

DEPARTMENT OF EDUCATION

OFFICE OF THE SECRETARY

Statutory Authority: 14 Delaware Code, Sections 3001A-3005A (14 Del.C. §§3001A-3005A)
9 DE Admin. Code 105

PROPOSED

PUBLIC NOTICE

Educational Impact Analysis Pursuant to 14 Del. C. §122(d)

105 Residential Child Care Facilities and Day Treatment Programs

A. TYPE OF REGULATORY ACTION REQUESTED

Amendment to Existing Regulation

B. SYNOPSIS OF SUBJECT MATTER OF THE REGULATION

Pursuant to 14 Del.C. §3003A, the Secretary of the Department of Education wishes to transfer 9 DE Admin. Code 105 to 14 DE Admin. Code by creating 935 DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs. The Office of Child Care Licensing which oversees these facilities moved from the Department of Services for Children, Youth and Their Families to the Department of Education on July 1, 2020, and this is the final set of regulations that were required to be transferred. The previous 105 regulations are being stricken in their entirety because they were last revised in 1998, new federal legislation (Family First Prevention Services Act) was enacted, and acceptable practices regarding the use of restrictive procedures have also changed. Additional changes were made to ensure alignment with recent changes to background checks and fingerprinting procedures. A task force consisting of stakeholders, licensed facilities, and agency representatives reviewed a draft and provided comments which resulted in the creation of these proposed regulations. Other changes were made to ensure compliance with the *Delaware Administrative Code Drafting and Style Manual*. This regulation was previously proposed in the August 2023 Edition of the *Register of Regulations*.

Comments received suggested the Department consider the following:

(1) Governor's Advisory Council for Exceptional Citizens (GACEC)

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed the Delaware Department of Education (DDOE) proposal to transfer 9 DE Admin. Code 105 to 14 DE Admin. Code by creating 935 DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs. In July 2020, the Office of Child Care Licensing (OCCL) moved from the Department of Services for Children, Youth, and Their Families to DDOE, and this section of regulations is the last required to be transferred. DDOE previously proposed these regulations in the May 2023 Delaware Register of Regulations. Council provided commentary on those proposed regulations in a letter dated 5-30-2023. These proposed regulations replace those proposed in May 2023. Since Council previously provided commentary on these proposed regulations and the DDOE made changes based on some of those comments, this letter thanks the DDOE for the changes made and will only address those areas that Council has concerns about at this time.

Definition of child - The prior definition of "child" was: "A person who has not reached 18 years of age. A person in a facility or program who becomes 18 years of age while residing in the facility or participating in the program, and who has not attained the age of 25." Under the proposed regulations, DDOE is proposing to change the definition of "child" to the following: "a person who has not reached the age of 18 years or a person who becomes 18 while residing in the facility or participating in the program, who has not reached the age of 22. Child also includes a person enrolled in a State public school or receiving a board extension to remain in care." DDOE did not provide a reasoning for why it lowered the age of those covered under this definition. Council would like information from the DDOE on why this change was made, the purpose of the change and how the change fits with the definition of 'child' under special education.

Response: The Department appreciates this comment. DOE made this change at the recommendation of task force members comprised of DSCYF representatives, other agency partners, and participating residential child care providers to align with disability requirements for a free appropriate public education (FAPE). The definition will remain as written.

Definition of psychotropic drug - The definition of "psychotropic drug" has changed from "a drug or substance that alters the chemical balance of neurotransmitters in the central nervous system" to "a chemical substance that changes brain function and alters perception, mood, or consciousness." Consistent with definitions of psychotropic drug in other literature, Council would like to recommend that DDOE include in its definition, that a psychotropic drug is one that also generates changes to

behaviors.

Response: The Department appreciates this comment. The Department will add "behavior" to the definition. The Department will change the definition to "psychotropic medication" means a chemical substance that changes brain function and alters behavior, perception, mood, or consciousness.

Definition of facility - DDOE defines "facility" as a "residential child care facility" and then subsequently states that a "residential child care facility is a "residential facility" in proposed section 4.3. Council would recommend that the DDOE be consistent in how it refers to the different facilities.

Response: The Department appreciates this comment. The Department will remove "residential facility" and will consistently use "residential child care facility."

Definition of physical restraint - The proposed definition of physical restraint is "the non-punitive, age-appropriate, time-limited, and reasonable use of physical holding that is required to restrict the movement of a child for the purpose of preventing harm to the child or to others when the child fails to respond to other techniques." This proposed definition fails to account for the severity of the child's actions and whether there is a serious and imminent risk of bodily harm to self or others, which is the language currently used in Delaware when referring to physical restraints occurring in school settings. Council recommends that the DDOE use the definition of physical restraint that is used in 14 Del. C. 4112F and 14 Del. Admin. C. 610.

Response: The Department appreciates this comment. Regulation 93.2 requires a licensee to have and follow written policies and procedures governing the appropriate use of chemical restraint, physical restraint, or seclusion, as applicable. These policies and procedures require restrictive procedures to be permitted only under specific conditions, which include when "the child is a danger to self or others." The definition will remain as written.

Definition of seclusion - The proposed definition makes it seem as though it only applies to children age six years or older; however there is no explicit mention of seclusion not being available for youth under the age of six or why it is not used for those under the age of six. The GACEC recommends that DDOE include specific language to explicitly state that seclusion is not an approved behavior modification technique used with children under the age of six.

Response: The Department appreciates this comment. Regulation 93.2 requires a licensee to have and follow written policies and procedures governing the appropriate use of chemical restraint, physical restraint, or seclusion, as applicable. It states, "These policies and procedures shall: Prohibit the use any restrictive procedure on a child below age 6." The definition will remain as written.

Proposed Section 4.3 - The language in proposed section 4.3 states that a psychiatric hospital is not considered a residential facility. Council would like additional information on the reasoning behind this statement. What is it if a psychiatric hospital is not considered a residential facility, especially since students experience long-term stays at psychiatric hospitals? Please supply more information on this.

Response: The Department appreciates this comment. The Office of Child Care Licensing (OCCL) does not regulate hospitals. The Division of Health Care Quality, Office of Health Facilities Licensing and Certification regulates hospitals. The regulation will remain as written.

Proposed Section 5.0 - Proposed Section 5.0 mentions that officials from OCCL or other State and local agencies may interview youth as part of their authority to inspect the licensed facilities. However, there is no mention of whether OCCL or the licensed facility must notify parents or the referring agency when such interviews are taking place. The GACEC would recommend that DDOE include a requirement to ensure parents or the referring agency are notified when such interviews are taking place.

Response: The Department appreciates this comment. The facility visit conducted to investigate a complaint is unannounced. Notifying parents or the referring agency could hinder the investigation. The regulation will remain as written.

Proposed Section 12.0 - Proposed Section 12.0 describes OCCL's actions when it receives a complaint from a youth or parent of a youth at a licensed facility. No specific timeframe is noted by which licensed facilities are required to correct noncompliance found by OCCL as a result of a complaint. Council would therefore recommend that DDOE include a timeframe by which a noncompliant licensed facility is required to correct the identified noncompliance.

Response: The Department appreciates this comment. While dates for correction of identified non-compliances vary depending on the complexity of the corrective action plan, the written complaint report contains dates for correction. The regulation will remain as written.

Proposed Section 17.0 - Proposed 17.1.2 states that "A photo, video, or recording that reveals a child's identity shall not be used for research, fundraising, or public relations without the written consent of the child's parent or referring agency." It is unclear why the referring agency would (or should) have the authority to consent to the releasing of a young person's identity in such a public manner. Council recommends removing "referring agency" from this section.

Response: The Department appreciates this comment. There may be situations where the referring agency would need the authority to provide consent. The regulation will remain as written.

Proposed Section 17.0 (continued) - Proposed 17.1.8.7 states that a licensee is prohibited from "[p]unishing the group for misbehaviors of a child or a group of children unless the policies and procedures clearly list the specific circumstances and safeguards when this would be allowed." This form of discipline, known as "collective punishment" is "fundamentally at odds with the theories of individual responsibility in western, liberal societies." The GACEC recommends removing this proposed section in its entirety.

Response: The Department appreciates this comment. Task force members comprised of DSCYF representatives, other agency partners, and participating residential child care providers supported including this specific exception to the prohibition. The regulation will remain as written.

Proposed Section 17.0 (continued) - There is a typo in proposed 17.1.9.3 - should be "self-control" and it currently says "self-contro,".

Response: The Department appreciates this comment. The Department will make the necessary correction.

Proposed Section 17.0 (continued) - Proposed 17.1.10.8 provides additional requirements for reporting and addressing situations where a child is in time-out more than fifteen times in a 24-hour period. This number seems excessively high. Council recommends that these requirements and actions kick in when a young person has been in time-out for more than five times in a 24-hour period.

Response: The Department appreciates this comment. The number was reduced from the current requirement of more than 25 time-outs for an individual child or a cumulative total of four hours spent in time-out within any consecutive 24-hour period. The regulation will remain as written.

Proposed Section 25.6 - Proposed Section 25.6 states that "[w]hen a licensee declines to admit a child, a licensee shall provide the child's parent or the referring agency with a written explanation of the reasons for refusal, if requested." It should not be a burden of the parent to request an explanation for why a licensee refused to admit the young person. Council recommends removing the words "if requested". This would ensure that every time a licensee declines to admit a young person, it is required to provide a written explanation for why.

Response: The Department appreciates this comment. The Department will change regulation 25.6 to state, "When a licensee declines to admit a child, a licensee shall verbally provide the child's parent or the referring agency with an explanation of the reasons for refusal. A written explanation of the reasons for refusal shall be provided upon request."

Proposed Section 29.0 - Proposed Section 29.0 describes the certification requirements for teachers in a licensed facility, which is providing in-facility education services. The current language requires only that the teacher be certified for the age range of youth to whom the facility is licensed to provide services. It is not specific to the youth the teacher is educating. Therefore, there may be a situation where a licensee is providing services to youth aged 6-13 and it employs an elementary certified teacher to provide education. It would not be appropriate for that teacher to provide education to youth who are middle school aged. Council recommends that the certification requirement relate to the age of the children the teacher is teaching rather than to the age of the youth to whom the licensee is providing services.

Response: The Department appreciates this comment. Due to the potential of mixed age groups, requiring a certified teacher for each age group would be burdensome for the facility. The regulation will remain as written.

Proposed Section 49.5.12 - Current proposed 49.5.12 states that "A written schedule of monthly planned recreation, physical exercise, and leisure time activities be posted in a noticeable location on the premises, and be maintained on file for at least 90 days." Council would like to recommend that DDOE include language that this written schedule also be provided directly to the parent or referring agency as well.

Response: The Department appreciates this comment. The facility is required to post the written schedule in a noticeable location so that is available for viewing by parents and the referring agency. The regulation will remain as written.

Proposed Section 49.8 - Proposed Section 49.8 states the following: "A licensee shall have and follow written policies and procedures governing preventative, routine, and emergency dental and medical care, including provisions for effective coordination of such dental and medical care with those responsible for the child's aftercare." Although it lists a number of requirements for these written policies and procedures, it does not include any notification to the parent or referring agency. Council recommends that DDOE include an additional requirement that the licensee notify and receive consent from the parent or referring agency to any dental or medical procedure.

Response: The Department appreciates this comment. Regulation 25.4.6 requires a licensee to obtain authorization to provide or obtain medical care for the child. The Department will change regulation 25.4.6 to state, "Authorization to provide or obtain routine medical and dental care for the child."

Proposed Section 52.8 - Proposed Section 52.8 states that "A licensee shall make provisions with the referring agency for a child to receive any needed eyeglasses, hearing aids, prosthetic devices, or other corrective devices, as deemed medically necessary by a licensed physician." The current language makes this list an exhaustive one. Council would like to recommend that DDOE also include in this list any assistive technology or any other health-related device. We would also recommend that DDOE include language such as "including" which would make the list non-exhaustive.

Response: The Department appreciates this comment. The Department will change regulation 52.8 to state, "A licensee shall make provisions with the referring agency for a child to receive assistive technology or other health-related devices, including any needed eyeglasses, hearing aids, prosthetic devices, or other corrective devices, as deemed medically necessary by a licensed physician."

Proposed Sections 66.0-76.0 - Proposed Sections 66.0-76.0 govern the requirements for Parenting Adolescent Facilities. The proposed regulations do not contain a requirement related to any specific qualifications for staff at these facilities outside of the general requirements included in the regulation, which apply to all facilities, unless specifically exempted. Because of the special nature of this population, staff is tasked with supporting not only the parenting young person, but with supporting the child of the young person as well. Council recommends the DDOE include additional qualifications for staff employed to work at these facilities, such as being training in pediatric care or early childhood education.

Response: The Department appreciates this comment. Requiring this additional specialized training of direct care workers would be burdensome for the facility. The regulation will remain as written.

Proposed Section 93.0 - Proposed Section 93.0 governs the use of restrictive procedures, such as physical and chemical restraints and seclusion. Proposed 93.2 requires that licensees have and follow written policies and procedures related to the use of restrictive procedures. Proposed 93.2.2 states that these restrictive procedures are to be permitted only where (1) a trauma-informed treatment model is used; (2) the child is a danger to self or others; (3) the child's behavior is seriously disruptive; (4) other ways to manage the child's dangerous behavior have failed; and (5) staff members administering a restrictive procedure were trained to administer that procedure. Council has several concerns in reference to the use of physical and chemical restraints on children with disabilities. First, we would like the DDOE to explain and provide clarification on what is meant by "seriously disruptive" because neither word is defined anywhere in the regulations and whether something is disruptive (or seriously disruptive, or mildly disruptive) is an exceptionally subjective determination. Council would also recommend that DDOE add the additional missing requirements to the use of physical restraint as provided in 14 Del. Admin. C. 610.

Response: The Department appreciates these comments. The Department will change regulation 93.2.2.3 to state, "The child's behavior is seriously disruptive, meaning the conduct is so unruly, violent, or abusive that it interferes with a staff member's ability to communicate with a child or children, with a child's ability to learn, or with the effective operation of the residential child care facility or day treatment program or a sponsored activity."

A child's service plan lists approved restrictive procedures as applicable to the individual child. The regulation will remain as written.

Proposed Section 93.0 (continued) - Proposed Section 93.2.8 would prohibit several aversive punishment procedures. Council recommends including the use of prone restraint to this list of prohibited procedures.

Response: The Department appreciates this comment. A licensee must receive written permission from OCCL before a facility or program uses the restrictive procedures of chemical restraint, physical restraint, or seclusion. Use of a physical restraint must be reviewed by the facility's chief administrator and forwarded to DSCYF. The regulation will remain as written.

Proposed Section 93.0 (continued) - Proposed Section 93.2.17 requires that the licensee's policies or procedures include a requirement that "a physical restraint [is] to be applied for the minimum time necessary to accomplish the purpose. It shall not exceed 10 minutes without documentation on attempts made to release the child from the hold if more than 10 minutes is required. A licensee shall ensure a child is released from a physical restraint as soon as the child gains control, or before 10 minutes have elapsed, whichever occurs first[.]" 14 Del Admin. C. 610 contains additional requirements for when physical restraints must be ended. Council recommends including those requirements in this section as well.

Response: The Department appreciates this comment. The Department will change regulation 93.2.17 to state, "A licensee shall ensure a child is released from a physical restraint if a medical condition occurs putting the child at risk of harm, as soon as the child gains control, or before 10 minutes have elapsed, whichever occurs first."

(2) State Council for Persons with Disabilities (SCPD)

The State Council for Persons with Disabilities (SCPD) has reviewed the Department of Education's proposed regulations on Residential Child Care Facilities and has the following observations:

o In May 2023, DDOE made changes to proposed regulations based on comments received from stake-holders. These changes included amending the definition of chemical restraint to match the definition used in DSCYF's "Operating Guidelines for Contracted Children and Family Programs and Services." In addition, safeguards were included in the "time-

out" procedure by adding, "The events and actions of the child leading up to each "time-out" are evaluated and staff responses to those events and actions are reviewed to ensure competency of staff to implement a "time-out" only when necessary."

o The proposed regulations are to replace the May 2023 changes.

The State Council for Persons with Disabilities strongly opposes the use of restraint and seclusion on persons with disabilities, including children.

The below comments and recommended changes to this proposed regulation should not be construed as an abandonment of this position that all individuals with disabilities should be free of restraint and seclusion.

Our further observations include:

o The prior definition of "child" was: "A person who has not reached 18 years of age. A person in a facility or program who becomes 18 years of age while residing in the facility or participating in the program, and who has not attained the age of 25." Under the proposed regulations, DDOE is proposing to change the definition of "child" to: "a person who has not reached the age of 18 years or a person who becomes 18 while residing in the facility or participating in the program, who has not reached the age of 22. Child also includes a person enrolled in a State public school or receiving a board extension to remain in care." DDOE did not provide a reasoning for why it lowered the age of those covered under this definition. **The SCPD would like clarification as to why this change was made and how it reconciles with the definition of child under special education.**

Response: The Department appreciates this comment. DOE made this change at the recommendation of task force members comprised of DSCYF representatives, other agency partners, and participating residential child care providers to align with disability requirements for a free appropriate public education (FAPE). The definition will remain as written.

The definition of "psychotropic drug" has changed from "a drug or substance that alters the chemical balance of neurotransmitters in the central nervous system" to "a chemical substance that changes brain function and alters perception, mood, or consciousness." Consistent with definitions of psychotropic drug in other literature, **SCPD recommends DDOE include in its definition, that a psychotropic drug is one that produces change to behaviors.**

Response: The Department appreciates this comment. The Department will add "behavior" to the definition. The Department will change the definition to "psychotropic medication" means a chemical substance that changes brain function and alters behavior, perception, mood, or consciousness.

DDOE defines "facility" as a "residential child care facility" and then subsequently states that a "residential child care facility is a "residential facility" in proposed section 4.3. **SCPD would ask DDOE to be consistent in references to different facilities.**

Response: The Department appreciates this comment. The Department will remove "residential facility" and will consistently use "residential child care facility."

The proposed definition of physical restraint is "the non-punitive, age-appropriate, time-limited, and reasonable use of physical holding that is required to restrict the movement of a child for the purpose of preventing harm to the child or to others when the child fails to respond to other techniques." This proposed definition fails to account for the severity of the child's actions and whether there is a serious and imminent risk of bodily harm to self or others, which is the language currently used in Delaware when referring to physical restraints occurring in school settings. **SCPD recommends DDOE align its DELACARE definition of physical restraint with that used in 14 Del. C. 4112F and 14 Del. Admin. C. 610.**

Response: The Department appreciates this comment. Regulation 93.2 requires a licensee to have and follow written policies and procedures governing the appropriate use of chemical restraint, physical restraint, or seclusion, as applicable. These policies and procedures require restrictive procedures to be permitted only under specific conditions, which include when "the child is a danger to self or others." The definition will remain as written.

The proposed definition of seclusion makes it seem as though it only applies to children aged six years or older; however, there is no explicit mention of seclusion not being available for youth under the age of six or why it is not used for those under the age of six. **SCPD recommends DDOE include specific language explicitly stating that seclusion is not an approved behavior technique used for children under the age of six.**

Response: The Department appreciates this comment. Regulation 93.2 requires a licensee to have and follow written policies and procedures governing the appropriate use of chemical restraint, physical restraint, or seclusion, as applicable. It states, "These policies and procedures shall: Prohibit the use any restrictive procedure on a child below age 6." The definition will remain as written.

The language in proposed section 4.3 states that a psychiatric hospital is not considered a residential facility. **SCPD would ask DDOE for an explanation as to why it is not a residential facility, what is it, especially considering students who experience long-term stays at psychiatric hospitals?**

Response: The Department appreciates this comment. The Office of Child Care Licensing (OCCL) does not regulate

hospitals. The Division of Health Care Quality, Office of Health Facilities Licensing and Certification regulates hospitals. The regulation will remain as written.

Proposed Section 5.0 mentions that officials from OCCL or other State and local agencies may interview youth as part of their authority to inspect the licensed facilities. However, there is no mention of whether OCCL or the licensed facility must notify parents or the referring agency when such interviews are taking place. **SCPD recommends DDOE include a requirement for notification.**

Response: The Department appreciates this comment. The facility visit conducted to investigate a complaint is unannounced. Notifying parents or the referring agency could hinder the investigation. The regulation will remain as written.

Proposed Section 12.0 describes OCCL's actions when it receives a complaint from a youth or parent of a youth at a licensed facility. **SCPD recommends DDOE include a timeframe by which a noncompliant licensed facility is required to correct the identified noncompliance.**

Response: The Department appreciates this comment. While dates for correction of identified non-compliances vary depending on the complexity of the corrective action plan, the written complaint report contains dates for correction. The regulation will remain as written.

Proposed 17.1.2 states that "A photo, video, or recording that reveals a child's identity shall not be used for research, fundraising, or public relations without the written consent of the child's parent or referring agency." It is unclear why the referring agency would (or should) have the authority to consent to the releasing of a young person's identity in such a public manner. **Therefore, SCPD recommends DDOE re-move "referring agency" from this section.**

Response: The Department appreciates this comment. There may be situations where the referring agency would need the authority to provide consent. The regulation will remain as written.

Proposed 17.1.8.7 states that a licensee is prohibited from "[p]unishing the group for misbehaviors of a child or a group of children unless the policies and procedures clearly list the specific circumstances and safeguards when this would be allowed." This form of discipline, known as "collective punishment," is "fundamentally at odds with the theories of individual responsibility in western, liberal societies."¹ **SCPD recommends DDOE remove this proposed section in its entirety.**

Response: The Department appreciates this comment. Task force members comprised of DSCYF representatives, other agency partners, and participating residential child care providers supported including this specific exception to the prohibition. The regulation will remain as written.

There is a typo in proposed 17.1.9.3 - this should be "self-control" and it currently says "self-contro,".

Response: The Department appreciates this comment. The Department will make the necessary correction.

Proposed 17.1.10.8 provides additional requirements for reporting and addressing situations where a child is in time-out more than fifteen times in a 24-hour period. This number should be far less, and **SCPD recommends these requirements and actions kick in when a young person has been in time-out for more than five times in a 24-hour period.**

Response: The Department appreciates this comment. The number was reduced from the current requirement of more than 25 time-outs for an individual child or a cumulative total of four hours spent in time-out within any consecutive 24-hour period. The regulation will remain as written.

Proposed Section 25.6 states that "[w]hen a licensee declines to admit a child, a licensee shall provide the child's parent or the referring agency with a written explanation of the reasons for refusal, if requested." It should not be a burden of the parent to request an explanation for why a licensee refused to admit the young person. Therefore, **SCPD recommends removal of the words "if requested". This would ensure that every time a licensee declines to admit a young person, it is required to provide a written explanation for why.**

Response: The Department appreciates this comment. The Department will change regulation 25.6 to state, "When a licensee declines to admit a child, a licensee shall verbally provide the child's parent or the referring agency with an explanation of the reasons for refusal. A written explanation of the reasons for refusal shall be provided upon request."

Proposed Section 29.0 describes the certification requirements for teachers in a licensed facility which is providing in-facility education services. The current language requires only that the teacher be certified for the age range of youth to whom the facility is licensed to provide services. It is not specific to the youth the teacher is educating. Therefore, there may be a situation where a licensee is providing services to youth aged 6-13 and it employs an elementary certified teacher to provide education. It would not be appropriate for that teacher to provide education to youth who are middle-school aged. Therefore, **SCPD recommends the certification requirement relate to the age of the youth the teacher is teaching rather than to the age of the youth to whom the licensee is providing services.**

Response: The Department appreciates this comment. Due to the potential of mixed age groups, requiring a certified teacher for each age group would be burdensome for the facility. The regulation will remain as written.

Current proposed 49.5.12 states that "A written schedule of monthly planned recreation, physical exercise, and leisure time activities be posted in a noticeable location on the premises and be maintained on file for at least 90 days." **SCPD recommends DDOE include language that this written schedule also be provided directly to the parent or referring agency as well.**

Response: The Department appreciates this comment. The facility is required to post the written schedule in a noticeable location so that is available for viewing by parents and the referring agency. The regulation will remain as written.

Proposed Section 49.8 states that "A licensee shall have and follow written policies and procedures governing preventative, routine, and emergency dental and medical care, including provisions for effective coordination of such dental and medical care with those responsible for the child's aftercare." Although it lists a number of requirements for these written policies and procedures, it does not include any notification to the parent or referring agency. Therefore, **SCPD recommends DDOE include an additional requirement that the licensee notify and receive consent from the parent or referring agency to any dental or medical procedure.**

Response: The Department appreciates this comment. Regulation 25.4.6 requires a licensee to obtain authorization to provide or obtain medical care for the child. The Department will change regulation 25.4.6 to state, "Authorization to provide or obtain routine medical and dental care for the child."

Proposed Section 52.8 states that "A licensee shall make provisions with the referring agency for a child to receive any needed eyeglasses, hearing aids, prosthetic devices, or other corrective devices, as deemed medically necessary by a licensed physician." The current language makes this list an exhaustive one. Therefore, **SCPD recommends DDOE include language such as "including" which would make the list non-exhaustive and allow for any assistive technology or any other health-related device.**

Response: The Department appreciates this comment. The Department will change regulation 52.8 to state, "A licensee shall make provisions with the referring agency for a child to receive assistive technology or other health-related devices, including any needed eyeglasses, hearing aids, prosthetic devices, or other corrective devices, as deemed medically necessary by a licensed physician."

Proposed Sections 66.0-76.0 govern the requirements for Parenting Adolescent Facilities. The proposed regulations do not contain a requirement related to any specific qualifications for staff at these facilities outside of the general requirements included in the regulation which apply to all facilities, unless specifically exempted. Because of the special nature of this population, staff is tasked with supporting not only the parenting young person, but with the young person's child as well. Therefore, **SCPD recommends DDOE include additional qualifications for staff employed to work at these facilities, such as training in pediatric care or early childhood education.**

Response: The Department appreciates this comment. Requiring this additional specialized training of direct care workers would be burdensome for the facility. The regulation will remain as written.

Proposed Section 93.0 governs the use of restrictive procedures, such as physical and chemical restraints and seclusion. Proposed 93.2 requires that licensees have and follow written policies and procedures related to the use of restrictive procedures. Proposed 93.2.2 states that these restrictive procedures are to be permitted only where (1) A trauma-informed treatment model is used; (2) The child is a danger to self or others; (3) The child's behavior is seriously disruptive; (4) Other ways to manage the child's dangerous behavior have failed; and (5) Staff members administering a restrictive procedure were trained to administer that procedure. **SCPD would ask DDOE to explain what it means by "seriously disruptive" because neither word is defined anywhere in the regulations and whether something is disruptive (or seriously disruptive, or mildly disruptive) is an exceptionally subjective determination. Further, SCPD recommends DDOE add the additional missing requirements to the use of physical restraint as provided in 14 Del. Admin. C. 610.**

Proposed Section 93.2.8 would prohibit several aversive punishment procedures. **SCPD recommends DDOE include the use of prone restraint to this list of prohibited procedures.**

Response: The Department appreciates these comments. The Department will change regulation 93.2.2.3 to state, "The child's behavior is seriously disruptive, meaning the conduct is so unruly, violent, or abusive that it interferes with a staff member's ability to communicate with a child or children, with a child's ability to learn, or with the effective operation of the residential child care facility or day treatment program or a sponsored activity."

A child's service plan lists approved restrictive procedures as applicable to the individual child. The regulation will remain as written.

Proposed Section 93.2.17 requires that the licensee's policies or procedures include a requirement that "a physical restraint [is] to be applied for the minimum time necessary to accomplish the purpose. It shall not exceed 10 minutes without documentation on attempts made to release the child from the hold if more than 10 minutes is required. A licensee shall ensure a child is released from a physical restraint as soon as the child gains control, or before 10 minutes have

elapsed, whichever occurs first[.]" 14 Del Admin. C. 610 contains additional requirements for when physical restraints must be ended. **SCPD recommends DDOE include those requirements here as well.**

Response: The Department appreciates this comment. The Department will change regulation 93.2.17 to state, "A licensee shall ensure a child is released from a physical restraint if a medical condition occurs putting the child at risk of harm, as soon as the child gains control, or before 10 minutes have elapsed, whichever occurs first."

(3) Zoe Ministries

"Provisional license" means a license issued for a time-limited period under a corrective action plan when a licensee is temporarily unable to comply fully with these regulations. There can be no serious risk to the health, safety, and well-being of children. An extension to the provisional license requires the director's approval.

Comment: The wording "corrective action plan" seems to imply some sort of discipline. Section 7.2.2 of the new proposed regulations imply that all applicants receive a 6-month provisional license even when they are in full compliance. Fully compliant applicants who receive a provisional license, should not be under any corrective action.

Response: The Department appreciates this comment. The Department will change the definition of "provisional license" to "provisional license" means a license issued for a time-limited period when a facility or program receives its initial license or is under a corrective action plan because a licensee is temporarily unable to comply fully with these regulations. There can be no serious risk to the health, safety, and well-being of children. An extension to the provisional license requires the director's approval.

4.3 "Residential childcare facility" or "residential facility" means a facility that provides out-of-home, 24-hour care, protection, and supervision for children who have: behavioral dysfunctions; developmental, emotional, mental or physical impairments; or chemical dependencies. Children may also reside in a residential facility when they are in the Department of Services for Children, Youth and Their Families' Division of Family Service's custody, pregnant or have children, awaiting a court appearance, needing temporary living arrangements, or are preparing to live on their own. A psychiatric hospital or an approved foster home is not a residential facility.

Comment: The definition should include children who have experienced and exhibit symptoms of complex trauma. Also, it should be clear that a residential childcare facility is not required to be used for emergency or temporary placement of a child when a suitable placement is not available. We suggest that residential childcare facilities have categories appropriate to the service they provide. For example, Zoe Ministries is providing services specific to adolescent girls who have experienced complex trauma due to sex trafficking.

Response: The Department appreciates these comments. The Department will add the words "have experienced trauma" to the definition. The Department will change the definition to "residential child care facility" means a facility that provides out-of-home, 24-hour care, protection, and supervision for children who have: behavioral dysfunctions; developmental, emotional, mental, or physical impairments; or chemical dependencies. Children may also reside in a residential child care facility when they are in the Department of Services for Children, Youth and Their Families' Division of Family Service's custody, pregnant or have children, awaiting a court appearance, needing temporary living arrangements, preparing to live on their own, or have experienced trauma. A psychiatric hospital or an approved foster home is not a residential child care facility.

4.4.3 "Independent living" means a facility that provides care for 12 or fewer adolescents to prepare them to live as self-sufficient adults.

Comment: The definition for "Independent Living" facility should be further defined to differentiate between a residential childcare facility that houses adolescents who are receiving similar services on teaching life skills while they are residents in order to live as self-sufficient adults when they turn 18. A safe house for sex trafficked youth could fall into both these categories as the definitions are currently written.

Response: The Department appreciates this comment. All facilities in the regulations, except for day treatment programs, are residential child care facilities. Residential child care facilities may also include specific service types. If a residential child care facility also includes one or more specific service types, the facility must meet the additional provisions listed in the regulations. The definition will remain as written.

5.1 Applicants, licensees, staff members, and volunteers if applicable shall allow access to the facility or program to officials from OCCL and other State and local agencies during the hours of operation to determine compliance with applicable codes, regulations, or laws. This includes access to information, files, documents, and video recordings needed to determine compliance.

12.2 OCCL shall conduct an unannounced visit to investigate the complaint and notify the licensee or staff member that a complaint is being investigated at that unannounced visit.

13.4.1 OCCL may deny a license application or revoke a license for good cause, including the following:

13.4.1.5 Refusal to permit an authorized representative of OCCL to gain admission to the facility or program during operating hours.

Comment for 5.1, 12.2 and 13.4.1.5 - For the safety of safe house residents, it should be noted in that the facility can require

the inspectors/investigators to sign a nondisclosure agreement that prohibits disclosure of the safe house's location or property details to those who are not part of the investigation. In the case of sex trafficked youth, it is very important to keep the location of the home as confidential as possible for the safety of the residents and staff.

Response: The Department appreciates this comment. OCCL cannot sign a nondisclosure agreement due to the Freedom of Information Act (29 Del.C. Ch. 100) and the Parents' Right to Know Act (14 Del.C. Ch. 30B); however, information that could endanger the life or physical safety of an individual is not public. Additionally, OCCL does not post contact information, including site address, regarding licensed residential child care facilities and day treatment programs on our website.

7.1.2.2 Applicant's references including: For corporations, contact information for board president; and for LLCs, contact information for managing member.

Comment: Most corporations would have an Executive Director who is responsible for daily operations and would know the details and responsibilities or structure of the organization and staff. The recommendation is to require the contact information for the Executive Director since the applicant would be the Chief Administrator.

Response: The Department appreciates this comment. An applicant is the person or entity, such as a company, corporation, business, organization, or agency. When the applicant is a corporation, OCCL obtains references for the board president. The board president may or may not also be the chief administrator. The regulation will remain as written.

11.5 A variance denial or withdrawal of approval may be appealed by requesting a conference with the Associate Secretary of Early Childhood Support within 5 business days of receiving the denial or withdrawal.

12.5 Within 5 business days of receiving the complaint investigation report, a licensee may dispute citations or findings by contacting a licensing supervisor to request a conference or by discussing the citations over the phone.

Comment for 11.5 and 12.5: Unless the notice requires the recipient's signature to acknowledge that they have received the mail, the appeal/dispute period should be extended to at least 10 business days.

Response: The Department appreciates this comment. OCCL sends a variance denial or withdrawal approval via email to the requester. A signature is required for monitoring visits at the time of the visit. Complaint reports with cited non-compliance are sent via standard and certified mail, which requires a signature. The regulations will remain as written.

13.4.7 When a license has been revoked or an application has been denied, the licensee may not apply for a license from OCCL for 3 years from the date that the revocation or denial was upheld.

Comment: This seems a bit extreme in the case of a denial. Especially if the denial is due to non-compliance for making corrections that are costly and rectify or takes time to comply due to processes out of the applicant's control.

Response: The Department appreciates this comment. OCCL is aware that some corrections could take time and considers that in timelines for compliance as long as the health and safety of children are not at risk. The regulation will remain as written.

36.1.2 Hazards such as animal feces, toxic plants, broken seating or outdoor furniture, building supplies, power equipment, glass, sharp rocks, cigarette butts, beehives and wasp nests, and lawn mowers are not present when an area is used by children.

Comment: The safe house is on farmland and programming includes equine therapy. Therefore, there will be horse manure and the potential for beehives and wasp nests (which would be removed as soon as possible). Also, regarding life skills training, the residents would be given chores which may include removal of manure and grass cutting with supervision and proper training.

Response: The Department appreciates this comment. An applicant or licensee can submit a variance request for permission to request allowing children to have access to animal feces and use lawn mowers as part of life skills training. The regulation will remain as written.

36.1.5 All areas determined to be unsafe including steep grades, cliffs, open pits, swimming pools, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots are fenced off or have natural barriers to protect children.

Comment: How do you fence off a driveway?

Response: The Department appreciates this comment. The driveway does not need to be fenced off. There needs to be fencing or natural barriers in the outdoor play area to prevent access to the driveway. The regulation will remain as written.

47.5 A licensee shall ensure an individual currently certified as a Red Cross Lifeguard or a nationally recognized equivalent is on duty and supervising swimming activities.

Comment: There are not many residential childcare facilities in this state, partially because they are very expensive to run. The cost of having a licensed lifeguard on-site would be a major deterrent for people to even apply to open a home that would benefit children. There must be a way to put in safety measures that don't require a hired lifeguard.

Response: The Department appreciates this comment. The safety of children around water activities is paramount. A staff

member can become a certified lifeguard. Permanent or built-in swimming pools are not required. A licensee may choose not to allow children in care to use a permanent or built-in swimming pool on the premises. The regulation will remain as written.

51.2 A licensee shall not deny or restrict a child's right to send and receive mail without censorship and without limiting the amount of mail a child sends or receives, except when:

51.2.1 The facility has reason to believe that a child's mail may contain unauthorized, injurious, or illegal materials.

Comment: Please add language that requires any resident receiving mail only doing so when the sender is listed on the "safe" or "approved" list.

Response: The Department appreciates this comment. A child is not required to have a list of "safe" or "approved" senders for mail. A court order may impose restrictions for receiving and sending mail. The regulation will remain as written.

Other changes were made to ensure compliance with the *Delaware Administrative Code Drafting and Style Manual*. The current proposal replaces the previous proposal.

Persons wishing to present their views regarding this matter may do so in writing by submitting them to the Department of Education, Office of the Secretary, Attn: Regulation Review, 401 Federal Street, Suite 2, Dover, Delaware 19901 or through the Department's online submission form at <https://education.delaware.gov/community/delaware-education-laws-and-regulations/provide-public-comment/> by the close of business (4:30 p.m. EST) on or before January 02, 2024. Any person who wishes to receive a copy of the proposed regulation may obtain a copy from the Department at the Office of the Secretary on the second floor of the Townsend Building, 401 Federal Street, Dover, Delaware.

C. IMPACT CRITERIA

1. Will the amended regulation help improve student achievement as measured against state achievement standards? The amended regulation does not specifically address the improvement of student achievement as measured against state achievement standards.

2. Will the amended regulation help ensure that all students receive an equitable education? The amended regulation will help ensure all students receive an equitable and safe education.

3. Will the amended regulation help to ensure that all students' health and safety are adequately protected? The amended regulation will help the Office of Child Care Licensing in its efforts to ensure students' health and safety are adequately protected.

4. Will the amended regulation help to ensure that all students' legal rights are respected? The amended regulation continues to help ensure that all students' legal rights are respected.

5. Will the amended regulation preserve the necessary authority and flexibility of decision making at the local board and school level? The amended regulation does not change the decision making at the local board and school level.

6. Will the amended regulation place unnecessary reporting or administrative requirements or mandates upon decision makers at the local board and school levels? The amended regulation does not place any unnecessary reporting or administrative requirements or mandates on decision makers.

7. Will the decision-making authority and accountability for addressing the subject to be regulated be placed in the same entity? The amended regulation does not change the decision-making authority and accountability for addressing the subject to be regulated.

8. Will the amended regulation be consistent with and not an impediment to the implementation of other state educational policies, in particular to state educational policies addressing achievement in the core academic subjects of mathematics, science, language arts and social studies? The amended regulation is consistent with and not an impediment to the implementation of other state educational policies.

9. Is there a less burdensome method for addressing the purpose of the regulation? There is no less burdensome method for addressing the purpose of the amended regulation.

10. What is the cost to the State and to the local school boards of compliance with the regulation? There are no material costs to implementing this amended regulation.

405 935 DELACARE: Regulations for Residential Child Care Facilities and Day Treatment Programs

4.0 Legal Authority, Purpose, and Definitions

4.1 Legal Base

4.1.1 The legal authority for these licensing Requirements is in 31 ~~Del.C.~~ §§341-344.

4.2 Purpose

4.2.1 These provisions shall be known as the ~~Delacare: Requirements for Residential Child Care Facilities and Day Treatment Programs. These Requirements are designed to protect the health, safety and well-being of children who are placed in residential child care facilities or are enrolled in day treatment programs.~~

1.3 Definitions of Regulated Services

~~“Day Treatment Program” means any program that provides highly structured, intensive, non-residential services for fewer than 24 hours each day to children who have either:~~

~~Behavioral dysfunctions;~~

~~Developmental, emotional, mental or physical impairments; or~~

~~Chemical dependencies.~~

~~Licensed residential child care facilities operating an educational program for residents and day students shall be exempted from being a day treatment program when more than 50 percent of the students in that educational program are residents of the facility.~~

~~“Residential Child Care Facility” means any facility that provides out of home, 24-hour care, protection and supervision for children who have either: behavioral dysfunctions; developmental, emotional, mental or physical impairments; or chemical dependencies.~~

~~Residential Child Care Facility includes, but is not limited to, the following:~~

~~“Parenting Adolescent Facility” means a residential child care facility for adolescent parents caring for their own child(ren).~~

~~“Secure Residential Care Facility” means a residential child care facility that is authorized to use locked doors, both exterior and interior, as the means of preventing a child from leaving the building(s) without authorization.~~

~~“Shelter Care Facility” means a residential child care facility that provides temporary or emergency care for children for a period of time that does not exceed 30 consecutive calendar days, except as provided for in Requirement 6.4.1.~~

~~“Transitional Care Facility” means a residential child care facility that provides care for 12 or fewer adolescents for the purpose of preparing them to live as self-sufficient adults.~~

~~A Psychiatric hospital or a foster home in which children have been placed by a licensed or authorized child placing agency are not residential child care facilities.~~

1.4 Definition of Terms

~~“Adventure Activity Program” means a facility or program whose primary purpose is to engage the children in a course of activities of a hazardous or risk-laden nature. The activity may involve strenuous exercise or physical exertion. It includes high rope challenge courses, wilderness trekking, rock climbing and rappelling, as well as a travel camp of more than 120 consecutive hours’ duration involving traveling through more than one state.~~

~~“Aversive Conditioning” means the involuntary, time-limited and reasonable use of a technique or procedure that applies an undesirable, noxious or painful stimulus to a child in order to suppress the specific behavior that is potentially harmful to the child or others, for the purpose of behavior management.~~

~~“Behavior Management” means those principles and methods employed by a licensee:~~

~~To help a child achieve positive behavior; and~~

~~To address and correct a child’s inappropriate behavior in a constructive and safe manner, in accordance with written policies and procedures governing program expectations, treatment goals, child and staff safety and security and the child’s service plan.~~

~~“Chemical Restraint” means the involuntary, unplanned and emergency application of a psychotropic drug to restrict the function or movement of a child for the purpose of behavior management. The planned and routine application of a prescribed psychotropic drug is not a chemical restraint.~~

~~“Chief Administrator” means the person designated by the licensee, or by its governing body, as having day-to-day responsibility for the overall administration and operation of a facility or program and for assuring the care, treatment, safety, and protection of children.~~

~~“Child” means any of the following:~~

~~A person who has not reached 18 years of age.~~

~~A person in a facility or program who becomes 18 years of age while residing in the facility or participating in the program, and who has not attained the age of 25.~~

~~“Department” means the Delaware Department of Services for Children, Youth and Their Families.~~

~~“Direct Care Supervisor” means a person who is assigned responsibility by a licensee for the supervision of one or more direct care workers.~~

~~“Direct Care Worker” means a person designated by a licensee to provide direct care of children.~~

~~“Division” means the Division of Family Services within the Department.~~

“Employee” means any person who is employed by a licensee or any person under contract with a licensee, excluding vendors that do not provide direct services to children.

“Exclusion” means the involuntary, time-limited removal of a child six years of age or older from his or her environment through the use of non-violent physical intervention and restricting that child in an unlocked room under continuous monitoring and preventing his or her egress, for the purpose of behavior management.

“Facility” means a residential child care facility.

“Governing Body” means the person or group of persons with ultimate responsibility for and authority over the operation of a facility or program.

“Immediately” means an action that is or must be taken without any considerable loss of time.

“Least Restrictive Treatment” means an intervention method that is the least intrusive into, and least disruptive of, the child’s life, and that represents the least departure from normal patterns of living that can be effective in meeting the child’s needs.

“License” means the Division’s granting of authority through a written provisional or regular certification to a facility or a program to operate under applicable State law (s).

“Licensee” means the legally responsible entity for a licensed facility or program.

“Living Unit” means a designated area or space in which a group of children reside or receive care.

“Locked Isolation” means the involuntary and time-limited confinement of a child in a locked room for the purpose of behavior management.

“Mechanical Restraint” means the involuntary, time-limited and reasonable use of any device in order to restrict a child’s movement or functions or the ability to use his or her hands, arms, or legs, for the purpose of behavior management.

“Medical Consultant” means a person licensed as a Registered Nurse or Physician in Delaware and assigned responsibility for overseeing the assistance with medication.

“Non-violent physical intervention strategies” means the non-punitive, age-appropriate, time-limited and reasonable application of physical holding or other physical interventions that are required:

To restrict the movement or function of a child for the purpose of preventing harm to the child or to others; or,

To prevent the destruction of property when the child fails to respond to non-physical intervention techniques.

“Parent” means a birth or adoptive parent, legal guardian or any other person having responsibility for, or legal custody of, a child.

“Placing Agency” means an organization, either publicly or privately operated, that is legally authorized to place a child in a facility or to refer a child to a program.

“Positive Reinforcement” means an action that, when systematically and regularly applied following the desired behavior of a child, makes it more likely that the desired behavior will recur.

“Program” means a Day Treatment Program when it is used alone without an adjective.

“Psychotropic Drug” means a drug or substance that alters the chemical balance of neurotransmitters in the central nervous system.

“Record” means the individual file established and maintained for a child.

“Requirements” means the Delaware: Requirements for Residential Child Care Facilities and Day Treatment Programs or a portion thereof.

“Restrictive Procedure” means the involuntary, non-punitive, age-appropriate, time-limited and reasonable use of any action, device, drug or technique that is designed to restrain or restrict a child’s movement, function or mobility for the purpose of:

Reducing serious maladaptive behavior of a child;

Preventing a child from harming either himself or herself, or others;

Preventing the destruction of property; or

Controlling maladaptive behavior when the child has failed to respond to other less restrictive means of behavior management.

Restrictive procedures are aversive conditioning, chemical restraint, exclusion, locked isolation, and mechanical restraint. Non-violent physical intervention strategies and time-out techniques are not restrictive procedures.

“Service Plan” means a written, prescribed plan that specifies the basis for a child’s admission to a facility or program, the techniques to be used to address his or her treatment needs, or goals for family reunification and permanency planning. The plan shall identify the persons responsible for developing and implementing the plan, and the time frames for carrying out the plan while the child is residing in a facility or participating in a program.

~~“Service Supervisor” means a person who is assigned responsibility by a licensee for the supervision of one or more service workers.~~

~~“Service Worker” means a person designated by a licensee to coordinate, develop and implement the service plan for a child.~~

~~“Teacher” means a person designated by the licensee to directly provide education services to children.~~

~~“Time-Out Technique” means the time limited removal of a child from his or her immediate environment or the time limited prohibition of a child to participate in an activity, as specified in Requirements 3.3.11.1, 3.3.11.2 and 3.3.11.3.~~

~~“Treatment” means the various services that are designed, developed, and implemented by a licensee to ameliorate the various educational, health care, medical, psychological, social or other needs of a child.~~

~~“Volunteer” means any person who provides an unpaid service or support to a facility or program for more than 40 hours in a calendar year, and whose primary role or function involves having direct contact with children. The term “volunteer” shall include student interns.~~

2.0 Licensing Process and Procedures

2.1 License Required to Operate

~~2.1.1 An agency, corporation, partnership or individual shall not operate or maintain a residential child care facility or day treatment program unless issued a license to do so by the Division.~~

2.2 Authority to Inspect

~~2.2.1 An applicant or licensee shall allow access to the premises by any authorized representative of the Division, of another state agency, or any local building, fire or health agency for the purpose of determining compliance with applicable provisions of these requirements. On-site inspections may be conducted without prior notice.~~

~~2.2.2 An applicant or licensee shall permit any authorized representative of the Division access to information, files and records relevant to determining compliance with applicable provisions of these requirements and to interview any employee, volunteer, and child.~~

2.3 Issuance of License

~~2.3.1 To qualify for a license, an applicant or licensee shall demonstrate to the satisfaction of the Division that it is in full or substantial compliance with applicable provisions of these requirements.~~

~~2.3.2 A license shall be issued only to a facility or program for which application is made and for the address shown on the application. A license shall state the maximum number who may be served in a facility or program at any time.~~

2.4 Posting of License

~~2.4.1 A licensee shall post its current license to operate a facility or program in a place conspicuous to the public.~~

2.5 License for Each Separate Facility or Program

~~2.5.1 A facility or program that operates in two or more buildings at the same site shall have the option of applying for a single license for all buildings at the site, or for a separate license for each building at the site.~~

~~2.5.2 A license shall not be transferable, assignable or subject to sale.~~

2.6 Nullification of License

~~2.6.1 When a facility or program is sold, leased, or discontinued, or the operation has moved to a new location, or when the license has been revoked, the current license immediately shall become null and void.~~

2.7 Annual License

~~2.7.1 An annual license is issued when the Division determines that an applicant or licensee is in full compliance with applicable provisions of these requirements.~~

~~2.7.2 An annual license is effective for one year from the date of issuance, unless it is:-~~

~~2.7.2.1 Modified to a provisional license;~~

~~2.7.2.2 Is revoked; or~~

~~2.7.2.3 Surrendered prior to the expiration date.~~

2.8 Provisional License

~~2.8.1 A provisional license may be issued for a period of time not to exceed six months from the date of issuance when the Division determines that an applicant or licensee is in substantial, but not full, compliance with applicable provisions of these requirements, provided that:-~~

~~2.8.1.1 There is no serious risk to the health, safety, or well-being of children; and~~

- 2.8.1.2 ~~An applicant or licensee has submitted to the Division and the Division has approved a written corrective action plan.~~
- 2.8.2 ~~The Division may issue as many consecutive provisional licenses as it deems necessary. However, an applicant or licensee shall not operate pursuant to provisional licenses for more than 12 consecutive months.~~
- 2.9 ~~Replacing a Provisional License with a Regular License~~
 - 2.9.1 ~~A provisional license may be replaced with an annual license when the Division determines that an applicant or licensee has corrected all violations in advance of the expiration date of the provisional license and has come into full compliance with applicable provisions of these requirements.~~
- 2.10 ~~Procedures for Initial Licensure~~
 - 2.10.1 ~~An applicant shall apply for an initial license on a form provided and in a manner prescribed by the Division.~~
 - 2.10.2 ~~Upon receipt of a completed application, a Division representative shall:~~
 - 2.10.2.1 ~~Provide assistance to aid the applicant in complying with applicable provisions of these requirements;~~
 - 2.10.2.2 ~~Review the application, confer with the applicant, and inspect the facility or program to determine whether the applicant has fully complied with applicable provisions of these requirements;~~
 - 2.10.2.3 ~~Make a recommendation to the Division regarding the issuance of a license. If a license is granted, the applicant shall initially be issued a provisional license for six months. An annual license shall be issued when the facility or program fully meets applicable provisions of these requirements; or~~
 - 2.10.2.4 ~~If a license is denied, notify the applicant in writing of the reason(s) for denial and set forth the applicant's rights to an appeal from the decision.~~
 - 2.10.3 ~~The expiration date of the first regular license and each subsequent renewal of an annual license shall be at one year intervals from the initial date of issuance.~~
- 2.11 ~~Procedures for License Renewal~~
 - 2.11.1 ~~A licensee shall submit a written request to the Division to seek a license renewal application form at least 90 calendar days before the expiration date of the facility's or program's license.~~
 - 2.11.2 ~~A licensee shall submit a completed application for a license renewal to the Division at least 60 calendar days before expiration of its current license.~~
 - 2.11.3 ~~When a licensee makes timely and sufficient application for renewal of a regular license, the existing license shall not expire until a decision on the renewal application is made by the Division.~~
 - 2.11.4 ~~A provisional license may be renewed when the Division determines that a licensee has demonstrated good faith efforts to achieve compliance but requires additional time to achieve full compliance with applicable provisions of these requirements.~~
- 2.12 ~~Terms of a License~~
 - 2.12.1 ~~The license shall contain the following:~~
 - 2.12.1.1 ~~Status of the license: annual, provisional or extension;~~
 - 2.12.1.2 ~~Effective date of the license;~~
 - 2.12.1.3 ~~Expiration date of the license;~~
 - 2.12.1.4 ~~The maximum number of children who may be served at one time; and~~
 - 2.12.1.5 ~~The applicable type of regulated service for which authorization to operate has been granted.~~
 - 2.12.2 ~~A licensee shall operate a facility or program within the terms of its license.~~
- 2.13 ~~Changes Affecting License~~
 - 2.13.1 ~~The Division shall determine whether to modify a current license or to require the licensee to submit an application for a new license when any of the following changes occur:~~
 - 2.13.1.1 ~~A change of ownership or sponsorship;~~
 - 2.13.1.2 ~~A change of location;~~
 - 2.13.1.3 ~~A change in the name of the facility or program;~~
 - 2.13.1.4 ~~A change in the applicable type of regulated service authorized; or~~
 - 2.13.1.5 ~~A change in child population capacity.~~
- 2.14 ~~Denial, Revocation or Refusing to Renew a License~~
 - 2.14.1 ~~The Division may deny, revoke or refuse to renew a license for good cause, including but not limited to the following:~~

- 2.14.1.1 ~~Substantial or willful failure to comply with applicable provisions of State law(s) or of these requirements;~~
- 2.14.1.2 ~~Violation of the terms or conditions of its license;~~
- 2.14.1.3 ~~Fraud or misrepresentation of facts in obtaining a license; or~~
- 2.14.1.4 ~~Engaging in any activity, policy, practice or employee conduct that adversely affects or is deemed by the Division to be detrimental to the education, health, safety, treatment needs or well-being of children, or that otherwise demonstrates unfitness by the chief administrator or by any employees to operate a facility or program.~~

2.15 Appeal

- 2.15.1 ~~If the Division denies, revokes, or refuses to renew a license, the Division shall notify the applicant or licensee in writing at least 10 working days prior to taking such action, and shall specify the applicant's or licensee's entitlement to appeal from the decision and to request an administrative hearing.~~
- 2.15.2 ~~The Division shall notify the applicant or licensee in writing of the findings of its investigation and of the reasons for the denial, revocation or refusal to renew a license, before taking such action.~~
- 2.15.3 ~~If a written or verbal request for a hearing is received by the Division within the 10 working days, the Division shall ensure that a hearing is held within 30 working days from the date the request is received.~~
- 2.15.4 ~~The hearing officer shall have had no previous involvement in the matter prompting the hearing.~~
- 2.15.5 ~~If a licensee files an appeal in a timely manner, its existing license shall remain in effect until an official written decision has been rendered subsequent to the hearing, except that the Division shall have the authority to suspend the license immediately whenever the health, safety or well-being of children in care is in imminent danger or jeopardy.~~
- 2.15.6 ~~If an applicant or licensee does not file an appeal from the decision and does not request a hearing, the action to revoke, deny or refuse to renew a license shall take effect 30 working days after the receipt of the notice. However, if the health or safety of children in care is in jeopardy, revocation, denial or refusal to renew shall be effective immediately upon the issuance of a written notice by the Division.~~

2.16 Order to Suspend a License

- 2.16.1 ~~If the health, safety or well-being of children in care is in jeopardy or imminent danger, the Division may immediately suspend the license upon issuance of a written suspension order. The order shall state the reason(s) for the suspension. Within 10 working days of the issuance of the suspension order the Division Director, or his or her designee shall hold an informal hearing with the licensee or his or her representative(s).~~

2.17 Rule Variance

- 2.17.1 ~~Upon the written request of an applicant or a licensee, the Division may grant a variance from any of these requirements if the licensee has documented to the satisfaction of the Division that the intent of the specific requirement will be satisfactorily achieved in a manner other than that prescribed by the requirement.~~
- 2.17.2 ~~The Division shall render its decision on the request in writing, including the conditions for which the variance is granted, and shall send a signed copy of the decision to the applicant or licensee. A copy of the decision shall be maintained on file by the Division and the licensee.~~
- 2.17.3 ~~The variance may be time-limited or may remain in effect for as long as the licensee continues to maintain the health, care, safety, protection, supervision, and needed services of children.~~
- 2.17.4 ~~The Division shall monitor the licensee's compliance with the variance. If the licensee fails to comply with the variance, the Division shall initiate necessary enforcement action.~~

3.0 General Provisions

3.1 Administration

3.1.1 Notification of Division

- 3.1.1.1 ~~A licensee shall notify the Division in writing at least 90 consecutive calendar days before any of the following changes occur:~~
 - 3.1.1.1.1 ~~A change of ownership or sponsorship;~~
 - 3.1.1.1.2 ~~A change of location;~~
 - 3.1.1.1.3 ~~A change in the name of the facility or program;~~
 - 3.1.1.1.4 ~~A change in the applicable type of regulated service being provided;~~
 - 3.1.1.1.5 ~~A change in child population capacity; or~~
 - 3.1.1.1.6 ~~The anticipated closing of the facility or program.~~
- 3.1.1.2 ~~A licensee shall notify the Division within one working day of any of the following occur:~~

- 3.1.1.2.1 A fire requiring the services of a fire company;
 - 3.1.1.2.2 Death of a child;
 - 3.1.1.2.3 Injury of a child requiring either in-patient or out-patient treatment.
- 3.1.2 Governing Body
- 3.1.2.1 ~~A licensee shall have an identifiable functioning governing body. The governing body shall designate a person to function as the chief administrator of the facility or program.~~
- 3.1.3 Chief Administrator Responsibilities
- 3.1.3.1 A licensee shall delineate in writing the job responsibilities and functions of the chief administrator. The chief administrator shall adopt and implement a chain of command that ensures the proper and effective supervision and monitoring of employees and volunteers.
- 3.1.4 Facility or Program Description of Services
- 3.1.4.1 ~~A licensee shall develop, adopt, follow and maintain on file a current written description of the facility's or program's:~~
 - 3.1.4.1.1 ~~Admission policies governing the age, specific characteristics, and treatment or service needs of children accepted for care; and~~
 - 3.1.4.1.2 ~~Services provided to children and their families, including those provided directly by the licensee or arranged through another source.~~
 - 3.1.4.2 ~~A licensee shall make available to the public a brochure or other generic written description of its mission, policies and the types of services offered by the facility or program.~~
- 3.1.5 Maintenance of Children's Records
- 3.1.5.1 ~~A licensee shall develop, adopt, follow and maintain on file on the premises written procedures governing the maintenance and security of records of children in care. These procedures shall:~~
 - 3.1.5.1.1 ~~Assure that records are stored in a secure manner; and~~
 - 3.1.5.1.2 ~~Assure confidentiality of and prevent unauthorized access to such records.~~
- 3.1.6 Administrative Records
- 3.1.6.1 ~~A licensee shall develop, adopt, follow and maintain on file on the premises up-to-date administrative records containing the following:~~
 - 3.1.6.1.1 ~~Organizational chart;~~
 - 3.1.6.1.2 ~~Name and position of persons authorized to sign agreements and to submit official documentation to the appropriate government agency; and~~
 - 3.1.6.1.3 ~~Written standard operating procedures.~~
- 3.1.7 Insurance Coverage
- 3.1.7.1 ~~A licensee shall secure and maintain on file written documentation of appropriate motor vehicle, fire and comprehensive general liability insurance, as required by State law(s).~~
- 3.1.8 Fund Raising and Publicity
- 3.1.8.1 ~~A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the use of children in fund raising or publicity activities. Such policies shall ensure that any involvement of a child in such activities respects the child's dignity, preserves his or her confidentiality and has been authorized by the child's parent(s) or legal guardian in a signed parental consent statement.~~
- 3.1.9 Research
- 3.1.9.1 ~~A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the participation of children in bona fide research projects, which shall embrace the following criteria:~~
 - 3.1.9.1.1 ~~The goal(s) of the research are sound, achievable, and feasible;~~
 - 3.1.9.1.2 ~~The research design is scientifically valid and appropriate to the goal(s) of the research; and~~
 - 3.1.9.1.3 ~~The results of the proposed research will contribute significantly to the body of existing information on the subject.~~
 - 3.1.9.2 ~~The policies and procedures governing approved research projects shall:~~
 - 3.1.9.2.1 ~~Safeguard the privacy and protect the identity of and confidential information about children participating in research or follow-up studies;~~
 - 3.1.9.2.2 ~~Preserve the confidentiality of children and their families;~~
 - 3.1.9.2.3 ~~Ensure that the child's participation in the approved research project is voluntary; and~~

- 3.1.9.2.4 Ensure that the parent(s) or legal guardian of a child participating in the research project has signed an informed consent statement, which the licensee shall maintain on file.

3.2 Personnel

3.2.1 Personnel Policies and Procedures

- 3.2.1.1 A licensee shall develop, adopt, follow and maintain on file written personnel policies and procedures governing the recruitment, screening, hiring, supervision, training, evaluation, promotion, and disciplining of employees and volunteers.

3.2.2 Personnel; Qualifications

- 3.2.2.1 A licensee shall employ only those persons who:

- 3.2.2.1.1 Have an understanding of and respect for children and their needs and have an understanding of and respect for a child's family and culture; and

- 3.2.2.1.2 Are physically and emotionally capable of performing activities related to providing child care, which include the ability to supervise children's activities, to support children's physical, intellectual, social and emotional growth, to deal with emergencies in a calm manner, and to carry out methods of behavior management, as stipulated in these requirements.

- 3.2.2.2 An employee who was approved in accordance with personnel qualification requirements in existence prior to the date on which these requirements became effective shall be deemed qualified for the same position at that facility or program.

3.2.3 Chief Administrator Qualifications

- 3.2.3.1 A chief administrator, at the time of appointment, shall be at least 21 years of age and shall possess one of the following:

- 3.2.3.1.1 A master's degree in social work, sociology, psychology, guidance and counseling, education, business administration, criminal justice, a human behavioral science, public administration or a related field, and three years of full-time work experience in child welfare, human services or a related field, at least two years of which shall have been in an administrative or supervisory capacity; or

- 3.2.3.1.2 A bachelor's degree in social work, sociology, psychology, guidance and counseling, education, business administration, criminal justice, a human behavioral science, public administration or a related field, and four years of post-bachelor's degree full-time work experience in child welfare, human services or a related field, at least two years of which shall have been in an administrative or supervisory capacity.

3.2.4 Direct Care Supervisor Qualifications

- 3.2.4.1 A direct care supervisor, at the time of appointment, shall be at least 21 years of age and shall possess at least one of the following:

- 3.2.4.1.1 A bachelor's degree from an accredited college and one year of full-time work experience in a child care facility or program;

- 3.2.4.1.2 An associate degree or a minimum of 48 credit hours from an accredited college and two years of full-time work experience in a child care facility or program; or

- 3.2.4.1.3 A high school diploma or equivalent and three years of full-time work experience in a child care facility or program.

3.2.5 Direct Care Worker Qualifications

- 3.2.5.1 A direct care worker, at the time of appointment, shall be at least 21 years of age and shall possess a high school diploma or an equivalent.

3.2.6 Service Supervisor Qualifications

- 3.2.6.1 A service supervisor, at the time of appointment, shall be at least 21 years of age and shall possess at least one of the following:

- 3.2.6.1.1 A master's degree in social work, sociology, psychology, criminal justice, education, guidance and counseling, human behavioral science or a related field and at least two years of full-time work experience in child welfare, social work, human services, teaching, counseling or a related field, at least one year of which shall have been in a supervisory capacity; or

- 3.2.6.1.2 A bachelor's degree in social work, sociology, psychology, criminal justice, education, guidance and counseling, human behavioral science or a related field and at least four years of full-time work experience in child welfare, social work, human services, teaching, counseling or a related field, at least two years of which shall have been in a supervisory capacity.

3.2.7 Service Worker Qualifications

- 3.2.7.1 A service worker, at the time of appointment, shall be at least 21 years of age and shall possess a bachelor's degree in social work, sociology, psychology, criminal justice, education, guidance and counseling, a human behavioral science or a related field and at least two years of full-time work experience in child welfare, human services, teaching, counseling or a related field.
- 3.2.8 Administrative Oversight and Supervisor-to-Staff Ratios
- 3.2.8.1 The chief administrator shall ensure that there are a sufficient number of administrative, supervisory, social service, educational, recreational, direct care, and support employees or volunteers to perform the functions prescribed by these requirements and to provide for the care, needs, protection and supervision of children. The ratio of direct care workers to children during off-grounds activities or excursions shall be the same as the ratios of direct care workers to children that are required during on-grounds activities.
- 3.2.8.2 A licensee shall have either:
- 3.2.8.2.1 A full-time chief administrator; or
- 3.2.8.2.2 If its licensed capacity is fewer than 13 children, a part-time chief administrator and a full-time service supervisor.
- 3.2.8.3 A licensee shall ensure that a designated employee is in charge on the premises at all times when children are present.
- 3.2.8.4 A licensee shall have a ratio of one service supervisor for every ten service workers or fraction thereof. A full-time chief administrator may also serve as the service supervisor when there are three or fewer service workers.
- 3.2.8.5 A licensee shall have a ratio of one direct care supervisor for every ten direct care workers or fraction thereof. A full-time chief administrator may also serve as the direct care supervisor when there are three or fewer direct care workers.
- 3.2.9 Orientation and Training of Employees and Volunteers
- 3.2.9.1 A licensee shall ensure that all new employees and volunteers participate in an orientation that includes the purpose, policies and procedures of the facility or program, the employee's role and responsibilities and the requirements to report allegations of child abuse or neglect.
- 3.2.9.2 A licensee shall ensure that each new employee, volunteer, or any current employee or volunteer whose job function changes, and whose primary role or function requires interaction with children, receives at least 15 hours of planned training preceding the assumption of his or her work assignment on an independent basis. The training shall include instruction in:
- 3.2.9.2.1 Carrying out job responsibilities;
- 3.2.9.2.2 The licensee's purpose, policies and procedures, including those governing behavior management, crisis management and safety;
- 3.2.9.2.3 Emergency procedures and the location of emergency exits and emergency equipment, including first aid kits;
- 3.2.9.2.4 The role of employees and volunteers in client service delivery and the protection of children;
- 3.2.9.2.5 The Delaware child abuse and neglect law(s) and regulations; and
- 3.2.9.2.6 The provisions of these licensing requirements.
- This requirement shall not apply to licensed professionals under contract with the licensee.
- 3.2.9.3 A licensee shall ensure that each employee and volunteer whose primary role or function requires interaction with children and who works 24 or more hours a week receives at least 40 hours of training annually, including the 15 hours of training provided pursuant to rule 3.2.9.2. This training shall cover subject matters designed to maintain, improve or enhance the employee's knowledge of or skills in carrying out his or her job responsibilities, including:
- 3.2.9.3.1 Instruction in administering cardiopulmonary resuscitation (CPR) and first aid, including the location of first aid kits. A licensee providing care to children below six years of age shall include training in pediatric first aid and pediatric CPR;
- 3.2.9.3.2 Cultural sensitivity; and
- 3.2.9.3.3 Behavior management policies and procedures.
- 3.2.9.4 A licensee shall ensure that any employee or volunteer whose primary role or function requires interaction with children and who works fewer than 24 hours a week receives at least 20 hours of training annually, including the 15 hours of training provided pursuant to Requirement 3.2.9.2. The five hours of training not related to Requirement 3.2.9.2 shall be in subject matters identified in Requirement 3.2.9.3.

~~3.2.9.5 The licensee shall permit licensed professional employees, including but not limited to physicians, psychologists, and nurses, to apply hours of continuing education units (CEUs) earned each year towards the hourly requirements specified in Requirements 3.2.9.3 and 3.2.9.4. A licensee shall maintain on file written documentation of compliance with this requirement.~~

~~3.2.9.6 A licensee shall maintain on file written materials documenting the delivery of orientation and training for all employees and volunteers.~~

~~3.2.10 Personnel Records~~

~~3.2.10.1 A licensee shall develop, adopt and maintain on file a personnel record for every employee and volunteer.~~

~~3.2.10.2 The personnel record shall contain the following:~~

~~3.2.10.2.1 Employment application;~~

~~3.2.10.2.2 Name, current address and phone number of the employee;~~

~~3.2.10.2.3 Verification of education where specified by these requirements;~~

~~3.2.10.2.4 Documentation of training received prior to and during employment at the facility or program;~~

~~3.2.10.2.5 Work history;~~

~~3.2.10.2.6 Three references from persons who are unrelated to the employee or volunteer, one of which shall be from any previous employer;~~

~~3.2.10.2.7 For job applicants who have worked with an agency that provides care or services to children, one of the three references required in Requirement 3.2.10.2.6 shall be from the prior child care employer;~~

~~3.2.10.2.8 Any health verification, as specified in Requirements 3.5.1.1 and 3.5.1.2;~~

~~3.2.10.2.9 Verification of completed criminal history record information check and child abuse registry information check;~~

~~3.2.10.2.10 Verification of receipt by the employee or volunteer of his or her current job description;~~

~~3.2.10.2.11 An annual employee performance evaluation; and~~

~~3.2.10.2.12 Employee disciplinary actions and history.~~

~~3.2.11 Job Descriptions for Employees~~

~~3.2.11.1 A licensee shall maintain on file a current written job description for every employee and for every volunteer who works more than 24 hours a week.~~

~~3.2.11.2 A licensee shall ensure that an employee's and volunteer's permanent or temporary assignment and functions shall be consistent with his or her respective current written job description.~~

~~3.2.12 Use of Volunteers~~

~~3.2.12.1 A licensee shall develop, adopt, follow and maintain on file policies and procedures governing the qualifications and use of volunteers. The qualifications shall be appropriate to the duties they perform.~~

~~3.2.12.2 A licensee shall assign designated employees to supervise volunteers.~~

~~3.2.13 Child Abuse and Neglect~~

~~3.2.13.1 A licensee shall provide each employee or volunteer who has contact with children written information governing the reporting provisions of the Delaware child abuse and neglect law(s) and regulations, and shall maintain on file written documentation of their receipt of this information.~~

~~3.2.13.2 A licensee shall not discourage, inhibit, penalize or otherwise impede any employee or volunteer from reporting any suspected or alleged incident of child abuse or neglect.~~

~~3.2.13.3 A licensee shall develop, adopt, follow and maintain on file written policies and procedures for handling any incident of suspected child abuse or neglect. The policies and procedures shall contain provisions specifying that:~~

~~3.2.13.3.1 The licensee immediately shall take appropriate remedial action to protect children from harm;~~

~~3.2.13.3.2 The licensee shall take appropriate long-term corrective action to eliminate the factors or circumstances that may have caused or may have otherwise resulted in a continuing risk of abuse or neglect to children;~~

~~3.2.13.3.3 Any employee or volunteer involved in an incident of alleged child abuse or neglect shall be removed or suspended from having direct contact with any child, or shall be reassigned to other duties that do not involve having contact with children until the investigation of the incident has been completed;~~

~~3.2.13.3.4 The licensee shall take appropriate disciplinary action against any employee or volunteer who committed an act of child abuse or neglect.~~

3.3 Children Services and Activities

3.3.1 Admission

- 3.3.1.1 ~~A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing a child's admission to a facility or program. The policies and procedures shall be made available to those persons considering admission of a child to a facility or program and shall include:~~
 - 3.3.1.1.1 ~~Age range of children served;~~
 - 3.3.1.1.2 ~~Gender of children served;~~
 - 3.3.1.1.3 ~~Presenting problems and treatment needs of children served;~~
 - 3.3.1.1.4 ~~Materials, documents and reports required, including a child's social, education, medical evaluation and histories;~~
 - 3.3.1.1.5 ~~A description of the types of treatment services provided; and~~
 - 3.3.1.1.6 ~~The identifying information about a child to be recorded at the time of admission or as a part of the pre-admission process. Such information shall include the child's name, birth date, gender, religious preferences, race or ethnicity, names, addresses, telephone numbers of parent(s) or legal guardian, other service workers or contact persons, the referring agency, if applicable, known medical history and allergies, date of admission, and a brief social history, including the presenting problems.~~
 - 3.3.1.2 ~~When a licensee refuses the admission of a child, the licensee shall provide the child's parent(s), legal guardian and the referring agency with a written explanation of the reasons for refusal, if requested.~~
 - 3.3.1.3 ~~A licensee shall ensure that the child, his or her parent(s), legal guardian, and the referring agency and any other appropriate party, are provided a reasonable opportunity to participate in the facility's or program's admission process.~~
 - 3.3.1.4 ~~Where involvement of the child's parent in the admission process is neither possible nor desirable, the licensee shall record the reasons for exclusion in the admission records.~~
 - 3.3.1.5 ~~A licensee shall not admit a child into care until an admission evaluation has been completed.~~
 - 3.3.1.6 ~~In an emergency admission, a licensee shall complete Requirements 3.3.1.3, 3.3.1.4 and 3.3.1.5 within five consecutive business days.~~
 - 3.3.1.7 ~~A licensee shall develop, adopt, follow and maintain on file a written admission agreement with the parent(s), legal guardian or the referring agency. The admission agreement shall be signed by all parties and include:~~
 - 3.3.1.7.1 ~~The basis for admission;~~
 - 3.3.1.7.2 ~~The service or treatment goals;~~
 - 3.3.1.7.3 ~~The specific services or treatment to be provided;~~
 - 3.3.1.7.4 ~~The religious orientation and practices of the child;~~
 - 3.3.1.7.5 ~~The roles and responsibilities of the licensee and all persons and agencies involved with the child and his or her family;~~
 - 3.3.1.7.6 ~~Authorization to provide services to the child;~~
 - 3.3.1.7.7 ~~Authorization to provide or obtain routine medical care for the child;~~
 - 3.3.1.7.8 ~~Authorization to provide emergency medical or surgical care for the child; and~~
 - 3.3.1.7.9 ~~Authorization to enable the child to participate in recreational and out-of-state activities.~~
- #### 3.3.2 Information Provided to Children and Their Parents
- 3.3.2.1 ~~A licensee shall provide to children and their parent(s) or legal guardian, or upon request to the referring agency the following:~~
 - 3.3.2.1.1 ~~Operational rules of the facility or program;~~
 - 3.3.2.1.2 ~~Policies governing visiting, telephone use, and other forms of communication with family, friends, and other persons important to the child;~~
 - 3.3.2.1.3 ~~Religious orientation and practices observed by the licensee;~~
 - 3.3.2.1.4 ~~A description of services and activities provided;~~
 - 3.3.2.1.5 ~~A description of the licensee's behavior management policies and procedures;~~
 - 3.3.2.1.6 ~~Grievance policies and procedures;~~
 - 3.3.2.1.7 ~~Name of the child's service worker;~~

~~3.3.2.1.8 Information on how to obtain a copy of these requirements, and on reporting any suspected violations of these requirements; and~~

~~3.3.2.1.9 The child's service plan.~~

~~3.3.3 Service Plan~~

~~3.3.3.1 A licensee shall develop, adopt, follow and maintain on file a written service plan for each child admitted into a facility or program.~~

~~3.3.3.2 A licensee shall complete the service plan within 30 consecutive calendar days of a child's admission and shall update the plan at least every 90 consecutive calendar days thereafter.~~

~~3.3.3.3 A licensee shall afford the child, his or her parent(s) or legal guardian, and the referring agency an opportunity to be involved in the development of the service plan unless there is written documentation justifying the non-participation of any such parties.~~

~~3.3.4 Permission to Have Contact with Designated Persons~~

~~3.3.4.1 A licensee shall allow a child's parent(s) or legal guardian, attorney, clergy, authorized representative of the referring agency, or a Division representative, to be permitted to have telephone, mail and in-person contact and to confer in private with any child.~~

~~3.3.5 Education~~

~~3.3.5.1 A licensee shall ensure that each school age child receives an appropriate education, in accordance with applicable federal and State law(s) and regulations. Education shall be provided either in a public or private school, or in an approved on-grounds school operated by the licensee.~~

~~3.3.5.2 A licensee shall ensure that every school-age child attends either an on-grounds or community-based educational program that has been approved by the appropriate Delaware authorities.~~

~~3.3.5.3 If a licensee chooses to provide an educational program directly, the licensee shall ensure that such education programs comply with the following:~~

~~3.3.5.3.1 One teacher for every 20 children or fraction thereof shall be responsible for implementing the educational program;~~

~~3.3.5.3.2 Teachers shall be at least 21 years of age and shall possess a bachelor degree in the subject area of instruction or a bachelor degree in education appropriate to age and educational needs of the children in the program;~~

~~3.3.5.3.3 Employees meeting at a minimum the qualifications of Direct Care Worker may assist in the on-grounds educational program provided that they work under the supervision of an employee meeting the qualifications for Teacher;~~

~~3.3.5.3.4 The educational program operates on at least as many calendar days and clock hours as are required by State law(s) and regulations;~~

~~3.3.5.3.5 A core curriculum that is appropriate to the population to be served is followed;~~

~~3.3.5.3.6 Special education services are provided or arranged by the licensee for each child whose special education needs have been identified and as appropriate in collaboration with the child's school district; and~~

~~3.3.5.3.7 Appropriate written records shall be maintained on file for each child that reflect the use of a uniform grading system and a process for transfer and release of these records to and from other schools or facilities.~~

~~3.3.5.4 If a licensee chooses not to provide an educational program directly, the licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the assignment of any child to an educational program.~~

~~3.3.5.5 A licensee shall provide appropriate space and supervision for quiet study after school hours.~~

~~3.3.5.6 A licensee shall ensure the each child has access to necessary educational references and other resource materials.~~

~~3.3.5.7 A licensee shall ensure that adolescent children receive career preparation services, life skills training, and employment counseling unless such services, training and counseling are being provided in their regular or special education school program. Such services, training and counseling shall be appropriate to the age and capabilities of the child.~~

~~3.3.6 Work and Employment~~

~~3.3.6.1 A licensee shall not engage a child in any work assignment unless the assignment offers the child a constructive experience, in accordance with the child's age, capabilities and service plan.~~

~~3.3.6.2 For any adolescent who is legally not obliged to attend school, a licensee shall ensure that the child is either gainfully employed or enrolled in a training program geared to the acquisition of suitable employment or necessary life skills appropriate to the child's level of functioning.~~

~~3.3.7 Children's Recreation, Physical Exercise and Leisure Time Activities~~

- ~~3.3.7.1 A licensee shall develop, adopt, follow and maintain on file written policies and procedures ensuring developmentally appropriate recreation, physical exercise and leisure time activities both on and off the premises, including planned trips and excursions. The policies and procedures shall contain provisions requiring:
 - ~~3.3.7.1.1 A list of the types of activities to be offered to children both on and off the premises;~~
 - ~~3.3.7.1.2 A balanced mixture of planned recreation, physical exercise and leisure time activities, so that children have a reasonable choice of alternatives in which to participate;~~
 - ~~3.3.7.1.3 Opportunities for both individual and group activities; and~~
 - ~~3.3.7.1.4 A written schedule of monthly planned recreation, physical exercise and leisure time activities be developed and posted monthly in a conspicuous and readily accessible location on the premises, and be maintained on file for at least 90 consecutive calendar days.~~~~
- ~~3.3.7.2 A licensee shall ensure that reasonable precautions and safeguards are utilized to prevent or minimize the risk of serious injury or harm to children.~~
- ~~3.3.7.3 A licensee shall ensure that children utilize only bathing, biking, boating, camping, canoeing, hiking, kayaking, sailing, swimming, water skiing, white water rafting or other sporting or recreation areas or facilities that are in compliance with applicable provisions of federal, state, county and municipal law(s), regulations and ordinances.~~
- ~~3.3.7.4 A licensee shall not threaten, coerce or intimidate a child to participate or engage in any recreation, physical exercise or leisure time activity, but may require a child to attend while not participating in the activity.~~
- ~~3.3.7.5 A licensee shall ensure that staff provide adequate and appropriate supervision of children engaging in recreation, physical exercise or leisure time activities and shall offer instruction, guidance and support to assist a child in learning to do so in a safe manner.~~
- ~~3.3.7.6 A licensee shall not permit children to engage or participate in high-risk activities unless:
 - ~~3.3.7.6.1 the licensee complies with applicable provisions governing such activities, as specified in Chapter 10; or~~
 - ~~3.3.7.6.2 The licensee utilizes an existing high-adventure activity provider that is certified or approved by an appropriate governmental or private accrediting agency and that assumes responsibility for safety precautions and risk reductions.~~~~
- ~~3.3.7.7 A licensee shall prohibit children from participating in bungee jumping, hang gliding, parachute jumping, parasailing, and riding in airborne gliders.~~

~~3.3.8 Religion and Culture~~

- ~~3.3.8.1 A licensee shall respect the religious preference of the child and his or her parent(s) or legal guardian.~~
- ~~3.3.8.2 A licensee shall ensure that each child is afforded opportunities to attend religious services or activities in his or her religious faith of choice. A licensee shall directly arrange for or ensure that other reasonable means are provided for the transportation of a child to services or activities that are off site.~~
- ~~3.3.8.3 A licensee 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 consecutive calendar days following the admission of the child.~~
- ~~3.3.8.4 A licensee 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.~~
- ~~3.3.8.5 A licensee shall recognize and take into account the racial, cultural, ethnic and religious backgrounds of children when planning various activities or religious services.~~

~~3.3.9 Behavior Management~~

- ~~3.3.9.1 A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the behavior management of children. The policies and procedures shall delineate the approved methods of behavior management techniques that are to be used to assist children in developing self control, self direction, self esteem, and acceptable patterns of social behavior. The policies and procedures shall include the concepts and application of least restrictive effective treatment and positive reinforcements. The policies and procedures shall prohibit:
 - ~~3.3.9.1.1 The delegation of responsibility for the control or supervision of children to other children;~~~~

- 3.3.9.1.2 The use of corporal punishment or the threat of corporal punishment inflicted in any way on a child's body, including but not limited to shaking, biting, pinching, slapping, hitting or spanking;
- 3.3.9.1.3 The use of any form of forced physical exercise or activity or work assignment that produces pain or discomfort;
- 3.3.9.1.4 The use of verbal abuse, including humiliation, profanity, ridicule, or other forms of degradation;
- 3.3.9.1.5 The withholding of any meal;
- 3.3.9.1.6 The use of group punishments for misbehaviors of a child or a group of children unless the policies and procedures clearly prescribe the specific circumstances and safeguards under which such would be authorized;
- 3.3.9.1.7 The denial of essential services, including medical or dental care;
- 3.3.9.1.8 The denial of visits or communications with family;
- 3.3.9.1.9 The denial of shelter, appropriate clothing, bedding, or any other essential personal needs;
- 3.3.9.1.10 The denial of access to a toilet or bathing accommodations;
- 3.3.9.1.11 The denial of access to a telephone to contact individuals defined in 3.3.4.1;
- 3.3.9.1.12 The use of excessive force or inappropriate physical force;
- 3.3.9.1.13 The use of restrictive procedures unless authorized by the Division and in compliance with the requirements of Chapter 9;
- 3.3.9.1.14 The exploitation of a child; and
- 3.3.9.1.15 The denial of sleep or needed rest.
- 3.3.9.2 A licensee shall disseminate copies of the behavior management policies and procedures to all employees and children within 10 consecutive calendar days of employment or admission, respectively, and shall make copies available to the parent(s), legal guardian or the referring agency.
- 3.3.9.3 A licensee shall ensure that all employees and volunteers who have regular contact with children receive a copy of the policies and procedures.
- 3.3.10 Documentation Requirements
 - 3.3.10.1 A licensee shall develop, adopt, follow and maintain on written file policies and procedures governing the accurate and timely recording of each incident in which a time-out technique or a non-violent physical intervention strategy is used. Such policies and procedures shall ensure that the identity of the child, the date, time, place, and circumstances of, and the name of the employee or volunteer who administered the time-out technique or the non-violent physical intervention strategy is recorded. The nature of the technique or strategy and the elapsed time used shall also be recorded.
 - 3.3.10.2 A licensee shall ensure that the chief administrator or his or her designee reviews the documentation on a weekly basis.
- 3.3.11 Time-Out Techniques
 - 3.3.11.1 A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the use of appropriate time-out techniques. The policies and procedures shall require that appropriate time-out techniques may be used only:
 - 3.3.11.1.1 For a child six years of age or older, except as noted in Requirement 3.3.11.3;
 - 3.3.11.1.2 When a child's behavior is judged by the employee to be disruptive to the child's ability to learn from the activity, to participate appropriately in the activity, or to function appropriately with other children engaged in an activity; and
 - 3.3.11.1.3 For a duration of time that shall not exceed 60 consecutive minutes. If there are more than 25 time-outs for an individual child or a cumulative total of four hours spent in time-out within any consecutive 24-hour period, a licensee shall ensure that:
 - 3.3.11.1.3.1 A review is conducted by the chief administrator or his or her designee to determine the suitability of the child to remain in placement in the facility or program, or whether modifications to the child's service plan are warranted; and
 - 3.3.11.1.3.2 Appropriate action is taken in response to the findings of the review.
 - 3.3.11.2 A licensee shall ensure that:
 - 3.3.11.2.1 At least one employee has been designated to be responsible for making visual contact with the child no less frequently than every 30 minutes;

- 3.3.11.2.2 ~~The child does not spend the time-out period in a closet, a bathroom or an unfinished basement or attic; and~~
- 3.3.11.2.3 ~~The child is reintroduced to the group in a sensitive and non-punitive manner as soon as he or she has re-gained control.~~
- 3.3.11.3 ~~A licensee shall ensure that any use of a Time-Out Technique for a child below six years of age is:~~
 - 3.3.11.3.1 ~~Limited to a period of time not to exceed one minute for each year of the child's age; and~~
 - 3.3.11.3.2 ~~Employed as a supplement to, not a substitute for, other developmentally appropriate, positive methods of behavior management.~~
- 3.3.12 ~~Non-Violent Physical Intervention Strategies~~
 - 3.3.12.1 ~~A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the appropriate use of non-violent physical intervention strategies. These policies and procedures shall require that non-violent physical intervention strategies may be used only:~~
 - 3.3.12.1.1 ~~When a child is out of control and could physically harm himself or herself or others;~~
 - 3.3.12.1.2 ~~To prevent the destruction of property when the child fails to respond to non-physical behavior management interventions;~~
 - 3.3.12.1.3 ~~For a duration of time that shall not exceed 15 consecutive minutes, without written documentation on attempts made to release the child from the hold if more than 15 minutes is required. A licensee shall ensure that a child is released from a physical intervention strategy as soon as he or she gains control, or before 15 consecutive minutes have elapsed, whichever occurs first; and~~
 - 3.3.12.1.4 ~~By employees or volunteers who have been specifically trained in its use and authorized to apply such strategies.~~
 - 3.3.12.2 ~~A licensee shall not permit the application of a non-violent physical intervention strategy if a child has a documented physical condition that would contraindicate its use, unless a licensed physician has previously and specifically authorized its use in writing. Such documentation shall be maintained on file.~~
 - 3.3.12.3 ~~Whenever the provisions of Requirement 3.3.12.1 have been exceeded, a licensee shall ensure that:~~
 - 3.3.12.3.1 ~~A review is conducted by the chief administrator or his or her designee to determine the suitability of the child to remain in placement in the facility or program, or whether modifications to the child's service plan are warranted;~~
 - 3.3.12.3.2 ~~Written documentation of the review is forwarded to the Division; and~~
 - 3.3.12.3.3 ~~Appropriate action is taken in response to the findings of the review.~~
 - 3.3.12.4 ~~A licensee shall prohibit employees from intentionally utilizing any of the following practices:~~
 - 3.3.12.4.1 ~~Pulling a child's hair;~~
 - 3.3.12.4.2 ~~Pinching a child's skin;~~
 - 3.3.12.4.3 ~~Twisting a child's arm or leg in a way that would cause pain or injury to the child;~~
 - 3.3.12.4.4 ~~Kneeling or sitting on the chest of a child;~~
 - 3.3.12.4.5 ~~Placing a choke hold on a child;~~
 - 3.3.12.4.6 ~~Bending back a child's finger(s);~~
 - 3.3.12.4.7 ~~Shoving or pushing a child into the wall, floor or other stationary object; or~~
 - 3.3.12.4.8 ~~Allowing another child or other children to assist in the application of a physical intervention strategy.~~
- 3.3.13 ~~Children's Grievance Procedure~~
 - 3.3.13.1 ~~A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the handling of grievances by children. The policies and procedures shall:~~
 - 3.3.13.1.1 ~~Be written in clear and simple language;~~
 - 3.3.13.1.2 ~~Be communicated to children in an age or developmentally appropriate manner;~~
 - 3.3.13.1.3 ~~Be posted in an area easily accessible to children and their parent(s) and legal guardian;~~
 - 3.3.13.1.4 ~~Ensure that any grievance shall be investigated by an objective employee who is not the subject of the grievance; and~~
 - 3.3.13.1.5 ~~Require continuous monitoring by the licensee of any grievance to assure there is no retaliation against the child.~~

~~3.3.13.2 A licensee shall not take or threaten to take any punitive or other retaliatory action against a child who utilizes the grievance procedure.~~

3.4 Physical Plant

3.4.1 Premises and Equipment

~~3.4.1.1.1 A licensee shall ensure that the facility's or program's premises and equipment accessible to or used by children are free from any danger to their health, safety and well-being.~~

~~3.4.1.1.2 A licensee shall maintain on file written documentation that the buildings and premises of the facility or program conform to all applicable State and local fire, health and construction laws, ordinances and regulations.~~

~~3.4.1.1.3 A licensee shall ensure that porches, elevated walkways and elevated play areas of more than two feet in height shall have barriers to prevent falls.~~

~~3.4.1.1.4 A licensee shall ensure that all indoor and outdoor areas, toilets, wash basins, tubs, sinks, and showers are maintained in an operable, safe and sanitary manner.~~

~~3.4.1.1.5 A licensee shall utilize approved products and procedures in accordance with labeled instructions to ensure that the premises are protected from insect infestation.~~

~~3.4.1.1.6 A licensee shall ensure that all premises used by children are rodent free.~~

3.4.2 Kitchen and Food Storage

~~3.4.2.1 A licensee shall ensure that kitchens are provided with the necessary operable equipment for the preparation, storage, serving and clean-up of all meals for all of the children and employees regularly served by such kitchens. A licensee that does not prepare food on the premises and that utilizes single-service (disposable) dishes, pots, pans and utensils shall not be governed by this Requirement and Requirements 3.4.2.2, 3.4.2.3, 3.4.2.6, 3.4.2.8 and 3.4.2.10.~~

~~3.4.2.2 A licensee shall ensure that a kitchen or food preparation area has a hand washing sink within the food preparation area and separate from the sink used for food preparation and dish washing.~~

~~3.4.2.3 A licensee with a licensed capacity of 12 or fewer children shall ensure that:~~

~~3.4.2.3.1 A mechanical dishwasher is used for the cleaning and sanitizing of all dishes, pots, pans and utensils after each meal; or~~

~~3.4.2.3.2 Dishes, pots, pans and utensils are manually washed and rinsed after each meal in a sanitary manner using a two-compartment sink. When dishes, pots, pans and utensils are manually washed, a chlorinated detergent is used; and dishes, pots, pans and utensils, are immersed in warm water for a duration of time that is at least one minute. The water is to contain a sanitizing solution that is self-made, consisting of one teaspoon of household bleach to one gallon of water, or an appropriate commercial sanitizing solution that is used in accordance with labeled instructions.~~

~~3.4.2.3.3 All dishes, pots, pans and utensils are air dried.~~

~~3.4.2.4 A licensee with a licensed capacity of 13 or more children shall ensure that:~~

~~3.4.2.4.1 A mechanical dishwasher is used for the cleaning and sanitizing of all dishes, pots, pans and utensils after each meal; and~~

~~3.4.2.4.2 The dishwasher is capable of sanitizing at the proper time, temperature and pressure ratio, and that dishes, pots, pans and utensils are washed in accordance with manufacturer's instructions.~~

~~3.4.2.5 A licensee shall ensure that all food service equipment and utensils are constructed of material that is nontoxic, easily cleanable and maintained in good repair.~~

~~3.4.2.6 A licensee shall ensure that all food services equipment, eating and drinking utensils, counter-tops and other food contact areas are thoroughly cleaned and sanitized after each use.~~

~~3.4.2.7 A licensee shall ensure that the floor, walls and counter top surfaces of the kitchen are made of cleanable materials and impervious to water to the level of splash.~~

~~3.4.2.8 A licensee shall ensure that the kitchen has a cook stove and oven with an appropriately vented hood that is maintained in a safe and operable condition.~~

~~3.4.2.9 A licensee shall ensure that the kitchen is so constructed or supervised as to limit access by children when necessary.~~

~~3.4.2.10 A licensee shall ensure that food preparation areas and appliances, dishes, pots, pans, and utensils in which food was prepared or served are cleaned following each meal.~~

~~3.4.2.11 A licensee shall ensure that all foods subject to spoilage are stored at temperatures that will protect against spoilage. This means that:~~

- 3.4.2.11.1 All refrigerated foods are to be kept cold at 41 degrees Fahrenheit or below.
- 3.4.2.11.2 All frozen foods are to be kept at 0 degrees Fahrenheit or below.
- 3.4.2.11.3 All hot foods are to be kept at 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and serving.
- 3.4.2.11.4 Refrigerators and freezers shall be equipped with accurate, easily readable thermometers located in the warmest part of the refrigerator or freezer.
- 3.4.2.12 A licensee shall ensure that:
 - 3.4.2.12.1 All food storage areas are clean, dry and free of food particles, dust and dirt;
 - 3.4.2.12.2 All packaged food items and can goods are stored at least six inches above the floor in sealed or closed containers that are labeled;
 - 3.4.2.12.3 All dishes, pots, pans and utensils are stored in a clean and dry place; and
 - 3.4.2.12.4 All paper goods are stored at least six inches above the floor.
- 3.4.3 Water Supply and Sewage Disposal
 - 3.4.3.1 A licensee shall maintain on file written documentation that the building's water supply and sewage disposal system are in compliance with applicable State laws and regulations of the Delaware Division of Public Health and the Delaware Department of Natural Resources and Environmental Control, respectively.
 - 3.4.3.2 A licensee shall ensure that hot tap water does not exceed 120 degrees Fahrenheit at all outlets accessible to children, and that cold or tempered water are also provided.
- 3.4.4 Garbage and Refuse
 - 3.4.4.1 A licensee shall ensure that:
 - 3.4.4.1.1 Garbage is stored outside in watertight containers with tight-fitting covers that are insect and rodent proof;
 - 3.4.4.1.2 Garbage and refuse are removed from the premises at intervals of at least once a week; and
 - 3.4.4.1.3 Garbage and refuse are contained in an area that is separate from any outdoor recreation areas.
- 3.4.5 Lighting
 - 3.4.5.1 A licensee shall ensure that kitchens and all rooms used by children, including bedrooms, dining rooms, recreation rooms and classrooms, are suitably lighted for safety and comfort, with a minimum of 30 foot candles of light. All other areas shall have a minimum of 10 foot candles of light.
 - 3.4.5.2 A licensee shall ensure that all lights located over, by or within food preparation, serving and storage areas shall have safety shields or light covers.
 - 3.4.5.3 A licensee shall ensure that all corridors are illuminated during night time hours.
 - 3.4.5.4 During night time hours, a licensee shall provide for exterior lighting of the building(s), parking areas, pedestrian walkways or other premises subject to use by children, employees and volunteers.
- 3.4.6 Heating
 - 3.4.6.1 A licensee shall ensure that a minimum temperature of 68 degrees Fahrenheit is maintained at floor level in all rooms occupied by children.
 - 3.4.6.2 A licensee shall ensure that all working fireplaces, pipes, and electric space heaters accessible to children are protected by screens, guards, insulation or any other suitable, non-combustible protective device. All radiators accessible to children below six years of age shall be protected by screens, guards, insulation or any other suitable, non-combustible protective device.
 - 3.4.6.3 Portable fuel burning or wood burning heating appliance shall be prohibited.
- 3.4.7 Lead Paint and Asbestos
 - 3.4.7.1 A licensee shall not use lead paint on the interior or exterior surfaces of any building used by children or on any furniture, toys or other equipment used by children.
 - 3.4.7.2 A licensee that accepts children who are under six years of age, mentally retarded or severely emotionally disturbed shall ensure that the premises are free of lead paint hazards and shall maintain on file documentation that the premises have been tested and found to be free from lead paint hazards.
 - 3.4.7.3 A licensee shall not use spray coatings containing asbestos on any interior or exterior portion of buildings or on any equipment used therein.
- 3.4.8 Toilet and Bathing

- 3.4.8.1 ~~A licensee shall ensure that toilets, showers, sinks, and bathing facilities and other toilet accessories are provided for children and:~~
 - 3.4.8.1.1 ~~Allow for individual privacy unless this privacy is in conflict with toilet training or needed supervision; and~~
 - 3.4.8.1.2 ~~Are maintained in a safe and sanitary manner.~~
- 3.4.8.2 ~~A licensee shall ensure that bathroom surfaces subject to splash shall be cleanable and impervious to water.~~
- 3.4.8.3 ~~A licensee shall ensure that bathroom floors, showers, and bathtubs have slip-proof surfaces. Glass shower doors shall be marked for safety.~~
- 3.4.8.4 ~~A licensee shall ensure that bathrooms are equipped with openable windows or mechanical ventilation systems to the outside.~~

3.4.9 Ventilation

- 3.4.9.1 ~~A licensee shall ensure that each habitable room has direct outside ventilation by means of windows, louvers, air conditioning or mechanical ventilation.~~
- 3.4.9.2 ~~A licensee shall ensure that:~~
 - 3.4.9.2.1 ~~Each door, operable window and other opening to the outside is equipped with insect screening in good repair and not less than 16 mesh to the inch, unless the facility is air conditioned and provided that it does not conflict with applicable fire safety requirements; and~~
 - 3.4.9.2.2 ~~This screening can be readily removed in emergencies.~~
- 3.4.9.3 ~~A licensee shall ensure that ventilation outlets are maintained in a clean and sanitary manner, and kept free from obstructions.~~
- 3.4.9.4 ~~A licensee shall ensure that all floor or window fans accessible to children have a protective grill, screen or other protective covering.~~

3.4.10 Storage

- 3.4.10.1 ~~A licensee shall provide areas with sufficient space for storing all supplies and equipment in a safe and sanitary manner.~~
- 3.4.10.2 ~~A licensee shall ensure that all poisonous and toxic materials are stored in accordance with the following:~~
 - 3.4.10.2.1 ~~All poisonous and toxic materials shall be prominently and distinctly labeled for easy identification as to contents;~~
 - 3.4.10.2.2 ~~All poisonous and toxic materials shall be stored so as to not contaminate food or constitute a hazard to children, employees and volunteers;~~
 - 3.4.10.2.3 ~~All poisonous and toxic materials shall be stored in a secure and locked room with access only by authorized employees, except those products that are required for routine cleaning and maintenance; and~~
 - 3.4.10.2.4 ~~All flammable liquids, gasoline, or kerosene shall not be stored on the premises except in a manner and place that has been authorized in writing by the Office of the Fire Marshal.~~

3.4.11 Furnishings and Maintenance

- 3.4.11.1 ~~A licensee shall ensure that buildings are furnished with comfortable, clean furniture in good repair and appropriate to the age, size and capabilities of children.~~
- 3.4.11.2 ~~A licensee shall ensure that the premises are maintained and cleaned in a scheduled or routine manner.~~
- 3.4.11.3 ~~A licensee shall ensure that all cleaning equipment, including mops and buckets, are cleaned and stored in an area separate and distinct from the kitchen and food preparation, serving and storage areas. Kitchen and bathroom sinks shall not be utilized for cleaning mops, emptying mop buckets, or for any other purpose not connected with food preparation or the cleaning of dishes, pots, pans and utensils.~~
- 3.4.11.4 ~~A facility licensed to care for 13 or more children shall have a service sink.~~

3.4.12 Outdoor Recreation Area

- 3.4.12.1 ~~A licensee shall maintain or have access to an outdoor recreation area with at least 50 square feet for each child for the maximum number of children who will use the outdoor recreation area at one time.~~
- 3.4.12.2 ~~When a licensee is not able to comply with Requirement 3.4.12.1, the licensee shall provide a minimum of 700 square feet of open, accessible indoor play space suitable for large muscle~~

~~activity, group and individual sports conducive to indoor facilities and other forms of recreation activities.~~

~~3.4.12.3 A licensee shall ensure that all outdoor recreation areas are free from hazards and have adequate drainage.~~

~~3.4.12.4 A licensee shall ensure that all areas determined to be unsafe including steep grades, cliffs, open pits, swimming pools, high voltage boosters, or high speed roads or highways shall be fenced off or have a natural barrier to protect children.~~

~~3.4.12.5 A licensee shall ensure that its outdoor recreation program area has age appropriate equipment for vigorous play, large muscle activity, physical exercise and group sports. Such equipment shall be maintained in a clean, safe, and operable condition and shall be free of hazards.~~

~~3.4.13 Swimming~~

~~3.4.13.1 A licensee that operates and utilizes an above ground or in-ground swimming pool on its premises for use by children shall ensure that:~~

~~3.4.13.1.1 The pool fully complies with applicable swimming pool construction, sanitation, water quality standards, water temperature, recreational bathing and life saving provisions of federal, state, county and municipal law(s), regulations and ordinances;~~

~~3.4.13.1.2 The pool is maintained in a clean, safe, and sanitary manner;~~

~~3.4.13.1.3 The pool water shall be sufficiently clear to allow that all areas of the pool including the drain and bottom markings are clearly visible.~~

~~3.4.13.1.4 At least one employee who has secured a valid lifesaving or life guard certificate issued by an appropriate governmental or private certifying agency is assigned to monitor the pool whenever children are present;~~

~~3.4.13.1.5 The employee(s) assigned to monitor bathers and swimmers using the pool is located in a position out of the water where he or she can clearly observe all bathers and swimmers; and~~

~~3.4.13.1.6 The pool is secured when not utilized by children.~~

~~3.4.13.2 A licensee shall ensure that the following lifesaving equipment is provided:~~

~~3.4.13.2.1 A whistle;~~

~~3.4.13.2.2 An assist pole or other appropriate reaching device~~

~~3.4.13.2.3 A ring buoy or other appropriate throwing assist device that has a rope attached to it;~~

~~3.4.13.2.4 A backboard that has appropriate rigid cervical collars and a minimum of six straps;~~

~~3.4.13.2.5 A first aid kit; and a rescue tube.~~

~~3.4.14 Access to Telephone~~

~~3.4.14.1 A licensee shall ensure that each building used by children has at least one working telephone that is directly available for immediate access or that is connected to an operating central telephone system.~~

~~3.4.14.2 A licensee shall ensure that the licensee's telephone number is clearly posted and available to children, their parent(s) or legal guardian, and the general public.~~

~~3.4.14.3 A licensee shall provide children reasonable access to a pay or free telephone.~~

~~3.4.14.4 A licensee shall provide children reasonable privacy for telephone use.~~

~~3.4.14.5 A licensee shall not charge children for telephone calls to their Division case manager or the Department rights representative.~~

~~3.4.15 Emergency Procedures~~

~~3.4.15.1 A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the handling of emergencies, including:~~

~~3.4.15.1.1 Accident;~~

~~3.4.15.1.2 Bomb threat;~~

~~3.4.15.1.3 Fire;~~

~~3.4.15.1.4 Flooding;~~

~~3.4.15.1.5 Medical;~~

~~3.4.15.1.6 Missing child;~~

~~3.4.15.1.7 Power outage; or~~

~~3.4.15.1.8 Severe weather conditions.~~

~~3.4.15.2 The policies and procedures shall include:~~

~~3.4.15.2.1 An emergency evacuation plan;~~

~~3.4.15.2.2 Instructions and telephone numbers for contacting ambulance, emergency medical response team, fire, hospital, poison control center, police, and other emergency services;~~

~~3.4.15.2.3 Location and use of first aid kits; and~~

~~3.4.15.2.4 Roster and telephone numbers of employees to be contacted during an emergency.~~

~~3.4.15.3 A licensee shall post its emergency evacuation plan and diagram depicting all exits in a conspicuous location on each floor of a building.~~

~~3.4.15.4 A licensee shall ensure that each newly admitted child is provided an orientation regarding emergency procedures and the location of all exits within 48 hours of admission.~~

~~3.4.16 Emergency Evacuation Drills~~

~~3.4.16.1 A licensee shall conduct at least four emergency evacuation drills annually and maintain on file a record of each drill. Two of these drills shall include evacuations, unless the Division, in writing, has determined that an evacuation is clinically contraindicated. Where a licensee utilizes two or more employee shifts, there shall be at least four emergency evacuation drills conducted annually for each shift.~~

~~3.4.16.2 Emergency evacuation drills shall include all persons on the premises, including employees, volunteers, children and visitors.~~

~~3.4.17 Firearms and Other Weapons~~

~~3.4.17.1 A licensee 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.~~

~~3.4.18 Power Equipment~~

~~3.4.18.1 A licensee shall ensure that power driven equipment shall be appropriately shielded and maintained in good repair. Children shall be permitted to use such equipment only when it is age appropriate and only under the direct supervision of an employee.~~

3.5 Health

~~3.5.1 Employee and Volunteer Health~~

~~3.5.1.1 Prior to employing any person or accepting any volunteer, a licensee shall secure and maintain on file written documentation certifying and verifying that the prospective employee and volunteer has had a general physical examination within 12 months prior to the date of employment. The examination shall include a medically accepted procedure for screening for tuberculosis.~~

~~3.5.1.2 To be eligible to work in the facility or program, an employee or volunteer shall be:~~

~~3.5.1.2.1 Free from tuberculosis; and~~

~~3.5.1.2.2 Verified every three years thereafter as being free from tuberculosis.~~

~~3.5.1.3 If a licensee determines that the prospective employee or volunteer has not had a general physical examination within 12 consecutive calendar months prior to the anticipated date of employment or volunteer work, or if a licensee is unable to document that such an examination was completed, a licensee shall require the prospective employee or volunteer, as a condition of employment, to have such a general physical examination, as specified in Requirements 3.5.1.1 and 3.5.1.2, within three consecutive calendar months of the date of employment or volunteer work.~~

~~3.5.2 Child Health~~

~~3.5.2.1 A licensee shall secure from and maintain on file written documentation of each child's current immunizations, as required by the Delaware Division of Public Health.~~

~~3.5.2.2 If a licensee cannot obtain written documentation of immunization for a child, the licensee shall:~~

~~3.5.2.2.1 Coordinate with the child's parent(s), legal guardian, or referring agency for the provision of required immunizations; and~~

~~3.5.2.2.2 Ensure that the child is immunized within 30 consecutive calendar days of admission, unless a statement from a physician indicating that immunizations are contraindicated is included in the child's health record.~~

~~3.5.3 Child's Health Records~~

~~3.5.3.1 A licensee shall maintain on file a written health record for each child that includes information on:~~

~~3.5.3.1.1 All available past medical history;~~

~~3.5.3.1.2 Inventory and assessment of medications in use at the time of admission;~~

~~3.5.3.1.3 All immunizations;~~

~~3.5.3.1.4 All medications dispensed;~~

~~3.5.3.1.5 Medical consents and releases of the child's parent(s) or legal guardian;~~

~~3.5.3.1.6 All medical, dental, psychological or psychiatric examinations; and~~

- 3.5.3.1.7 All medical treatment currently being provided.
- 3.5.3.2 A licensee shall ensure that child health records are available to employees for emergency use.
- 3.5.4 Administration or Assistance With Self-Administration of Medication
 - 3.5.4.1 A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the use, administration or assistance with the self-administration of medications, prescription and non-prescription, to children. The policies and procedures shall:
 - 3.5.4.1.1 Identify those employees who may administer or assist with the self-administration of medications, in accordance with applicable State law(s) and regulations;
 - 3.5.4.1.2 Prohibit the administration of psychotropic medications unless a physician determines that such medication is clinically indicated;
 - 3.5.4.1.3 Prohibit the administration of psychotropic medications for disciplinary purposes, for the convenience of an employee, or as a substitute for appropriate treatment services;
 - 3.5.4.1.4 Require that an informed, written consent of the child's parent(s) or legal guardian is secured and maintained on file prior to the administration of any psychotropic medication;
 - 3.5.4.1.5 Provide for a means of recording in writing the administration of all medications. Such records shall include the identity of the child, the date and time the medication was administered, and the identity of the employee who administered or assisted in the self-administration of the medication; and
 - 3.5.4.1.6 Ensure that any known prescribed medication previously taken by a child is not changed, altered or failed to be dispensed without first consulting with a physician.
 - 3.5.4.2 A licensee shall develop, adopt, follow and maintain on file a written schedule for each child receiving prescribed medications.
 - 3.5.4.3 A licensee shall ensure that all medications are contained in the original container, properly labeled and stored in a secure locked area or as needed, in a locked refrigerated area. Keys to the secure area shall be safeguarded and kept out of the reach of children.
 - 3.5.4.4 Effective one year following the adoption of these requirements, a licensee admitting children prescribed psychotropic medication and/or children prescribed medication for chronic illness, such as diabetes or asthma, shall ensure that each of these children receive a minimum of one hour per month of Medical Consultant services. The Medical Consultant services shall include:
 - 3.5.4.4.1 Review of administration of the child's medication, including determination of problems in adherence or administration and development of corrective action plans.
 - 3.5.4.4.2 Assessment and monitoring of the child with regard to the impact of their medication, including whether the medication is having its desired effects and whether the child is suffering from undesired side effects.
 - 3.5.4.4.3 Provide liaison between the licensee and the child's physician(s).
 - 3.5.4.4.4 Provide employees with instruction in the expected outcomes from each child's medication regime and the possible side effects of that medication regime.
- 3.5.5 Handwashing
 - 3.5.5.1 A licensee shall ensure that handwashing procedures follow the recommendations of the US Centers for Disease Control and Prevention to prevent the spread of illness. Hands shall be scrubbed for a minimum of 10 seconds using soap and warm running water.
 - 3.5.5.2 A licensee shall ensure that employees and children wash their hands at least at the following times and whenever hands are contaminated with body fluids:
 - 3.5.5.2.1 Before any food service activity including food preparation, food serving, table setting and tableware handling;
 - 3.5.5.2.2 After toileting;
 - 3.5.5.2.3 After changing diapers;
 - 3.5.5.2.4 After assisting a child with toileting or nose wiping, or after cleaning from a child's having vomited;
 - 3.5.5.2.5 Before eating meals or snacks; or
 - 3.5.5.2.6 After handling pets or other animals.
 - 3.5.5.3 A licensee shall ensure that soap and toilet paper are available at all times. Paper towels or individual clean cloth towels shall be available for each child. If cloth towels are used, a licensee shall ensure that they are washed or replaced daily.

~~3.5.5.4 A licensee shall ensure that rest equipment, cribs, beds, mats and bedding are age-appropriate and assigned to one individual child for his or her exclusive use. All bedding shall be cleaned weekly or when soiled or wet, and shall not be assigned to another child until it has been cleaned and sanitized.~~

~~3.5.6 Universal Precautions~~

~~3.5.6.1 A licensee shall employ universal precautions for protection from disease and infection. Spills of body fluids (i.e., blood, eye discharge, feces, injury or tissue discharges, nasal discharge, saliva, or urine) shall be cleaned up immediately, as follows:~~

~~3.5.6.1.1 Spills of vomit, urine, or feces on any surface including floors, walls, bathroom fixtures, table tops, furniture, diaper-changing tables, the area shall be cleaned and disinfected;~~

~~3.5.6.1.2 Spills of blood or blood-containing body fluids and injury and tissue discharges, the area shall be cleaned and disinfected. Nonporous disposable gloves shall be used in these situations unless the amount of blood or body fluids is so small that it can easily be contained by the material used for cleaning without coming into contact with the person doing the cleaning;~~

~~3.5.6.1.3 Persons involved in cleaning contaminated surfaces shall avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using nonporous disposable gloves to protect hands when cleaning contaminated surfaces;~~

~~3.5.6.1.4 Blood-contaminated material and diapers shall be disposed of in a plastic bag with a secure tie; and~~

~~3.5.6.1.5 Mops shall be cleaned, rinsed, disinfected, wrung dry and hung to dry.~~

~~3.5.7 Disinfectant Solution~~

~~3.5.7.1 A licensee shall use a disinfectant solution for disinfecting areas that have been contaminated by body fluids. The disinfectant solution shall be a commercially prepared spill kit or self-made consisting of one-fourth cup of household bleach to each gallon of water, which shall be prepared daily, labeled, and placed in a bottle or a plastic container that is sealed with a cap and stored out of reach of children.~~

~~3.5.8 Diapering and Sanitation~~

~~3.5.8.1 A licensee shall ensure that a diaper-changing area is:~~

~~3.5.8.1.1 Separate from food preparation and serving areas;~~

~~3.5.8.1.2 Easily accessible to a handwashing sink; and~~

~~3.5.8.1.3 Surfaces used for diaper changing are non-absorbent and washable, and are disinfected between use by different children or protected by a disposable covering discarded after each use.~~

~~3.5.8.2 A licensee shall:~~

~~3.5.8.2.1 Use cloth diapers or disposable diapers;~~

~~3.5.8.2.2 Place non-disposable soiled diapers and training pants without rinsing into a separate leakproof plastic bag, labeled with the child's name, before transporting to a laundry or laundering;~~

~~3.5.8.2.3 Place soiled disposable diapers into a cleanable, covered container with a leakproof liner;~~

~~3.5.8.2.4 Use disposable towels, disposable wipes, or clean, reusable towels laundered between use for different children;~~

~~3.5.8.2.5 Immediately wash his or her hands after diapering or helping a child with toileting; and~~

~~3.5.8.2.6 Immediately wash the hands of a child after toileting.~~

~~3.5.8.3 A licensee shall use toilet training chairs only in an area separate from food preparation areas and in an area that ensures a child's privacy while permitting supervision.~~

~~3.5.8.4 A licensee shall disinfect toilet training equipment after each use.~~

~~3.5.9 Infant Care~~

~~3.5.9.1 A licensee shall ensure that feeding bottles, nipples, and pacifiers are cleaned and disinfected after each use or when dropped on the floor or ground.~~

~~3.5.9.2 A licensee shall ensure that toys that are mouthed by infants or children are cleaned and disinfected after each use and stored between use in a clean container.~~

~~3.5.10 Emergency Medical Services~~

~~3.5.10.1 A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing medical emergencies. These policies and procedures shall require that at least:~~

~~3.5.10.1.1 One employee is on duty who is qualified to administer first aid and cardiopulmonary resuscitation; and~~

~~3.5.10.1.2 One fully equipped first aid kit is placed in each building used by children, and in any indoor recreation area.~~

3.5.11 First Aid Kit

~~3.5.11.1 A licensee shall ensure that first aid kits are readily available and contain the following:~~

~~3.5.11.1.1 Nonporous disposable gloves;~~

~~3.5.11.1.2 Scissors;~~

~~3.5.11.1.3 Tweezers;~~

~~3.5.11.1.4 Safety pins;~~

~~3.5.11.1.5 Thermometer;~~

~~3.5.11.1.6 Current American Academy of Pediatrics or American Red Cross first aid book or an equivalent first aid guide;~~

~~3.5.11.1.7 Emergency telephone numbers;~~

~~3.5.11.1.8 Self-adhesive bandages of various sizes;~~

~~3.5.11.1.9 Bandage tape;~~

~~3.5.11.1.10 Sterile gauze pads;~~

~~3.5.11.1.11 Flexible roller gauze;~~

~~3.5.11.1.12 Triangular bandages; and~~

~~3.5.11.1.13 Antiseptic wipes.~~

3.5.12 Illness, Injury or Death

~~3.5.12.1 A licensee shall notify the child's parent(s) or legal guardian and the referring agency of any serious illness incident involving serious bodily injury or any severe psychiatric episode of a child requiring either in or out patient hospitalization.~~

~~3.5.12.2 A licensee shall immediately notify the child's parent(s) or legal guardian and the referring agency, the Division and the medical examiner in the event of the death of a child.~~

3.5.13 Nutrition

~~3.5.13.1 A licensee shall ensure that all children are provided nutritionally balanced meals and snacks, and portions suitable to the size and age of the child in care, in accordance with the Recommended Dietary Allowances of the National Research Council or its equivalent.~~

~~3.5.13.2 A licensee shall ensure that a written menu is posted on a daily basis in a conspicuous location on the premises. Any change or substitution to the menu shall be noted and considered as part of the original menu. Menus shall be maintained on file and made accessible for review for at least six months.~~

~~3.5.13.3 A licensee shall ensure that meals and snacks are served in accordance with the following schedule based upon the number of hours that a child is present at the facility or program:~~

~~3.5.13.3.1 Two to four hours — one snack;~~

~~3.5.13.3.2 Four to six hours — one meal and one snack;~~

~~3.5.13.3.3 Six to 10 hours — two meals and one snack, or one meal and two snacks, based upon the arrival of the child; or~~

~~3.5.13.3.4 Ten hours or more — three meals and two snacks.~~

~~3.5.13.4 A licensee shall ensure that alternate meals and snacks are provided for children on special diets when prescribed by a physician or required by religious beliefs.~~

3.5.14 Pets

~~3.5.14.1 A licensee shall ensure that animals or household pets are free from disease and cared for in a safe and sanitary manner.~~

~~3.5.14.2 A licensee shall secure and maintain on file written documentation of rabies and other vaccinations of pets, as required by State law(s), regulations or local ordinances.~~

3.5.15 Use of Alcohol, Tobacco and Illegal Drugs

~~3.5.15.1 A licensee shall prohibit the use of tobacco by children.~~

~~3.5.15.2 A licensee shall prohibit all use of tobacco by employees, volunteers and visitors in any building used by children and in the presence of children.~~

~~3.5.15.3 A licensee shall prohibit all use of alcohol and illegal drugs by employees, volunteers, children and visitors in any building or on the premises used by children and in the presence of children.~~

- 3.5.15.4 A licensee shall prohibit all use of alcohol, tobacco and illegal drugs by employees, volunteers, children and visitors in any vehicle owned, leased or provided by the licensee and utilized for transporting children.
- 3.5.15.5 In vehicles owned by employees or volunteers, a licensee shall prohibit all use of alcohol, tobacco and illegal drugs by employees, volunteers, children and visitors while transporting children.
- 3.5.15.6 A licensee shall prohibit the purchase of alcohol, tobacco and illegal drugs for children by employees and volunteers.

3.6 Transportation

- 3.6.1 A licensee that chooses to provide for the transportation of children to or from the premises, or in connection with an authorized activity, shall ensure that transportation is provided, in accordance with the provisions of these requirements.
- 3.6.2 A licensee shall maintain on file a photocopy or other written record of the following documents for every motor vehicle used by the licensee to transport children and every driver who transports children:
 - 3.6.2.1 A valid motor vehicle license;
 - 3.6.2.2 A current motor vehicle registration; and
 - 3.6.2.3 A current motor vehicle insurance coverage contract.
- 3.6.3 A licensee shall ensure that the driver of any motor vehicle used to transport children enrolled in a facility or program has a valid driver's license to operate the specific type of motor vehicle used to transport children.
- 3.6.4 A licensee that chooses to transport non-ambulatory children with disabilities shall ensure that the following additional equipment is provided for all vehicles except automobiles used for transporting children:
 - 3.6.4.1 A ramp device to permit entry and exit of a child;
 - 3.6.4.2 A fastening system for wheelchairs that secures the chair to the vehicle floor; and
 - 3.6.4.3 Adequate aisle space that does not impede access to the exit door.
- 3.6.5 A licensee shall ensure that all vehicles used to transport children:
 - 3.6.5.1 Are maintained in a clean and safe condition;
 - 3.6.5.2 Are equipped with a triangular red portable reflector device;
 - 3.6.5.3 Are equipped with a fully stocked first aid kit located on the inside of the vehicle;
 - 3.6.5.4 Have seats and back rests that are securely fastened;
 - 3.6.5.5 Have all seats facing sideways or backward securely locked in place; and
 - 3.6.5.6 Have an operable heater capable of maintaining a temperature of 60 degrees Fahrenheit.
- 3.6.6 A licensee shall ensure that the following safety procedures are followed:
 - 3.6.6.1 An employee or volunteer is always present when a child is in the vehicle;
 - 3.6.6.2 All children are secured in a car seat that is appropriate for their age and that complies with applicable provisions of federal and state law(s) or regulations;
 - 3.6.6.3 Children who are not in a car seat are using individual seat belts; and
 - 3.6.6.4 When transporting more than four children below six years of age, that there is one adult, in addition to the driver, in the vehicle.

4.0 Residential Child Care Facility

4.1 Administration

4.1.1 Authorization to Operate a Facility

- 4.1.1.1 As a condition for being authorized by the Division to operate a facility, a licensee shall make application to and have been determined by the Division to be in full compliance with the Requirements of this Chapter, in addition to the Requirements of Chapters 1 through 3.

4.2 Personnel

4.2.1 Staff to Child Ratios During Hours When Children are Awake

- 4.2.1.1 During hours when children are awake, a building with a licensed capacity of 12 or fewer children shall have no fewer than one direct care worker on duty on the premises when children are present. When no children are present, there shall be one employee who can be reached by telephone.
- 4.2.1.2 During hours when children are awake, a building with a licensed capacity of 13 children or more, shall have one direct care worker on duty on the premises for every 10 children or fraction thereof

when children are present. When no children are present, there shall be one employee who can be reached by telephone.

~~4.2.2 Staff-to-Child Ratios During Hours When Children are Sleeping~~

~~4.2.2.1 During hours when children are sleeping, a building with a licensed capacity of 12 or fewer children, all of whom are of the same gender, shall have one direct care worker on duty on the premises when children are present. The direct care worker shall be in the area where children sleep or in any area within close proximity to the area(s) where children sleep. The direct care worker shall not be required to be awake. An additional employee shall be on call and available to reach the building, when called, within 30 consecutive minutes. If the building is co-educational, the direct care worker shall be on duty and awake.~~

~~4.2.2.2 During hours when children are sleeping, a building with a licensed capacity of 13 children or more, shall have one direct care worker on duty on the premises and awake for each 16 children or fraction thereof, when children are present. The direct care worker shall be in the area where children sleep or in any area within close proximity to the area(s) where children sleep. An additional employee shall be on call and available to reach the facility, when called, within 30 consecutive minutes.~~

~~4.2.3 Recreation~~

~~4.2.3.1 A facility with a licensed capacity of 13 children or more shall designate one full-time employee to plan, coordinate and lead recreational, physical exercise and leisure time activities for children.~~

~~4.3 Children's Services and Activities~~

~~4.3.1 Visitation with Children~~

~~4.3.1.1 A facility shall develop, adopt, follow and maintain on file written policies and procedures governing visits between children and their parent(s), legal guardian, relatives and friends, both at the facility, at the children's own homes and at other suitable locations. These policies and procedures shall address the days and hours of visits, frequency of visits permitted, any exceptions governing whom the child may visit, and whom to contact to arrange for special accommodations in the event of hardship or emergencies and shall be consistent with applicable State law(s), regulations or court orders.~~

~~4.3.1.2 A facility shall explain the policies and guidelines to the child and his or her parent(s) or legal guardian.~~

~~4.3.1.3 A facility shall provide accommodations within the buildings to enable visits with children to be conducted in reasonable privacy, except where the service plan indicates that visits are to be directly supervised, or when the facility has reason to believe that a particular visitor would not be in the best interest of the child.~~

~~4.3.1.4 A facility shall not deny or restrict children's visits in the facility with their parent(s), legal guardian, relatives or friends based upon a child's behavior or infraction of these requirements, unless specified in the child's service plan.~~

~~4.3.2 Facility Visits or Tours~~

~~4.3.2.1 A facility shall develop, adopt, follow and maintain on file written policies and procedures governing visits to or tours within the facility by volunteers, advisory committees or councils, public officials, the media and members of the public at large who are not related to children in care. The policies and procedures shall address:~~

~~4.3.2.1.1 The process by which such persons shall be required to seek and secure prior written approval to visit or tour the facility;~~

~~4.3.2.1.2 The purpose and extent of such visits or tours;~~

~~4.3.2.1.3 The days, hours, frequency and duration of any such visits or tours;~~

~~4.3.2.1.4 The circumstances and conditions under which such persons may visit or tour, including a requirement that such visits or tours be supervised by employees;~~

~~4.3.2.1.5 Precautions to protect the health, safety and well-being and to prevent risk or harm to children in care;~~

~~4.3.2.1.6 Requirements designed to protect the privacy rights of children in care; and~~

~~4.3.2.1.7 Conditions to ensure that such visits or tours do not:~~

~~4.3.2.1.7.1 Cause a major or serious disruption of services or treatment to children;~~

~~4.3.2.1.7.2 Interfere with the implementation of the child's service plan;~~

~~4.3.2.1.7.3 Intimidate or embarrass children or employees; or~~

~~4.3.2.1.7.4 Seriously interfere with or disrupt program operations.~~

4.3.3 Overnight Visits Away from Facility

- 4.3.3.1 A facility shall include in the visitation policies and procedures provisions for verifying the identity of any visitor(s) not known to the facility and for securing prior to the visit pertinent information about the location of the overnight visit and the adult(s) responsible for the child's care during the visit.

4.3.4 Sending and Receiving Mail

- 4.3.4.1 A facility shall not deny or restrict a child's right to send and receive mail without censorship and without limiting the amount of mail a child sends or receives, except when:

- 4.3.4.1.1 The facility has reason to believe that a child's mail may contain unauthorized, injurious or illegal materials;—

- 4.3.4.1.2 A court order restricts this right; or

- 4.3.4.1.3 A facility has reason to believe that a particular child's mail may present a security risk.

- 4.3.4.2 A facility shall ensure that each child has reasonable access to writing materials and postage.

4.3.5 Children's Money

- 4.3.5.1 A facility shall develop, adopt, follow and maintain on file written policies and procedures governing the handling and management of children's money. These policies and procedures shall include provisions on:

- 4.3.5.1.1 The conditions under which a child may possess his or her own money;

- 4.3.5.1.2 The management of individual monetary accounts, ensuring that there is an accurate, individual accounting of all monies belonging to a child, including the receipting and disbursing of all monies;

- 4.3.5.1.3 Prohibiting a facility from requiring a child to assume responsibility for the cost of his or her own care and treatment, except for the reasonable reimbursement of costs required to pay for purposeful damage to the facility or to the property of another person by a child; and

- 4.3.5.1.4 Allowing or facilitating opportunities for a child to earn an allowance or to earn money through work assignments.

4.3.6 Sleep

- 4.3.6.1 A facility shall develop, adopt, follow and maintain on file written policies and procedures governing the time to be set aside for uninterrupted daily sleep for each child. The policies and procedures shall ensure that each child is given the opportunity for at least eight hours of uninterrupted rest on a daily basis, unless the service plan or health needs of the child indicate otherwise.

4.3.7 Clothing and Other Personal Belongings

- 4.3.7.1 A facility shall ensure that each child has adequate, clean, and seasonally appropriate clothing.

- 4.3.7.2 A facility shall permit a child to bring clothing and other personal belongings to the facility, unless prohibited by the facility's policies and procedures.

- 4.3.7.3 A facility shall make adequate provisions for storing a child's clothing and other personal belongings while the child is enrolled, so that clothing used by a child does not come into contact with clothing used by another child.

- 4.3.7.4 A facility shall permit a child to take with him or her all clothing and other personal belongings identified as his or hers at the time of discharge.

4.3.8 Nutrition

- 4.3.8.1 A facility shall provide at least three nutritiously balanced meals for each child on a daily basis at regular times, with not more than 14 hours between the evening meal and breakfast.

4.3.9 Discharge and Aftercare Plans

- 4.3.9.1 A facility shall develop, adopt, follow and maintain on file written policies and procedures governing discharge and aftercare planning. The policies and procedures shall include:

- 4.3.9.1.1 The roles and responsibilities of the child's parent(s) or legal guardian, the referring agency, and the facility;

- 4.3.9.1.2 The handling of an emergency discharge of a child that ensures the immediate notification of his or her parent(s) or legal guardian, or the referring agency;

- 4.3.9.1.3 The involvement of the child in developing the discharge and aftercare plan, consistent with the child's ability to understand the plan and process; and

- 4.3.9.1.4 The contents of the discharge report, which shall include the name, address, telephone number of the person or agency to whom the child was discharged. In addition, the report shall include a summary of the services provided to the child while in care, goals specified

within the service plan that have been achieved, service needs that remain to be addressed, and recommendations for appropriate follow-up services.

- The discharge report shall be completed within 30 consecutive calendar days of the child's discharge.

4.3.9.2 A facility that discharges a child under circumstances that are not consistent with the child's service plan shall also document in writing the following in the discharge report:

4.3.9.2.1 The circumstances leading to the unplanned discharge;

4.3.9.2.2 The actions taken by the facility and other parties; and

4.3.9.2.3 The reason for the actions taken.

4.4 Physical Plant

4.4.1 Living Unit Space

4.4.1.1 A facility shall ensure that the living unit(s) have designated space for daily living activities, including dining, recreation, indoor activities and areas where children may visit with their parent(s), legal guardian, relatives and friends.

4.4.1.2 A facility shall ensure that a dining area is provided which shall be maintained in a clean manner, be well-lighted and ventilated. The licensee shall ensure that dining room tables and chairs or benches are sturdy and appropriate for the sizes and ages of the children in care.

4.4.2 Toilet and Bathing

4.4.2.1 A facility shall ensure that there are toilet and bathing accommodations that meet the following specifications:

4.4.2.1.1 For every eight residents, there shall be at least one flush toilet, wash basin, and bathtub or shower;

4.4.2.1.2 These toileting and bathing facilities shall not be located more than one floor from any bedroom; and

4.4.2.1.3 Bathrooms shall have at least one mirror fastened to the wall at an age appropriate height.

4.4.3 Bedroom Accommodations

4.4.3.1 A facility shall ensure that any bedroom used by children includes:

4.4.3.1.1 A designated area for sleeping;

4.4.3.1.2 A floor area of at least 70 square feet in a single-occupancy bedroom and at least 50 square feet in a multiple-occupancy bedroom, excluding closet space;

4.4.3.1.3 Sufficient space for beds to be at least three feet apart at the head, foot, and sides. Bunk beds shall be at least five feet apart at the head, foot and sides;

4.4.3.1.4 No more than four children for sleeping per room;

4.4.3.1.5 A door that may be closed;

4.4.3.1.6 A direct source of natural light;

4.4.3.1.7 A window covering to ensure privacy; and

4.4.3.1.8 Lights with safety covers or shields.

4.4.3.2 A facility shall ensure that each child is provided with:

4.4.3.2.1 A bed;

4.4.3.2.2 A cleanable, fire retarding mattress;

4.4.3.2.3 Clean bed linens on at least (a weekly basis) every seven calendar days, or more often if needed;

4.4.3.2.4 A pillow; and

4.4.3.2.5 Blanket(s) appropriate for season and weather.

4.4.3.3 A facility shall use cots or portable beds in an emergency only and for no longer than a period of 72 hours.

4.4.3.4 A facility shall ensure that there are no more than two tiers when bunk beds are used. In addition, the facility shall ensure that the distance between the top bunk mattress and ceiling is of sufficient height to enable the child to sit upright in bed without his or her head touching the ceiling.

4.4.3.5 A facility shall provide and locate in the bedroom for each child a chest of drawers, a bureau, or other bedroom furniture for the storage of clothing and other personal belongings.

4.4.3.6 A facility shall not permit a child to share the same bed with any other child.

4.4.3.7 A facility shall ensure that a child of five years of age or older may occupy a bedroom only with members of the same sex.

4.5 Health

4.5.1 Personal Care and Hygiene

- 4.5.1.1 ~~A facility shall develop, adopt, follow and maintain on file written policies and procedures that ensure that:~~
 - 4.5.1.1.1 ~~Children will receive guidance and instruction in personal care and hygiene appropriate to their age, gender, race and culture;~~
 - 4.5.1.1.2 ~~Children follow personal care and good hygiene practices; and~~
 - 4.5.1.1.3 ~~All necessary hygiene supplies, towels, washcloths and toiletries are provided to children in harmony with their age, gender, race and culture.~~
- 4.5.1.2 ~~A facility shall develop, adopt, follow and maintain on file written policies and procedures governing preventative, routine and emergency dental and medical care, including provisions for effective coordination of such dental and medical care with those responsible for the child's aftercare. The policies and procedures shall include:~~
 - 4.5.1.2.1 ~~Periodic appraisal of the general health of each child;~~
 - 4.5.1.2.2 ~~Initial and continuing health screening procedures;~~
 - 4.5.1.2.3 ~~Emergency procedures;~~
 - 4.5.1.2.4 ~~Maintenance of health records;~~
 - 4.5.1.2.5 ~~Arrangements with a licensed physician(s) and dentist(s) to provide needed care; and~~
 - 4.5.1.2.6 ~~Availability of medical care on a 24-hours-a-day, seven-days-a-week basis.~~
- 4.5.1.3 ~~A facility shall ensure that children receive timely, competent care when they are ill and continue to receive necessary follow-up care.~~

4.5.2 Medical and Dental Care

- 4.5.2.1 ~~If a facility cannot document that each child has received a complete physical examination within 12 consecutive calendar months before admission to the facility, the facility shall arrange for the child to have a new physical examination, to be completed within 45 consecutive calendar days after admission.~~
- 4.5.2.2 ~~A facility shall ensure that every child receives a physical examination no later than 12 consecutive calendar months after his or her previous physical examination and once a year thereafter.~~
- 4.5.2.3 ~~A facility shall ensure that, upon admission, a child is asked if he or she has any physical illnesses or injuries. If a child shows symptoms of illness or injury, the facility shall arrange for the child to be examined immediately by a licensed physician or by a licensed nurse practitioner. The facility shall document the results of this procedure in writing and maintain them on file in the child's record.~~
- 4.5.2.4 ~~A facility shall ensure that a child receives necessary medical care throughout the year.~~
- 4.5.2.5 ~~A facility shall ensure that every child over three years of age receives a dental examination annually.~~
- 4.5.2.6 ~~A facility shall ensure that a child receives necessary, non-cosmetic dental care throughout the year.~~
- 4.5.2.7 ~~A facility shall make provisions for a child to receive any needed eyeglasses, hearing aids, prosthetic devices or other corrective devices, as medically indicated by a licensed physician.~~

4.5.3 Prenatal Care for Pregnant Adolescents

- 4.5.3.1 ~~A facility caring for a pregnant adolescent shall ensure that:~~
 - 4.5.3.1.1 ~~All pregnant adolescents receive comprehensive prenatal care, including:~~
 - 4.5.3.1.1.1 ~~Monthly visits to an obstetrician or certified nurse mid-wife during the first 28 weeks of gestation;~~
 - 4.5.3.1.1.2 ~~Biweekly visits to an obstetrician or certified nurse mid-wife from the 29th to the 36th week of gestation;~~
 - 4.5.3.1.1.3 ~~Weekly visits to an obstetrician or certified nurse mid-wife from the 36th week of gestation until delivery; and~~
 - 4.5.3.1.1.4 ~~Participation in a child birth class provided by a registered nurse or child birth educator.~~
 - 4.5.3.1.2 ~~Arrangements for the delivery of the child are made by the end of the second trimester, or in situations wherein the adolescent is already pregnant beyond the second trimester upon admission to the facility, arrangements shall be made within 15 consecutive calendar days of the adolescent's admission to the facility;~~

- 4.5.3.1.3 ~~A system is established to provide background medical information on the pregnant adolescent to the hospital identified for delivery or at the birthing center identified for delivery;~~
- 4.5.3.1.4 ~~Delivery arrangements are clearly recorded in the adolescent's medical record to which employees are to have access in an emergency; and~~
- 4.5.3.1.5 ~~Pregnant adolescents receive a dental examination within three consecutive calendar months of admission, and that needed non-cosmetic dental care is provided.~~

5.0 Secure Residential Child Care Facility

5.1 Authorization to Operate a Secure Residential Care Facility

- 5.1.1 ~~As a condition for being authorized by the Division to operate a secure residential care facility, a licensee shall make application to and have been determined by the Division to be in full compliance with the Requirements of this Chapter, in addition to the Requirements of 1.0, 2.0, 3.0 and 4.0.~~

5.2 Admission

- 5.2.1 ~~A facility shall only admit a child who has been adjudicated **delinquent** by a court of law or placed by the Delaware Division of Child Mental Health Services or any other in-state or out-of-state governmental agency.~~

5.3 Security Measures

- 5.3.1 ~~A facility shall develop, adopt, follow and maintain on file a written statement identifying the specific security measures employed at the facility, and the basis for using these measures.~~

5.4 Definition

- 5.4.1 ~~For purposes of this Chapter only, "automatic fail-safe system" means a combination of a mechanical and an electronic system that automatically unlocks all resident room doors and other doors required for building egress purposes in the event of either a power failure or a fire.~~

5.5 Staff-to-Child Ratios

- 5.5.1 ~~A facility that is equipped with an automatic fail-safe system that allows full and free egress from all individual rooms and buildings in the event of a power failure or fire shall have at least one direct care worker on duty and on the premises for every five children or fraction thereof, during hours when children are awake, and shall have at least one direct care worker awake and on duty on the premises for every 10 children or fraction thereof during hours when children are sleeping. There shall always be a minimum of two direct care workers awake and on duty when children are present during night-time hours.~~
- 5.5.2 ~~A facility that is not equipped with an automatic fail-safe system shall have at least one direct care worker on duty on the premises for every four children or fraction thereof, when children are present during hours when children are awake, and shall have at least one direct care worker awake and on duty on the premises for every six children or fraction thereof when children are present during hours when children are sleeping. There shall always be a minimum of two direct care workers awake and on duty when children are present during hours when children are sleeping.~~
- 5.5.3 ~~A facility shall assign direct care workers to cover no more than one living unit at the same time.~~
- 5.5.4 ~~A facility shall have at least one additional employee immediately available at all times to assist on-duty employees in an emergency.~~

5.6 Outdoor Recreation Area

- 5.6.1 ~~A facility shall ensure that the outdoor recreation area is enclosed with a suitable security fence.~~

5.7 Exemptions

- 5.7.1 ~~A secure residential care facility shall be exempt from the following requirements:~~
 - 5.7.1.1 ~~That portion of Requirement 3.3.8.2 regarding participation in off-site religious services or activities.~~
 - 5.7.1.2 ~~Requirements 4.2.1.1 through 4.2.2.2 regarding staff-to-child ratios.~~

6.0 Shelter Care Facility

6.1 Authorization to Operate a Shelter Care Facility

- 6.1.1 ~~As a condition for being authorized by the Division to operate a shelter care facility, a licensee shall make application to and have been determined by the Division to be in full compliance with the Requirements of this Chapter, in addition to the Requirements of Chapters 1.0, 2.0, 3.0 and 4.0.~~

6.2 Staff-to-Child Ratios

- 6.2.1 ~~During hours when the children are awake, a facility shall provide at least one direct care worker on duty on the premises for every five children, or fraction thereof, when children are present. During hours when~~

the children are sleeping, a facility shall provide at least one direct care worker awake and on duty on the premises for every 10 children, or fraction thereof, when children are present.

6.3 Health Care

6.3.1 A facility shall either:

- 6.3.1.1 Secure written documentation that a child has received a complete physical examination within the 12 consecutive calendar months prior to his or her admission to the shelter care facility; or
- 6.3.1.2 Provide or arrange for the provision of a complete physical examination within seven consecutive calendar days of a child's admission to the shelter care facility.

6.4 Duration of Placement

6.4.1 A facility shall provide care to children for a period of time that is not to exceed 30 consecutive calendar days, unless:-

- 6.4.1.1 There is documentation in the child's service plan that clearly justifies a longer placement; or
- 6.4.1.2 There is evidence that a strict adherence to the 30-day limit would require the child's release to another short-term placement, in which case the child may remain in the shelter care facility until a more permanent or long-term placement has been identified, or not later than 60 consecutive calendar days, whichever occurs first.

6.5 Exemptions

6.5.1 A shelter care facility shall be exempt from the following requirements:

- 6.5.1.1 Requirement 3.5.2.1 regarding written documentation of a child's current immunizations;
- 6.5.1.2 Requirement 3.5.2.2 regarding obtaining necessary immunizations within 30 consecutive calendar days of admission; and
- 6.5.1.3 Requirement 3.5.3.1 regarding the essential health records to be maintained on file. If the items listed in Requirement 3.5.3.1 are available, they shall be kept on file by the facility.

7.0 Transitional Care Facility

7.1 Authorization to Operate a Transitional Care Facility

7.1.1 As a condition for being authorized by the Division to operate a transitional care facility, a licensee shall make application to and have been determined by the Division to be in full compliance with the Requirements of this Chapter, in addition to the Requirements of 1.0, 2.0, 3.0 and 4.0.

7.2 Admission

7.2.1 A facility shall admit children who:-

- 7.2.1.1 Have reached the age of 16 or older;
- 7.2.1.2 Have demonstrated a level of maturity that will enable them to be involved in some community activities, including education or employment; and
- 7.2.1.3 Require minimum guidance or supervision.

7.2.2 A facility shall accept a child into care only after a current comprehensive admission evaluation has been completed in accordance with Requirement 3.3.1.1 and only when the evaluation indicates that preparation for self-sufficiency or independent living is the primary goal for the child.

7.2.3 At the time of admission, a facility shall enter into a written agreement with each child. The agreement shall include:

- 7.2.3.1 A delineation of the respective roles and responsibilities of the facility, the child, and other involved parties;
- 7.2.3.2 A description of the rules governing the conduct and consequences of inappropriate behavior of the child while in care;
- 7.2.3.3 A statement of any financial arrangements related to placement, in accordance with Requirement 4.3.5.1; and
- 7.2.3.4 The approval signature of the child and the signature of a representative of the facility.

7.3 Service Plan

7.3.1 In addition to the provisions of Requirements 3.3.3.1, 3.3.3.2 and 3.3.3.3, a facility shall ensure that the service plan includes:

- 7.3.1.1 The type and frequency of supervision needed;
- 7.3.1.2 The respective roles and responsibilities of the facility, the child and other involved parties;
- 7.3.1.3 The time frames and methods to be used to gradually reduce dependency while appropriately increasing personal responsibility;

- 7.3.1.4 Identification of all persons responsible for the implementation of the plan;
- 7.3.1.5 The life skills the youth will need to acquire before discharge;
- 7.3.1.6 The criteria for achieving a successful discharge; and
- 7.3.1.7 The preliminary plan for discharge and aftercare, in accordance with Requirements 4.3.9.1 and 4.3.9.2.

7.4 Activity Schedule

7.4.1 A facility shall assist each child to develop and follow a written activity schedule that includes:

- 7.4.1.1 Life skills training and practice appropriate to achieving independent living;
- 7.4.1.2 Household chores to be completed by children in care;
- 7.4.1.3 Employment, job skill training or educational activities;
- 7.4.1.4 Leisure time or recreational activities; and
- 7.4.1.5 Contacts with employees, volunteers or community people.

7.5 Staff Coverage

7.5.1 A facility shall develop, adopt and follow written policies and procedures governing the type and frequency of employee supervision provided for each child. The policies and procedures shall:

- 7.5.1.1 Contain criteria for determining the type and frequency of employee supervision. The criteria shall be based on an assessment of each child's maturity, suitability and readiness for responsibly and safely handling various degrees of responsibility and independence; and
- 7.5.1.2 Delineate a mechanism by which a child can communicate with a facility for information, assistance or guidance, or to express a concern or need that the child cannot resolve alone.

7.6 Exemptions

7.6.1 A transitional care facility shall be exempt from the following requirements:

- 7.6.1.1 Requirements 3.4.12.1 through 3.4.12.5 regarding the outdoor recreation area.
- 7.6.1.2 Requirements 3.5.2.1 and 3.5.2.2 regarding child immunizations.
- 7.6.1.3 Requirements 4.2.1.1 through 4.2.2.2 regarding staff-to-child ratios.
- 7.6.1.4 Requirement 4.3.5.1.3, regarding the prohibition that a child pay for his or her own care and treatment.

8.0 Day Treatment Programs

8.1 Authorization to Operate a Day Treatment Program

8.1.1 As a condition for being authorized by the Division to operate a day treatment program, a licensee shall make application to and have been determined by the Division to be in full compliance with the Requirements of this Chapter, in addition to the Requirements of 1.0, 2.0 and 3.0.

8.1.2 If a day treatment program chooses to use any form of restrictive procedure as defined by Requirement (Rule) 1.35, the day treatment program shall secure prior written authorization from the Division and shall comply with the Requirements of Chapter 9.0.

8.2 Health Appraisal

8.2.1 A program shall ensure that within one month following admission, there shall be on file an age-appropriate health appraisal conducted within 12 consecutive calendar months prior to admission for each child enrolled. Health appraisals shall be certified by a licensed physician or nurse practitioner and shall be updated annually. The health appraisal shall include:

- 8.2.1.1 A health history;
- 8.2.1.2 A physician's examination;
- 8.2.1.3 Recommendations regarding restrictions or modifications of the child's activities, diet or care;
- 8.2.1.4 Prescriptions for medication or recommendations regarding medications; and
- 8.2.1.5 Documentation of the immunization status.

8.3 Activities

8.3.1 The program shall ensure that all children are provided activities and physical exercise or routines that are developmentally and age-appropriate.

8.3.2 The program shall ensure that children under six years of age are provided with opportunities for rest after the noon meal. The rest area shall be adequately lighted to allow for visual supervision at all times.

8.4 Indoor Space

8.4.1 A program shall have at least 35 square feet of usable indoor space per child, exclusive of toilet rooms, kitchen areas, eating areas, isolation rooms, offices, storage spaces, hallways, closets and gymnasiums.

8.5 ~~Sleeping Accommodations~~

8.5.1 ~~A program shall ensure that each child under six years of age who is present during scheduled rest time possesses age-appropriate, clean rest equipment and bedding, and that equipment and bedding are safely maintained for the exclusive use of that child. Disposable bedding shall be acceptable as an alternative to maintaining rest equipment for the exclusive use of that child.~~

8.6 ~~Toilet Facilities~~

8.6.1 ~~A program shall have enclosed toilet rooms inside the building on the same floor that houses the recreation or play areas.~~

8.6.2 ~~A program serving children between two and five years of age shall maintain a sink and toilet ratio in accordance with the following table:~~

No. of Children	Number of Toilets	Number of Sinks	Ratios
1-15	1	1	1/15
16-35	2	2	1/17.5
36-100	3-5	3-5	1/20
Over 100			1/25

8.6.3 ~~A program serving children between six and 18 years of age shall have one sink and toilet for every 25 children, or fraction thereof, based upon licensed capacity. A urinal shall be counted as one-half of a toilet, provided that the population served includes a significant number of males and that at least two flush toilets are available and accessible to both males and females.~~

8.7 ~~Staff to Child Ratios~~

8.7.1 ~~A program shall maintain the following direct care worker to child ratios for each age group when children are present:~~

Age of Child	Minimum direct care worker to child ratio
0-5	1:4
6-12	1:6
13+	1:10

8.7.2 ~~A program shall ensure that at least two employees are present and on duty on the premises at all times when children are present, regardless of the number of children.~~

8.8 ~~Day Treatment Agreement~~

8.8.1 ~~A program shall develop, adopt, follow and maintain on file a written day treatment agreement. The agreement shall be completed prior to the child's admission and shall be signed by the licensee or his or her designee, the child, if appropriate, the child's parent(s) or legal guardian and the referring agency and shall include:~~

8.8.1.1 ~~A description of the respective expectations, roles and responsibilities of the program, child, family and other involved parties;~~

8.8.1.2 ~~Specification of the hours of operation, arrangements for service of meals, equipment to be provided by the family, transportation arrangements and visitation policies;~~

8.8.1.3 ~~Specification of the behavior management policy, the release policy and the procedures for handling child and parent complaints; and~~

8.8.1.4 ~~Specification of grounds for termination of enrollment.~~

8.9 ~~Release of Children~~

8.9.1 ~~A program shall develop, adopt, follow and maintain on file written policies and procedures governing the release of children. Such policies and procedures shall require that a copy is given to all parents, employees, volunteers and children and shall include provisions:~~

8.9.1.1 ~~To ensure documentation of the release of the child to an authorized person, agency or public school bus service;~~

8.9.1.2 ~~For the emergency release of children. When a parent calls the program requesting emergency release of the child, the program shall verify the identity of the parent prior to releasing the child;~~

- 8.9.1.3 Regarding the release of the child to a person not known to the licensee. A program shall verify the identity of any person not known to employees prior to the release of a child and shall retain verification for at least 24 hours;
- 8.9.1.4 To be followed when a person not authorized to receive a child requests release of a child. A program shall ensure that a child is released only to his or her parent(s), legal guardian or other person authorized by the parent(s) to receive a child; and
- 8.9.1.5 To be followed when a person showing clear signs of drug or alcohol impairment requests release of a child.

8.10 Handling of Sick Children

- 8.10.1 A program shall have a separate area where children who are exhibiting symptoms of illness that require isolation from the group may be cared for until they can be released to their parent(s) or legal guardian or are diagnosed by a licensed physician or nurse as posing no risk to themselves or others. The area shall not be located in the kitchen or toilet areas.

8.11 Child Accident and Injury

- 8.11.1 A licensee shall ensure that a child who is injured by an accident or fall is provided with necessary first aid treatment, or is taken to an emergency medical treatment center, and that the parent(s) or legal guardian is immediately notified.

9.0 Restrictive Procedures

9.1 Authorization to Use Restrictive Procedures

- 9.1.1 As a condition for being authorized by the Division to implement restrictive procedures, a licensee shall make application to and have been determined by the Division to be in full compliance with the Requirements of this Chapter, in addition to the Requirements of Chapters 1.0, 2.0, and 3.0.
- 9.1.2 A licensee shall not utilize or administer a restrictive procedure on any child below six years of age.

9.2 Policies and Procedures Governing the Appropriate Use of Restrictive Procedures

- 9.2.1 A licensee shall develop, adopt, follow and maintain on file written policies and procedures governing the appropriate use of each type of restrictive procedure to be employed. The policies and procedures shall:
 - 9.2.1.1 Identify the types of behavior or conditions for which restrictive procedures are to be permitted;
 - 9.2.1.2 Document that the licensee's use of restrictive procedures are in accordance with established, accepted clinical practice and is age-appropriate;
 - 9.2.1.3 Delineate the name, position and qualifications of the employees who have direct responsibility for applying and for supervising the application of restrictive procedures;
 - 9.2.1.4 Restrict the use of these procedures only by designated and authorized employees who have been given prior training in how to administer and supervise the application of such procedures;
 - 9.2.1.5 Require that an application of a restrictive procedure is done in concert with the current service plan for that child, taking into account the child's developmental and medical needs;
 - 9.2.1.6 Require that a legal, informed written consent from the parent(s) or legal guardian of a child is obtained prior to the application of any restrictive procedure, except in emergency situations, in which case, the policies and procedures shall outline safeguards for the use of a restrictive procedure in such a circumstance;
 - 9.2.1.7 Require that these procedures may only be employed as ancillary techniques to accompany positive reinforcement techniques;
 - 9.2.1.8 Require that a technique may only be employed when its use outweighs the risk of harm accompanying its use;
 - 9.2.1.9 Indicate time limitations and other restrictions on the use of each form of restrictive procedure;
 - 9.2.1.10 Require that a technique may only be employed when it is the least restrictive means to address the behavior that necessitated its use;
 - 9.2.1.11 Require that the chief administrator or his or her designee provides administrative oversight of each use of a restrictive procedure to ensure that these procedures are humanely and appropriately applied; and
 - 9.2.1.12 Require that a written record of each application of a restrictive procedure be maintained. The record shall contain: the name of the child; the identity of the employee(s) who administered the procedure; the date, time and duration of the procedure; the circumstances surrounding the use of the procedure; and a description of the child's demeanor.

9.3 Human Rights Committee

9.3.1 A licensee shall establish a Human Rights Committee of at least five adult individuals of known reputation, two of whom shall be professionally knowledgeable or experienced in the theory and ethical application of various treatment techniques used to address behavioral problems. The Human Rights Committee shall include members from the licensee and external to the licensee or its parent organization. A majority of Committee members shall be external to the licensee or its parent organization, and one member of the Committee shall be either a licensed mental health professional, a licensed physician, a licensed clinical psychologist, or a clinical social worker. The Committee shall meet at least on a quarterly basis.

9.3.2 The Human Rights Committee shall be responsible for:

9.3.2.1 Determining that children in care are receiving humane and proper treatment;

9.3.2.2 Reviewing and making recommendations regarding the licensee's policies and procedures governing the use of restrictive procedures;

9.3.2.3 Reviewing the restrictive procedures records and advising the Chief Administrator accordingly;

9.3.2.4 Recording and maintaining on file written minutes of all of its meetings, and providing the Chief Administrator with a copy of these minutes;

9.3.2.5 Making inquiries into any allegations of abusive techniques or the misuse of restrictive procedures. A report of the inquiry shall be provided by the Committee to the Chief Administrator and sent to the Division;

9.3.2.6 Monitoring the qualifications and training of employees who have been given responsibility for administering restrictive procedures and to make recommendations to the Chief Administrator accordingly; and

9.3.2.7 the application of some form of restrictive procedures.

9.3.3 An emergency application of a restrictive procedure may occur for a specific child without the prior review of the Human Rights Committee, but only when the situation is deemed to be an emergency.

9.3.4 Orientation and Training

9.3.4.1 In addition to complying with Requirements 3.2.9.1 through 3.2.9.6, a licensee shall ensure that employees authorized to apply a restrictive procedure also receive orientation and training on:

9.3.4.1.1 The various types of restrictive procedures;

9.3.4.1.2 The acceptable way to administer and supervise the application of restrictive procedures;

9.3.4.1.3 The possible side effects of psychotropic medications; and

9.3.4.1.4 The policies and procedures governing the appropriate use of restrictive procedures.

9.4 Application of Restrictive Procedures

9.4.1 A child who is having a restrictive procedure applied shall be under continuous monitoring and observation to prevent the child from harming himself or herself, or others. A child shall be given an opportunity for a minimum of 10 consecutive minutes of release within each two consecutive hours of the application of a restrictive procedure for the purpose of moving about or exercising, and shall be permitted to go to a toilet, when requested, or be given the opportunity to go to a toilet at least once every two consecutive hours.

9.4.2 A licensee shall not authorize or permit restrictive procedures to be used in a punitive, retributive, harsh or abusive manner, nor for the convenience of staff or as a substitute for other less restrictive, appropriate means of social treatment or intervention.

9.4.3 A licensee shall ensure that any allegation(s) of an inappropriate or abusive application of a restrictive procedure is brought to the attention of the Human Rights Committee promptly.

9.4.4 A licensee shall ensure that the Human Rights Committee initiates an investigation of any allegation(s) of an inappropriate or abusive application of a restrictive procedure within two consecutive business days of having received the allegation(s).

9.4.5 A licensee shall use the least restrictive effective form of restrictive procedure necessary to control a child's dangerous, violent, or seriously disruptive behavior.

9.4.6 A licensee shall ensure that employees immediately release a child from a prescribed restrictive procedure when the situation necessitating its need no longer exists or when the maximum time allowed for use of such a procedure has expired, whichever occurs first.

9.5 Exclusion

9.5.1 A licensee shall utilize exclusion only:

9.5.1.1 For a prescribed duration of time that shall not exceed 60 consecutive minutes; and

9.5.1.2 If there are more than 10 exclusions for an individual child or a cumulative total of six hours within any consecutive 24-hour period, a licensee shall ensure that:

9.5.1.2.1 A review is conducted by the chief administrator, or his or her designee, to determine the suitability of the child to remain in placement, or whether modifications to the child's service plan are warranted; and

9.5.1.2.2 Appropriate action is taken in response to the findings of the review.

9.5.2 A licensee shall ensure that:

9.5.2.1 At least one employee is responsible for providing continuous monitoring of the child;

9.5.2.2 The child is not excluded in a closet, bathroom or unfinished basement or attic; and

9.5.2.3 The child is reintroduced to the group in a sensitive and non-punitive manner as soon as he or she has re-gained control.

9.6 Locked Isolation

9.6.1 A licensee shall utilize locked isolation only:

9.6.1.1 When a child's behavior is so violent or disruptive as to present a high risk of physical or emotional harm to the child or others;

9.6.1.2 When other less restrictive and less punitive physical interventions have been applied without success; and

9.6.1.3 For a duration of time that does not exceed two consecutive hours or a total of six non-consecutive hours within any 24-hour period.

9.6.2 A licensee shall ensure that:

9.6.2.1 There is a maximum length of time for placement when a child is isolated in a locked room;

9.6.2.2 The application of locked isolation is prohibited for non-violent or non-assaultive offenses or behaviors or for practices designed to prevent children from running away, to seclude a child who is ill, to punish a child for stealing, cursing or failing to comply with house rules, or to facilitate supervision for the convenience of employees; and

9.6.2.3 The child is re-introduced to the group in a sensitive and non-punitive manner as soon as he or she has re-gained control.

9.6.3 A licensee shall ensure that a child placed in locked isolation is not in possession of belts, matches, weapons or any other potentially harmful object or material that could present a risk of harm to a child.

9.6.4 A licensee shall ensure that an employee who is assigned to monitor a child placed in locked isolation shall have no other immediate responsibility and shall:

9.6.4.1 Be in visual and auditory contact with the child at all times;

9.6.4.2 Ensure that all personal needs of the child are met;

9.6.4.3 Ensure that a child has access to toilet facilities, as needed; and

9.6.4.4 Ensure that the child receives the same number and frequency of meals and snacks provided to other children in the facility or program.

9.6.5 A licensee shall utilize locked isolation only:

9.6.5.1 For a prescribed duration of time that shall not exceed 60 consecutive minutes unless authorized by the chief administrator, or his or her designee, and then the locked isolation shall not exceed 120 consecutive minutes; and

9.6.5.2 If a child is in locked isolation for a cumulative total of six cumulative hours within a 24-hour period, the licensee shall ensure that:

9.6.5.2.1 A review is conducted by the chief administrator or his or her designee to determine the suitability of the child to remain in placement, or whether modifications to the child's service plan are warranted; and

9.6.5.2.2 Appropriate action is taken in response to the finding of the review.

9.6.6 A licensee shall ensure that the child is reintroduced to the group in a sensitive and non-punitive manner as soon as he or she has regained control.

9.6.7 A licensee shall ensure that any room to be used for locked isolation has:

9.6.7.1 At least 75 square feet and a ceiling height of at least eight feet;

9.6.7.2 A safety glass window, mirror or camera that allows for full observation of the locked isolation room;

9.6.7.3 No hardware or furnishings that obstruct observing the child at all times;

9.6.7.4 Installed hardware, equipment and furnishings that do not present a physical hazard or a suicide risk;

- 9.6.7.5 ~~Installed either the means for natural or mechanical ventilation to provide ventilation at a level deemed appropriate to maintain the child's health and well-being;~~
- 9.6.7.6 ~~The capacity to maintain a temperature of at least 68 degrees Fahrenheit; and~~
- 9.6.7.7 ~~A minimum of 10 foot-candles of light in all areas of the room.~~

9.7 ~~Chemical Restraint~~

- 9.7.1 ~~A licensee shall ensure that each administration of chemical restraint is prescribed by a licensed physician who has personally reviewed the child's health records and has examined the child at the time of the episode.~~
- 9.7.2 ~~A licensee shall not allow the use of a physician's standing order (ProReNata) for purposes of authorizing the application of a chemical restraint.~~
- 9.7.3 ~~A licensee shall ensure that any application of a chemical restraint, whether administered orally or by intramuscular injection, is administered only by a licensed nurse or by a licensed physician.~~
- 9.7.4 ~~When a child requires chemical restraint on more than six occasions in any 30 consecutive calendar-day period, the chief administrator, or his or her designee, shall determine the appropriateness of the child's continued placement in the facility or program.~~
- 9.7.5 ~~A licensee shall not administer a chemical restraint as a punishment, for the convenience of employees, or as a substitute for a treatment program.~~
- 9.7.6 ~~A licensee shall ensure that:~~
 - 9.7.6.1 ~~The initial administration of a chemical restraint does not exceed 24 consecutive hours in duration;~~
 - 9.7.6.2 ~~Only a licensed physician who has reviewed the child's health records and who has examined the child may authorize the application of an additional chemical restraint and then only for an additional consecutive 24-hour period and only upon determining that the continuance of chemical restraint on an emergency basis is clinically necessary and appropriate;~~
 - 9.7.6.3 ~~Employees regularly monitor the child under chemical restraint, observe the child's condition or state and immediately advise the prescribing physician of any observed side effects; and~~
 - 9.7.6.4 ~~A written record of the child's receipt of a chemical restraint and his or her condition, including any observed side effects, is maintained in the child's health records.~~

9.8 ~~Mechanical Restraint~~

- 9.8.1 ~~A licensee shall utilize a mechanical restraint only:~~
 - 9.8.1.1 ~~When a child's behavior is so violent or disruptive as to present a high risk of physical harm to the child or others;~~
 - 9.8.1.2 ~~Other less restrictive and less intrusive physical interventions have been applied without success;~~
 - 9.8.1.3 ~~When transporting a child to or from a court hearing or other circumstances requiring that truancy prevention be exercised and that no other means of prevention is appropriate;~~
 - 9.8.1.4 ~~For a duration of time that shall not exceed two consecutive hours or a total of four consecutive hours within any consecutive 24-hour period or that is utilized more than four times within a consecutive five-day period. An exception to this is allowed only for purposes of transporting a child to or from a court hearing or other off-premises location wherein truancy is required; and~~
 - 9.8.1.5 ~~Employees utilizing the restraint have received training in properly applying it.~~
- 9.8.2 ~~A licensee shall ensure that:~~
 - 9.8.2.1 ~~The child being mechanically restrained is protected and handled by an employee in a safe manner designed to avoid injury or pain in applying the restraint;~~
 - 9.8.2.2 ~~Only one child is mechanically restrained in the same room or area at the same time, unless being transported in a vehicle to and from a court hearing;~~
 - 9.8.2.3 ~~An employee maintains visual contact with the child at all times while the mechanical restraint is being applied;~~
 - 9.8.2.4 ~~An employee inspects the child's wrists, arms, or legs every 15 consecutive minutes to prevent injury or circulation problems from occurring, and attempts to release each limb every 60 consecutive minutes for a duration of 10 consecutive minutes; and~~
 - 9.8.2.5 ~~The restrained child has reasonable access to toilet facilities and to all scheduled meals while restraints are being applied.~~
- 9.8.3 ~~A licensee shall prohibit the use of the following mechanical restraints:~~
 - 9.8.3.1 ~~Papoose boards.~~
 - 9.8.3.2 ~~Ropes.~~

10.0 Adventure Activity Program

10.1 Authorization To Provide Adventure Activity Program

10.1.1 ~~As a condition for being authorized by the Division to involve children in an Adventure Activity Program, a licensee shall make application to and have been determined by the Division to be in full compliance with the Requirements of this Chapter, in addition to the Requirements of Chapters 1.0, 2.0, and 3.0.~~

10.2 Policies and Procedures

10.2.1 ~~A licensee shall develop, adopt, follow and maintain on file written policies and procedures that contain:~~

- 10.2.1.1 ~~A comprehensive description of the various types of adventure activities in which the licensee plans to involve children, including the specific destinations for each day, routes to be followed whether by highway, trail or waterway, and the modes of transportation to be used;~~
- 10.2.1.2 ~~Safety rules that are to be used by employees, volunteers and children when engaged in each of the types of adventure activities that are described in this Chapter;~~
- 10.2.1.3 ~~Recognized standards of safety pertaining to each of the specified adventure activities to be utilized;~~
- 10.2.1.4 ~~Criteria based on recognized standards for employees and volunteers who are responsible for leading, instructing and supervising children engaged in any of the adventure activities to be utilized;~~
- 10.2.1.5 ~~Descriptions of appropriate safety equipment and clothing, such as safety glasses or goggles, helmets, gloves, special shoes and outdoor clothing that are required to be used for adventuractivities;~~
- 10.2.1.6 ~~Procedures to be employed to ensure that the environment is protected and any waste materials or trash are appropriately disposed of;~~
- 10.2.1.7 ~~Instructions for posting itineraries, preparing for emergency medical services, and notifying, at agreed upon times, the licensee's main office when the adventure activity takes place in a location or locations that are remote from the main premises of the licensee;~~
- 10.2.1.8 ~~Guidelines to ensure that adventure activities include opportunities for problem solving, developing a positive self image, and developing an appreciation for the natural environment and conservation;~~
- 10.2.1.9 ~~Guidelines to ensure that adventure activities are followed by opportunities for reflection and life application;~~
- 10.2.1.10 ~~Guidelines to ensure that participation is conducted within the boundaries of the child's capabilities, dignity and respect for self-determination;~~
- 10.2.1.11 ~~Procedures to ensure that necessary potable water, nutritious food, appropriate clothing, shelter, rest and other essentials are available and planned for;~~
- 10.2.1.12 ~~Procedures for obtaining signed consent forms from a child's parent(s), legal guardian or referring agency; and~~
- 10.2.1.13 ~~Procedures that ensure the reporting to the Division of any fatalities or any accidents resulting in the hospitalization of a child.~~

10.3 Safety/Risk Management Committee

10.3.1 ~~A licensee shall establish a Safety/Risk Management Committee consisting of representatives of management, employees, and individuals with experience and expertise in adventure activities. This Committee shall review the licensee's policies and procedures governing adventure activities and monitor risk management and safety practices employed in the various adventure activities, and advise the licensee's chief administrator of any revisions, omissions or additions that are deemed necessary and appropriate. The Committee shall review any accident that may occur and the circumstances surrounding the accident and send written findings and recommendations to the licensee's chief administrator and to the Division.~~

10.4 Staff Qualifications

10.4.1 ~~A licensee shall ensure that employees and volunteers who have responsibility for a particular adventure activity are qualified and experienced in the specific adventure activity. If certification is required, such as is for swimming and certain other aquatic activities, such employees or volunteers shall have current certification.~~

10.4.2 ~~An aquatic supervisor shall be an adult who has satisfactorily completed the training and certification requirements for a water safety instructor that are equivalent to those adopted by the American Red Cross for water safety.~~

10.5 Staff to Child Ratios

~~10.5.1 A licensee shall ensure that the ratio of employees and volunteers to children is in conformity with standards for the specified adventure activity being applied and that have been recognized by a national accrediting or other recognized organization.~~

~~10.5.2 A licensee shall ensure that an aquatic supervisor or water safety instructor is on duty at each aquatic activity. The aquatic supervisor shall be responsible for the enforcement of the licensee's safety rules, policies and procedures governing aquatic activities, including swimming, boating, canoeing, kayaking, water skiing and white water rafting.~~

~~10.6 Away From Campus Adventure Activities~~

~~10.6.1 A licensee shall maintain on file at the licensee's administrative office a list of all children, employees, and volunteers who participate in an adventure activity that occurs away from the premises of the licensee.~~

~~10.6.2 A licensee shall ensure that a fully stocked First Aid kit that is adventure activity appropriate and readily available accompanies the employee who is the lead person for the away from campus adventure activity.~~

~~10.6.3 A licensee shall develop, adopt, follow and maintain on file:~~

~~10.6.3.1 A written copy of its itinerary and pre-established check-in times; and~~

~~10.6.3.2 The names of children, employees and volunteers participating in an adventure activity that involves out-of-state travel or within-state travel of more than 48 consecutive hours duration.~~

~~The licensee shall send a copy of the itinerary to the Division at least 15 consecutive calendar days prior to departing on the adventure activity and shall provide the child's parent(s), legal guardian or referring agency with a copy of the itinerary.~~

~~10.7 Equipment~~

~~10.7.1 A licensee shall ensure that any equipment and gear that is to be used in connection with a specified adventure activity is appropriate to the activity, certified if required, in good repair, in operable condition, and age and body size appropriate.~~

~~10.7.2 A licensee shall ensure that all ropes and paraphernalia used in connection with rope rock climbing, rappelling, high and low ropes courses or other adventure activities in which ropes are used are approved by the Union of International Alpine Association (UIAA), or an equivalent certifying organization, and have been inspected by employees responsible for supervising the adventure activity before engaging children in the activity.~~

~~10.7.3 A licensee shall ensure that all participants are appropriately equipped, clothed, and wearing safety gear, such as a helmet, goggles, safety belt, life jacket or a flotation device, that is appropriate to the adventure activity in which a child is engaged.~~

~~10.8 Natural Swimming Area Life Saving Equipment~~

~~10.8.1 A licensee shall clearly delineate the areas for swimmers and non-swimmers in any natural swimming area used by children, such as a lake, river, bay, ocean or gulf.~~

~~10.8.2 A licensee shall ensure that lifesaving equipment is provided at each permanent swimming area and shall be placed so it is immediately available in case of an emergency. The following equipment shall be available:~~

~~10.8.2.1 A whistle or other audible signal device for each employee on duty;~~

~~10.8.2.2 An assist pole or other appropriate reaching device;~~

~~10.8.2.3 A ring buoy or other appropriate throwing assist device that has a rope attached to it which is of sufficient length for the area;~~

~~10.8.2.4 A backboard that has appropriate rigid cervical collars and a minimum of six straps;~~

~~10.8.2.5 A first aid kit; and~~

~~10.8.2.6 A rescue tube.~~

~~10.8.3 A licensee shall ensure that lifesaving equipment is provided for all other aquatic activities and is placed so that it is immediately available in case of an emergency. At a minimum, the equipment shall include:~~

~~10.8.3.1 A whistle or other audible signal device;~~

~~10.8.3.2 A throwing assist device; and~~

~~10.8.3.3 A first aid kit.~~

~~10.9 Aquatic Procedures~~

~~10.9.1 A licensee shall ensure that before engaging in any aquatic activity, each child shall be classified by the aquatic supervisor according to swimming ability in one of two classifications: swimmer and non swimmer.~~

~~10.9.2 A licensee shall not permit a child to participate in an aquatic activity that requires higher skills than the child's swimming classification, except during formal instruction.~~

- 10.9.3 A licensee shall establish and enforce a method, such as the buddy system, for supervising children who are involved in an aquatic activity. The system used shall include procedures for check-in, check-out, and the periodic accounting for the whereabouts of each child by an employee of the licensee. A licensee shall ensure that an accounting of the number of swimmers is conducted at least once every 10 consecutive minutes.
- 10.9.4 A licensee shall develop, adopt, follow and maintain on file a written aquatic emergency plan, for each aquatic activity. The plan shall include:
 - 10.9.4.1 Rescue procedures and frequency of drills;
 - 10.9.4.2 Child accountability;
 - 10.9.4.3 Prompt evacuation; and
 - 10.9.4.4 Notification of outside emergency services.
- 10.9.5 A licensee shall ensure that swimming at sites other than a waterfront or pool that is on the premises of the licensee is supervised by an aquatic supervisor who shall be assisted by one aquatic observer for every 10 children, or fraction thereof, in the water.
- 10.9.6 A licensee shall ensure that the buddy system is used and that buddy checks are conducted every five minutes whenever swimming is permitted at non-permanent sites.
- 10.9.7 A licensee shall not conduct or permit swimming programs during periods of darkness. This provision does not prohibit the use of swimming pools that have underwater and deck lighting that provides unrestricted vision.
- 10.9.8 A licensee shall ensure that headfirst diving occurs only in designated areas and only in water that is five feet deep or more.
- 10.9.9 A licensee shall adhere to the following table to determine minimum diving area depths and distances from the end of the board or platform:

	Water Depth	Distance
Competitive Swim Classes	5 feet	10 feet
Platform less than two feet above water	8 feet	10 feet
Board two feet or less above water	10 feet	15 feet
Board more than two feet above water	15 feet	20 feet

10.10 Watercraft and Water-Skiing Activities

- 10.10.1 A licensee shall conduct watercraft activities only during daylight hours.
- 10.10.2 A licensee shall provide an appropriately sized, coast guard-approved, personal flotation device for each occupant of a watercraft and ensure that such a device is worn by every occupant of a watercraft.
- 10.10.3 A licensee shall ensure that an appropriately sized, coast guard-approved, personal flotation device shall be worn by any water skier, by any participant in a sailing activity, or by any participant of a white water adventure activity.
- 10.10.4 A licensee shall not use personal flotation devices of kapok construction.
- 10.10.5 A licensee shall not permit a non-swimmer to board a sailboat unless accompanied by an adult swimmer.
- 10.10.6 A licensee shall ensure that the aquatic supervisor or an adult aquatic observer has immediate access to a watercraft with which to provide emergency assistance on the permanent swimming site.
- 10.10.7 A licensee shall ensure that a watercraft docking area is not adjacent to a swimming area, and that a swimming area is not used for the launching or dropping off of water skiers.
- 10.10.8 A licensee shall ensure that, when a watercraft has a rated capacity, the capacity is observed and when a watercraft does not have a rated capacity, all occupants wear an appropriately sized, coast guard-approved personal flotation device. This provision does not apply when the non-rated watercraft is a canoe being used by one or two advanced swimmers during formal instruction.

11.0 Parenting Adolescent Facility

11.1 Authorization to Operate a Residential Facility for Parenting Adolescents

- 11.1.1 As a condition for being authorized by the Division to operate a residential facility for parenting adolescents, a licensee shall make application to and have been determined by the Division to be in full compliance with the Requirements of this Chapter, in addition to the Requirements of Chapters 1, 2, 3 and 4.

11.2 Definition

11.2.1 For purposes of this chapter only, "Adolescent" means a child who is parenting a child.

11.3 Direct Care Worker Qualifications for a Parenting Adolescent Facility

11.3.1 A direct care worker, at the time of appointment, shall possess at least:

11.3.1.1 One year of work experience in a child care facility or program; and

11.3.1.2 Fifteen hours of training in early childhood development.

11.4 Staff to Child Ratios

11.4.1 A facility shall maintain the following staff to child ratios when adolescents and their children are present:

11.4.1.1 During hours when children are awake, one direct care worker on duty and awake on the premises for a combined total of every eight adolescents and their children below three years of age, or fraction thereof;

11.4.1.2 During hours when children are sleeping, one direct care worker on duty on the premises for a combined total of every ten adolescents and their children below three years of age, or fraction thereof. The direct care worker shall not be required to be awake;

11.4.1.3 When two direct care workers are required by the ratios during hours when children are sleeping, at least one direct care worker shall be required to be awake; and

11.4.1.4 A facility shall not allow more than a combined total of 12 adolescents and their children below three years of age to reside in the facility at the same time.

11.5 One Adolescent Caring for another Adolescent's Child

11.5.1 A facility may permit an adolescent in residence to care for the child of another adolescent in residence only if the following conditions are met:

11.5.1.1 The adolescent who is assuming the care of another adolescent's child cares for no more than one other child in addition to her own at any time;

11.5.1.2 The adolescents discuss the expectations of the caregiver, including duration of child care, the child's nutritional and toileting needs, and whether the mother will make arrangements for compensation or exchange of baby sitting; and

11.5.1.3 The arrangement is reviewed and approved by the chief administrator or his or her designee.

11.6 Service Plan

11.6.1 The service plan shall include:

11.6.1.1 An assessment of the child's health, nutritional, medical, and developmental needs;

11.6.1.2 An assessment of the interest of the child's father, and the role that he is to have with the child and with the child's mother;

11.6.1.3 An assessment of the interests of the grandparents and the role that they are to have with the child and with the child's mother; and

11.6.1.4 Self-sufficiency goals for the adolescent mother, including child care and level of understanding of her child's developmental needs, food preparation skills, budgeting and money management, and job readiness.

11.7 Adoption Counseling Services

11.7.1 A facility shall provide adoption counseling if the adolescent expresses an interest in surrendering her child for adoption. The counseling shall include:

11.7.1.1 An explanation of adoption;

11.7.1.2 The types of adoptions available;

11.7.1.3 The processes involved in surrendering a child for adoption; and

11.7.1.4 The provision of a list of agencies licensed to provide these services.

11.8 Stimulation of Young Children

11.8.1 A facility shall ensure that all infants are held and spoken to and placed in a position to observe activities when they are awake at some point during the day.

11.8.2 A facility shall ensure that all infants under seven months of age are held throughout all bottle feedings, and older infants if they are incapable of holding a bottle on their own.

11.8.3 A facility shall ensure that all infants have access to age appropriate toys and are provided opportunity for visual and sound stimulation.

11.8.4 A facility shall ensure that, when an adolescent mother is in school or is working, her infant is appropriately cared for, either in a licensed child care center or licensed family child care home, or in the facility.

11.8.5 A facility shall ensure that all children under 18 months of age are engaged in at least four of the following activities with their mothers for at least a total of 45 cumulative minutes each day:

- 11.8.5.1 Sensory activities, such as the use of crib mobiles, teething toys, busy boxes, baby mirrors, rattles, melody chimes, squeeze toys, or other comparable toys or equipment;
- 11.8.5.2 Language activities, such as the use of picture books, toy telephones, audio equipment with age appropriate music or sounds, hand puppets, stuffed animals, soft washable dolls, photographs, or other comparable items;
- 11.8.5.3 Manipulative activities, such as the use of squeeze toys, grip toys, sorting and stacking toys, three or four piece inlay type puzzles, puzzle blocks, simple threading toys, mobile pull toys, balls, or other comparable age appropriate play equipment;
- 11.8.5.4 Building activities, such as the use of building blocks, toy cars, figures of animals and people, nesting toys, and other comparable toys or equipment;
- 11.8.5.5 Large muscle activities, such as the use of low climbers, slides, riding or rocking toys, foam or plastic balls, gym mats, play tunnels, or other comparable play equipment; and
- 11.8.5.6 Music activities such, as the use of rhythm instruments, record player and records, toys equipped with musical tones, musical mobiles, busy boxes, drums, xylophones, piano, or other comparable equipment or toys.

11.8.6 A facility shall ensure that all children 18 months of age or older are engaged in at least four of the following activities with their mother for at least one cumulative hour each day:

- 11.8.6.1 Language activities, such as being read to from a book, playing with flannel boards and telling a story or having the child tell the story, pictures, identification or classification, puppets, audio-visual equipment, or other comparable equipment or toys;
- 11.8.6.2 Science and math related activities, such as planting or gardening, playing with sand or the use of a sand table, fish or small animal care, and other comparable activities;
- 11.8.6.3 Manipulative activities, such as the use of puzzles, pegs and a pegboard, lacing boards, table top building toys, dominoes, and other age appropriate comparable toys and equipment;
- 11.8.6.4 Building activities, such as the use of unit blocks, transportation toys, farm animals, play people, age appropriate, child size work bench or other household equipment;
- 11.8.6.5 Art activities, such as the use of crayons, tempera paint, large brushes and newsprint, finger paint, construction paper, past or glue, blunt scissors, collage materials, non-toxic felt tip markers, clay or playdough, or other comparable play equipment or toys; and
- 11.8.6.6 Music activities, such as the use of rhythm sticks, drums, cymbals, bells, tape recorder, piano, or other comparable equipment.

11.9 Medical Care for Children of Parenting Adolescents

11.9.1 A facility shall ensure adolescents use only prescription and non-prescription medication that is authorized by a licensed physician or a licensed nurse practitioner for themselves and for their children.

11.9.2 A facility shall ensure that adolescents follow the advice of a licensed physician regarding the health care of the adolescent's child.

11.9.3 A facility shall ensure that an adolescent obtains for her infant:

- 11.9.3.1 A physical examination at the age of one month, and again by no later than the age of two and one-half months;
- 11.9.3.2 Immunizations as required by the Delaware Division of Public Health; and
- 11.9.3.3 Between three and one-half and four months of age, a physical examination and periodically thereafter as recommended by the infant's attending physician or medical clinic.

11.10 Discharge and Aftercare Plans

11.10.1 A facility shall include in the discharge and aftercare plan specific information regarding the status of the adolescent's child and health care, immunization, and medical needs that the child may require; and an assessment of the adolescent's ability to parent the child and to follow-up appropriately on the child's aftercare plan.

11.11 Toys and Equipment

11.11.1 A facility shall ensure that all toys and equipment to be used by children are sturdy, of safe construction, non-toxic and free of hazards. A facility shall use a choker tube to ensure that all parts of all toys used by children under three years of age are large enough so that they cannot be swallowed by the child.

11.11.2 A facility shall provide an age-appropriate sized crib for each infant or child, but may allow an infant to sleep in a playpen or on a mat during daytime hours. A facility shall ensure that:

- 11.11.2.1 Crib and playpen slats are no more than 2.3 inches apart;
- 11.11.2.2 The top rails of the crib or playpen are at least 19 inches above the mattress;
- 11.11.2.3 Any locks or latches on the dropside of a crib are safe from accidental release;
- 11.11.2.4 The mattresses used in all cribs and playpens fit snugly;
- 11.11.2.5 Each infant has sheets, blankets and other coverings for his or her exclusive use;
- 11.11.2.6 Wet or soiled or damaged sheets, mattress, blankets or other coverings are immediately replaced;
- 11.11.2.7 All sheets and blankets are laundered at least once a week, or if soiled, are laundered before next use;
- 11.11.2.8 Cribs and playpens are free of hazards and an excessive number of toys; and
- 11.11.2.9 Beds or cribs not used solely for a specific infant shall have linens and blankets replaced with clean linens and blankets before each use by a different infant.

11.12 Premises

- 11.12.1 A facility shall provide:
 - 11.12.1.1 A separate bedroom with at least 100 square feet for the adolescent and her child, and an additional 50 square feet for each additional child;
 - 11.12.1.2 Sufficient space to accommodate tables, high chairs, chairs for adolescents and their children, and on duty staff to eat meals together; and
 - 11.12.1.3 A Sufficient locked or secure storage space that can accommodate the personal belongings of the adolescent and her child(ren) which is reasonably accessible to the adolescent.
- 11.12.2 A facility shall ensure that all rooms used by children or infants are accessible to employees, including bedrooms.
- 11.12.3 A facility shall ensure that all buildings and grounds are maintained in a safe and sanitary manner.—
- 11.12.4 A facility shall ensure that:
 - 11.12.4.1 There are no poisonous plants accessible to children;
 - 11.12.4.2 All corrosive agents, insecticides, bleach products, detergents, furniture polish, any products under pressure in an aerosol spray can, or any toxic substances are stored in a locked cabinet or closet and are not accessible to infants or young children;
 - 11.12.4.3 All furniture and equipment used by the adolescents or their children, whether used indoors or outdoors, are of sturdy and safe construction; and
 - 11.12.4.4 Non-permanent safety barriers, such as safety gates, are installed in a manner that will prevent infants and young children from falling down stairways, or ramps, or from gaining access to balconies or porches or elevated play areas.

1.0 Legal Basis

The legal basis for these licensing regulations is in 14 Del.C. §§3001A-3005A.

2.0 Purpose

The purpose of these regulations is to protect the health, safety, and well-being of children who are placed in residential child care facilities or who are enrolled in day treatment programs. These regulations establish minimum standards for these facilities and programs set forth by the Office of Child Care Licensing (known hereafter as OCCL).

3.0 Definition of Terms

The following words and terms, when used in this regulation, have the following meaning:

"Agreement of understanding" means a contract between OCCL and the licensee by which the licensee agrees to specific terms to maintain licensure.

"Applicant" means the person or entity, such as a company, corporation, business, organization, or agency, that is applying for initial licensure or license renewal of a residential child care facility or day treatment program.

"Behavior supports" means the techniques used by a licensee or staff to help a child achieve positive behavior and to address and correct inappropriate behavior in a constructive and safe manner. The methods used must be in accordance with written policies and procedures governing program expectations, child and staff safety, and the child's service plan.

"Business day" means a weekday Monday through Friday, not including State of Delaware or DOE legal holidays that fall on a weekday.

"Case manager" means a person designated by a licensee who works directly with children, their families, and other relevant individuals and who is primarily responsible for the development, implementation, and review of service plans for the child. This person also works to coordinate care and services to individuals and families.

"Chemical restraint" means the involuntary emergency administration of medication in immediate response to a dangerous behavior.

"Chief administrator" means the person designated by a licensee as having day-to-day responsibility for the overall administration and operation of a facility or program and for assuring the care, treatment, safety, and protection of children.

"Child" means a person who has not reached the age of 18 years or a person who becomes 18 while residing in the facility or participating in the program, who has not reached the age of 22. Child also includes a person enrolled in a State public school or receiving an approved extension to remain in care.

"Child abuse" means to cause or inflict sexual abuse on a child less than 18 years of age; or an act by a person that has care, custody, or control of a child that causes or inflicts physical injury through unjustified force, emotional abuse, torture, exploitation, maltreatment or mistreatment as defined in 10 **Del.C.** §901.

"Child sexual abuse" means an act against a child less than 18 years of age that is described as a sexual offense or child exploitation as defined in 11 **Del.C.** §8550(2).

"CHU" means the Criminal History Unit in the Department of Services for Children, Youth and Their Families.

"Complaint investigation" means the process followed by OCCL to investigate accusations that a licensee does not comply with these regulations or applicable laws.

"Conference" means a meeting between OCCL and a licensee, chief administrator, or designated representative to discuss serious non-compliance as defined in these regulations or to discuss the denial of a variance request.

"Corrective action plan" means a document listing non-compliance that a licensee must correct, how to correct it, and the date OCCL requires the corrections to be completed. This document serves as written notice of non-compliance with these regulations.

"Denial" means an enforcement action initiated by OCCL to refuse to grant a license after OCCL receives an application. This constitutes refusal of permission to operate.

"Department" means the Department of Education.

"Designated representative" means the person who has been assigned by the applicant or licensee to act on the applicant's or licensee's behalf and granted authority over program operations and to represent the applicant or licensee in dealings with OCCL. This person may sign the application with written authorization from the applicant or licensee.

"Direct care supervisor" means a person assigned responsibility by a licensee for the supervision of direct care workers. A case manager may also serve as a direct care supervisor.

"Direct care worker" means a person designated by a licensee to provide direct care and supervision of children as described in the facility or program's policies.

"Director" means the person responsible for the supervision and administration of OCCL.

"DFS" means the Division of Family Services within the Department of Services for Children, Youth and Their Families.

"DPH" means the Division of Public Health.

"DSCYF" means the Department of Services for Children, Youth and Their Families.

"Enforcement action" means an action taken by OCCL to promote compliance. Enforcement actions are warning of probation, probation, suspension, revocation, and denial.

"Facility" means a residential child care facility.

"Hearing" means the hearing provided to a licensee or applicant when requesting an appeal of OCCL's decision to place the facility on an enforcement action such as warning of probation, probation, suspension, revocation, or denial. A licensee or applicant may provide evidence to contest the action.

"License" means a document issued by OCCL allowing a person or entity to operate a residential child care facility or day treatment program after demonstrating compliance with these regulations and applicable State laws.

"Licensee" means the person or entity, such as a company, corporation, business, organization, or agency, which has the legal responsibility and authority to operate a residential child care facility or day treatment program.

"Licensing specialist" means an OCCL employee who is responsible for performing regulatory activities including monitoring child care facilities, investigating complaints, monitoring the need for enforcement actions, and making recommendations for licensure as set forth in Delaware Code and these regulations.

"Licensing supervisor" means an OCCL employee who is responsible for performing supervisory and regulatory activities including monitoring child care facilities, investigating complaints, monitoring the need for enforcement actions, and making recommendations for licensure as set forth in Delaware Code and these regulations.

"Living unit" means a designated area or space in which a group of children resides or receives care.

"Neglect" means the failure to provide, by those responsible for the care, custody, and control of a child less than 18 years of age, the proper or necessary education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being as defined in 10 **Del.C.** §901.

"Office of Child Care Licensing" or "OCCL" means the agency within the Department authorized under 14 **Del.C.** §§3001A-3005A to promulgate and enforce regulations for child care, to license child care facilities, and to develop and implement policies and procedures.

"Parent" means a birth or adoptive parent, legal guardian, or other person having responsibility for, or legal custody, of a child. The term "parent" does not include the referring agency.

"Physical escort" means a temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back for the purpose of encouraging a child who is agitated to walk to a safe location.

"Physical restraint" means the non-punitive, age-appropriate, time-limited, and reasonable use of physical holding that is required to restrict the movement of a child for the purpose of preventing harm to the child or to others when the child fails to respond to other techniques.

"Plan review" means the document submitted to OCCL by an applicant requesting approval to open a new facility or program or by a licensee for an expansion or renovation of a licensed facility's or program's indoor or outdoor space to ensure compliance with these regulations.

"Positive reinforcement" means an action that when systematically and regularly used following the desired behavior of a child, makes it more likely that the desired behavior will recur.

"Probation" means an enforcement action initiated by OCCL due to the residential child care facility's or day treatment program's serious non-compliance with these regulations. This action directs the licensee to correct non-compliance and maintain compliance or face revocation or denial.

"Program" means a day treatment program.

"Provisional license" means a license issued for a time-limited period when a facility or program receives its initial license or is under a corrective action plan because a licensee is temporarily unable to comply fully with these regulations. There can be no serious risk to the health, safety, and well-being of children. An extension to the provisional license requires the director's approval.

"Psychotropic medication" means a chemical substance that changes brain function and alters behavior, perception, mood, or consciousness.

"Referring agency" means an organization, either publicly or privately operated, that is legally authorized to place a child in a facility or to refer a child to a program.

"Revocation" means an enforcement action initiated by OCCL to rescind a license during the license's effective dates withdrawing permission to operate.

"Seclusion" means the involuntary confinement of a child, age 6 or older, alone in a room or area from which the child is physically prevented leaving due to the child's behavior. This is a time-limited restrictive procedure that typically involves a child being removed from the child's environment by using a physical restraint or physical escort, placing the child in a locked or unlocked room under constant monitoring, and preventing the child from getting out.

"Serious non-compliance" means an action or actions that violate these regulations and presents a significant risk to children. Serious non-compliance includes the following: child abuse or neglect, excessive non-compliance, failing to admit authorized people into the facility, failing to cooperate with an investigation, failing to report abuse or neglect, improper discipline, improper staff-to-child ratios, inappropriate adult behavior, lack of supervision, medication errors, being sanctioned by another agency, providing transportation in an unsafe manner, being under the influence of drugs or alcohol, leaving unqualified staff alone with children, failing to complete background checks as required, having an unsafe building or environment, refusing to sign an agreement of understanding, or failing to comply with a signed agreement of understanding.

"Service letter" means a letter required by the Delaware Department of Labor, 19 **Del.C.** §708, are used to determine whether a person seeking employment was counseled, warned, reprimanded, suspended, or discharged as a result of a reasonably substantiated incident involving the person's violent behavior or threat of violence in the workplace, or for abuse, negligence, or neglect of patients, clients, residents, or children.

"Service plan" means a written, prescribed plan that specifies the basis for a child's admission to a facility or program, the techniques to be used to address a child's treatment needs, and goals for family reunification or permanency planning. This plan must identify the people responsible for developing and implementing the plan and the time frames for carrying out the plan while the child resides in the facility or participates in the program.

"Staff member" means any person who is employed by a licensee or any person under contract with a licensee excluding any vendors that do not provide direct care to children.

"Supervision of children" means staff members are physically present in the facility on the same floor level as children and monitoring the children's whereabouts to ensure timely attention to children's actions and needs.

"Suspension order" means a notice issued by OCCL directing a licensee to stop providing child care as of a specific date. While the license is suspended, a licensee may not provide child care.

"Teacher" means a person designated by a licensee to provide direct education services to children.

"Time-out" means the time-limited removal of a child from the child's immediate environment or the time-limited prohibition of a child to participate in an activity, as listed in Section 17.0.

"Trauma-informed care" means a facility or program's structure and treatment framework is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for the child, and that creates opportunities for the child to rebuild a sense of control and empowerment.

"Treatment plan" means a written plan of services included in the service plan to meet the specific treatment goals and needs of a child. The plan includes various services designed, developed, and implemented by a licensee to assist the needs of a child concerning education, health, medical, psychological, social, or other needs.

"Variance" means OCCL's approval for an applicant or licensee to meet the intent of a specific licensing regulation in a way that is different from the way the regulation specifies. OCCL will only give this approval when the change will not endanger the health, safety, or well-being of children in care.

"Volunteer" means a person who provides an unpaid service or support to a facility or program. The term "volunteer" shall include student interns.

"Warning of probation" means an enforcement action initiated by OCCL because the facility or program was cited for serious non-compliance. This action directs the licensee to correct non-compliance and maintain compliance or face probation or other enforcement action.

4.0 Definition of Regulated Services

4.1 An individual, corporation, LLC, organization, entity, program, or agency may not operate a residential child care facility or day treatment program or provide child care services as defined in these regulations unless under state ownership and control or issued a license by OCCL. Anyone who operates a facility or program without a license violates 14 Del.C. §§3001A-3005A, The Delaware Child Care Act, and shall be fined not more than \$1000 or imprisoned not more than 6 months, or both.

4.2 Licensed residential child care facilities shall meet the provisions of Sections 3.0 through 54.0, and, if applicable, the specific provisions for the service type a licensee wishes to operate. The facility and program requirements for licensees are:

4.2.1 A licensee operating an alternative to detention facility shall also meet the provisions of Sections 55.0 through 56.0.

4.2.2 A licensee operating a drug and alcohol treatment facility shall also meet the provisions of Sections 58.0 and 59.0.

4.2.3 A licensee operating an independent living facility shall also meet the provisions of Sections 60.0 through 64.0.

4.2.4 A licensee operating a parenting adolescent facility shall also meet the provisions of Sections 66.0 through 75.0.

4.2.5 A licensee operating a shelter care facility shall also meet the provisions of Sections 77.0 and 78.0.

4.2.6 A licensee operating a wilderness adventure facility shall also meet the provisions of Sections 80.0 and 86.0.

4.2.7 A licensee operating a day treatment program shall meet the provisions of Sections 3.0 through Section 48.0 and Sections 82.0 through 92.0.

4.2.8 A licensee using restrictive procedures shall meet the provisions of Section 93.0.

4.3 **"Residential child care facility"** means a facility that provides out-of-home, 24-hour care, protection, and supervision for children who have: behavioral dysfunctions; developmental, emotional, mental or physical impairments; or chemical dependencies. Children may also reside in a residential child care facility when they are in the Department of Services for Children, Youth and Their Families' Division of Family Service's custody, pregnant or have children, awaiting a court appearance, needing temporary living arrangements, preparing to live on their own, or have experienced trauma. A psychiatric hospital or an approved foster home is not a residential child care facility.

4.4 Residential child care facilities may also include specific service types, after the facility meets the additional provisions listed in these regulations. The specific service types are:

4.4.1 **"Alternative to detention"** means a facility for adolescents awaiting a court appearance;

- 4.4.2 "Drug and alcohol treatment" means a facility that provides care and treatment for children addicted to drugs or alcohol that strives to end the addiction;
- 4.4.3 "Independent living" means a facility that provides care for 12 or fewer adolescents to prepare them to live as self-sufficient adults;
- 4.4.4 "Parenting adolescent" means a facility for pregnant adolescents or adolescents caring for their own child or children;
- 4.4.5 "Shelter care" means a facility that provides temporary or emergency care for children for 45 days or less, unless meeting the extension requirements of Section 78.0; and
- 4.4.6 "Wilderness adventure" means a facility whose primary purpose is to engage children in camping and a course of activities to help them learn and develop a sense of social responsibility, self-worth, and problem solving. Children camp for more than 5 days and may travel through 1 or more states. The activities may involve strenuous exercise or physical exertion, such as high rope challenge courses, wilderness trekking, rock climbing, and rappelling.
- 4.5 "Day treatment program" means a program that provides highly structured, intensive, non-residential services for less than 24 hours each day to children who have: behavioral dysfunctions; developmental, emotional, mental or physical impairments; or chemical dependencies.
- 4.6 Licensed residential child care facilities operating an educational program for residents and day students shall be exempt from day treatment program requirements when more than 50% of the students are residents of the facility.

5.0 Authority to Inspect

- 5.1 Applicants, licensees, staff members, and volunteers if applicable shall allow access to the facility or program to officials from OCCL and other State and local agencies during the hours of operation to determine compliance with applicable codes, regulations, or laws. This includes access to information, files, documents, and video recordings needed to determine compliance.
- 5.2 Applicants, licensees, staff members, and volunteers if applicable, shall allow and not hinder the interviewing of an applicant, licensee, staff member, volunteer, resident, child in care, or child's parent by officials from OCCL or other State and local agencies. Interviews will occur to determine compliance with these regulations and other applicable codes, regulations, or laws. A licensee shall cooperate and have staff members cooperate with investigations regarding allegations of child abuse or neglect conducted by DSCYF.

6.0 License Requirements

- 6.1 To operate a facility or program, OCCL must issue a license for the site address listed on the application. The license is valid at this address only. A new license is required before a facility or program may provide services at a new address. See Section 10.0 for relocations. A licensee may use 1 license for multiple buildings at the same site address or choose to have each building licensed individually.
- 6.2 A license remains the property of OCCL and is not transferable or subject to sale.
- 6.3 A licensee shall post the license where it is visible to the public.
- 6.4 A license shall state the maximum number of children who may be served in the facility or program at 1 time.
- 6.5 When a facility or program is sold, closes, or relocates, or when the license has been suspended, revoked, or expires, the license immediately becomes void.

7.0 Procedures for Initial Licensure

- 7.1 An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
 - 7.1.1 Attend OCCL's information session to learn the application process and regulations or send the designated representative.
 - 7.1.2 Submit a completed Initial License Application (see Appendix I), which includes:
 - 7.1.2.1 Applicant's name, address, email, and phone numbers;
 - 7.1.2.2 Applicant's references including: For corporations, contact information for the board president; and for LLCs, contact information for the managing member;
 - 7.1.2.3 Previous licensure information, if applicable;
 - 7.1.2.4 Program information (including ages of children to be served);
 - 7.1.2.5 Staffing information (including names of proposed staff); and
 - 7.1.2.6 Certifications that include:

- 7.1.2.6.1 Agreement to comply with federal and State laws and regulations;
- 7.1.2.6.2 Statement that information supplied is true and correct; and
- 7.1.2.6.3 Acknowledgment that OCCL is required to make a thorough investigation of the applicant.

7.1.3 Submit the following items to OCCL:

- 7.1.3.1 Blueprints or diagrams of the facility or program;
- 7.1.3.2 Plan review including an emergency plan;
- 7.1.3.3 Sample 2-week menu, if providing meals or snacks (if using a catering service, a copy of the caterer's food establishment permit);
- 7.1.3.4 Business plan;
- 7.1.3.5 Deed, lease, or documentation showing a lease or sale will be entered into at a date prior to licensure of the facility or program. An actual deed or lease is required before the pre-licensing visit is conducted;
- 7.1.3.6 Fire marshal plan review approval and inspection approval from the State fire marshal or designated fire marshal when located within the city limits of Wilmington, Newark, New Castle, or Dover;
- 7.1.3.7 Proof of compliance with zoning codes or certificate of occupancy or use, and, if applicable, other codes, regulations, guidelines, or laws, such as those regarding building construction, plumbing, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water;
- 7.1.3.8 Lead-paint risk assessment and requirements of subsection 34.2, if the facility was built before 1978;
- 7.1.3.9 Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past 5 years. If an applicant has no former employer, the applicant shall provide information for 2 more references;
- 7.1.3.10 Background checks, as described in subsection 18.3, for the applicant, chief administrator, and case manager;
- 7.1.3.11 If an applicant will be present at the facility or program, an applicant's health appraisal must contain a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting TB to children or other staff and was conducted within 1 year before the application date. This form must confirm the individual's health and document medical or physical conditions that may limit the person's ability to perform child care or have access to children or others and any reasonable accommodations that may be required;
- 7.1.3.12 Description of services as described in Section 16.0;
- 7.1.3.13 Policies and procedures manual as described in Section 17.0;
- 7.1.3.14 Staff handbook;
- 7.1.3.15 Evidence showing each room used for care is free of radon hazards using the Environmental Protection Agency's (EPA) guidelines:
 - 7.1.3.15.1 Testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
 - 7.1.3.15.2 If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate a level less than 4.0 pCi/L.
- 7.1.3.16 Certification of indoor air quality or air quality testing, if applicable;
- 7.1.3.17 Documentation showing staff meet the qualifications for chief administrator and case manager;
- 7.1.3.18 Certificate of comprehensive liability insurance due by the pre-licensing visit; and
- 7.1.3.19 State business license or documentation of tax-exempt status due by the pre-licensing visit.

7.2 Upon receipt of the completed application and required information, a licensing specialist will:

- 7.2.1 Review the application and information, and conduct a pre-licensing visit to inspect the premises to determine whether the applicant complies with these regulations;
- 7.2.2 Make a recommendation for licensure. If a license is granted, it will be a 6-month initial provisional license; and
- 7.2.3 Notify the applicant as stated in subsection 13.4.2, if an initial provisional license to operate is denied.

7.3 A licensing specialist shall conduct a compliance review at the facility or program before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. If full compliance is obtained, this annual license will be valid for 6 months.

8.0 License Renewal

8.1 A licensee shall submit a completed Renewal License Application (see Appendix II) to OCCL at least 60 days before the current license expires that includes the following:

8.1.1 A current certificate of comprehensive general liability insurance;

8.1.2 A current certificate of motor vehicle insurance, if applicable; and

8.1.3 A copy of the current State business license unless documentation showing tax-exempt status had been previously submitted.

8.2 Applications received less than 60 days before the license expiration will be cited as late on the compliance review.

8.3 When a licensee applies on time, the existing license will not expire until OCCL makes a decision on the renewal application.

8.4 If a license expires before a licensee applies for renewal, the licensee must cease conducting child care. Failure to cease conducting child care may be penalized in accordance with 14 Del.C. § 3005A.

8.5 When a licensee applies after the license expires, if approved, the new license will start the date OCCL received the application. A license will not be backdated.

8.6 A licensing specialist or licensing supervisor shall verify during an announced annual compliance review that the licensee complies with these regulations.

8.6.1 A licensee found to be non-compliant with the regulations will be cited and given a corrective action plan. If on an enforcement action at the time of license renewal, the licensee may face license denial if the licensee has been unable to achieve or maintain compliance with these regulations during the enforcement period.

8.6.2 Within 5 business days of the citation, a licensee may dispute citations by contacting a licensing supervisor to request a conference or by discussing the citations over the phone.

8.6.2.1 A licensee may provide evidence that the facility was wrongly cited.

8.6.2.2 After the conference or phone conversation, the supervisor will then discuss the information with the licensing specialist and determine whether to remove the non-compliance from the corrective action plan.

8.6.2.3 The supervisor will inform the licensee of the decision in writing.

8.7 OCCL will issue 1 of the following types of licenses:

8.7.1 An annual license for 12 months when the licensee is in full compliance with the regulations;

8.7.2 A provisional license when the licensee is unable to achieve full compliance before the current license expires and the licensee agrees to comply with the corrective action plan; or

8.7.3 A license extension when compliance has not been determined through no fault of the licensee.

9.0 Changes Affecting a License

9.1 A licensee shall submit a new application and receive approval before changing the facility's or program's name. After receiving approval, the licensee shall submit a business license and proof of comprehensive general liability insurance with the new name before OCCL issues a new license.

9.2 A licensee shall submit a new application to request a change in the type of authorized regulated service.

9.3 A licensee shall submit a revised plan review and receive approval before changing the ages of children served to include infants and toddlers;

9.3.1 Making additions or renovations to the indoor areas, outdoor areas, or classrooms of the facility or program; or

9.3.2 Changing meal services provided.

9.4 Before the new or renovated area is used or the new meal service begins, a licensing specialist will conduct an on-site visit to confirm the plan was followed.

9.5 A licensee and prospective licensee shall follow the procedures in subsection 14.7.1 in preparation for the sale of the facility or program.

10.0 Relocation of a Facility or Program

- 10.1 A licensee planning to relocate shall notify OCCL at least 90 days before a planned relocation of a facility or program. A licensee shall complete a Relocation Application (see Appendix II) and submit the following information for the new location to OCCL before a licensing specialist conducts a compliance review:
 - 10.1.1 Blueprints or diagrams of the facility or program;
 - 10.1.2 Plan review including an emergency plan;
 - 10.1.3 Deed, lease, or documentation showing a lease will be entered into at a date prior to licensure for the facility or program or if located in a school, permission to use an area or classroom;
 - 10.1.4 Fire marshal plan review approval and inspection approval for the facility or program;
 - 10.1.5 Proof of compliance, if applicable, from the appropriate regulatory bodies governing zoning/certificate of occupancy or use, building construction, plumbing, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water;
 - 10.1.6 Certification of indoor air quality or air quality testing, if applicable;
 - 10.1.7 Evidence showing each room used for care to be free of radon hazards and mitigation if necessary, as stated in subsection 34.3;
 - 10.1.8 State business license showing new site address;
 - 10.1.9 Certificate of current comprehensive general liability insurance; and
 - 10.1.10 Lead-paint risk assessment and requirements of subsection 34.2, if the building was built before 1978.
- 10.2 A licensee may not provide services at the new location until OCCL issues a license for the new address.

11.0 Regulation Variance

- 11.1 An applicant or licensee shall comply with all regulations unless an applicant or licensee requests a variance from OCCL and receives written approval.
- 11.2 To request a variance, the applicant or licensee shall complete a variance request form (see Appendix III) describing how the applicant or licensee will meet the intent of a specific regulation in a different way from the way the regulation states. The change may not endanger the health, safety, or well-being of children in care.
- 11.3 OCCL's director or designee will approve or deny applicant or licensee's variance request in writing after receipt of the variance request.
- 11.4 The licensee shall keep the variance approval and make it available upon request. A variance is valid only for this licensee. If the licensee fails to comply with the variance, OCCL will withdraw the variance approval and require the licensee to comply as the regulation states.
- 11.5 A variance denial or withdrawal of approval may be appealed by requesting a conference with the Associate Secretary of Early Childhood Support within 5 business days of receiving the denial or withdrawal.
 - 11.5.1 The conference shall be scheduled within 10 business days.
 - 11.5.2 The decision of the Associate Secretary of Early Childhood Support is final.

12.0 Complaints

- 12.1 OCCL shall investigate when a complaint is received regarding a possible violation of these regulations.
- 12.2 OCCL shall conduct an unannounced visit to investigate the complaint and notify the licensee or a staff member that a complaint is being investigated at that unannounced visit.
- 12.3 OCCL shall provide the licensee with a written complaint report containing the results of the investigation.
- 12.4 If the complaint is substantiated or if other violations are found during the investigation, a licensee shall correct the violations and come into compliance with these regulations.
- 12.5 Within 5 business days of receiving the complaint investigation report, a licensee may dispute citations or findings by contacting a licensing supervisor to request a conference or by discussing the citations over the phone.
 - 12.5.1 A licensee may provide evidence that the facility was wrongly cited.
 - 12.5.2 After the conference or phone conversation, the supervisor will then discuss the information with the licensing specialist and determine whether to remove the non-compliance from the corrective action plan.
 - 12.5.3 The supervisor will inform the licensee of the decision in writing.
- 12.6 Complaints relating specifically to laws, rules, or regulations of other governmental entities (including the Americans with Disabilities Act and Delaware Equal Accommodations Law) may be investigated by OCCL if the violation of those laws, rules, or regulations also constitutes a violation of DELACARE Regulations. OCCL may refer these complaints to the appropriate entity charged with enforcement authority for investigation. At the time of the referral, OCCL shall request a report of the findings. OCCL shall assist the complaining party with the referral process or make the referral itself, as appropriate. OCCL may coordinate investigation with

those other entities. OCCL may adopt another enforcement entity's findings as the basis for an OCCL enforcement action.

12.7 DSCYF's Institutional Abuse Unit or law enforcement may investigate if they receive a complaint regarding the abuse or neglect of a child while at the facility or program.

13.0 Enforcement Actions

13.1 A licensee shall follow these regulations and applicable federal, State, and local laws and regulations. Failure to do so will result in a corrective action plan or an enforcement action.

13.1.1 Enforcement actions are warning of probation, probation, suspension, revocation, and denial of a license application.

13.1.2 OCCL may be initiate an enforcement action when a licensee fails to comply with a corrective action plan, fails to sign an agreement of understanding, fails to comply with a signed agreement of understanding, or has been cited for serious non-compliance.

13.1.3 A licensee may dispute an enforcement action by requesting a hearing within 10 business days of notification of OCCL's decision to impose the action.

13.1.3.1 This dispute request must be submitted in writing.

13.1.3.2 A licensee may provide evidence that the facility was wrongly cited.

13.2 License Suspension

13.2.1 OCCL may immediately suspend a license if the health, safety, or well-being of children in care is in serious or imminent danger.

13.2.1.1 A suspension order requires the licensee to immediately stop providing child care. Absent extenuating circumstances, a suspension order shall be in writing.

13.2.1.2 If a verbal suspension order is provided, it will be followed by a hand-delivered written suspension order by 11 AM the following business day.

13.2.1.3 A written suspension order must state the reason or reasons for the enforcement action.

13.2.2 Within 10 business days of OCCL issuing the written suspension order, the licensee may choose to close permanently, remain suspended until the reason for the suspension has been corrected, or remain suspended and make a written request for a hearing. If a hearing is requested, the license will remain suspended until the Secretary of the Department of Education's decision becomes effective.

13.2.3 A hearing must be scheduled within 10 business days of the licensee's written request for a hearing.

13.2.3.1 A hearing officer with no previous involvement in the matter must be assigned by the Associate Secretary of Early Childhood Support.

13.2.3.2 The hearing officer may allow delays in the hearing only for good cause.

13.2.3.3 Within 5 business days of the suspension hearing, the hearing officer shall issue recommendations to the Secretary of the Department of Education in accordance with 14 Del.C. § 3004A. The Secretary of the Department of Education shall accept, deny, or accept in part, and deny in part the recommendations of the hearing officer in the case and issue a final decision within 10 business days of the date of the recommendations.

13.2.3.4 The licensee will be notified in writing of the decision of the Secretary of the Department of Education. The decision will become final 10 business days after it is mailed or delivered to the licensee.

13.2.4 A licensee dissatisfied with the Department's decision for suspension may file an appeal within 30 business days after the mailing or delivery of the decision notice.

13.2.4.1 An appeal may be filed in the Delaware Superior Court in the county where the facility or program is located, by filing the appeal in the Office of the Prothonotary for the Superior Court.

13.2.4.2 A licensee shall supply a copy of the appeal to the Department.

13.2.4.3 The licensee pays any costs for this appeal that Superior Court rules require to be paid by the filing party.

13.2.4.4 The final decision of the Secretary of the Department of Education will remain in place during the appeal process unless otherwise ordered by the court.

13.3 Warning of Probation or Probation

13.3.1 OCCL may place a facility or program on warning of probation or probation when serious non-compliance is cited.

13.3.1.1 OCCL shall notify the licensee in writing of the reasons it intends to place the facility or program on warning of probation or probation.

- 13.4.3.1 The Department will assign a hearing officer with no previous involvement in the matter.
- 13.4.3.2 A hearing officer may allow delays in the hearing only for good cause.
- 13.4.4 If an applicant or licensee requests a hearing in a timely manner, its existing license will be valid until the Department provides a written decision after the hearing. However, OCCL may suspend a license immediately whenever the health, safety, or well-being of children in care is in serious or imminent danger.
- 13.4.5 After a hearing officer makes a recommendation, the Secretary of the Department of Education determines whether to adopt the recommendation and issues a final decision. The applicant or licensee will be notified in writing of the decision. The decision will become final 10 business days after it is mailed or delivered to the applicant or licensee.
- 13.4.6 An applicant or licensee who is dissatisfied with the Department's decision regarding revocation or denial may file an appeal within 30 business days after the mailing or delivery of the decision notice.
 - 13.4.6.1 The applicant or licensee appeals to the Delaware Superior Court in the county where the facility is located, by filing the appeal in the Office of the Prothonotary for the Superior Court.
 - 13.4.6.2 The applicant or licensee shall supply a copy of the appeal to the Department.
 - 13.4.6.3 The applicant or licensee pays any costs for this appeal that Superior Court rules require to be paid by the filing party.
 - 13.4.6.4 The final decision of the Secretary of the Department of Education will remain in place during the appeal process unless otherwise ordered by the court pursuant to 29 Del.C. §10144.
- 13.4.7 When a license has been revoked or an application has been denied, the licensee may not apply for a license from OCCL for 3 years from the date that the revocation or denial was upheld.

14.0 Notification

- 14.1 A licensee shall immediately call OCCL and speak to a licensing specialist Monday-Friday between 8:00 AM and 4:30 PM, if a child dies or attempts suicide at the facility or program. Leaving a message is not acceptable. If the death or suicide attempt occurs after business hours, a licensee shall immediately call the 24-Hour Child Abuse and Neglect Report Line, currently 1-800-292-9582.
- 14.2 A licensee shall immediately notify the child's parent or the referring agency in the event of a child's death.
- 14.3 A licensee shall notify the child's parent or the referring agency within 1 business day of any serious illness or injury that requires medical treatment or any severe psychiatric episode of a child requiring hospitalization.
- 14.4 A licensee shall call OCCL and speak to a licensing specialist within 1 business day during business hours and send follow-up documentation to the assigned specialist within 3 days of the event in the event of any of the following:
 - 14.4.1 A fire, flood, or other disaster causes damage so the facility or program is unable to operate safely;
 - 14.4.2 A child client is injured and needs medical or dental treatment;
 - 14.4.3 Suspected abuse or neglect of a child while in care (after reporting the suspicion to the 24-Hour Child Abuse and Neglect Report Line);
 - 14.4.4 Suspected child abuse or neglect involving a licensee or staff member being investigated by DSCYF or law enforcement;
 - 14.4.5 Known new charges, arrests, or convictions of a licensee or a staff member;
 - 14.4.6 A child had a reaction to medication requiring medical treatment or received medical treatment because of a medication error, such as giving the wrong medication, giving the wrong dose, failing to give the medication, giving medication to the wrong child, or giving the medication by the wrong route;
 - 14.4.7 An equipment breakdown that threatens the health and safety of children in care, including lack of working toilets, interruption of running water, loss of phone service or power, failure of any fire protection system, and heating or air-conditioning failure; or
 - 14.4.8 A child is abducted, absent without permission, or runs away.
- 14.5 A licensee shall ensure staff members follow the Delaware DSCYF reportable events and notification procedures.
- 14.6 A licensee shall call OCCL and speak to a licensing specialist within 2 business days and send follow-up documentation to the assigned specialist within 5 business days when the facility or program's phone number changes or when the chief administrator resigns, is dismissed, or is hired.
- 14.7 A licensee shall notify OCCL in writing at least 90 days before the expected closing of a facility or program or a change of ownership, sponsorship, location, name, capacity, or type of regulated service being provided.
 - 14.7.1 When a licensee plans to sell a currently licensed facility or program, the prospective licensee shall follow the procedures listed in Section 7.0, before the facility or program is sold so that a child care license can be

issued to the new owner after meeting all licensing criteria and the sale is finalized. Lead-risk assessments are transferrable.

14.7.2 Once the initial licensing procedures are completed by the prospective owner, a licensing specialist will conduct a pre-licensing visit to issue a new license that becomes effective the date the facility is sold. If non-compliance is cited, a corrective action plan will be created with a maximum of 30 days for completion assuming no major health or safety violations were cited.

14.7.3 The prospective licensee shall provide a copy of the bill of sale to OCCL before OCCL will issue the license.

15.0 Insurance Coverage

A licensee shall have documentation of current comprehensive general liability insurance, motor vehicle insurance if transporting children in a vehicle that is owned or leased by the facility or program, and other insurance as required by State law.

16.0 Description of Services

16.1 A licensee shall have available via a website or printed materials the following information:

16.1.1 A written description of the facility's or program's mission;

16.1.2 Description of the types of treatment services provided to children;

16.1.3 Description of services provided to children and their families, including those provided directly by a licensee or arranged through another source;

16.1.4 Age range of children served;

16.1.5 Gender of children served;

16.1.6 Rules of the facility or program;

16.1.7 Policies governing visiting, telephone use, and other forms of communication with the child's family, friends, and others;

16.1.8 Religious affiliation and practices observed by a licensee; if applicable;

16.1.9 Activities provided;

16.1.10 Description of a licensee's behavior support policies and procedures and restrictive procedures, if applicable;

16.1.11 Resources on trauma exposure, its impact, and treatment;

16.1.12 Grievance policies and procedures; and

16.1.13 Information on how to obtain a copy of these regulations and on reporting any suspected violations of these regulations.

17.0 Policies and Procedures

17.1 A licensee shall have and follow written policies and procedures:

17.1.1 Governing a child's admission to a facility or program.

17.1.2 Protecting a child's rights to privacy and dignity. A photo, video, or recording that reveals a child's identity shall not be used for research, fundraising, or public relations without the written consent of the child's parent or referring agency.

17.1.3 Regarding a child's participation in research projects. The policy shall conform to the National Institute of Mental Health Standards on Protection of Human Subjects.

17.1.4 Governing the recruitment, screening, hiring, supervision, training, evaluation, promotion, and disciplining of staff members and volunteers.

17.1.5 Governing the qualifications and use of volunteers, if using volunteers. The qualifications shall be appropriate to the duties performed.

17.1.6 Governing the assignment of a child to an educational program, if a licensee chooses not to provide an educational program directly.

17.1.7 For handling an incident of suspected child abuse or neglect that occurs while a child is a client of the facility or program that complies with applicable laws.

17.1.8 Governing the discipline and behavior supports for children. These policies and procedures shall include the concepts and use of the least restrictive effective treatment and positive reinforcements and shall prohibit:

- 17.1.8.1 Roughly handling a child or inflicting physical punishment on a child's body, including shaking, grabbing, striking, hair-pulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;
- 17.1.8.2 Humiliating, ridiculing, frightening, or degrading children;
- 17.1.8.3 Engaging in discriminatory treatment or harassment based on child's looks, race, national origin, religion, gender, gender expression, sexual orientation, disability, ethnicity, family, or other personal traits;
- 17.1.8.4 Encouraging or allowing children to hit, punish, or discipline each other;
- 17.1.8.5 Denying children food, water, toilet use, or bathing as a result of inappropriate behavior;
- 17.1.8.6 Using any form of forced physical exercise or activity or work assignment that produces pain or discomfort;
- 17.1.8.7 Punishing the group for misbehaviors of a child or a group of children unless the policies and procedures clearly list the specific circumstances and safeguards when this would be allowed;
- 17.1.8.8 Denying medical or dental care;
- 17.1.8.9 Denying visits or communications with family or others as listed in subsection 51.1;
- 17.1.8.10 Denying shelter, appropriate clothing, bedding, or any other essential personal items;
- 17.1.8.11 Denying sleep or rest;
- 17.1.8.12 Using mechanical restraints;
- 17.1.8.13 Attempting to change or discourage a child's sexual orientation, gender identity, or gender expression; or
- 17.1.8.14 Physically or sexually abusing a child.
- 17.1.9 Governing discipline and behavior supports include the model, program, or techniques used based on a child's needs, developmental level, and behavior and its use of each of the following:
 - 17.1.9.1 Use of a de-escalation system that is a holistic system for defusing escalating behavior and safely managing aggressive behavior;
 - 17.1.9.2 Positive supports;
 - 17.1.9.3 Use of "time-out," to restrict a child in care to a designated area for a period of time to give the child in care an opportunity to regain self-control, if applicable;
 - 17.1.9.4 Physical escort, if applicable;
 - 17.1.9.5 Chemical restraint, if applicable;
 - 17.1.9.6 Physical restraint, if applicable; and
 - 17.1.9.7 Seclusion, if applicable.
- 17.1.10 Governing the use of appropriate "time-out" techniques. These policies and procedures shall require that appropriate "time-out" techniques may be used after first using other developmentally appropriate behavior supports and only:
 - 17.1.10.1 When a child's behavior is judged by the staff to be disruptive or prevents others from participating in an activity;
 - 17.1.10.2 When at least 1 staff member has been designated to be responsible for making visual contact with the child no less frequently than every 15 minutes;
 - 17.1.10.3 When the room used for "time out" has adequate space, temperature, light, and ventilation, and is not capable of locking;
 - 17.1.10.4 In an area that is not a closet, a bathroom, or an unfinished basement or attic;
 - 17.1.10.5 For a duration of time that shall not exceed 1 minute per the age of the child for children under age 6 and no more than 30 minutes for children over age 6;
 - 17.1.10.6 When the child is reintroduced to the group in a sensitive and non-punitive manner as soon as the child has regained control;
 - 17.1.10.7 When "time-out" episodes are documented in the child's record; and
 - 17.1.10.8 If there are more than 15 "time-outs" for an individual child within a 24-hour period, a licensee shall ensure:
 - 17.1.10.8.1 The events and actions of the child leading up to each "time-out" are evaluated and staff's responses to those events and actions are reviewed to ensure competency of staff to implement a "time-out" only when necessary;
 - 17.1.10.8.2 The chief administrator or designee conducts a review to determine the child's suitability to remain in placement in the facility or program or whether changes to the child's service plan are necessary; and

- 17.1.10.8.3 The facility or program takes appropriate action in response to the findings of the review.
- 17.1.11 In cases of emergencies or life-threatening situations, including arrangements for emergency transport services for children. The procedures must include provisions for supervision when a staff member is required to accompany a child to a hospital emergency room.
- 17.1.12 A suicide prevention policy that includes the following:
- 17.1.12.1 How the facility will respond in the event a child in care exhibits self-injurious, self-harm, or suicidal behavior;
 - 17.1.12.2 Warning signs of suicide;
 - 17.1.12.3 Emergency protocol and contacts;
 - 17.1.12.4 Training requirements for staff members, including suicide prevention training and suicide risk assessment tool training;
 - 17.1.12.5 Procedures for determining implementation of additional supervision precautions and for determining removal of additional supervision precautions;
 - 17.1.12.6 Procedures to conduct a suicide risk assessment on the day of intake;
 - 17.1.12.7 Documentation requirements for suicide ideation, self-harm, and special observation precautions to ensure immediate communication to all staff;
 - 17.1.12.8 A process for tracking suicide behavioral patterns; and
 - 17.1.12.9 A "post-intervention" plan with identified resources.
- 17.1.13 Governing the handling of grievances by children. These policies and procedures shall:
- 17.1.13.1 Be written in clear and simple language;
 - 17.1.13.2 Be communicated to children in an age and developmentally appropriate manner;
 - 17.1.13.3 Be posted in an area easily accessible to children and their parent or referring agency;
 - 17.1.13.4 Ensure that any grievance shall be investigated by a staff member who is not the subject of the grievance; and
 - 17.1.13.5 Require continuous monitoring by a licensee of any grievance to ensure there is no punitive or retaliatory action taken or threatened against a child who reported a grievance.
- 17.1.14 Governing medical emergencies. These policies and procedures shall require that at least 1 staff member is on duty who is qualified to administer first aid and cardiopulmonary resuscitation (CPR) and 1 fully equipped first aid kit is placed in each building used by children and in any indoor recreation area.
- 17.1.15 For record security, maintenance, and disposal that addresses:
- 17.1.15.1 Assigning the responsibility of supervising record maintenance and custody to ensure records are uniform in organization, readily identifiable, current, and complete;
 - 17.1.15.2 Securing a record against loss, damage, tampering, accessibility, and unauthorized use;
 - 17.1.15.3 Determining to whom a record may be released;
 - 17.1.15.4 Determining what type of record or portion of a record may be destroyed and what must be kept permanently;
 - 17.1.15.5 Creating a storage system for permanent records that ensures information is protected and kept indefinitely; and
 - 17.1.15.6 Transferring and keeping records in the event the facility or program closes.

18.0 General Qualifications and Background Checks

- 18.1 A licensee shall only employ staff members who understand and respect the needs of children and their families and their cultures. Staff members shall be physically and emotionally capable of performing activities related to providing child care, which includes the ability to supervise children's activities; to support children's physical, intellectual, social and emotional growth; to deal with emergencies in a calm manner; and to carry out methods of behavior support, as stipulated in these regulations.
- 18.2 A licensee shall ensure a staff member with a known contagious communicable disease does not provide personal care to or have direct contact with children unless the staff member's health care provider or the Division of Public Health (DPH) provides documentation stating the staff member may be present. If a staff member has a reportable communicable disease, a licensee shall ensure the disease is reported to DPH. Information regarding the communicable diseases that require reporting may be located on DPH's website (currently listed as <https://dhss.delaware.gov/dph/dpc/rptdisease.html>).
- 18.3 A licensee shall ensure a staff member is fingerprinted before the start of employment.
- 18.3.1 Staff members shall provide the fingerprint receipt to the licensee before working with children.

- 18.3.2 Staff members working in programs eligible for Title IV-E funds who currently reside out of state or those who have resided outside of Delaware in the last 5 years shall contact each state of residence, and request a name-based child abuse and neglect search.
- 18.3.3 After the out-of-state searches are completed, the chief administrator shall submit the results immediately to the Criminal History Unit (CHU).
- 18.3.4 While waiting for the results of the background check, a staff member may not be alone with children and must be supervised at all times by a person who has completed the background check process and been determined eligible.
- 18.3.5 A licensee shall ensure results of all record checks are placed in the staff member's file.
- 18.4 A licensee may not own or be employed at a facility or program if the licensee is prohibited from working in child care in Delaware based on State law. Applicants and licensees who have a child or children currently or permanently removed from their custody because of abuse, neglect, or dependency are prohibited from providing child care.
- 18.5 A licensee shall comply with the DELACARE Regulations - Background Checks for Child-Serving Entities.
- 18.6 A licensee may not employ or retain a person who is prohibited from working in child care in Delaware based on State law. If a person is determined ineligible, the licensee, or DSCYF, in cases where the facility is under contract or directly operated by DSCYF, shall make the final determination on whether to hire or retain the person.
- 18.7 A licensee may not employ or retain in any capacity a person convicted of an offense defined as child sexual abuse in 11 Del.C. §8550; or who is on the Child Protection Registry at a Level III or Level IV.
- 18.8 When known, the licensee may not employ or retain in any capacity a person whose child or children are currently removed from this person's custody because of abuse or neglect.
- 18.9 After receiving an eligibility determination, a person who is determined ineligible or prohibited under the DELACARE Regulations - Background Checks for Child Serving Entities, is entitled to an administrative review for reconsideration.
 - 18.9.1 If the person requests an administrative review, the licensee and the person shall be bound by the final eligibility decision of the administrative review.
 - 18.9.2 If a person is determined ineligible, the licensee, or DSCYF in cases where the facility is under contract or directly operated by DSCYF shall make the final determination on whether to hire or retain the person.
 - 18.9.3 If a person is determined prohibited, the person may not work in child care.

19.0 Staff Qualifications

- 19.1 A licensee shall have a full-time chief administrator who meets the following qualifications: at least 21 years of age, a bachelor's degree from a regionally accredited college or university in business, public administration, social or behavioral science, social services, social work, or a human services field and have 2 years of successful related work experience in administration or supervision.
- 19.2 A licensee shall have a case manager who meets the education and experience that are specifically related to the client population to be served. That education and experience shall consist of the following for the type of population served:
 - 19.2.1 A bachelor's degree in human services or behavioral science from a regionally accredited college or university in social work, sociology, psychology, speech communication or special education with certification for emotional disturbance or learning disabilities and 1 year of full-time work experience working with children.
 - 19.2.2 For work with children who are receiving services primarily for correctional aftercare or emotional disturbance, the case manager shall have 1 of the following qualifications:
 - 19.2.2.1 A master's degree in human services or behavioral science from a regionally accredited college or university that includes field work experience or 1 year of full-time employment experience working with children or families.
 - 19.2.2.2 A bachelor's degree in human services or behavioral science from a regionally accredited college or university and either 2 years of full-time employment experience in human services counseling involving children and families or at least 500 hours of supervised family or child contact therapy hours.
 - 19.2.3 For work with residents who are receiving services primarily for a developmental disability, the case manager shall have the following education and experience qualifications:

- 19.2.3.1 A bachelor's degree from a regionally accredited college or university in social work, sociology, psychology, speech communication, special education, physical therapy, or occupational therapy; and
- 19.2.3.2 Specialized training or one year of employment experience in treating or working with persons who are developmentally disabled.
- 19.3 A licensee shall have direct care supervisors, unless assigning case managers to supervise direct care workers, who are at least 21 years old and meet 1 of the following requirements:
 - 19.3.1 A bachelor's degree in human services or behavioral science from a regionally accredited college or university and 1 year of full-time work experience working with children;
 - 19.3.2 An associate degree in human services or behavioral science from a regionally accredited college or university or a minimum of 48 credit hours in human services or behavioral science from a regionally accredited college or university and 2 years of full-time work experience working with children; or
 - 19.3.3 A high school diploma from a regionally accredited high school or equivalent and 3 years of full-time work experience working with children.
- 19.4 A licensee shall have direct care workers who are at least 21 years old and have a high school diploma from a regionally accredited high school or equivalent.

20.0 Administrative Oversight and Staffing

- 20.1 A licensee shall require the chief administrator to ensure there are sufficient administrative, supervisory, social service, educational, recreational, direct care, and support staff members or volunteers to perform the duties required by these regulations and to provide for the care, needs, medical consultation, and supervision of children.
- 20.2 A licensee shall have an up-to-date organizational table showing the facility's or program's administrative and staffing structure with position titles and lines of authority.
- 20.3 A licensee shall ensure a designated staff member is in charge on the premises at all times when children are present.
- 20.4 A licensee shall ensure a direct care supervisor or case manager supervises no more than 12 (full-time equivalent) direct care workers.
- 20.5 If using volunteers, a licensee shall assign designated staff to supervise each volunteer.
- 20.6 A licensee shall ensure written attendance records showing staff members' assignments with exact hours worked are maintained at each facility or program for at least 3 months.

21.0 Personnel and Volunteer Files

- 21.1 A licensee shall have a personnel file for each staff member and volunteer who works with children at least 5 days or 40 hours a year. This file shall be available upon request. Except as noted, all file contents are required at the start of employment or volunteering and shall include the following:
 - 21.1.1 Completed application or résumé containing the person's name, date of birth, home address, and phone number;
 - 21.1.2 Work or volunteer start date, and end date, if applicable;
 - 21.1.3 Two references from adults not related to the person who can verify the person is of good character and respects and understands the needs of children and their families. These references can be letters or written notes gathered by calling the reference. Phone references require the reference's name, phone number, date called, information about the person's character and interactions with children and families, if known, and the name of person receiving the reference;
 - 21.1.4 Release of employment history form and received service letters, or documentation showing requests and follow-up for service letters have been made. If the person has not worked or if unable to get at least 1 completed service letter, 2 additional reference letters or phone references are required;
 - 21.1.5 Proof of qualifications, education, and applicable professional credential or certification;
 - 21.1.6 Health appraisal within the first month of employment conducted within 1 year before the start date. This appraisal shall confirm the individual's health and document medical or physical conditions that are job related that may limit the person's ability to perform child care or have direct access to children and any reasonable accommodations that may be required in accordance with the Americans with Disabilities Act;
 - 21.1.7 TB test or medical professional risk assessment within the first month of employment or volunteering conducted within 1 year before the start date, with further testing if a health care professional has concerns regarding the staff member's health;

- 21.1.8 A statement signed by the person stating the person's status regarding all previous convictions; current indictment or involvement in criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; serious violations of accepted standards of honesty or ethical behavior; or a case of child abuse or neglect substantiated by DFS or the respective responsible entity in another state or country;
- 21.1.9 Documentation of a fingerprinted background check as described in subsection 18.3. A person shall have no unsupervised contact with a child until the facility or program receives an eligibility determination from CHU;
- 21.1.10 Adult abuse registry check through the Division of Health and Social Services website, currently <https://dhss.delaware.gov/dhss/dltcrp/default.aspx>;
- 21.1.11 Documentation acknowledging the person is aware that the use of alcohol or a drug that could negatively affect essential job functions; unlawful possession, manufacture, or distribution of alcohol or drugs; or possession of a controlled substance is prohibited while working;
- 21.1.12 Documentation of the receipt of a facility's or program's policy manual, including verification of client confidentiality policies;
- 21.1.13 If transporting children, a copy of the current driver's license and proof of vehicle insurance;
- 21.1.14 Job description for the current position;
- 21.1.15 If working with children, documentation of an orientation that is completed before working alone with children that includes the following topics and the opportunity to ask questions and receive clarification. The topics shall include:
 - 21.1.15.1 The purpose, policies, and procedures, including those governing behavior supports including de-escalation skills training, crisis prevention and management skills, disciplinary techniques that are non-punitive in nature and are focused on helping children build positive personal relationships and self-control;
 - 21.1.15.2 Trauma-informed treatment;
 - 21.1.15.3 Suicide prevention;
 - 21.1.15.4 The staff member's job duties;
 - 21.1.15.5 Emergency procedures including the location of emergency exits, emergency equipment, and first aid kits; calling in an additional staff member, securing the assistance of law enforcement or emergency personnel, and assigning roles in response to an emergency;
 - 21.1.15.6 Current disaster plan, including where staff members and children would evacuate to if required to evacuate to a nearby area and 1 location out of the area; a list of items to take if evacuated including medication, medical equipment, and other necessities;
 - 21.1.15.7 The role of staff and volunteers in client service delivery and the protection of children;
 - 21.1.15.8 The Delaware child abuse and neglect law and reporting requirements;
 - 21.1.15.9 Information on other federal or State laws or regulations applicable to children and families who are clients of the facility or program, including non-discrimination against a child based the child's race or color, sex, sexual orientation, age, national origin, disability, religion, or pregnancy;
 - 21.1.15.10 Applicable licensing regulations and the location of the regulations at the facility or program for review;
 - 21.1.15.11 Cultural awareness, responsiveness, and sensitivity;
 - 21.1.15.12 Sex trafficking signs, symptoms, prevention, and supports;
 - 21.1.15.13 Reasonable and prudent parent standard training for designated staff members and age-appropriate and developmentally appropriate activities for a child in care; and
 - 21.1.15.14 Procedures for complaint investigations.
- 21.1.16 Staff disciplinary actions, if applicable;
- 21.1.17 Record of annual training hours, including certificates and transcripts, if applicable; and
- 21.1.18 Annual performance evaluation signed and dated by the staff member and supervisor.

22.0 Contracted Licensed Professionals Files

- 22.1 A licensee shall have a personnel file, available upon request, for each contracted licensed professional who works with children at least 5 days or 40 hours a year at the facility or program that includes the following:

- 22.1.1 Documentation of a completed fingerprinted background check as described in subsection 18.3. A person shall have no unsupervised contact with a child until the facility or program receives an eligibility determination from CHU;
- 22.1.2 Current professional credential or certification;
- 22.1.3 Health appraisal within the first month of employment conducted within 1 year before the start date. This appraisal shall confirm the individual's health and document medical or physical conditions that are job related that may limit the person's ability to perform child care or have direct access to children and any reasonable accommodations that may be required in accordance with the Americans with Disabilities Act; and
- 22.1.4 TB test or medical professional risk assessment within the first month of employment conducted within 1 year before the start date, with further testing if a health care professional has concerns regarding the staff member's health.

23.0 Training

- 23.1 Within 2 months of hire unless currently certified, a licensee shall ensure staff members working with children complete certifications in first aid and CPR that requires a "hands on" skills demonstration. The certifications shall be appropriate to the ages of the children served and be kept current.
- 23.2 A licensee shall ensure each staff member whose primary role requires interaction with children and who works 30 or more hours a week receives at least 18 hours of professional development training annually.
- 23.3 A licensee shall ensure a staff member whose primary role requires interaction with children and who works less than 30 hours a week receives at least 9 hours of professional development training annually.
- 23.4 A licensee shall ensure professional development training is designed to maintain, improve, or enhance the staff member's knowledge or skills in carrying out job responsibilities, and it is in core areas such as behavior supports, crisis management, conflict resolution, cultural competence, mental or behavioral health, substance abuse, health and safety, trauma-informed care, child or adolescent development, professionalism, or communication.
- 23.5 If the facility uses any of the restrictive procedures contained within Section 93.0, staff members must be trained annually regarding the use of that restrictive procedure.

24.0 Allegations of Abuse or Neglect against a Staff Member

- 24.1 A licensee shall ensure children are not abused or neglected.
- 24.2 A licensee shall take corrective action to eliminate the factors or circumstances that may have caused or may have otherwise resulted in a continuing risk of abuse or neglect to children if the abuse or neglect occurred at the facility or program by a staff member, volunteer, or licensed contracted professional.
- 24.3 A staff member, volunteer, or licensed contracted professional alleged to have perpetrated an incident of child abuse or neglect shall not have direct contact with any child, but may, at the discretion of a licensee, be reassigned to other duties that do not involve contact with children until the investigation by the Institutional Abuse Unit or law enforcement has been completed.
- 24.4 A licensee shall take appropriate disciplinary action against any staff member, volunteer, or licensed contracted professional who committed an act of child abuse or neglect.

25.0 Children's Admission

- 25.1 A licensee shall ensure the child, the child's parent or the referring agency, and any other appropriate party, are given a reasonable opportunity to participate in the facility's or program's admission process.
- 25.2 When involvement of the child's parent in the admission process is not possible or desirable, a licensee shall record the reasons for the exclusion in the admission records.
- 25.3 A licensee shall not admit a child into care until an admission evaluation has been completed.
- 25.4 A licensee shall have and follow a written admission agreement with the parent or the referring agency. The admission agreement shall be signed by all parties and include:
 - 25.4.1 The basis for admission;
 - 25.4.2 The service or treatment goals;
 - 25.4.3 The specific services or treatment to be provided;
 - 25.4.4 The roles and responsibilities of a licensee and the people and agencies involved with the child and the child's family;
 - 25.4.5 Authorization to provide services to the child;

- 25.4.6 Authorization to provide or obtain routine medical and dental care for the child;
- 25.4.7 If applicable, the child's religion and practices; and
- 25.4.8 If applicable, authorization to allow the child to participate in recreational and out-of-state activities.
- 25.5 Upon admission, a licensee shall provide to the child and the parent, if applicable, the following information:
 - 25.5.1 Rules of the facility or program;
 - 25.5.2 Policies governing visiting, telephone use, and other forms of communication with the child's family, friends, and other people;
 - 25.5.3 If applicable, religion and practices observed by a licensee;
 - 25.5.4 Description of services and activities provided;
 - 25.5.5 Description of a licensee's behavior support policies and procedures and if applicable, restrictive procedures;
 - 25.5.6 Resources on trauma exposure, its impact, and treatment;
 - 25.5.7 Grievance policies and procedures;
 - 25.5.8 Name of the child's service worker; and
 - 25.5.9 Information on how to obtain a copy of these regulations and on reporting any suspected violations of these regulations.
- 25.6 When a licensee declines to admit a child, a licensee shall verbally provide the child's parent or the referring agency with an explanation of the reasons for the refusal. A written explanation of the reasons for refusal shall be provided upon request.

26.0 Service Plan

- 26.1 A licensee shall have and follow a written service plan for each child admitted into a facility or program.
- 26.2 A licensee shall give the child and the child's parent or the referring agency an opportunity to be involved in the development of the service plan unless there is documentation justifying the reason for non-participation.
- 26.3 A licensee shall ensure everyone who participated in the service plan's development signs the plan.
- 26.4 A licensee shall begin to create the service plan within 7 days of a child's admission; complete the service plan within at least 30 days; and update the plan every 3 months thereafter during the child's placement at the facility or program. Facilities operating as shelter care shall initiate service planning within 24 hours of admission.
- 26.5 A licensee shall ensure the service plan addresses the following:
 - 26.5.1 Behavioral functioning;
 - 26.5.2 Psychological or emotional adjustment;
 - 26.5.3 Personal and social development;
 - 26.5.4 Familial relationships and family history including parent or caregiver trauma and its impact on the family system;
 - 26.5.5 Approved methods of behavior support;
 - 26.5.6 Brief history of traumatic events;
 - 26.5.7 Medical and health needs as indicated by a health screening;
 - 26.5.8 Type and frequency of direct supervision required that considers the child's age, maturity, behavior, and developmental level;
 - 26.5.9 Educational and vocational needs;
 - 26.5.10 Recreational interests and abilities;
 - 26.5.11 Identification of services or treatment and their arrangements on behalf of the child and the child's family;
 - 26.5.12 When applicable, a description of any specialized service or treatment by other appropriately qualified professionals;
 - 26.5.13 Conditions for discharge; and
 - 26.5.14 A projection in regard to the child's length of stay and an initial plan for discharge.
- 26.6 A licensee shall ensure each child's service plan includes behavioral or functional objectives that specifies behaviors to be changed, eliminated, or modified, and includes projected achievement dates, with measurable indicators or criteria for monitoring progress and assessing achievement of the service plan's objectives.
- 26.7 A licensee shall provide a copy of the plan to the child, parent, if applicable, and referring agency.
- 26.8 A licensee shall ensure at the time of each 3-month review, the service plan is updated to include the following:
 - 26.8.1 Progress made toward achieving the goals established in the previous service or treatment plan;

- 26.8.2 Any changes in the service or treatment plan; and
- 26.8.3 A projected date for the child's discharge.

27.0 Children's Health Appraisals

- 27.1 A licensee shall ensure that within 1 month of admission, each child's file contains a health appraisal that includes an immunization record that adheres to 14 **Del.C.** §131 and 14 **DE Admin. Code** 804. A health care provider must have conducted this health appraisal within the last 12 months.
- 27.1.1 If a licensee cannot obtain documentation of a health appraisal or immunizations for a child, such as specified in the McKinney-Vento Homeless Assistance Act, a licensee shall coordinate with the child's parent or referring agency to obtain the required health appraisal and immunizations and ensure the appraisal is conducted within 30 days of admission and the immunizations begin within 30 days of admission.
- 27.1.2 A child will be exempt from immunization if:
 - 27.1.2.1 The child's parent objects to immunizations on a religious basis and completes an affidavit of religious belief; or
 - 27.1.2.2 The child's health care provider provides a notarized statement certifying that the immunization may be harmful to the child's health.
- 27.2 A licensee shall have an on-site confidential file for each child within 1 month of enrollment that is retained for at least 3 months after discharge. This file shall contain information on:
 - 27.2.1 Available past medical history;
 - 27.2.2 Inventory and assessment of medications in use at the time of admission;
 - 27.2.3 Immunizations or exemptions as required by subsection 27.1.2.1 or 27.1.2.2;
 - 27.2.4 Medications dispensed while at the facility or program;
 - 27.2.5 Medical consents and releases from the child's parent or referring agency;
 - 27.2.6 Medical, dental, psychological, or psychiatric examinations; and
 - 27.2.7 Medical treatment currently being provided.

28.0 Education Requirements

- 28.1 A licensee shall ensure each school-age child receives an appropriate education, in accordance with applicable federal and State laws and regulations. Education shall be provided by an off-site public or private school or an on-site school.
- 28.2 A licensee shall ensure that adolescent children receive career preparation services, life skills training, and employment counseling unless such services, training, and counseling are being provided in their regular or special education school program. Such services, training, and counseling shall be appropriate to the age and capabilities of the child.
- 28.3 For an adolescent who is not legally required to attend school, a licensee shall ensure the child is either employed or enrolled in a training program geared toward gaining suitable employment or necessary life skills appropriate to the child's age, capabilities, and service plan.
- 28.4 A licensee shall provide appropriate space and supervision for quiet study after school hours.
- 28.5 A licensee shall ensure each child has access to necessary educational references and other resource materials.

29.0 On-Site School Requirements

- 29.1 If a licensee chooses to provide an on-site school, a licensee shall ensure the school complies with the following:
 - 29.1.1 One teacher shall be responsible for educating no more than 20 children;
 - 29.1.2 Teachers shall be at least age 21 and possess a bachelor's degree from a regionally accredited college or university and be certified to teach in Delaware. Certification shall be appropriate to the age and educational needs of the children in the program or facility;
 - 29.1.3 Staff meeting the qualifications of direct care worker may assist in the on-site school as long as they work under the supervision of a teacher;
 - 29.1.4 The school operates for at least as many days and hours as required by State laws and regulations;
 - 29.1.5 A curriculum that is appropriate to the population to be served is followed;

- 29.1.6 Special education and related services are provided or arranged by a licensee for each child whose special education needs have been identified and as appropriate in collaboration with the child's school district;
- 29.1.7 Appropriate written records are maintained for each child that reflects the use of a uniform grading system; and
- 29.1.8 Has a process for transfer and release of educational records to and from other schools or facilities.

30.0 Religion and Culture

- 30.1 A licensee shall respect the religious preference of the child and the child's parent, if applicable.
- 30.2 A licensee shall ensure each child is provided opportunities to attend religious services or activities in the child's religious faith of choice. A licensee shall directly arrange for the transportation of a child to services or activities that are off-site or provide the technology for virtual attendance, unless this is not recommended in the service plan.
- 30.3 A licensee 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.

31.0 General Safety

- 31.1 A licensee shall keep all areas, furnishings, and equipment of the facility or program in a clean, hazard-free, and safe condition. Floors, walls, counter surfaces, toilets, and surfaces or finishes must be cleanable and in good repair.
- 31.2 A licensee shall take the following measures to prevent hazards to children in care:
 - 31.2.1 To prevent cuts, abrasions, and punctures, equipment, materials, and other objects on the premises that have sharp edges, protruding nails, bolts, or other dangers must be repaired, removed, or made inaccessible to children;
 - 31.2.2 To prevent burns, equipment, materials, or products that may be hot enough to injure a child must be made inaccessible to children;
 - 31.2.3 To prevent sheering, crushing, or pinching, broken or cracked equipment, materials, and objects must be repaired, removed, or made inaccessible to children;
 - 31.2.4 To prevent tripping, uneven indoor and outdoor walkways, damaged flooring or carpeting, or other tripping hazards must be removed or repaired; and
 - 31.2.5 To prevent injuries, equipment in poor condition (rusty parts, flaking paint, or other dangers) must be repaired, removed, or made inaccessible to children.
- 31.3 A licensee shall have documentation that the buildings of the facility or program conform to all applicable State and local fire laws, regulations, and codes.
- 31.4 A licensee shall ensure toilets, tubs, sinks, and showers are in working condition, do not leak, are in good repair, and are kept clean.
- 31.5 A licensee shall ensure bathroom floors, showers, and bathtubs have slip-proof surfaces.
- 31.6 A licensee shall ensure bathrooms are equipped with windows that open or a working mechanical ventilation system to the outside.
- 31.7 A licensee shall keep the facility or program free from rodent and insect infestation. If pesticides are used, they shall be used according to the manufacturer's instructions.
- 31.8 A licensee shall ensure the water temperature does not exceed 120° F from all water faucets and other water sources accessible to children in care. All sinks shall supply hot and cold water under pressure at all times and all plumbing shall comply with State and local plumbing codes. Water supply and the sewage disposal shall be approved by DPH and the Department of Natural Resources and Environmental Control, respectively.
- 31.9 A licensee shall ensure that garbage and trash are stored in non-combustible, covered containers.
 - 31.9.1 Indoor containers shall be emptied at least daily to an outdoor receptacle and kept clean.
 - 31.9.2 Outdoor garbage containers shall be inaccessible to children, emptied at least weekly, and, with the exception of dumpsters, cleaned as needed.
- 31.10 A licensee shall ensure that rooms used by children, including bedrooms, dining rooms, recreation rooms, and classrooms, are suitably lighted for safety and comfort. A licensee shall ensure corridors are illuminated during night-time hours.
- 31.11 A licensee shall ensure stairways over 4 steps have handrails at a maximum height of 38 inches that are safe for children and adults.

- 31.12 A licensee shall securely screen or equip fireplaces with protective guards while in use.
- 31.13 A licensee 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.
- 31.14 A licensee shall ensure power-driven equipment shall be appropriately shielded and maintained in good repair. Children shall be permitted to use such equipment only when it is age-appropriate and only under the direct supervision of a staff member.

32.0 Heating and Cooling

- 32.1 A licensee shall keep temperatures in rooms used by the children at a minimum temperature of 68°F and a maximum of 82°F unless overridden by federal and State energy laws.
- 32.2 A licensee shall ensure that each habitable room has a window, working heating, and cooling ventilation.
- 32.3 Floor or window fans must be inaccessible to children and bear the safety certification mark of a recognized testing laboratory such as Underwriters Laboratories or Electro-Technical Laboratory.
- 32.4 A licensee shall ensure heating, cooling, and plumbing equipment is properly installed, cleaned, and maintained to operate safely.
- 32.5 A licensee shall ensure heating and cooling equipment prevents injury to children by having safety shielding.
 - 32.5.1 Fire code prohibits the use of heating equipment such as portable, open-flame, space heaters.
 - 32.5.2 Hot water pipes, steam radiators, and wood-burning stoves shall be out of children's reach to protect children against burns.
 - 32.5.3 Electric space heaters are prohibited.

33.0 Air Quality and Windows

- 33.1 A licensee shall ensure a facility or program located in a building that previously contained or currently contains a dry cleaner, nail salon, or any other use that may result in an unacceptable indoor air quality, will not be licensed or have a license renewed, unless the applicant or licensee obtains indoor air sampling as required per **7 DE Admin. Code 1375** that shows there is no impact to the facility or program.
- 33.2 A licensee shall ensure a facility or program is ventilated to ensure that the air quality within the facility or program provides a healthy environment for children and adults. Insect screening shall be in good repair for all exterior doors and operable windows when the doors and windows are used for ventilation, provided that all requirements for fire safety have been met. This screening shall be easy to remove in an emergency.

34.0 Hazardous Materials

- 34.1 A licensee shall ensure the facility or program is free of unacceptable exposure to hazardous materials.
- 34.2 An applicant and licensee shall ensure the facility or program is free of lead-based paint hazards. Buildings constructed in or after 1978 are exempt from lead-paint risk assessments and testing.
 - 34.2.1 If the buildings were constructed before 1978, an applicant or licensee shall provide to OCCL a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the facility or program to be free of lead-based paint hazards.
 - 34.2.1.1 Before license renewal, unless previously submitted to OCCL, a licensee shall submit this risk assessment.
 - 34.2.1.2 If lead paint is identified but intact (i.e., not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every 6 months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact, not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
 - 34.2.2 If lead-paint hazards are identified in the risk assessment that are not considered de minimis, the applicant or licensee shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
 - 34.2.2.1 Once the repairs are made, a lead-dust clearance inspection must be performed by an environmental testing firm certified by DPH to confirm the facility or program is free of lead-based paint hazards.
 - 34.2.2.2 The applicant or licensee shall provide the lead-dust clearance testing results to OCCL within 5 business days to confirm the facility or program is free of lead-based paint hazards.

- 34.2.2.3 Children may not be present during repairs and the facility or program must stay closed until the results of the lead dust clearance are at appropriate levels and the lead-safe contractor states it is safe for the facility or program to be open.
- 34.2.3 If any lead-based paint identified in a risk assessment in a pre-1978 child-occupied facility becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair.
 - 34.2.3.1 Records of this renovation or repair work must be forwarded to OCCL within 5 business days of completion.
 - 34.2.3.2 Children may not be present during repairs or renovation until a lead-dust clearance test is obtained and the lead-safe contractor states it is safe for the facility or program to be open.
- 34.3 A licensee shall ensure radon testing is performed in each room used by children once every 5 years between the months of October and March and within 6 months after any remodeling, renovations, or construction.
 - 34.3.1 This testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
 - 34.3.2 If testing indicates a radon level over the level acceptable to the EPA (currently 4.0 pCi/L), a licensee shall ensure acceptable radon mitigation occurs or a long-term radon test (90-120 days) indicates an acceptable level.
 - 34.3.3 A licensee shall ensure copies of radon testing results are sent to OCCL within 5 business days of receiving the results.
- 34.4 A licensee shall ensure that containers of poisonous, toxic, or hazardous materials are prominently and distinctly marked or labeled for easy identification as to contents.
 - 34.4.1 These materials shall be used only in the manner and under the conditions that will not contaminate food or constitute a hazard to the children in care or to staff.
 - 34.4.2 These materials shall be stored in a locked storage space accessible only to authorized staff.
 - 34.4.3 Materials required for routine cleaning and maintenance shall be stored and used in a safe manner.
 - 34.4.4 The storage of flammable liquids and gases shall not be permitted in the facility or program except as allowed by the Office of the Fire Marshal.

35.0 Smoking, Vaping, Illegal Drugs, and Alcohol

- 35.1 A licensee shall prohibit children from smoking, vaping, using illegal drugs, or drinking alcohol at the facility or program and during trips.
- 35.2 A licensee shall prohibit staff members, volunteers, and visitors from smoking, vaping, using illegal drugs, or drinking alcohol in the presence or in sight of children at the facility or program, when transporting children, or during trips.
- 35.3 A licensee shall prohibit staff members, volunteers, and visitors from buying alcohol, tobacco, vaping products, and illegal drugs for children.

36.0 Outdoor Area

- 36.1 A licensee shall ensure the following:
 - 36.1.1 Structures, fences, equipment, and the grounds are maintained in a clean, hazard-free, and safe condition;
 - 36.1.2 Hazards such as animal feces, toxic plants, broken seating or outdoor furniture, building supplies, power equipment, glass, sharp rocks, cigarette butts, beehives and wasp nests, and lawn mowers are not present when an area is used by children.
 - 36.1.3 Exterior lighting is provided for the buildings, parking areas, pedestrian walkways, or other premises used by children, staff members, or volunteers while it is dark;
 - 36.1.4 Grounds drain naturally or through installed drainage systems so there is no standing water on the premises. Standing water after a storm must drain within 48 hours; and
 - 36.1.5 All areas determined to be unsafe including steep grades, cliffs, open pits, swimming pools, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots are fenced off or have natural barriers to protect children.
- 36.2 A licensee shall ensure that raised areas on the premises, other than stairways over 2 feet, such as porches, elevated walkways, and elevated play areas, have walls or barriers to prevent falls over the open side. The walls or barriers must be at least 36 inches tall.

- 36.3 A licensee shall maintain or have access to an outdoor recreation area with at least 75 square feet for each child for the maximum number of children who will use the outdoor area at the same time. When a licensee is not able to comply with this requirement, a licensee shall provide a minimum of 700 square feet of open, accessible indoor space suitable for large muscle activity.
- 36.4 A licensee shall ensure that its outdoor recreation program area has age-appropriate equipment for vigorous play, large muscle activity, physical exercise and group sports. Such equipment shall be kept in a clean, safe, and operable condition.

37.0 Kitchen and Food Preparation

- 37.1 A licensee shall ensure a kitchen or food preparation area is provided with the necessary operable equipment to prepare, store, serve, and clean-up all meals and snacks for children and staff. A facility or program that does not prepare food on-site is exempt from subsections 37.1 through 37.8.
- 37.2 The kitchen requirements for facilities or programs that prepare and serve meals and snacks are, but not limited to:
- 37.2.1 One refrigerator;
 - 37.2.2 Three-compartment sink; or
 - 37.2.3 Two-compartment sink and sanitizing basin; or
 - 37.2.4 Two-compartment sink and dishwasher; and
 - 37.2.5 Separate hand-washing sink within the food preparation area;
 - 37.2.6 Range or cooktop;
 - 37.2.7 Oven or microwave; and
 - 37.2.8 Food storage areas.
- 37.3 A licensee shall ensure food service equipment and utensils are constructed of material that is non-toxic, easily cleanable, and kept in good repair.
- 37.4 A licensee shall ensure food preparation areas are cleaned and sanitized after each use.
- 37.5 A licensee shall ensure appliances, dishes, cups, pots, pans, and utensils in which food was prepared or served are cleaned and sanitized following each meal.
- 37.6 A licensee shall ensure floors, walls, and counter surfaces that come into contact with food are made of easily cleanable non-porous materials.
- 37.7 A licensee shall ensure the kitchen has a cook stove and oven with an appropriately vented hood that is kept in a safe and working condition.
- 37.8 A licensee shall ensure the kitchen has sufficient lighting and all lights located over, by or within food preparation, serving, and storage areas have safety shields or light covers.
- 37.9 A licensee shall ensure a facility or program has a refrigerator to keep perishable food, including lunches prepared at home, cold at 41°F or colder, and food stored in a freezer frozen at 0°F or colder.
- 37.9.1 A working thermometer must be in refrigerators and freezers.
 - 37.9.2 Unused freezer compartments in mini-refrigerators do not need a thermometer.
- 37.10 A licensee shall ensure the food served is nutritional, clean, wholesome, free from spoilage and contamination, and safe to eat. Prepared food items must be correctly labeled with the contents and date of preparation.
- 37.11 Food storage areas and appliances must be cleanable and free of food particles, dust, and debris.
- 37.11.1 All food items must be stored off the floor.
 - 37.11.2 Food must be stored separately from cleaning materials.
 - 37.11.3 Food must be stored in closed or sealed containers that are labeled with the contents and expiration date.

38.0 Water, Food, and Nutrition

- 38.1 A licensee shall ensure drinking water is always available to children.
- 38.2 A licensee shall ensure that all children are provided nutritionally balanced meals and snacks, and portions suitable to the size and age of the child according to the Dietary Guidelines for Americans recommended by the United States Department of Agriculture.
- 38.3 A licensee shall ensure that a current written menu is posted in a noticeable location on the premises. Menus listing foods served shall be kept for 30 days. Changes to the food served on a certain date shall be written on the menu on or before that date.
- 38.4 A licensee shall ensure that alternate meals and snacks are provided for children on special diets when prescribed by a physician or required by religious beliefs or food preferences.

39.0 Administration of Medication

- 39.1 A licensee shall ensure that only staff trained in Limited Lay Administration of Medications (LLAM) or health care providers, nurses, or other qualified medical health personnel administer medication to children in a facility or program.
- 39.2 A licensee shall follow the policies and procedures described in LLAM governing the use, storage, and administration or assistance with the self-administration of medications to children. These policies and procedures shall:
 - 39.2.1 Identify those staff who may administer or assist with the self-administration of medications, in accordance with applicable State laws and regulations;
 - 39.2.2 Prohibit the administration of psychotropic medications unless a physician determines that such medication is clinically indicated;
 - 39.2.3 Prohibit the administration of medication for the convenience of a staff member, or as a substitute for appropriate treatment services;
 - 39.2.4 Require that an informed, written consent of the child's parent or referring agency is received and maintained on file before the administration of any medication;
 - 39.2.5 Require the use of a Medication Administration Record (MAR) to document the administration of all medications and medication errors; and
 - 39.2.6 Ensure that any known prescribed medication taken by a child is not changed, altered, or failed to be dispensed without first consulting a physician.
- 39.3 A licensee shall have, follow, and maintain a written schedule for each child receiving medications.
- 39.4 A licensee shall ensure that medications are in the original container, properly labeled, and stored in a secure locked area, or as needed, in a locked refrigerated area. Keys to the secure area shall be kept in a location that is inaccessible to children.
- 39.5 A licensee admitting children with prescribed psychotropic medication or with prescribed medication for chronic illness, such as diabetes or asthma, shall ensure that each of these children receive a monthly medical consult. This medical consult shall be conducted by a person licensed as a registered nurse or physician in Delaware and assigned responsibility for overseeing the assistance with medication. The medical consult shall be documented and include the following:
 - 39.5.1 Review of the administration of the child's medication, including determining any problems in taking the medication and developing a plan to remedy those problems if needed;
 - 39.5.2 Assess and monitor the child with regard to the impact of the medication, including whether the medication is having its desired effects and whether the child is experiencing undesired side-effects;
 - 39.5.3 Provide a liaison between staff and the child's physician; and
 - 39.5.4 Provide staff with instruction in the expected outcomes from each child's medication regime and the possible side effects of that medication.

40.0 Hand Washing

- 40.1 A licensee shall ensure that sinks used for hand washing have liquid soap and paper towels, a mechanical hand dryer, or individual clean cloth towels available for use. If cloth towels are used, a licensee shall ensure that they are washed or replaced daily.
- 40.2 A licensee shall ensure staff members' and children's hands are washed with soap and running water, even if gloves were worn, and dried with a paper towel, mechanical hand dryer, or individual clean cloth towel, as follows:
 - 40.2.1 Before and after: eating or handling food; giving medications, and caring for a child who may be sick;
 - 40.2.2 After: toileting, touching blood, feces, urine, vomit, nasal or other bodily fluids; handling animals, their equipment, or coming into contact with an animal's body fluids; cleaning, and taking out the garbage.

41.0 Standard Precautions

- 41.1 A licensee shall ensure standard precautions are used to protect against disease and infection. Spills of body fluids (i.e. urine, feces, blood, saliva, and discharges from the nose, eyes, an injury, or other tissue) shall be cleaned up immediately, as follows:
 - 41.1.1 For vomit, urine, and feces on surfaces including floors, walls, bathrooms, tabletops, toys, kitchen counters, the area shall be cleaned with soap and water, and then disinfected.

- 41.1.2 For blood, blood-containing fluids, and tissue discharges, staff must wear non-porous gloves and not allow contact with any open skin sores or mucous membranes, and the area shall be cleaned with soap and water, and then disinfected.
- 41.1.3 Bloody material shall be put in a plastic bag, tied securely, and thrown away.
- 41.1.4 Mops shall be cleaned, rinsed, disinfected, wrung, and hung to dry.

42.0 Sanitation

- 42.1 For sanitizing and disinfecting, a licensee shall ensure 1 of the following is used: an EPA-registered product, a commercially prepared product, or a bleach and water solution mixed to the proper concentration. A licensee shall follow the manufacturer's instructions for use. These products shall be labeled with the contents. Their instructions for use shall be available at all times.
- 42.2 A licensee shall ensure cleaning equipment, including mops and buckets, are cleaned and stored in an area separate from the kitchen and food preparation, serving, and storage areas. Kitchen and bathroom sinks shall not be used for cleaning mops, emptying mop buckets, or for any other purpose not connected with food preparation or handwashing.
- 42.3 A facility licensed to care for 13 or more children shall have a service sink to use for purposes not connected with food preparation or handwashing.
- 42.4 A licensee shall ensure that beds, mattresses, and bedding are age-appropriate and assigned to 1 individual child for exclusive use. All bedding shall be cleaned weekly and when soiled or wet.
- 42.5 A licensee shall ensure the following items or surfaces are cleaned with a soap and water solution and then disinfected, as follows:
 - 42.5.1 After each use: food preparation and eating surfaces, such as counters, tables;
 - 42.5.2 At least daily: toilets and toilet seats, sinks and faucets, drinking fountains, and smooth non-porous floors.
- 42.6 A licensee shall ensure door knobs and high-touch surfaces in common areas are cleaned with a soap and water solution and sanitized at least daily.

43.0 Child Injury or Medical Event

- 43.1 A licensee shall ensure when an injury occurs to a child while in care of the facility or program, a staff member takes emergency action to protect the child from further harm, calls emergency medical services if needed, and notifies the child's parent or referring agency.
 - 43.1.1 For a serious or potentially serious injury, the child's parent or referring agency shall be notified immediately after staff have taken appropriate emergency action to assist the child.
 - 43.1.2 A licensee shall maintain a written injury report in the child's file or a central log for each incident that includes the name of child, date of injury, description of injury, how it occurred, and first aid or medical care provided.
- 43.2 In the event of a significant child medical event, such as a seizure, asthma attack, or severe allergic reaction, the child's parent or referring agency shall be notified immediately after staff have taken appropriate emergency action to assist the child, including contacting emergency medical services as needed.

44.0 Emergency Plan

- 44.1 A licensee shall have and follow a written emergency plan describing procedures for natural and man-made disasters, communicable disease outbreak, and when a child is missing or runs away. The emergency plan shall include procedures for training staff for both natural and man-made disasters in at least the following areas:
 - 44.1.1 Disaster preparedness, including notification to the fire department with responsibility for responding to a building that it contains a locked seclusion room, if applicable;
 - 44.1.2 Staff's specific responsibilities during a disaster;
 - 44.1.3 Accounting for children and staff;
 - 44.1.4 Relocation process;
 - 44.1.5 Medication access and administration;
 - 44.1.6 Accommodations of infants, toddlers, and children with disabilities or chronic medical conditions; if applicable;
 - 44.1.7 Continuation of services in the period following the emergency disaster;
 - 44.1.8 Contacting appropriate emergency response agencies and the parents or referring agencies; and
 - 44.1.9 Lock down procedures.

- 44.2 A licensee shall ensure evacuation drills are practiced at least monthly at varied times of the day and night and during varied activities. Drills shall be practiced using different exits throughout the year. Evacuation routes shall be posted in the common areas on each floor level. Each drill shall be documented and include the date and time of the drill; number of children and staff who participated; exits used; and total amount of time necessary to evacuate.
- 44.3 A licensee shall have and follow a written emergency plan describing procedures to shelter-in-place at the facility or program for up to 24 hours due to a natural or man-made disaster that includes a list of emergency supplies kept on-site including a sufficient quantity of non-perishable foods, bottled water, and equipment necessary to serve or prepare foods at the facility or program without the use of electricity.

45.0 First Aid Kits

- 45.1 A licensee shall have at least 1 complete first aid kit in a location readily accessible to staff members but not to children. A first aid kit shall be taken on field trips and program outings.
- 45.2 A licensee shall ensure contents of the first aid kit located on-site includes the following:
- 45.2.1 Disposable non-porous gloves;
 - 45.2.2 Scissors;
 - 45.2.3 Tweezers;
 - 45.2.4 A non-glass thermometer to measure a child's temperature;
 - 45.2.5 Bandage tape;
 - 45.2.6 Sterile gauze pads;
 - 45.2.7 Flexible rolled gauze;
 - 45.2.8 Triangular bandage or sling;
 - 45.2.9 Safety pins;
 - 45.2.10 Eye patch or dressing;
 - 45.2.11 Pen/pencil and note pad;
 - 45.2.12 Instant cold pack;
 - 45.2.13 Current American Academy of Pediatrics or AAP standard first aid chart or equivalent first aid guide;
 - 45.2.14 Small plastic, metal, or wooden finger splints;
 - 45.2.15 Non-medicated adhesive strip bandages; and
 - 45.2.16 Plastic bags for cloths, gauze, and other materials used in handling blood.
- 45.3 In addition to the items listed in subsection 45.2, a first aid kit used on field trips or program outings shall include the following items:
- 45.3.1 Bottled water;
 - 45.3.2 Liquid soap;
 - 45.3.3 Emergency medications needed; and
 - 45.3.4 List of emergency phone numbers and the Poison Control Center phone number.

46.0 Transportation

- 46.1 Excluding the use of school buses, a licensee shall ensure only vehicles with a rated capacity as defined by the manufacturer of 10 passengers plus the driver or less may be used to transport children.
- 46.2 A licensee shall ensure when transporting children that the driver, when employed by the facility or program, and vehicle, when owned or leased by the facility or program, comply with all applicable federal and State laws.
- 46.2.1 The driver shall be at least 21 years old.
 - 46.2.2 The driver shall have a valid driver's license and vehicle insurance that authorizes the driver to operate the vehicle being driven.
 - 46.2.3 The driver shall have a background check confirming eligibility to be alone with children during transport.
 - 46.2.4 The driver may not transport more children and adults than the vehicle's capacity.
- 46.3 A licensee shall ensure that companies contracted by the facility to provide transportation services to children follow applicable State and federal laws.
- 46.4 A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.
- 46.4.1 Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.

- 46.4.2 Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
- 46.4.3 Safety restraints must be kept in a safe working condition and free of recall.
- 46.5 A licensee shall ensure vehicles used to transport children have and use the following:
 - 46.5.1 A working heater capable of keeping an interior temperature of at least 50°F;
 - 46.5.2 Air-conditioning to reduce the interior temperature when it exceeds 82°F (school buses are exempt);
 - 46.5.3 A working phone;
 - 46.5.4 A traveling first aid kit including children's emergency contact information; and
 - 46.5.5 A dry chemical fire extinguisher approved by Underwriters Laboratory.
- 46.6 A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
- 46.7 A licensee shall ensure all doors are locked when the vehicle is moving.
- 46.8 A licensee shall have written parent permission or the referring agency's permission for transportation provided by the facility or program.
- 46.9 A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.
- 46.10 A licensee may not transport children in the open back of a truck.
- 46.11 A licensee that chooses to transport non-ambulatory children with disabilities shall ensure the following additional equipment is provided for all vehicles except automobiles used for transporting children:
 - 46.11.1 A ramp device to permit entry and exit of a child;
 - 46.11.2 A fastening system for wheelchairs that secures the chair to the vehicle floor; and
 - 46.11.3 Adequate aisle space that does not impede access to the exit door.

47.0 Swimming

- 47.1 A licensee shall ensure all children are under direct supervision while wading or swimming.
- 47.2 A licensee shall ensure permanent or built-in swimming pools, filtered wading pools, and hot tubs are inaccessible to children when not in use by using a physical barrier with a locking mechanism.
- 47.3 The water in swimming pools used by children shall be treated, cleaned, and maintained according to DPH regulations.
- 47.4 The pool and equipment shall be kept in a safe manner and be hazard-free.
- 47.5 A licensee shall ensure an individual currently certified as a Red Cross Lifeguard or a nationally recognized equivalent is on duty and supervising swimming activities.

48.0 Pets

- 48.1 A licensee shall ensure pets kept by the facility or program are cared for in a safe and sanitary way.
- 48.2 A licensee shall keep proof of vaccinations required by State law (currently this is rabies vaccinations for dogs and cats).
- 48.3 Poisonous or aggressive animals; animals known to be carriers of illnesses, such as ferrets, turtles, iguanas, lizards or other reptiles; birds of the parrot family; or animals sick with a disease that can be spread to humans may not be kept at the facility.
- 48.4 A licensee shall keep containers used for collecting or containing animal feces or urine out of rooms used by children.
- 48.5 A licensee shall inform parents or referring agency of animals or pets kept by the facility or program.

49.0 Policies and Procedures for Residential Child Care Facilities

- 49.1 A licensee shall have and follow written policies and procedures governing visits as applicable between children and their parent, relatives, and friends, both at the facility, at the children's own homes, and at other suitable locations. These policies and procedures shall address the days and hours of visits, frequency of visits permitted, any exceptions governing whom the child may visit, and whom to contact to arrange for special accommodations in the event of hardship or emergencies and shall be consistent with applicable State laws, regulations, or court orders.
 - 49.1.1 A facility shall explain the policies to the child and child's parent or referring agency.

- 49.1.2 A facility shall provide accommodations within the buildings to allow visits with children to be conducted in reasonable privacy, except where the service plan indicates that visits are to be directly supervised, or when the facility has reason to believe that a particular visitor would not be in the best interest of the child.
- 49.1.3 A facility shall not deny or restrict children's visits in the facility with their parent, relatives, or friends based upon a child's behavior, unless the child's behavior is unsafe or denial of visits based on behavior is specified in the child's service plan.
- 49.2 A licensee shall include in the visitation policies and procedures provisions for verifying the identity of any visitor not known to the facility and determining the location of overnight visits and the adult responsible for the child's care during the visit before releasing the child.
- 49.3 A licensee shall have and follow written policies and procedures governing visiting or touring the facility by volunteers, advisory committees or councils, public officials, the media, and the public who are not related to children in care. These policies and procedures shall address:
 - 49.3.1 The process required to get written approval before visiting or touring the facility;
 - 49.3.2 The purpose and extent of such visits or tours;
 - 49.3.3 The days, hours, frequency, and length of visits or tours;
 - 49.3.4 The circumstances and conditions when people may visit or tour, including a requirement that visits or tours are supervised by staff;
 - 49.3.5 Precautions to protect the privacy, health, safety, and well-being of children in care; and
 - 49.3.6 Conditions to ensure that visits or tours do not:
 - 49.3.6.1 Cause a major or serious disruption of services or treatment to children;
 - 49.3.6.2 Interfere with the implementation of the child's service plan;
 - 49.3.6.3 Intimidate or embarrass children or staff; or
 - 49.3.6.4 Seriously interfere with or disrupt program operations.
- 49.4 A licensee shall have and follow written policies and procedures governing the handling and management of children's money. These policies and procedures shall include provisions on:
 - 49.4.1 The conditions under which a child may have money;
 - 49.4.2 The management of individual monetary accounts when the facility or program stores the money for the child to access, ensuring that there is an accurate record of each child's money including any additions to or deductions from the original amount;
 - 49.4.3 Prohibiting a facility from requiring a child to pay for the cost of a child's own care and treatment, except for the reasonable reimbursement of costs required to pay for purposeful damage to the facility or to another person's property by a child; and
 - 49.4.4 Allowing or assisting with opportunities for a child to earn an allowance or to earn money by working.
- 49.5 A licensee shall have and follow written policies and procedures ensuring children are offered developmentally appropriate leisure, recreational, and physical activities, including extracurricular, enrichment, cultural, and social activities, if permissible with a child's service plan. These policies and procedures shall contain provisions requiring:
 - 49.5.1 Each child has ongoing opportunities to participate in at least 1 age-appropriate and developmentally appropriate activity;
 - 49.5.2 Children not be threatened, coerced, or intimidated to participate or engage in any recreation, physical exercise, or leisure time activity, but may be required to attend while not participating in the activity;
 - 49.5.3 Staff provide adequate and appropriate supervision of children engaging in recreation, physical exercise, or leisure time activities and offer instruction, guidance, and support to assist a child in learning to do so in a safe manner;
 - 49.5.4 A list of the types of activities to be offered to children both on and off the premises, if permissible with a child's service plan;
 - 49.5.5 A balanced mixture of planned recreation, physical exercise, and leisure time activities, so that children have a reasonable choice of alternatives in which to participate;
 - 49.5.6 Opportunities for both individual and group activities;
 - 49.5.7 Children shall not engage or participate in high-risk activities unless:
 - 49.5.7.1 A licensee complies with applicable provisions governing such activities, as specified in Sections 80.0 - 86.0; or
 - 49.5.7.2 A licensee uses an existing high adventure activity provider that is certified or approved by an appropriate accrediting agency that assumes responsibility for safety precautions and risk reductions.

- 49.5.8 Children are prohibited from participating in bungee jumping, hang gliding, parachute jumping, parasailing, and riding in airborne gliders.
- 49.5.9 Children only use bathing, biking, boating, camping, canoeing, hiking, kayaking, sailing, swimming, water skiing, white water rafting or other sporting or recreation areas or facilities that comply with applicable provisions of federal, State, and local laws, regulations, and codes.
- 49.5.10 The reasonable and prudent parent standard is applied when determining whether to allow a child in care to participate in extracurricular, enrichment, cultural, and social activities;
- 49.5.11 At least 1 staff member is available either on-site or via telephone and authorized to apply the reasonable and prudent parent standard to decisions involving participation in age-appropriate or developmentally appropriate activities. When applying the reasonable and prudent parent standard, the designated staff member must consider:
 - 49.5.11.1 The age, maturity, and developmental level of a child in care;
 - 49.5.11.2 The nature and inherent risks of harm; and
 - 49.5.11.3 The best interest of the child.
- 49.5.12 A written schedule of monthly planned recreation, physical exercise, and leisure time activities be posted in a noticeable location on the premises, and be maintained on file for at least 90 days.
- 49.6 A licensee shall have and follow written policies and procedures governing the time to be set aside for uninterrupted daily sleep for each child. These policies and procedures shall ensure each child is given the opportunity for at least 8 hours of uninterrupted rest on a daily basis, unless the service plan or health needs of the child indicate otherwise.
- 49.7 A licensee shall have and follow written policies and procedures that ensure the following:
 - 49.7.1 Children receive guidance and instruction in personal care and hygiene appropriate to their age, gender, race, and culture;
 - 49.7.2 Children follow personal care and good hygiene practices; and
 - 49.7.3 All necessary hygiene supplies, towels, washcloths, and toiletries are provided to children in harmony with their age, gender, race, and culture.
- 49.8 A licensee shall have and follow written policies and procedures governing preventative, routine, and emergency dental and medical care, including provisions for effective coordination of such dental and medical care with those responsible for the child's aftercare. These policies and procedures shall include:
 - 49.8.1 Periodic appraisal of the general health of each child;
 - 49.8.2 Initial and continuing health screening procedures;
 - 49.8.3 Emergency procedures; and
 - 49.8.4 Maintenance of health records.

50.0 Staffing and Staff-to-Child Ratio for Residential Child Care Facilities

- 50.1 A licensee shall ensure no child is present in the facility without being supervised by a staff member.
- 50.2 A licensee shall ensure when children are present and awake at a facility, there is a minimum staff-to-child ratio of 1 direct care worker for up to 6 children on each floor where children are present.
- 50.3 A licensee shall ensure when children are taken to an off-site location a staff-to-child ratio of 1 direct care worker for up to 4 children is maintained at all times.
- 50.4 When children are sleeping, a licensee shall ensure there is a minimum staff-to-child ratio of 1 direct care worker for up to 8 children on each floor where children are present.
- 50.5 Staff members shall be awake and available to assist children with their needs. An additional staff member shall be on call and able to reach the facility, when called, within 30 minutes.
- 50.6 A licensee shall ensure a staff member visually observes each child no less than twice per hour when the child is awake and on-site and no less than once per hour while the child is sleeping, unless otherwise stated in the service plan. A licensee shall ensure hourly sleep checks are documented and maintained on electronic or paper file for at least 3 months after the child is discharged.
- 50.7 A licensee shall ensure when group activities occur, a staff member is in a position to observe interactions among children in the group and to redirect unwanted or disruptive behaviors.

51.0 Children's Rights for Residential Child Care Facilities

- 51.1 A licensee shall allow a child's parent, if applicable, attorney, clergy, and authorized representative of the referring agency to be permitted to communicate privately with a child. This communication may take place on the phone, via computer, by mail or email, or in-person.

- 51.1.1 A licensee shall ensure each building used by children has at least 1 working telephone that is available for children to use.
- 51.1.2 A licensee shall ensure a licensee's telephone number is clearly posted and available to children, their parent, and the general public.
- 51.2 A licensee shall not deny or restrict a child's right to send and receive mail without censorship and without limiting the amount of mail a child sends or receives, except when:
 - 51.2.1 The facility has reason to believe that a child's mail may contain unauthorized, injurious, or illegal materials; or
 - 51.2.2 A court order restricts this right.
- 51.3 A licensee shall ensure each child has reasonable access to writing materials and postage.
- 51.4 A licensee shall ensure each child has adequate, clean, and seasonally appropriate clothing.
- 51.5 A licensee shall permit a child to bring clothing and other personal belongings to the facility, unless prohibited by the facility's written policies and procedures.
- 51.6 A licensee shall permit children to take their clothing and other personal belongings at the time of discharge.

52.0 Children's Health for Residential Child Care Facilities

- 52.1 A licensee shall ensure that children receive timely, competent care when they are ill and continue to receive necessary follow-up care.
- 52.2 If a licensee cannot document that each child has received a complete physical examination within 12 months before admission to the facility, the facility shall arrange for the child to have a new physical examination, to be completed within 30 days of admission.
- 52.3 Upon admission, a licensee shall ensure a child is asked if the child has any physical illnesses or injuries. If a child shows symptoms of illness or injury, the facility shall arrange for an immediate examination of the child by a licensed physician or by a licensed nurse practitioner.
- 52.4 A licensee shall ensure a child receives a health appraisal annually.
- 52.5 A licensee shall ensure a child receives necessary medical care throughout the year.
- 52.6 A licensee shall ensure every child over age 3 receives a dental examination annually.
- 52.7 A licensee shall ensure a child receives necessary non-cosmetic dental care throughout the year.
- 52.8 A licensee shall make provisions with the referring agency for a child to receive assistive technology or other health-related devices, including any needed eyeglasses, hearing aids, prosthetic devices, or other corrective devices, as deemed medically necessary by a licensed physician.

53.0 Physical Environment for Residential Child Care Facilities

- 53.1 A licensee shall ensure the living units have designated space for daily living activities, including dining, recreation, indoor activities, and areas where children may visit with their parent, relatives, and friends.
- 53.2 A licensee shall make adequate provisions for storing a child's clothing and other personal belongings while the child is enrolled, so that clothing used by a child does not come into contact with clothing used by another child.
- 53.3 A licensee shall ensure a dining area is provided which is kept in a clean manner, well-lighted, and ventilated. A licensee shall ensure that dining room tables and chairs or benches are sturdy and appropriate for the sizes and ages of the children in care.
- 53.4 A licensee shall ensure there are toilet and bathing accommodations that meet the following specifications:
 - 53.4.1 For every 8 residents, there shall be at least 1 toilet, sink, and bathtub or shower;
 - 53.4.2 These toileting and bathing facilities shall not be located more than 1 floor from any bedroom;
 - 53.4.3 Bathrooms shall have at least 1 mirror fastened to the wall at an age-appropriate height; and
 - 53.4.4 Toilet paper, liquid soap, and paper towels, mechanical hand dryer, or cloth towels for individual use shall be provided in each bathroom.
- 53.5 A licensee shall ensure children's bedrooms include:
 - 53.5.1 At least 50 square feet per child, excluding closet space;
 - 53.5.2 Sufficient space for beds to be at least 3 feet apart at the head, foot, and sides;
 - 53.5.3 No more than 4 children for sleeping per room;
 - 53.5.4 A door that may be closed;
 - 53.5.5 A direct source of natural light;
 - 53.5.6 A window shade or curtain to ensure privacy; and

53.5.7 Lights with safety covers or shields.

53.6 A licensee shall provide each child with the following items:

53.6.1 A bed;

53.6.2 A non-porous mattress;

53.6.3 Clean bed linens at least every 7 days, or more often if needed;

53.6.4 A pillow; and

53.6.5 Bedding appropriate for the season.

53.7 A licensee shall use cots or portable beds in an emergency only and for no longer than a period of 72 hours.

53.8 A licensee shall ensure there are no more than 2 tiers when bunk beds are used. In addition, the facility shall ensure the distance between the top bunk mattress and ceiling is large enough to enable the child to sit upright in bed without the child's head touching the ceiling.

53.9 A licensee shall provide a dresser, storage bin, or other furniture in the bedroom for the storage of clothing and other personal belongings for each child.

53.10 A licensee shall not permit a child to share the same bed with any other child.

53.11 A licensee shall ensure children of the same sex may share a bedroom.

53.12 A licensee shall ensure children in care age 18 years and older must be housed in separate bedrooms from children in care under 18 years of age, unless, a parent and child share a bedroom, when 1 or both is a child in care.

54.0 Discharge and Aftercare Plans for Residential Child Care Facilities

54.1 A licensee shall have and follow written policies and procedures governing discharge and aftercare planning. These policies and procedures shall include:

54.1.1 The roles and responsibilities of the child's parent, the referring agency, and the facility;

54.1.2 The handling of an emergency discharge of a child that ensures the immediate notification of the child's parent or the referring agency;

54.1.3 The involvement of the child in developing the planned discharge and aftercare plan, as applicable, consistent with the child's ability to understand the plan and process; and

54.1.4 The contents of the discharge report, which shall include:

54.1.4.1 The date and reason for discharge;

54.1.4.2 The name, address, telephone number of the person or agency to whom the child was discharged;

54.1.4.3 A summary of the services provided to the child while in care;

54.1.4.4 Service plan goals that have been achieved;

54.1.4.5 Service needs that remain to be addressed; and

54.1.4.6 Recommendations for continuing or additional services and identification of service providers.

54.2 A licensee shall ensure the discharge report is completed within 30 days of the child's discharge.

55.0 Admission for Alternative to Detention Facilities

A licensee shall only admit a child who has been committed to the facility by a hearing officer from the Justice of the Peace Court or Family Court as a bail condition and is awaiting resolution of criminal charges.

56.0 Staffing and Staff-to-Child Ratios for Alternative to Detention Facilities

56.1 A licensee shall ensure when 2 or more children are present at a facility, there is a minimum of 2 direct care workers present and a minimum staff-to-child ratio of 1 direct care worker for up to 5 children at all times.

56.2 When children are sleeping, a licensee shall ensure staff members are awake and available to assist children with their needs. An additional staff member shall be on call and able to reach the facility, when called, within 30 minutes

56.3 A facility shall assign direct care workers to monitor no more than one living unit at the same time.

56.4 A licensee shall ensure a staff member visually observes each child no less than 3 times hourly when the child is awake and no less than twice an hour while the child is sleeping. Documentation of these observations shall be maintained for 3 months after the child is discharged.

56.5 A licensee shall ensure when group activities occur, a staff is in a position to observe interactions among children in the group and to redirect unwanted or disruptive behaviors.

57.0 Exemptions for Alternative to Detention Facilities

57.1 An alternative to detention facility is exempt from the following regulations:

57.1.1 Section 50.0 regarding supervision and staff-to-child ratios; and

57.1.2 Subsection 30.2 regarding participation in off-site religious services.

58.0 Staff Qualifications for Drug and Alcohol Treatment Facilities

58.1 A licensee shall ensure the case manager who works with children who are receiving services primarily for alcohol or drug problems, meets 1 of the following qualifications:

58.1.1 A bachelor's degree from a regionally accredited college or university in a social or behavioral science field and certification as an alcohol and drug counselor or meeting the qualifications of a registered alcohol and drug counselor.

58.1.2 An advanced professional degree in a social or behavioral science field from a regionally accredited college or university with at least 6 credits in courses offering content in alcohol and drug abuse treatment and counseling practicum or field experience.

58.1.3 A bachelor's degree from a regionally accredited college or university in a social or behavioral science field and 6 credits in courses offering content in alcohol and drug abuse treatment and counseling practicum or field experience.

58.1.4 A bachelor's degree from a regionally accredited college or university in a social or behavioral science field and 2 years of experience working with children in alcohol and drug abuse counseling.

59.0 Activity Plan for Drug and Alcohol Treatment Facilities

A licensee shall ensure a drug and alcohol treatment facility provides a highly structured daily activity schedule to encourage group participation and evidenced-based approaches to aid in recovery.

60.0 Admission for Independent Living Facilities

60.1 A licensee shall ensure an independent living facility admits children who:

60.1.1 Have reached the age of 16 or older;

60.1.2 Have demonstrated a level of maturity that will enable them to be involved in some community activities, including education or employment; and

60.1.3 Require minimum guidance or supervision.

60.2 A licensee shall ensure an independent living facility accepts a child into care only after an admission evaluation indicates that preparation for self-sufficiency or independent living is the primary goal for the child.

60.3 At the time of admission, an independent living facility shall enter into a written agreement with each child. The agreement shall include:

60.3.1 The roles and responsibilities of the facility, the child, and other involved parties;

60.3.2 A description of the policies governing conduct and consequences of inappropriate behavior of the child while in care;

60.3.3 A statement of any financial arrangements related to placement, in accordance with subsection 49.4.3; and

60.3.4 The approval signatures of the child and the facility's representative.

61.0 Service Plan for Independent Living Facilities

61.1 In addition to the requirements of Section 26.0, a licensee shall ensure the service plan includes:

61.1.1 The type and frequency of supervision needed;

61.1.2 The respective roles and responsibilities of the facility, the child, and other involved parties;

61.1.3 The time frames and methods to be used gradually to reduce dependency while appropriately increasing personal responsibility;

61.1.4 Identity of all people responsible for the implementation of the plan;

61.1.5 The life skills the youth will need to acquire before discharge;

61.1.6 The criteria for achieving a successful discharge; and

61.1.7 The preliminary plan for discharge and aftercare, in accordance with Section 54.0.

62.0 Program for Independent Living Facilities

62.1 A licensee shall ensure an independent living facility offers a structured program to teach life skills on the following topics:

- 62.1.1 Money management and consumer awareness;
- 62.1.2 Personal hygiene;
- 62.1.3 Social skills;
- 62.1.4 Health;
- 62.1.5 Housekeeping;
- 62.1.6 Transportation;
- 62.1.7 Education planning/career planning;
- 62.1.8 Job-seeking skills;
- 62.1.9 Job maintenance skills;
- 62.1.10 Emergency and safety skills;
- 62.1.11 Knowledge of community resources;
- 62.1.12 Leisure activities; and
- 62.1.13 Housing.

63.0 Activity Schedule for Independent Living Facilities

- 63.1 A licensee shall ensure staff assist each child to develop and follow a written activity schedule that includes:
 - 63.1.1 Life skills training and practice appropriate to achieving independent living;
 - 63.1.2 Age and ability appropriate household chores to be completed by children in care;
 - 63.1.3 Employment, job skills training, or educational activities; and
 - 63.1.4 Contact with staff members, volunteers, or community groups.

64.0 Staffing for Independent Living Facilities

- 64.1 A licensee shall have and follow written policies and procedures governing the type and frequency of staff supervision provided for each child. These policies and procedures shall:
 - 64.1.1 Contain criteria for determining the type and frequency of staff supervision. The criteria shall be based on an assessment of each child's maturity, suitability, and readiness for responsibly and safely handling various degrees of responsibility and independence; and
 - 64.1.2 Describe the way a child can communicate with a facility for information, assistance, or to express a concern.

65.0 Exemptions for Independent Living Facilities

- 65.1 An independent living facility shall be exempt from the following:
 - 65.1.1 Subsections 36.3 and 36.4 regarding the outdoor recreation area; and
 - 65.1.2 Subsections 50.2-50.6 regarding supervision and staff-to-child ratios.

66.0 Staffing and Staff-to-Child Ratios for Parenting Adolescent Facility

- 66.1 A licensee shall ensure a facility has a minimum staff-to-child ratio of 1 direct care worker for every 6 adolescents and their children.
- 66.2 A licensee shall ensure no more than 12 adolescents and their children reside in the facility.
- 66.3 A licensee may permit an adolescent to care for the child of another adolescent when the following conditions are met:
 - 66.3.1 The adolescent cares for no more than 1 other child in addition to the adolescent's own; and
 - 66.3.2 The adolescents discuss the expectations of the caregiver, including how long care is to be provided, the child's nutritional and toileting needs, and whether the child's parent will pay for the care or baby-sit in the future.

67.0 Service Plan for Parenting Adolescent Facilities

- 67.1 A licensee shall ensure the service plan includes the following:
 - 67.1.1 An assessment of the child's health, nutritional, medical, and developmental needs;
 - 67.1.2 An assessment of the interest of the child's non-resident parent, and the role that the non-resident parent is to have with the child and with the child's resident parent;
 - 67.1.3 An assessment of the interests of the grandparents and the role that they are to have with the child and with the child's resident parent; and

67.1.4 Self-sufficiency goals for the resident parent, including child care and level of understanding of the child's developmental needs, food preparation skills, budgeting and money management, and job readiness.

68.0 Adoption Counseling Services for Parenting Adolescent Facilities

68.1 A licensee shall ensure the facility provides adoption counseling if the adolescent expresses an interest in surrendering a child for adoption. The counseling shall include:

68.1.1 An explanation of adoption;

68.1.2 The types of adoptions available;

68.1.3 The processes involved in surrendering a child for adoption; and

68.1.4 A list of agencies licensed to provide these services.

69.0 Stimulation of Young Children for Parenting Adolescent Facility

69.1 A licensee shall ensure infants are held, spoken to, and placed in a position to observe activities when they are awake during the day.

69.2 A licensee shall ensure infants are held for feedings until they can hold their own bottles.

69.3 A licensee shall ensure infants have access to age-appropriate toys and are provided opportunities for visual and sound stimulation.

69.4 A licensee shall ensure when a resident parent is in school or is working, the infant is appropriately cared for in a licensed child care center, a licensed family child care home, or in the facility.

69.5 A licensee shall ensure children under 18 months of age are engaged in at least 4 of the following activities with their resident parent for at least 45 minutes each day:

69.5.1 Sensory activities, such as the use of mobiles, teething toys, busy boxes, baby mirrors, rattles, melody chimes, squeeze toys, or other comparable toys or equipment;

69.5.2 Language activities, such as the use of picture books, toy telephones, audio equipment with age-appropriate music or sounds, hand puppets, stuffed animals, soft washable dolls, photographs, or other comparable items;

69.5.3 Manipulative activities, such as the use of squeeze toys, grip toys, sorting and stacking toys, 3-piece or 4-piece inlay type puzzles, puzzle blocks, simple threading toys, mobile pull toys, balls, or other comparable age-appropriate play equipment;

69.5.4 Building activities, such as the use of building blocks, toy cars, figures of animals and people, nesting toys, and other comparable toys or equipment;

69.5.5 Large muscle activities, such as the use of low climbers, slides, riding or rocking toys, foam or plastic balls, gym mats, play tunnels, or other comparable play equipment; and

69.5.6 Music activities, such as the use of rhythm instruments, record player and records, toys equipped with musical tones, musical mobiles, busy boxes, drums, xylophones, piano, or other comparable equipment or toys.

69.6 A licensee shall ensure children 18 months of age or older are engaged in at least 4 of the following activities with their resident parent for at least 1 hour each day:

69.6.1 Language activities, such as being read to from a book, playing with flannel boards and telling a story or having the child tell the story, pictures, identification or classification, puppets, audio-visual equipment, or other comparable equipment or toys;

69.6.2 Science and math related activities, such as planting or gardening, playing with sand or the use of a sand table, fish or small animal care, and other comparable activities;

69.6.3 Manipulative activities, such as the use of puzzles, pegs and a pegboard, lacing boards, table-top building toys, dominoes, and other age-appropriate comparable toys and equipment;

69.6.4 Building activities, such as the use of unit blocks, transportation toys, farm animals, play people, age-appropriate, child size work bench, or other household equipment;

69.6.5 Art activities, such as the use of crayons, tempera paint, large brushes and newsprint, finger paint, construction paper, paste or glue, blunt scissors, collage materials, non-toxic felt-tip markers, clay or playdough, or other comparable play equipment or toys; and

69.6.6 Music activities, such as the use of rhythm sticks, drums, cymbals, bells, tape recorder, piano, or other comparable equipment.

70.0 Children's Health for Parenting Adolescent Facilities

70.1 A licensee shall ensure pregnant adolescents receive:

70.1.1 Comprehensive prenatal care, including:

- 70.1.1.1 Monthly visits to an obstetrician or certified nurse mid-wife during the first 28 weeks of gestation;
- 70.1.1.2 Biweekly visits to an obstetrician or certified nurse mid-wife from the 29th to the 36th week of gestation;
- 70.1.1.3 Weekly visits to an obstetrician or certified nurse mid-wife from the 36th week of gestation until delivery; and
- 70.1.1.4 Participation in a childbirth class provided by a registered nurse or childbirth educator.

70.1.2 Arrangements for the delivery of the child are made by the end of the second trimester, or within 15 days upon admission to the facility in situations where the adolescent is already pregnant beyond the second trimester; and

70.1.3 A dental examination within 3 months of admission and that necessary non-cosmetic dental care is provided.

70.2 A licensee shall ensure a system is established to provide background medical information on the pregnant adolescent to the hospital identified for delivery or at the birthing center identified for delivery.

70.3 A licensee shall ensure delivery arrangements are clearly recorded in the adolescent's medical record and staff have access to this information in an emergency.

71.0 Medical Care for Children of Parenting Adolescents

71.1 A licensee shall ensure adolescents only use prescription medication that is authorized by a licensed physician or a licensed nurse practitioner and non-prescription medication is used according to the manufacturer's instructions.

71.2 A licensee shall ensure adolescents only use prescription medication that is authorized by a licensed physician or a licensed nurse practitioner and non-prescription medication according to the manufacturer's instructions for their children.

71.3 A licensee shall ensure adolescents follow the advice of a licensed physician regarding the health care of the adolescent's child.

71.4 A licensee shall ensure an adolescent has:

71.4.1 A physical examination for the adolescent's child conducted by a health care provider at the age of 1 month, and again by no later than the age of 2 1/2 half months;

71.4.2 The child properly immunized as required by DPH; and

71.4.3 Between 3 1/2 and 4 months of age, a physical examination and periodically thereafter as recommended by the infant's attending physician or medical clinic.

72.0 Diapering for Parenting Adolescent Facilities

72.1 A licensee shall ensure a facility has a diaper-changing area with a clean, washable, and non-absorbent surface that shall not be located in the kitchen area. There shall be a separate hand-washing sink with running warm water within 5 feet of the changing area. The diaper-changing area shall be cleaned with soap and water and then disinfected after each use.

72.2 A licensee shall ensure that used disposable diapers are placed in a foot-activated container that is used exclusively for diapers, lined with a leak-proof or impervious liner, within arm's reach of the changing area, inaccessible to children, and sanitized daily. Diapers shall be removed from the facility daily or more frequently if needed to prevent accumulation of odors, and placed in a closed container that is outside the building and used for trash collection.

72.3 A licensee shall ensure people who change diapers wash their hands and the child's hands afterward.

73.0 Toys and Equipment for Parenting Adolescent Facilities

73.1 A licensee shall ensure all toys and equipment to be used by children are sturdy, of safe construction, non-toxic, and free of hazards. A facility shall use a choker tube to ensure that all parts of all toys used by children under 3 years of age are large enough so that they cannot be swallowed by the child.

73.2 A licensee shall ensure rest or sleep equipment meets the safety standards required by the Consumer Product Safety Commission and kept in a safe condition.

73.3 Mattresses and sleep equipment must be non-absorbent and cleanable.

73.3.1 Cots, mats, and crib mattresses must be cleaned with soap and water and then disinfected weekly and when soiled or wet.

73.3.2 Mats must be stored so there is no contact with the sleep surface of another mat or cleaned and disinfected after each use.

73.3.3 Sleep equipment and bedding must be cleaned and disinfected before being assigned to another child.

73.4 Children over age 1 must be provided with top and bottom covers.

73.4.1 Sheets and blankets or other bedding must be cleaned at least weekly and when soiled or wet.

73.4.2 Bedding must be stored so there is no contact with another child's bedding.

73.5 A licensee shall ensure safe sleep practices for infants are used including the following:

73.5.1 Cribs must not be stacked while in use.

73.5.2 Cribs must not have gaps larger than 2 3/8 inches between the slats.

73.5.3 Infants must sleep only in cribs, pack-and-plays, and playpens. The use of soft surfaces, such as soft mattresses, pillows, sofas, and waterbeds are prohibited as infant sleep surfaces.

73.5.4 Infants who fall asleep in car seats, swings, seats, or other equipment are immediately moved to cribs, pack-and-plays, or playpens.

73.5.5 Cribs, pack-and-plays, and playpens must have top rails at least 20 inches above the mattresses. The mattress must be set at its lowest position.

73.5.6 Latches on cribs, pack-and-plays, or playpens must be safe, secured, and hazard-free.

73.5.7 Crib mattresses must be firm and tight fitting to the frame and covered with a tight-fitting bottom sheet only.

73.5.8 Pillows, bibs, blankets, bumper pads, cloth diapers other than those worn by an infant, comforters, top sheets, quilts, sheepskin, stuffed toys, sleep positioning devices unless exempted by subsections 73.5.10.1- 73.5.10.2, stuffed toys, and other items are prohibited in a crib, pack-and-play, and playpen. Infants may use pacifiers in a crib.

73.5.9 Toys or objects attached to cribs, pack-and-plays, or playpens are prohibited.

73.5.10 Infants must be placed on their backs when laid down to sleep as recommended by the American Academy of Pediatrics.

73.5.10.1 OCCL allows an exception if the infant's health care provider documents that a physical or medical condition requires a different sleeping position or use of a sleep-positioning device.

73.5.10.2 The health care provider must document the new sleep position or the device and how to use it.

74.0 Physical Environment for Parenting Adolescent Facilities

74.1 A licensee shall ensure the facility provides:

74.1.1 A separate bedroom with at least 100 square feet for the adolescent and the adolescent's child, and an additional 50 square feet for each additional child.

74.1.2 Sufficient space to accommodate tables, high chairs, chairs for adolescents and their children, and on duty staff to eat meals together; and

74.1.3 Sufficient locked or secure storage space that can accommodate the personal belongings of the adolescent and the adolescent's children which is reasonably accessible to the adolescent.

74.2 A licensee shall ensure safety gates approved by the American Society for Testing and Materials are used in stairway areas where infants and toddlers are in care.

74.2.1 Gates must have latching devices that adults, but not children, can open easily.

74.2.2 Pressure or accordion gates may not be used in any area of the facility.

75.0 Discharge and Aftercare Plans for Parenting Adolescent Facilities

A facility shall include in the discharge and aftercare plan specific information regarding the status of the adolescent's child and health care, immunization, and medical needs that the child may require; and an assessment of the adolescent's ability to parent the child and to follow-up appropriately on the child's aftercare plan.

76.0 Exemptions for Parenting Adolescent Facilities

A parenting adolescent facility shall be exempt from subsections 50.2-50.6 regarding supervision and staff-to-child ratios.

77.0 Children's Health for Shelter Care Facilities

A shelter care facility shall either obtain documentation that a child has received a physical examination within the last 12 months or arrange for a physical examination within 7 days of admission.

78.0 Duration of Placement for Shelter Care Facilities

A facility shall provide care to children for no more than 45 days, unless there is documentation in the child's service plan that clearly justifies a longer placement.

79.0 Exemptions for Shelter Care Facilities

A shelter care facility shall be exempt from subsection 27.1.1 regarding beginning to obtain necessary immunizations within 30 days of admission.

80.0 Policies and Procedures for Wilderness Adventure Facilities

80.1 A licensee shall have and follow written policies and procedures that contain:

80.1.1 A comprehensive description of the various types of adventure activities in which a licensee plans to involve children, including the specific camping or activity destinations for each day; routes to be followed whether by highway, trail, or waterway; and the modes of transportation to be used;

80.1.2 Safety rules that are to be used by staff members, volunteers, and children when engaged in camping and for each type of adventure activity in which the program offers;

80.1.3 Recognized standards for staff members and volunteers to be qualified as responsible for leading, instructing, and supervising children engaged in any of the adventure activities;

80.1.4 Descriptions of appropriate safety equipment and clothing, such as safety glasses or goggles, helmets, gloves, special shoes, and outdoor clothing that are required to be used for adventure activities;

80.1.5 Procedures to be used to ensure that the environment is protected and any waste materials or trash are appropriately disposed of;

80.1.6 Instructions for posting itineraries, preparing for emergency medical services, and notifying, at agreed upon times, a licensee's main office when the adventure activity takes place in a location or locations that are remote from the main premises of a licensee;

80.1.7 Guidelines to ensure adventure activities include opportunities for problem-solving, developing a positive self-image, developing an appreciation for the natural environment, and conservation;

80.1.8 Guidelines to ensure adventure activities are followed by opportunities for reflection and life application;

80.1.9 Guidelines to ensure participation is conducted within the boundaries of the child's capabilities, dignity, and respect for self-determination;

80.1.10 Procedures to ensure necessary potable water, nutritious food, appropriate clothing, shelter, rest, and other essentials are available and planned for;

80.1.11 Procedures for obtaining signed consent forms from a child's parent or referring agency; and

80.1.12 Procedures that ensure the reporting to DFS of any fatalities or any accidents resulting in the hospitalization of a child.

81.0 Safety and Risk Management Committee for Wilderness Adventure Facilities

A licensee shall establish a Safety and Risk Management Committee consisting of representatives of management, staff, and individuals with experience and expertise in adventure activities. This committee shall review a licensee's policies and procedures governing adventure activities, monitor risk management and safety practices used in the various adventure activities, and advise a licensee's chief administrator of any revisions, omissions, or additions that are necessary and appropriate. The committee shall review any accident that may occur and the circumstances surrounding the accident and send written findings and recommendations to a licensee's chief administrator and OCCL.

82.0 Staff Qualifications and Staff-to-Child Ratios for Wilderness Adventure Facilities

82.1 A licensee shall ensure staff members and volunteers who have responsibility for a particular adventure activity are qualified and experienced in the specific adventure activity. If certification is required, these staff members or volunteers shall have current certification.

82.2 An aquatic supervisor shall be an adult who has satisfactorily completed the training and certification for a water safety instructor that are equivalent to those adopted by the American Red Cross for water safety.

82.3 A licensee shall ensure the ratio of staff members and volunteers to children conforms with standards for the specified adventure activity that have been recognized by a national accrediting or other recognized organization.

82.4 A licensee shall ensure an aquatic supervisor or water safety instructor is on duty at each aquatic activity. The aquatic supervisor shall be responsible for the enforcement of a licensee's safety policies and procedures governing aquatic activities, including swimming, boating, canoeing, kayaking, water skiing, and white-water rafting.

83.0 Away-From-Campus Adventure Activities for Wilderness Adventure Facilities

- 83.1 A licensee shall keep a list of all children, staff members, and volunteers who participate in an adventure activity that occurs away from the premises of a licensee at a licensee's administrative office.
- 83.2 A licensee shall ensure a fully stocked first aid kit that is adventure activity-appropriate and readily available accompanies the group on an adventure activity.
- 83.3 A licensee shall have and follow an itinerary and pre-established check-in times for groups that will travel out-of-state for more than 48 hours.
- 83.4 A licensee shall provide the child's parent or referring agency with a copy of the itinerary.

84.0 Equipment for Wilderness Adventure Facilities

- 84.1 A licensee shall ensure appropriate equipment and gear is used for each specified adventure activity. This equipment and gear shall be certified if required, in good repair, in working condition, and age- and body-size appropriate.
- 84.2 A licensee shall ensure ropes and gear used for rope rock climbing, rappelling, high and low ropes courses, or other adventure activities in which ropes are used are approved by the Union of International Alpine Association or "UIAA" or an equivalent certifying organization. Staff members responsible for supervising the activity shall inspect the ropes before engaging children in the activity.
- 84.3 A licensee shall ensure participants are appropriately equipped, clothed, and wearing safety gear, such as a helmet, goggles, safety belt, life jacket or a flotation device, that is appropriate to the adventure activity in which a child is engaged.
- 84.4 A licensee shall provide and place lifesaving equipment at each permanent swimming area so it is immediately available in case of an emergency. The following equipment shall be available:
 - 84.4.1 A whistle or other loud signal device for each staff member on duty;
 - 84.4.2 An assist pole or other appropriate reaching device;
 - 84.4.3 A ring buoy or other appropriate throwing assist device that has a rope attached to it which is of sufficient length for the area;
 - 84.4.4 A backboard that has appropriate rigid cervical collars and a minimum of 6 straps;
 - 84.4.5 A first aid kit; and
 - 84.4.6 A rescue tube.
- 84.5 A licensee shall ensure lifesaving equipment is provided for other aquatic activities and is placed so that it is immediately available in case of an emergency. At a minimum, the equipment shall include the following:
 - 84.5.1 A whistle or other loud signal device;
 - 84.5.2 A throwing assist device; and
 - 84.5.3 A first aid kit.

85.0 Aquatic Procedures for Wilderness Adventure Facilities

- 85.1 A licensee shall ensure before engaging in an aquatic activity, each child shall be classified by the aquatic supervisor according to swimming ability in 1 of 2 classifications: swimmer and non-swimmer.
- 85.2 A licensee shall not permit a child to participate in an aquatic activity that requires higher skills than the child's swimming classification, except during formal instruction.
- 85.3 A licensee shall establish and enforce a method, such as the buddy system, for supervising children who are involved in an aquatic activity. The system used shall include procedures for check-in, check-out, and the periodic accounting for each child's whereabouts by a staff member. A licensee shall ensure a staff member accounts for each of the swimmers at least once every 10 minutes.
- 85.4 A licensee shall have and follow a written aquatic emergency plan for each activity. The plan shall include:
 - 85.4.1 Rescue procedures and frequency of drills;
 - 85.4.2 Child accountability;
 - 85.4.3 Prompt evacuation; and
 - 85.4.4 Notification of outside emergency services.
- 85.5 A licensee shall ensure swimming at sites other than a waterfront or pool that is on the premises of a licensee is supervised by an aquatic supervisor who is assisted by 1 aquatic observer for every 10 children in the water.
- 85.6 A licensee shall ensure the buddy system is used and that buddy checks are conducted every 5 minutes whenever swimming is permitted at non-permanent sites.

- 85.7 A licensee shall not permit swimming during periods of darkness unless the swimming pool has underwater and deck lighting that provides unrestricted vision.
- 85.8 A licensee shall ensure diving occurs only in designated areas.
- 85.9 For a facility or program that uses a natural diving or swimming area, such as a lake, river, bay, or ocean, a licensee shall ensure the following:
- 85.9.1 Hazards are assessed and eliminated or clearly marked before a child swims, dives, or bathes at a natural diving or swimming area;
 - 85.9.2 Swimmers are not subjected to a dangerous condition such as a strong current, a sharp drop-off, a quicksand bottom, or rough surf;
 - 85.9.3 Water is free from known dangerous aquatic life;
 - 85.9.4 The bottom is free from known hazardous debris, sharp stones, and sharp shells;
 - 85.9.5 Swimming, diving, and boating areas are clearly marked or roped off; and
 - 85.9.6 Diving and swimming programs are conducted at separate times or in separate areas from boating programs.

86.0 Watercraft Activities for Wilderness Adventure Facilities

- 86.1 A licensee offering boating or other watercraft activities shall meet the following requirements:
- 86.1.1 A licensee shall ensure that each person wears a Personal Flotation Device approved by the U.S. Coast Guard for that particular activity while on the water.
 - 86.1.2 A licensee shall ensure campers have at least an American Red Cross Advanced Beginner Swimming Certificate, American Red Cross Survival Swimming Certificate, or its equivalent before being allowed to participate in boating activities.
 - 86.1.3 A licensee shall ensure that each watercraft is in good repair before use.
 - 86.1.4 A licensee shall ensure a watercraft towing a water skier, tuber, or towable has an adult observer on board in addition to the driver.
 - 86.1.4.1 Ropes used to tow must be at least 100 feet in length.
 - 86.1.4.2 A licensee shall ensure the operator keeps a safe distance from docks, other boats, bulkheads, and shorelines when towing someone behind a boat.
 - 86.1.5 A licensee shall ensure an individual using a watercraft has been trained in boarding, debarking, and safety procedures for the craft.
 - 86.1.6 A licensee shall ensure a watercraft docking area is not adjacent to a swimming area, and that a swimming area is not used for the launching or dropping off water-skiers.
 - 86.1.7 A licensee shall follow the watercraft's rated capacity.

87.0 Activities and Sleep Equipment for Day Treatment Programs

- 87.1 The program shall ensure all children are provided activities and physical exercise or routines that are age-appropriate and developmentally appropriate.
- 87.2 The program shall provide opportunities for rest after the noon meal to children under age 6. The rest area shall be lighted to allow staff to view the children.
- 87.3 The program shall ensure each child under age 6 who is present during scheduled rest time has age-appropriate and clean rest equipment and bedding. The bedding shall include a top and bottom cover and washed weekly and when wet and or soiled.

88.0 Indoor Space for Day Treatment Programs

- 88.1 A program shall have at least 35 square feet of usable indoor space per child. OCCL will not count toilet rooms, kitchen areas, eating areas, seclusion rooms, offices, storage spaces, hallways, closets, and gymnasiums in the square footage.
- 88.2 A program shall have a separate area where children who are showing symptoms of illness that require isolation from the group may be cared for until released to their parent. The area shall not be located in the kitchen or toilet areas.

89.0 Toilet Facilities for Day Treatment Programs

- 89.1 A licensee shall ensure a program has enclosed toilet rooms inside the building on each floor where education or recreation occurs. Each toilet room shall have at least 1 sink with warm running water and 1 operable

window or ventilation fan. All door locks, if present, must be designed to permit staff to open the locked door readily.

89.2 A licensee shall ensure a program has the following toilet-to-child ratios:

<u>Ages of Children</u>	<u>Ratio of Number of Toilets to Number of Children^{1, 2}</u>
<u>Under age 5</u>	<u>1:10</u>
<u>Over age 5</u>	<u>1:25</u>
<u>1 Urinals may be counted as half of a toilet, if placed at an accessible height to the population served, as long as the population served includes a significant number of males, and that a minimum of 2 flush toilets are available and accessible to both males and females.</u>	
<u>2 Staff shall be counted in the over age 5 ratio when determining the number of toilets if the program does not provide separate toilet facilities for staff.</u>	

90.0 Staffing and Staff-to-Child Ratios for Day Treatment Programs

90.1 A licensee shall ensure direct supervision of children is provided at all times through the assignment of qualified staff physically present and working with children to maintain the following minimum staff-to-child ratio for each age group:

<u>Age of Child</u>	<u>Minimum Direct Care Worker to Child Ratio</u>
<u>0-5</u>	<u>1:4</u>
<u>6-12</u>	<u>1:6</u>
<u>13+</u>	<u>1:10</u>

91.0 Day Treatment Agreement for Day Treatment Programs

91.1 A licensee shall ensure a program has and follows a written day treatment agreement. The agreement shall be completed before the child's admission and be signed by a licensee or the licensee's designee, the child, if appropriate, the child's parent, and the referring agency. The agreement shall include the following information:

- 91.1.1** A description of the expectations, roles, and responsibilities of the program, child, family, and other involved parties;
- 91.1.2** Description of the hours of operation, arrangements for service of meals, equipment to be provided by the family, transportation arrangements, and visitation policies;
- 91.1.3** Description of the behavior management policy, the release policy, and the procedures for handling child and parent complaints; and
- 91.1.4** Description of grounds for enrollment termination.

92.0 Release of Children for Day Treatment Programs

92.1 A program shall have and follow written policies and procedures governing the release of children. A program shall provide a copy of the policies and procedures to all parents, staff members, volunteers, and children that include the following requirements:

- 92.1.1** To ensure children are released to authorized people, agencies, or public or private school bus services;
- 92.1.2** For the emergency release of children, when a parent calls the program requesting emergency release of the child, the program shall verify the identity of the parent before releasing the child;
- 92.1.3** Procedures to follow for requiring photo identification for individuals unknown to the program who are identified as authorized releases, except for bus drivers contracted by the child's school;
- 92.1.4** Procedures to follow when a person not authorized to receive a child, or when a person who appears to be intoxicated or otherwise incapable of bringing the child home safely, requests release of a child; and
- 92.1.5** Handling situations in which a non-custodial parent attempts to claim the child without custodial parent or guardian permission.

93.0 Restrictive Procedures

- 93.1 A licensee shall receive written permission from OCCL before a facility or program uses the restrictive procedures of chemical restraint, physical restraint, or seclusion.
- 93.2 A licensee shall have and follow written policies and procedures governing the appropriate use of chemical restraint, physical restraint, or seclusion, as applicable. These policies and procedures shall:
- 93.2.1 Prohibit the use any restrictive procedure on a child below age 6.
- 93.2.2 Require restrictive procedures to only be permitted under the following conditions:
- 93.2.2.1 A trauma-informed treatment model is used;
- 93.2.2.2 The child is a danger to self or others;
- 93.2.2.3 The child's behavior is seriously disruptive, meaning the conduct is so unruly, violent, or abusive that it interferes with a staff member's ability to communicate with a child or children, with a child's ability to learn, or with the effective operation of the residential child care facility or day treatment program or a sponsored activity;
- 93.2.2.4 Other ways to manage the child's dangerous behavior have failed; and
- 93.2.2.5 Staff members administering a restrictive procedure were trained to administer that procedure.
- 93.2.3 Identify the types of behavior or conditions for which each type of restrictive procedure, as applicable, would be permitted;
- 93.2.4 Require that each type of restrictive procedure, as applicable, may only be used when less restrictive interventions would not effectively reduce the risk;
- 93.2.5 Require documentation that a licensee's use of each type of restrictive procedure, as applicable, is in accordance with established, accepted clinical practice and is age-appropriate;
- 93.2.6 Require these procedures be used only as additional techniques to accompany positive reinforcement techniques;
- 93.2.7 Require that a technique be used only when its use outweighs the risk of potential harm associated with its use;
- 93.2.8 Prohibit, at a minimum, any of the following aversive punishment procedures:
- 93.2.8.1 The use of noxious substances;
- 93.2.8.2 The use of instruments causing temporary incapacitation;
- 93.2.8.3 Any restraints on a child who is pregnant;
- 93.2.8.4 Any restraint that may constrict a child's breathing;
- 93.2.8.5 Placing pressure on a child's neck or throat;
- 93.2.8.6 Placing pressure on a child's mouth, except for the purpose of extracting a body part from a bite or possible choking item;
- 93.2.8.7 Using a restrictive procedure when the primary purpose is to inflict pain; or
- 93.2.8.8 Using restraint equipment and physical restraint techniques for punishment, discipline, or retaliation.
- 93.2.9 Require a restrictive procedure to be administered only by staff members who have been specifically trained in its use and authorized to apply such strategies. Staff are prohibited from intentionally:
- 93.2.9.1 Pulling a child's hair;
- 93.2.9.2 Pinching a child's skin;
- 93.2.9.3 Twisting a child's arm or leg in a way that would cause pain or injury to the child;
- 93.2.9.4 Kneeling or sitting on any part of a child;
- 93.2.9.5 Placing a choke hold on a child;
- 93.2.9.6 Bending back a child's finger;
- 93.2.9.7 Shoving or pushing a child into the wall, floor, or other stationary object;
- 93.2.9.8 Placing of hands, feet, elbows, knees or any object on a child's neck, throat, genitals or other intimate parts;
- 93.2.9.9 Causing pressure to be placed or creating a risk of causing pressure to be placed, on a child's stomach, chest, joints, throat or back by a knee, foot or elbow; or
- 93.2.9.10 Allowing another child or children to assist in a physical restraint.
- 93.2.10 Describe the position and qualifications of the staff who have direct responsibility for applying and for supervising the application of each type of restrictive procedure, as applicable;
- 93.2.11 Restrict the use of each type of restrictive procedure, as applicable, to designated and authorized staff who have been given prior training in how to administer and supervise the application of such procedure including the following:

- 93.2.11.1 Documentation requirements;
- 93.2.11.2 Thresholds for using restrictive procedures;
- 93.2.11.3 The physiological and psychological impact of restrictive procedures;
- 93.2.11.4 How to monitor and respond to the resident's physical signs of distress;
- 93.2.11.5 Symptoms and interventions for positional asphyxia, as applicable;
- 93.2.11.6 Time limits for the use of physical restraint and seclusion;
- 93.2.11.7 Emergency release of a child from a locked seclusion room within 2 minutes of the onset of a fire or similar emergency, if applicable; and
- 93.2.11.8 Procedures for obtaining approval for the use of a restrictive procedure.
- 93.2.12 Require the current service plan for that child permits the use of each type of restrictive procedure, as applicable, considering whether the restrictive procedure is proportionate to the severity of the child's behavior; the child's chronological and developmental age, size, and gender, physical condition, disability, medical condition, psychiatric condition, and personal injury, including any history of trauma, and used in a manner consistent with the child's treatment plan;
- 93.2.13 Require a legal, informed, written consent from the child's parent or referring agency is received before using each type of restrictive procedure, as applicable;
- 93.2.14 Require chemical restraints to be administered by a registered nurse either orally or via intramuscular injection, if applicable;
- 93.2.15 Prohibit the removal or limitation of the use of a mobility aid or other assistive device in a restraint unless there is a risk of imminent serious bodily injury and less restrictive interventions would not effectively reduce the risk.
- 93.2.16 Indicate time limitations and other restrictions on the use of each type of restrictive procedure, as applicable and require physical restraint and seclusion to end when the threat of harm ends;
- 93.2.17 Require a physical restraint to be applied for the minimum time necessary to accomplish the purpose. It shall not exceed 10 minutes without documentation on attempts made to release the child from the hold if more than 10 minutes is required. A licensee shall ensure a child is released from a physical restraint if a medical condition occurs putting the child at risk of harm, as soon as the child gains control, or before 10 minutes have elapsed, whichever occurs first;
- 93.2.18 Require the chief administrator or chief administrator's designee provides weekly administrative oversight of each use of each type of restrictive procedure, as applicable, to ensure that these procedures are humanely and appropriately applied; and
- 93.2.19 Require documentation for each use of each type of restrictive procedure, as applicable. This documentation shall contain the following information:
 - 93.2.19.1 The name of the child;
 - 93.2.19.2 The names of the staff who administered the procedure;
 - 93.2.19.3 Behavior supports used to deter the behavior before the use of a restrictive procedure;
 - 93.2.19.4 The names of witnesses;
 - 93.2.19.5 The date, time, and duration of the procedure;
 - 93.2.19.6 The place;
 - 93.2.19.7 The circumstances surrounding the use of the procedure;
 - 93.2.19.8 A description of the child's behavior; and
 - 93.2.19.9 A health observation to state whether any injuries occurred.
- 93.2.20 Require written specific authorization from a licensed physician when a child has a known physical condition that would contraindicate its use;
- 93.2.21 Require the chief administrator, designee, or the direct care supervisor to be immediately notified when a child has been restrained for more than 10 minutes or when within a 24-hour period a child has been in seclusion more than 3 times or a total of 2 hours.
- 93.2.22 Require the chief administrator or the designee to conduct a review to determine the child's suitability to remain in placement in the facility or program or whether changes to the child's service plan are necessary and to take appropriate action in response to the review for the following situations:
 - 93.2.22.1 Whenever a physical restraint has been used for more than 10 minutes;
 - 93.2.22.2 If there are more than 3 seclusions for an individual child or 2 hours of seclusion within a 24-hour period; or
 - 93.2.22.3 If a chemical restraint is administered.

93.2.23 Require the reviews for physical restraints and seclusions to be forwarded to DSCYF by following the DSCYF Reportable Events and Notification Procedures.

93.3 A licensee shall ensure when using the restrictive procedure of seclusion:

93.3.1 Children are placed in seclusion for no more than 45 consecutive minutes;

93.3.2 At least 1 staff member is responsible for providing continuous monitoring and observation of the child and is available to unlock the room, if locked, within 2 minutes of the onset of a fire or similar emergency;

93.3.3 The child is not secluded in a closet, bathroom, or unfinished basement or attic;

93.3.4 Rooms used for seclusion have tamper-proof fixtures and adequate space, temperature, light, and ventilation;

93.3.5 The room or area used has equipment and furnishings that do not present a physical hazard or suicide risk and objects that may be used by a child for self-injury are removed from the child before the child is placed in seclusion;

93.3.6 The room or area used has at least 75 square feet and a ceiling height of at least 8 feet;

93.3.7 A staff member returns the child to the group in a sensitive and non-punitive manner as soon as the child has regained control;

93.3.8 The child has access to toilet facilities, as needed; and

93.3.9 The child receives the same number and frequency of meals and snacks provided to other children in the facility or program.

APPENDICES

Appendix I

Initial Application

[http://regulations.delaware.gov/register/december2023/proposed/Appendix I 105 RCC-DTP Initial Application 11-15-2023.pdf](http://regulations.delaware.gov/register/december2023/proposed/Appendix_I_105_RCC-DTP_Initial_Application_11-15-2023.pdf)

Appendix II

Relocation Renewal Application

[http://regulations.delaware.gov/register/december2023/proposed/Appendix II 105 RCC-DTP Relocation or Renewal Application 11-15-2023.pdf](http://regulations.delaware.gov/register/december2023/proposed/Appendix_II_105_RCC-DTP_Relocation_or_Renewal_Application_11-15-2023.pdf)

Appendix III

Variance

[http://regulations.delaware.gov/register/december2023/proposed/Appendix III 105 RCC-DTP Variance Request 11-15-2023.pdf](http://regulations.delaware.gov/register/december2023/proposed/Appendix_III_105_RCC-DTP_Variance_Request_11-15-2023.pdf)