noticed prior to a final decision by the Department in accordance with W.S. §16-3-108.

(f) Each witness who is present to give testimony must identify himself or herself by stating his or her name and address; indicate on whose behalf he or she will testify; and be administered an oath by affirmation by the Hearing Officer.

(g) At the discretion of the Hearing Officer, telephone calls may be used to conduct any hearing or other proceeding. At the discretion of the Hearing Officer, parties or their witnesses may be allowed to participate in hearings by telephone.

Section 21. **Representation.**

(a) All parties have a right to represent themselves, or to be represented by an attorney licensed to practice law.

(i) If the individual requesting a hearing is represented by an attorney, payment of attorney's fees and costs are the responsibility of the individual requesting a hearing.

(b) The Department may request the Attorney General to assist in contested case hearings to the extent required by W.S. §16-3-112(c).

Section 22. **Order of Procedure.**

(a) The following order of procedure shall be followed:

(i) The Hearing Officer shall announce the hearing is open and call by docket number and title the case to be heard. The Hearing Officer shall ask if parties are ready to proceed and will allow parties an opportunity to dispose of any preliminary matters;

(ii) The Hearing Officer shall administer the oath affirmation to all witnesses who will present testimony;

(iii) The Hearing Officer may, by discretion, allow evidence to be heard in an order other than prescribed here;

(iv) The opening statements shall be made by the Respondent first, then by the Petitioner, unless the Hearing Officer allows evidence to be heard in an order other than that prescribed;

(v) Evidence shall be presented by the Respondent first, then by the Petitioner, unless the Hearing Officer allows evidence to be heard in an order other than that prescribed. Respondent may then offer rebuttal evidence. Parties may each exercise the right to cross-examine;

(vi) The Hearing Officer and the Hearing Panel members may examine witnesses at the close of either party's direct or cross examination;

(vii) No testimony shall be received by the Hearing Officer unless given under oath/affirmation;

(viii) Closing statements will be made by the Respondent first, then by the Petitioner, and then the Respondent will have the final response.

(ix) The Hearing Officer may limit the time for opening and closing statements;

(x) The Hearing Officer may recess the proceedings as appropriate;

(xi) After all parties have had an opportunity to be heard, the Hearing Officer may excuse all witnesses and adjourn the hearing;

(xii) The hearing may be reopened only upon a motion by a party to the proceeding on a showing of good cause.

Section 23. **Decisions.**

(a) The Hearing Officer shall make proposed findings of fact and conclusions of law within twenty (20) working days of the close of the hearing and forward them to members of the Hearing Panel for approval as a recommended decision. This time may be extended if the parties or other interested persons are to submit briefs; but, in no event may this time be extended by more than ten (10) working days, unless a later date is stipulated, in writing, by Petitioner and Respondent.

(i) Within ten (10) working days of the Hearing Officer's recommended decision, the Hearing Panel shall issue its recommended decision to the Board.

(ii) Within ten (10) working days of the date of the Hearing Panel's recommended decision, each party shall be allowed to file with the Board exceptions to the recommended decision with or without a supporting brief. Such exceptions and briefs shall be served on all other parties.

(b) Within fifteen (15) working days of receipt of the Hearing Panel's recommended decision, the Board will make and enter in the record the final decision in the case. This decision shall be made and served on all parties to the proceeding.

(i) The decision shall include:

(A) A statement of the findings of fact and conclusions of law, stated separately, with a concise and explicit statement of the underlying facts supporting the findings; and

(B) The appropriate rule, order, relief or denial thereof. The decision shall be based upon a consideration of the whole contested case record or any portion stipulated to by the parties.

(ii) The decision shall state all facts administratively noticed and relied upon as provided by W.S. §16-3-108(d).

(c) Final decisions of the Board shall be approved by a majority of members present at a meeting where a quorum exists, signed by the Chairman and be effective immediately after being entered in the record and served upon all parties. Service shall be accomplished either personally or by mailing a copy of any decision or order to each party or to their attorney of record within a reasonable time following the entry of the decision into the record.

Section 24. **Appeals.**

Appeals from a final decision of the Board shall be taken in accordance with W.S. §16-3-114 and Rule 12 of the Wyoming Rules of Appellate Procedure.

Section 25. **Transcripts and Record.**

(a) When a contested case is set for hearing, the Chairman or designee shall assign a docket number to each case and enter the case with its number and date of filing in a docket book maintained by the Chairman or designee. The Chairman or designee shall maintain a separate file for each docketed case in which all pleadings, transcripts, correspondence, papers, and exhibits for that case shall be maintained. All such items shall have noted thereon the assigned docket number and the date of filing.

(b) The Chairman or designee shall record all contested case proceedings electronically, through the use of a qualified court reporter or any other appropriate means determined by the Department, or the Hearing Officer, as approved by the Department. Transcriptions of oral proceedings or written transcripts of a witness's testimony may be obtained upon payment of the cost. Costs may include costs of transcription, pro-rated time of a DFS employee to duplicate tapes for transcription, cost of tapes and any other cost associated with transcription of the hearing tapes.

(i) In a nonpublic investigation proceeding, requests for copies or transcripts may be limited to testimony of the requesting party.

(ii) Where individuals can demonstrate indigence and cannot effectively perfect appeal without such transcription the Department may waive the payment of the fee.

(c) The record of the hearing shall contain:

(i) All formal or informal notices, pleadings, motions, intermediate rulings;

(ii) Evidence received or considered, including matters administratively noticed;

(iii) Questions and offers of proof, objections and rulings;

(iv) Any proposed findings and exceptions thereto; and

(v) The report of the Hearing Officer to the Child Care Certification Board and the final decision of the Board.

Section 26. **Severability.**

If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in effect.

CHAPTER 16
BOARD OF COOPERATIVE EDUCATIONAL SERVICES (BOCES)

Section 1. Program Specific Certification Standards.

(a) All BOCES shall comply with all sections of this Chapter and with the following Chapters and Sections of these rules:

(i) Chapter 1: All

(ii) Chapter 2: All

(iii) Chapter 3: Sections 1-29 and 31-32.

Section 2. Program Description.

BOCES provide services for children who require a combination of therapeutic and educational services in a group care setting.

(a) BOCES shall provide:

(i) Wyoming Department of Education approved or accredited on-grounds school, a High School Equivalency program, or a program which works with the local school district to meet the educational needs of the child;

(ii) A minimum of twenty-four (24) hours of therapeutic services per child per month, which may include a combination of behavior modification, physical therapy, occupational therapy, speech therapy, recreation therapy, and individual, group and family therapy (as able). The specific services shall be determined by the treatment team through the creation and implementation of an ITPC and/or Individualized Education Program (IEP) that is family based, child guided and culturally responsive; and

(iii) Ongoing discharge and continuing care planning.

Section 3. Maximum Capacity.

(a) All levels of BOCES shall provide services for no more than twenty (20) children in each living unit.

Section 4. Program Personnel.

(a) BOCES shall have, at a minimum:

(i) Administrator/Executive Director;

(ii) Licensed or certified professionals on staff or under contract to direct the ITPCs and/or IEP;

(iii) Certified educational staff;

(iv) Direct care staff; and

(v) Medical personnel on staff or under contract, to include, at a minimum, a licensed practical nurse (LPN).

Section 5. Specialized Training (Chapter 3, Section 11).

All BOCES staff shall complete a thirty (30) hour orientation program and twenty (20) hours of annual training.

Section 6. Admissions Criteria.

(a) In order to qualify for placement in a BOCES program, the child shall have an active IEP or have an evaluation in process for an IEP. In addition, a child must exhibit one (1) or more of the following conditions:

(i) Child cannot function in his/her community;

(ii) Child has treatment issues requiring therapeutic intervention;

(iii) There are documented attempts to treat the child with the maximum intensity of services available at a less intensive level of care that cannot meet or has failed to meet the needs of the child;

(iv) Without intervention, there is clear evidence that the child will likely decompensate and present a risk of serious harm to self or others;

(v) The child's needs cannot be met by the public school, as determined by the treatment team; and

(vi) The child has special education or generalized education needs.

(b) The following are required within 14 days of admission to a BOCES:

(i) Initial diagnostic assessment;

(ii) Child assets and strengths;

(iii) Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning, self harm, institutional behaviors and social problem-solving;

(iv) Medical assessment;

(v) Psycho-educational assessment; and

(vi) A problem list, related to the reasons why the child was admitted to this level of care.

Section 7. Staffing Ratios.

(a) BOCESs shall maintain one (1) full time equivalent licensed or certified professional/child ratio of 1:10 or a ratio of 1:12 when the licensed or certified professional works with an aide for the delivery of any therapeutic services.

(b) Direct care staff for BOCESs:

(i) Daytime and evening hours**.** The minimum ratio of direct care staff to child ratio is 1:6. If the teacher is counted in the staff/child ratios, he/she shall complete all training required for direct care staff.

(ii) Nighttime sleeping hours.

(A) There shall be awake direct care staff/child ratio 1:10 during nighttime sleeping hours;

(B) Bedroom checks of children shall be conducted at a minimum of three (3) times per hour, on a random, unscheduled basis and the exact time of the check shall be documented in an overnight log; and

(C) One (1) or more staff members shall be available on-call to provide direct care to any child in crisis or in need of supervision during the nighttime hours.

(iii) Direct supervision of individual youth shall be adjusted to meet his/her specific needs (ie. runaway risk, youth on room restriction, risk to self or others).