

# CHAPTER 2960 INSPECTION TOOL

ALL GROUP RESIDENTIAL DETENTION SECURE CORRECTIONAL RESTRICTIVE  
FACILITY \_\_\_\_\_ DATE \_\_\_\_\_

Officials present during Inspection \_\_\_\_\_

| DOCUMENTATION REVIEW  |  |                    |       |
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| Applicable Rule or Statute  | REQUIREMENTS   | Met (Y)<br>Not (N) | NOTES |
| <b>POLICY, PLANS AND INSPECTIONS</b>                                    |  |                    |       |
| 2960.0030 subpart 10.<br><b>POLICY AND PROCEDURE</b>                    | The license holder must submit the facility's program <i>policies and procedures</i> to the commissioner of human services or corrections for review.  |                    |       |
| 2960.0040<br><b>STATEMENT OF INTENDED USE</b>                           | The license holder must submit a statement of intended use as part of the license application. The statement of intended use must, at a minimum, meet the requirements in items A to F:<br>A.state the license holder's expertise and qualifications to provide the services noted in the program description;   |                    |       |
|   | B.describe the target population to be served with consideration of at least the following characteristics of the residents: cultural background, gender, age, medically fragile condition, and legal status, including children in need of protection or services petition status, delinquency, and whether the resident is in the facility as a voluntary placement or self-referral;    |                    |       |
|   | C.state the primary needs of residents that the license holder will meet in the licensed facility;   |                    |       |
|   | D.identify those resident services provided within the setting and those services to be provided by programs outside the setting;  |                    |       |
|   | E.state how the license holder will involve the resident's cultural or ethnic community to ensure culturally appropriate care; and   |                    |       |
|   | F.describe the specific extent and limitations of the program, including whether the license holder would use a restrictive procedure with a resident, under what conditions a restrictive procedure would be used, and what type of restrictive procedures a license holder would use if the license holder was certified to use restrictive procedures.                                  |                    |       |
| 2960.0050 Subpart 2.<br><b>LICENSE HOLDER DUTIES</b>                    | The license holder must provide basic services to residents and develop operational <i>policies and procedures</i> which correspond to the basic rights in 2960.0050 subpart 1.  |                    |       |
| 2960.0060 Subpart 1.<br><b>STATEMENT OF PROGRAMS OUTCOMES</b>           | The license holder must have <i>written policies</i> that identify program outcomes and promote the resident's development as a physically and mentally healthy person. The program services offered by the license holder must be consistent with the resident's case plan.   |                    |       |
| 2960.0080 Subpart 5.<br><b>DISCIPLINE POLICY AND PROCEDURE REQUIRED</b> | The license holder must have discipline <i>policies and procedure</i> that require the resident's abuse history and developmental, cultural, disability, and gender needs be taken into consideration when deciding the disciplinary action to be taken with a resident. The policy must include the requirements in items A to E.<br>A. The license holder must not subject residents to: |                    |       |
|   | (1) corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects, or spanking;  |                    |       |
|   | (2) verbal abuse, including, but not limited to: name calling; derogatory statements about the resident or resident's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the resident;  |                    |       |
|   | (3) punishment for lapses in toilet habits, including bed wetting and soiling;   |                    |       |

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| (4) withholding of basic needs, including but not limited to a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a resident who destroys bedding or clothing, or uses these or other items to hurt the resident or others, may be deprived of such articles according to the resident's case plan or, for a facility licensed by the commissioner of corrections, according to part 2960.0270, subpart 6;  |  |  |
| (5) assigning work that is dangerous or not consistent with the resident's case plan;   |  |  |
| (6) disciplining one resident for the unrelated behavior or action of another, except for the imposition of restrictions on the resident's peer group as part of a recognized treatment program;  |  |  |
| (7) use of restrictive techniques or procedures as punishment, for convenience of staff, to compensate for not having an adequate number of staff, or to substitute for program services;   |  |  |
| (8) restrictions on a resident's communications beyond the restrictions specified in the resident's treatment plan or case plan; and  |  |  |
| (9) requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.   |  |  |
| B. The delegation of authority by the license holder to a resident or group of residents to punish another resident or group of residents is prohibited.  |  |  |
| C. The license holder must meet the requirements of part 9525.2700, subpart 2, item G, regarding the use of aversive or deprivation procedures with a resident who has a developmental disability.  |  |  |
| <p>D. The license holder must meet the following requirements for the use of time-out:</p> <ul style="list-style-type: none"> <li>(1) time-out must be used as a nonemergency behavior management technique which is used to intervene in a resident's undesirable behavior and to allow the resident to reflect and become calm before returning to ongoing activities at the facility;</li> <li>(2) time-out must be used under the direction of a mental health professional, the facility director, or the program manager;</li> <li>(3) the use of time-out must be consistent with the resident's treatment plan;</li> <li>(4) staff must escort a resident to an unlocked room or other separate living space in the facility that is safe;</li> <li>(5) staff must assess the resident in time-out at least every 30 minutes and determine when the resident may return to ongoing activity at the facility;</li> <li>(6) staff must have completed at least the following training before they use time-out with a resident: <ul style="list-style-type: none"> <li>(a) the needs and behaviors of residents;</li> <li>(b) building relationships with residents;</li> <li>(c) alternatives to time-out;</li> <li>(d) de-escalation methods;</li> <li>(e) avoiding power struggles with residents; and</li> <li>(f) documentation standards for the use of time-out;</li> </ul> </li> <li>(7) the treatment team must include and document the review of the use of time-out for each resident during the review of the resident's treatment plan; and</li> <li>(8) staff must document the use of time-out in the resident's record and include the information in units (a) to (d): <ul style="list-style-type: none"> <li>(a) the factors or circumstances which caused the need for the use of time-out;</li> <li>(b) the resident's response to the time-out;</li> <li>(c) the resident's ability to de-escalate during the time-out procedure; and</li> <li>(d) the resident's ability to maintain acceptable behavior after the time-out</li> </ul> </li> </ul> |  |  |
| E. The license holder must be certified to use restrictive procedures according to parts 2960.0710 to 2960.0750 before using a restrictive procedure with a resident.   |  |  |

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| 2960.0080 Subpart 5a.<br><b>DISCIPLINE POLICY AND<br/>PROCEDURE REQUIRED;<br/>SOCIAL ISOLATION<br/>PROHIBITED</b> | <p>A. This subpart applies to facilities licensed by the commissioner of corrections.</p> <p>B. A facility's discipline <b>policies and procedures</b> and due process system must be updated to reflect:</p> <p>(1)safety-based separation under parts 2960.0270, subpart 6; and 2960.0720 to 2960.0750; and</p> <p>(2)Minnesota Statutes, section 241.0215, subdivision 4.</p> <p>C. Facility staff are prohibited from socially isolating a resident as discipline by restricting the resident's right to:</p> <p>(1)talk to other residents or staff; or</p> <p>(2)interact with other residents or staff during facility programming or activities.</p>   |  |  |
| 2960.0080 Subpart. 10.<br><b>EXERCISE AND RECREATION</b>  | The license holder must develop and implement a <b>plan</b> that offers appropriate recreation for residents.  |  |  |
| 2960.0080 Subpart 14.<br><b>EMERGENCY PLAN</b>  | <p>The license holder must develop a <b>written emergency plan</b> that specifies actions by staff and residents required for the protection of all persons in the case of an emergency, such as a <u>fire, natural disaster, serious illness, severe weather, disappearance of a resident, or other situation</u> that may require a law enforcement response or other emergency response. The plan must be developed with the advice of the local fire and emergency response authorities. The plan must specify responsibilities assumed by the license holder for assisting a resident who requires emergency care or special assistance to a resident in emergencies.</p> <p>The license holder must review the plan with staff and residents at least once every six months. The license holder must keep documentation showing compliance with the emergency plan and the semiannual review.</p>  |  |  |
| 2960.0080 Subpart 15.<br><b>COMMUNICATION AND<br/>VISITATION</b>  | <p>The license holder must have a <b>written policy</b> about resident communications and visiting with others inside and outside of the facility that meets the requirements of items A and B.</p> <p>A. The license holder must have a <b>written policy</b> about the use of the telephone, mail, adaptive communications devices, and other means of communication, compatible with the needs of other residents and the resident's case plan.</p> <p>B. License holders may not restrict the visiting rights of the parents of a resident beyond the limitations placed on those rights by a court order under Minnesota Statutes, section 260C.201, subdivision 5, or limitations in the resident's case plan. The visiting <b>policy</b> must allow parental visits at times that accommodate the parent's schedule.</p>  |  |  |
| 2960.0080 Subpart 17<br><b>CRITICAL INCIDENT AND<br/>MALTREATMENT REPORTS</b>                                     | <p>The license holder must <b>report critical incidents and the maltreatment</b> of a resident according to items A to D.</p> <p>A. The license holder must report critical incidents of a serious nature that involve or endanger the life or safety of the resident or others to the commissioner of human services or corrections within ten days of the occurrence on forms approved by the commissioner of human services or corrections. The license holder must maintain records of all critical incidents on file in the facility.</p> <p>B. The license holder must meet the reporting requirements of Minnesota Statutes, chapter 260E and section 626.557, if applicable, and other reporting requirements based on the age of the resident.</p> <p>C. The license holder must develop policies and procedures to follow if maltreatment is suspected.</p> <p>D. The license holder must review policies and procedures about maltreatment at least annually and revise the policies if the maltreatment laws change or if the license holder's review of incident reports or quality assurance reports indicates that a change in maltreatment policy or procedure is warranted.</p> |  |  |

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| 2960.0080 Subpart. 18<br><b>RESIDENT AND FAMILY GRIEVANCE PROCEDURES</b> | <p>A. The license holder must develop and follow a written grievance procedure that allows a resident, the resident's parent or legal representative, a guardian, or a concerned person in the resident's life to make a formal complaint or suggestion or express a concern about any aspect of the resident's care during the resident's stay in the facility. The license holder and staff must not attempt to influence a resident's statement about the facility in the grievance document or during an investigation resulting from the grievance. The written grievance procedure must require, at a minimum, that:</p> <p>(1)the license holder must give the person who wants to make a grievance the necessary forms and assistance to file a grievance;</p> <p>(2)the license holder must identify the person who is authorized to resolve the complaint and to whom an initial resolution of the grievance may be appealed and, upon request, a license holder must carry a grievance forward to the highest level of administration of the facility or placing agency;</p> <p>(3)a person who reports a grievance must not be subject to adverse action by the license holder as a result of filing the grievance; and</p> <p>(4)a person filing a grievance must receive a response within five days.</p> <p>B.If a grievance is filed, the license holder must document the grievance along with the investigation findings and resulting action taken by the license holder. Information regarding the grievance must be kept on file at the facility for two licensing periods.</p> |  |  |
| 2960.0090 Subpart 2<br><b>NO EJECT POLICY</b>                            | A license holder must have a written <b><i>no eject policy</i></b> . Before discharging a resident who has not reached the resident's case plan goals, or treatment plan goals for a resident who has a treatment plan, the license holder must confer with other interested persons to review the issues involved in the decision. During this review process, which must not exceed five working days, the license holder must determine whether the license holder, treatment team, interested persons, if any, and the resident can develop additional strategies to resolve the issues leading to the discharge and to permit the resident an opportunity to continue to receive services from the license holder. If the review indicates that the decision to discharge is warranted, the reasons for it and the alternatives considered or attempted must be documented. A resident may be temporarily removed from the facility during the five-day review period. This subpart does not apply to a resident removed by the placing authority or a parent or guardian.  |  |  |
| 2960.0160 Subpart 1<br><b>ADMISSION CRITERIA</b>                         | A license holder must develop resident admission criteria consistent with the license holder's statement of intended use and program services certifications. The admission criteria must describe the age of the resident to be served, whether both male and female residents are served, whether there are limitations about who the program will serve, and what types of problems and primary needs the program will meet during the resident's stay.   |  |  |
| 2960.0170 Subpart 1<br><b>CLASSIFICATION OF RESIDENTS</b>                | The license holder must develop a <b>classification plan</b> and house residents in living units that are consistent with the license holders's statement of intended use. Resident classification criteria for living unit assignment must include consideration of at least the following factors: age, developmental level, gender, physical assaultiveness, delinquent sophistication, and run risk. The classification plan must be reviewed and approved by the commissioner of human services or corrections.   |  |  |
| 2960.0180 Subpart 2<br><b>POLICY MANUALS</b>                             | The license holder must submit the facility policy and procedures manuals to the commissioner of human services or corrections for review and make the manuals available to all staff within the facility.   |  |  |
| 2960.0200<br><b>PHYSICAL PLANT AND ENVIRONMENT</b>                       | B. <b><i>Written policies and procedures</i></b> must specify the facility's fire prevention protocols, including fire drills, and practices to ensure the safety of staff, residents, and visitors. The policies must include provisions for adequate fire protection service, inspection by local or state fire officials, and placement of fire hoses or extinguishers at appropriate locations throughout the facility.  |  |  |
|  | C.The license holder must have a <b>written maintenance plan</b> that includes <b><i>policies and procedures</i></b> for detecting, reporting, and correcting building and equipment deterioration, safety hazards, and unsanitary conditions.   |  |  |
|  | D.The license holder must have a <b><i>written smoking policy</i></b> for the facility that applies to staff and residents that complies with Minnesota Statutes, sections 144.411 to 144.417, and Public Law 103-227, title X, section 1043.  |  |  |
| 2960.0210 subpart 3<br><b>SAFETY REPORTS</b>                             | The facility must maintain in a permanent file the reports of insurance coverage; occupational safety and health administration reports; incident reports; and reports of health, fire, and other safety inspections.  |  |  |

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| 2960.0260 Subpart 1<br><b>CLASSIFICATION OF RESIDENTS</b>                     | The license holder must develop a <b>classification plan</b> that is consistent with the license holder's statement of intended use. The license holder must house residents in living units according to the classification plan. Resident classification criteria for living unit assignment must include consideration of at least the following factors: age, developmental level, gender, physical aggressiveness, delinquent sophistication, and abscond risk. The classification plan must be reviewed and approved by the commissioner of corrections. |  |  |
| 2960.0270 Subpart 1<br><b>POLICIES AND PROCEDURES MANUAL</b>                  | License holders must have a policy and procedures manual reviewed by the commissioner of corrections that is readily available to staff. The policy manual must contain policies and procedures for all aspects of the facility's operation. The license holder must ensure that the policies and procedures in the manual safeguard residents' rights and require the provision of basic services to residents.   |  |  |
| 2960.0270 Subpart 4<br><b>MEDICAL SERVICES</b>                                | F.The license holder, in consultation with a medically licensed person, must develop plans and establish procedures and accessories for the secure storage, delivery, supervision, and control of medications and medical supplies in the facility.  |  |  |
| 2960.0270 Subpart 5.<br><b>VISITATION</b>                                     | A license holder must have a written visitation plan. The plan must include at least the requirements in items A to D.<br>A.A resident may visit, at reasonable times of the day, with parents, relatives, or other adults who were responsible for the resident's care before the resident was admitted to the facility, unless the license holder has convincing evidence that such a visit would not be in the best interest or welfare of the resident.  |  |  |
|   | B. The facility administrator must set a facility-wide visiting policy regarding visitors, other than those described in item A. Visitors may be monitored, but notice of monitoring must be posted in the visiting area. The administrator may limit visits by persons other than those described in item A to scheduled visiting hours. Scheduled visiting hours must include mornings, evenings, weekdays, and weekends. A minimum of eight scheduled hours per week must be maintained for visiting.   |  |  |
|   | C. Visits by an attorney, probation officer, case worker, or religious or spiritual counselor are allowed and must be permitted to take place in private.  |  |  |
|   | D. The license holder must request visitors to register upon arrival at the facility; give their name, address, and relationship to the resident; and produce a reliable form of identification. If a visit is denied, the resident and visitor must be given the reason for denial and the reason must be documented in the resident's file.  |  |  |
| 2960.0270 Subpart. 8.<br><b>EXERCISE AND RECREATION</b>                       | The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. At a minimum, the plan must provide for and include:<br>A.regulations that are reasonable and necessary to protect the facility's security and the residents' welfare;   |  |  |
|   | B.provisions for a minimum of two hours of daily preplanned exercise or activities supervised and directed by trained staff and recreational activities and leisure time activities, excluding time spent watching television;   |  |  |
|   | C.provisions for indoor space and equipment for active recreation; and   |  |  |
|   | D.provisions for outdoor recreational space, equipment, and support staff for outdoor recreational program services, except that this item does not apply to eight-day and 24-hour temporary holdover facilities.  |  |  |
| 2960.0270 Subpart. 11.<br><b>EMERGENCIES</b>                                  | The license holder must develop a <b>written emergency plan</b> with procedures for the protection and evacuation of all persons in the case of fire, explosion, flood, tornado, or other emergencies. In addition, the emergency plan must provide for immediate and effective action in the event of hostage incidents, escape and escape attempts, suicide and attempted suicide, any illness or accident considered an emergency, power failure, major resident disturbances, assaults, and outbreaks or epidemics of contagious disease.                  |  |  |
| 2960.0270 Subpart. 12.<br><b>REPORTING CRITICAL</b>                           | Critical incidents of an unusual or serious nature that involve, or endanger the lives or safety of, facility staff or residents must be reported to the commissioner of corrections within ten days on a form supplied by the commissioner of corrections.  |  |  |
| 2960.0270 subpart 14<br><b>HOUSKEEPING, SANITATION, AND PLANT MAINTENANCE</b> | B.The license holder must have and implement a <b>written plan</b> to inspect and <u>document</u> daily housekeeping, sanitation, and plant maintenance needs in the occupied parts of the facility.   |  |  |

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| AND PLANT MAINTENANCE  | C. The license holder, in cooperation with the facility's governing body, must develop <b>plans, policies, and procedures</b> to detect and correct building and equipment deterioration, safety hazards, and unsanitary conditions in the early stages of their development and provide for their repair, correction, or modification.  |  |  |
| 2960.0270 Subpart. 15.<br>PHYSICAL PLANT AND ENVIRONMENT                 | B. The license holder must ask the local health authority and fire marshal to inspect the facility <u>annually</u> for health, sanitation, and fire safety conditions.   |  |  |
| 2960.0270 Subpart. 16.<br>INFORMATION REPORTING REQUIRED                 | The license holder must report information and statistics about program services, outcomes, and data about residents in the license holder's facility to the commissioner of corrections according to Minnesota Statutes, section 241.021, subdivision 1, paragraph (a).   |  |  |
| 2960.0290 Subpart 2<br>SAFETY REPORTS                                    | The facility must maintain in its file the reports of insurance, inspections, Occupational Safety and Health Administration reports, incident reports, and reports of health, fire, and other safety inspections.  |  |  |
| 2960.0340 Subpart 4<br>PLANS FOR GROUP ARREST                            | A secure facility providing correctional program services must have <b>written plans</b> governing space arrangements and procedures to follow in the event of a group arrest that exceeds the maximum capacity of the facility. These plans must be reviewed at least annually and updated.   |  |  |
| 2960.0360 Subpart 1<br>CONTENT OF POLICY AND PROCEDURES                  | A license holder that offers correctional program services must develop security <b>policies and procedures</b> on the following:  |  |  |
|  | A. control and recovery of contraband;   |  |  |
|  | B. delivery and service procedures;  |  |  |
|  | C. prohibition of firearms and other weapons in resident areas and measures to ensure that weapons are inaccessible to residents;  |  |  |
|  | D. search procedures, including strip searches and resident-assisted searches;   |  |  |
|  | E. escort of residents outside the secured area; and   |  |  |
| 2960.0360 Subpart 2<br>INSPECTION OF FACILITY AND DELIVERIES TO FACILITY | F. when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3.  |  |  |
|  | The facility must be <u>regularly inspected</u> for contraband, evidence of breaches in security, and inoperable security equipment. Materials delivered to or transported from the facility must be inspected for contraband prior to distribution.   |  |  |
| 2960.0360 Subpart 3<br>CHEMICAL IRRITANT USE                             | A. The license holder must have <b>written policies</b> approved by the licensing agency governing the use of chemical irritants and related chemicals.  |  |  |
|  | B. The use of chemical irritants is permitted only in secure facilities with correctional program services.<br>(1) Chemical irritants must not be used except by order of the facility administrator or person in charge to prevent a resident from seriously injuring the resident's self or others or to prevent damage to a substantial amount of property.<br>(2) Decontamination must occur immediately after all uses of chemical irritant.<br>(3) The <u>documentation</u> must include a description of what behavior on the part of the resident resulted in the use of chemical irritants, what alternative methods were considered along with a description of these methods, exactly what the decision to use chemical irritants was based on, and any other relevant factors.<br>(5) A <u>documented</u> supervisory review must be conducted after an incident that resulted in the use of chemical irritants. |  |  |
| 2960.0390 Subpart 1<br>COUNT PROCEDURE-WRITTEN STATEMENT                 | A facility must have a <b>written statement</b> specifying the system used to regularly count the number of residents in the facility.   |  |  |
| 2960.0390 Subpart 2<br>COUNT PROCEDURE-FREQUENCY OF COUNTS               | There must be a resident count at least once each eight hours.   |  |  |

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| 2960.0390 Subpart 3<br><b>COUNT PROCEDURE-MASTER<br/>COUNT BOARD</b>               | A system for counting must include procedures that account for the total number of residents at any given time. Changes in the number of residents must be <u>documented</u> and reported immediately.   |  |  |
| 2960.0400<br><b>HOSPITALIZATION OF<br/>RESIDENTS</b>                               | When a resident requires hospitalization, the resident must be supervised on a 24-hour-a-day basis unless the conditions in items A and B have been satisfied:<br>A. the facility administrator has determined that the resident does not need custody supervision; or<br>B. the resident is incapacitated in the opinion of the attending physician.  |  |  |
| 2960.0570 Subpart 2<br><b>CRITICAL INCIDENTS</b>                                   | The certification holder must <b>report critical incidents</b> and the disposition of the critical incidents to the Department of Corrections. Critical incidents that involve or endanger the lives or safety of facility staff or residents must be reported in writing to the certifying authority within ten days on forms approved by the certifying authority.   |  |  |
| 2960.0570 Subpart 3<br><b>SECURITY POLICIES AND<br/>PROCEDURES</b>                 | The license holder must have <b>security policies and procedures</b> that include the topics in items A to K:<br>A.control and recovery of contraband;<br>B.delivery and service procedure;<br>C.prohibition of firearms and other weapons in resident areas;<br>D.search procedures, including strip searches and resident-assisted searches;<br>E.escort of residents outside security area;<br>F.when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3;<br>G.lock and key procedures;<br>H.inspection of physical plant procedures;<br>I.count procedures;<br>J.weapons, tools, equipment, medications, and hazardous substances; and<br>K.use of chemical irritants. |  |  |
| 2960.0570 Subpart 4<br><b>INFORMATION REPORTING<br/>REQUIRED</b>                   | The license holder must report information and statistics about program services, outcomes, and data about residents in the license holder's facility to the commissioner of corrections according to Minnesota Statutes, section 241.021, subdivision 1, paragraph (a).   |  |  |
| <b>STAFFING PLAN</b>   |  |  |  |
| 2960.0100 Subpart 1<br><b>STAFFING PLAN</b>  | The license holder must have a staffing plan that:<br>A. is approved by the commissioner of human services or corrections;<br>B. identifies the assignments of facility staff; and<br>C. meets the cultural and ethnic needs of the facility residents to the extent permitted by law.   |  |  |
| 2960.0100 Subpart 2<br><b>RECRUITMENT OF<br/>CULTURALLY BALANCED STAFF</b>         | To the extent permitted by law, it is the license holder's responsibility to actively recruit, hire, and retain full-time staff who are responsive to the diversity of the population served.  |  |  |
|  | If the facility staffing plan does not meet the cultural and racial needs of facility residents according to subpart 1, item C, the license holder must document the reasons why and work with cultural or racial communities to meet the needs of residents.  |  |  |
|  | In addition, the license holder must contact a cultural or racial community group related to the resident's cultural or racial minority background and seek information about how to provide opportunities for the resident to associate with adult and peer role models with similar cultural and racial backgrounds on a regular basis.  |  |  |
|  | The license holder must maintain annual documentation regarding the license holder's efforts to meet the requirements of this subpart.   |  |  |
| MN STATUTE 245C.04 Subd. 7<br><b>NEW STUDY REQUIRED WITH<br/>LEGAL NAME CHANGE</b> | (a) For a background study completed on an individual required to be studied under section 245C.03, the license holder or other entity that initiated the background study must initiate a new background study using the electronic system known as NETStudy when an individual who is affiliated with the license holder or other entity undergoes a legal name change.<br>(b) For background studies subject to a fee paid through the NETStudy system, the entity that initiated the study may initiate a new study under paragraph (a) or notify the commissioner of the name change through a notice to the commissioner.  |  |  |

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| <p>MN STATUTE 245C.04 Subd. 11</p> <p><b>CHILDRENS RESIDENTIAL FACILITIES AND FOSTER RESIDENCE SETTINGS</b></p> | <p>Applicants and license holders for children's residential facilities and foster residence settings must submit a background study request to the commissioner using the electronic system known as NETStudy 2.0:</p> <ul style="list-style-type: none"> <li>(1) before the commissioner issues a license to an applicant;</li> <li>(2) before an individual age 13 or older, who is not currently receiving services from the licensed facility or setting, may live in the licensed program or setting;</li> <li>(3) before a volunteer has unsupervised direct contact with persons that the program serves;</li> <li>(4) before an individual becomes a controlling individual as defined in section 245A.02, subdivision 5a;</li> <li>(5) before an adult, regardless of whether or not the individual will have direct contact with persons served by the facility, begins working in the facility or setting;</li> <li>(6) when directed to by the commissioner for an individual who resides in the household as described in section 245C.03, subdivision 1, paragraph (a), clause (5); and</li> <li>(7) when directed to by the commissioner for an individual who may have unsupervised access to children or vulnerable adults as described in section 245C.03, subdivision 1, paragraph (a), clause (6).</li> </ul> |  |  |
| <p>MN STATUTE 245C.07 par (b)</p> <p><b>STUDY SUBJECT AFFILIATED WITH MULTIPLE FACILITIES</b></p>               | <p>When a license holder maintains background study compliance for multiple licensed programs according to paragraph (a), and one or more of the licensed programs closes, the license holder shall immediately notify the commissioner which staff must be transferred to an active license so that the background studies can be electronically paired with the license holder's active program.</p>   |  |  |
| <p>MN STATUTE 245C.07 par (f)</p> <p><b>STUDY SUBJECT AFFILIATED WITH MULTIPLE FACILITIES</b></p>               | <p>For an entity operating under NETStudy 2.0, the entity's active roster must be the system used to document when a background study subject is affiliated with multiple entities. For a background study to be transferable:</p> <ul style="list-style-type: none"> <li>(1) the background study subject must be on and moving to a roster for which the person designated to receive sensitive background study information is the same; and</li> <li>(2) the same entity must own or legally control both the roster from which the transfer is occurring and the roster to which the transfer is occurring. For an entity that holds or controls multiple licenses, or unlicensed personal care provider organizations, there must be a common highest level entity that has a legally identifiable structure that can be verified through records available from the secretary of state.</li> </ul>  |  |  |
| <p>MN STATUTE 245C.09 Subd. 1</p> <p><b>FAILURE OR REFUSAL TO COOPERATE WITH BACKGROUND STUDY</b></p>           | <p>An applicant's, license holder's, or other entity's failure or refusal to cooperate with the commissioner, including failure to provide additional information required under section 245C.05, is reasonable cause to disqualify a subject, deny a license application, or immediately suspend or revoke a license or registration.</p>   |  |  |



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| <p>MN STATUTE 245C.13 Subd. 2</p> <p><b>ACTIVITIES PENDING COMPLETION OF BACKGROUND STUDY</b></p>                           | <p>The subject of a background study may not perform any activity requiring a background study under paragraph (c) until the commissioner has issued one of the notices under paragraph (a).</p> <p>(a) Notices from the commissioner required prior to activity under paragraph (c) include:</p> <p>(1) a notice of the study results under section 245C.17 stating that:</p> <p>(i) the individual is not disqualified; or</p> <p>(ii) more time is needed to complete the study but the individual is not required to be removed from direct contact or access to people receiving services prior to completion of the study as provided under section 245C.17, subdivision 1, paragraph (b) or (c). The notice that more time is needed to complete the study must also indicate whether the individual is required to be under continuous direct supervision prior to completion of the background study. When more time is necessary to complete a background study of an individual affiliated with a Title IV-E eligible children's residential facility or foster residence setting, the individual may not work in the facility or setting regardless of whether or not the individual is supervised;</p> <p>(2) a notice that a disqualification has been set aside under section 245C.23; or</p> <p>(3) a notice that a variance has been granted related to the individual under section 245C.30.</p> <p>(b) For a background study affiliated with a licensed child care center or certified license-exempt child care center, the notice sent under paragraph (a), clause (1), item (ii), must require the individual to be under continuous direct supervision prior to completion of the background study except as permitted in subdivision 3.</p> <p>(c) Activities prohibited prior to receipt of notice under paragraph (a) include:</p> <p>(1) being issued a license;</p> <p>(2) living in the household where the licensed program will be provided;</p> <p>(3) providing direct contact services to persons served by a program unless the subject is under continuous direct supervision;</p> <p>(4) having access to persons receiving services if the background study was completed under section 144.057, subdivision 1, or 245C.03, subdivision 1, paragraph (a), clause (2), (5), or (6), unless the subject is under continuous direct supervision;</p> <p>(5) for licensed child care centers and certified license-exempt child care centers, providing direct contact services to persons served by the program;</p> <p>(6) for children's residential facilities or foster residence settings, working in the facility or setting; or</p> <p>(7) for background studies affiliated with a personal care provider organization, except as provided in section 245C.03, subdivision 3b, before a personal care assistant provides services, the personal care assistance provider agency must initiate a background study of the personal care assistant under this chapter and the personal care assistance provider agency must have received a notice from the commissioner that the personal care assistant is:</p> <p>(i) not disqualified under section 245C.14; or</p> <p>(ii) disqualified, but the personal care assistant has received a set aside of the disqualification under section 245C.22.</p> |  |  |
| <p>MN STATUTE 245C.17 Subd. 7, (a)</p> <p><b>DISQUALIFICATION NOTICE TO CHILDRENS RESIDENTIAL FACILITIES AND FOSTER</b></p> | <p>For children's residential facilities and foster residence settings, all notices under this section that order the license holder to immediately remove the individual studied from any position allowing direct contact with, or access to a person served by the program, must also order the license holder to immediately remove the individual studied from working in the program, facility, or setting.</p>  |  |  |
| <p>MN STATUTE 245C.22 Subd. 5</p> <p><b>REVIEW AND ACTION ON A RECONSIDERATION REQUEST- scope of set-aside</b></p>          | <p>(a) If the commissioner sets aside a disqualification under this section, the disqualified individual remains disqualified, but may hold a license and have direct contact with or access to persons receiving services. Except as provided in paragraph (b), the commissioner's set-aside of a disqualification is limited solely to the licensed program, applicant, or agency specified in the set aside notice under section 245C.23. For personal care provider organizations, the commissioner's set-aside may further be limited to a specific individual who is receiving services. For new background studies required under section 245C.04, subdivision 1, paragraph (h), if an individual's disqualification was previously set aside for the license holder's program and the new background study results in no new information that indicates the individual may pose a risk of harm to persons receiving services from the license holder, the previous set-aside shall remain in effect.</p>   |  |  |

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| <p>MN STATUTE 245C.30 Subd. 1<br/><b>VARIENCE FOR A DISQUALIFIED INDIVIDUAL</b></p> | <p>(a) Except for any disqualification under section 245C.15, subdivision 1, when the commissioner has not set aside a background study subject's disqualification, and there are conditions under which the disqualified individual may provide direct contact services or have access to people receiving services that minimize the risk of harm to people receiving services, the commissioner may grant a time-limited variance to a license holder or license-exempt child care center certification holder.</p> <p>(b) The variance shall state the reason for the disqualification, the services that may be provided by the disqualified individual, and the conditions with which the license holder, license-exempt child care center certification holder, or applicant must comply for the variance to remain in effect.</p> <p>(c) Except for programs licensed to provide family child care, foster care for children in the provider's own home, or foster care or day care services for adults in the provider's own home, the variance must be requested by the license holder or license-exempt child care center certification holder.</p>   |  |  |
| <p>2960.0150 Subpart 1<br/><b>JOB DESCRIPTIONS</b></p>                              | <p>The license holder must have written job descriptions for all position classifications and post assignments that define the responsibilities, duties, and qualifications staff need to perform those duties. The job descriptions must be readily available to all employees.</p>   |  |  |
| <p>2960.0150 Subpart 3<br/><b>STAFFING PLAN</b></p>                                 | <p>The license holder must prepare and obtain approval from the commissioner of human services or corrections of a written staffing plan that shows staffing assignments and meets the needs of the residents in placement. The license holder must use the criteria in items A to J to develop the facility's staffing plan.</p> <p>A. The license holder must designate a chief administrator of each facility.</p> <p>B. In the temporary absence of the chief administrator, a staff person must be designated as a person in charge of the facility.</p> <p>C. The license holder must designate a program director of the facility. A program with more than 24 residents must have a full-time program director.</p> <p>D. The license holder must not assign staff who supervise residents in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents by requiring staff of the opposite gender to perform the duties in subitems (1) to (4):</p> <ul style="list-style-type: none"> <li>(1) strip searches;</li> <li>(2) witnessing or assisting at internal body searches;</li> <li>(3) direct visual supervision of residents during showers or lavatory use; and</li> <li>(4) assisting a resident with a personal hygiene activity if assisting the resident with the hygiene activity would require the staff person to view the resident unclothed or to touch the genitals, buttocks, or breasts of the resident.</li> </ul> <p>E. The written staffing plan must include a contingency plan that ensures an immediate response by on-call staff of the same gender as the resident when:</p> <ul style="list-style-type: none"> <li>(1) supervision of a resident by staff of the same gender is required under item D, subitems (1) to (4);</li> <li>(2) when necessary to meet the assessed needs of the resident as determined in part 2960.0070, subpart 5, item B, subitem (2); or</li> <li>(3) when necessary to appropriately care for a resident who was a victim of sexual abuse.</li> </ul> <p>The contingency plan must include requirements which ensure that staff will document and tell other staff about the resident's need for supervision by staff of the same gender as the resident. The contingency plan must also require staff to document the actions taken by staff to implement the contingency plan for supervision of the resident by staff of the same gender.</p> <p>When the requirements of this item are not fully met, the license holder must <a href="#">document</a> the circumstances and reasons the requirements were not met and document what the license holder will do to prevent a recurrence of the failure to fully meet the requirements of this item. The documentation of failure to meet the requirements of this item and the description of what the license holder will do to prevent a recurrence of the failure must be kept on file at the facility for at least two years or until the next licensing renewal inspection, whichever period is longer.</p> |  |  |

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|   | F. The license holder may assign medically licensed staff and purchase the services of persons who are medically licensed to care for or treat residents of the opposite sex. However, if a resident asks that a medically licensed person of the same sex perform the procedures in item D, subitem (2), the license holder must provide same sex medically licensed personnel to perform the procedures in item D, subitem (2). Medically licensed personnel must perform the duties in item D, subitem (2).  |  |  |
|   | G. The minimum number of direct care staff that must be present and awake when residents are present and awake is one staff person per 12 residents. At a minimum, one staff person per 25 residents must be present and awake at all times in the facility when residents are normally asleep. Programs must meet the requirements of subitems (1) to (3) if they do not have awake staff at times when residents are normally asleep:<br>(1)the program must be operated according to the houseparent model;<br>(2)the program must have fewer than 11 residents; and<br>(3)the program must have and follow a policy which explains when it will use awake staff to supervise residents at night.<br>The policy must consider the age and condition and known or suspected behavior characteristics of the residents.  |  |  |
|   | H. The license holder must designate one full-time staff person for every 25 residents to coordinate resident treatment and case plans.   |  |  |
|   | I. The license holder must designate a person to coordinate volunteer services, if volunteers are used by the facility. The license holder must have a system for registration and identification of volunteers. Volunteers who have unsupervised contact with residents must have a background check. The license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.   |  |  |
|   | J. The staffing plan must be appropriate for the program services offered to the resident, physical plant features and characteristics of the facility, and condition of the resident. The license holder must consider the factors in subitems (1) to (9) when developing the staffing plan:<br>(1)the age of the resident being served;<br>(2)the resident's physical and mental health;<br>(3)the vulnerability of the resident;<br>(4)the resident's capacity for self-preservation in the event of any emergency;<br>(5)the degree to which the resident may be a threat to self or others;<br>(6)the risk of the resident absconding;<br>(7)the gender of the resident;<br>(8)the disability of the resident; and<br>(9)the number and types of education service programs offered or coordinated for the resident. |  |  |
| 2960.0240 Subpart 1<br><b>JOB DESCRIPTIONS AND STAFF QUALIFICATIONS</b> | A. The license holder must have written job descriptions for all position classifications and post assignments that define responsibilities, duties, and qualifications needed to perform those duties. The job description must be readily accessible to all employees.  |  |  |
|   | B. Staff who supervise residents must be at least 21 years old. Persons older than 18 years old but younger than 21 years old may be employed if they are enrolled or have completed course work in a postsecondary education program to pursue a degree in a behavioral science.   |  |  |
| 2960.0240 Subpart 3<br><b>STAFFING PLAN</b>                             | The license holder must prepare and obtain approval from the commissioner of corrections of a written staffing plan that shows staff assignments and meets the needs of the residents in placement. The license holder must use the criteria in items A to J to develop the facility's staffing plan.   |  |  |
|   | A. The license holder must designate a chief administrator of each facility.  |  |  |
|   | B. In the temporary absence of the chief administrator, a staff person must be designated as the person in charge of the facility.  |  |  |
|   | C. The license holder must designate a program director of the facility. A program with more than 24 residents must have a full-time program director.  |  |  |

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| <p>D.The license holder must not assign staff in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents by requiring staff of a different gender to perform the duties in subitems (1) to (4):</p> <ul style="list-style-type: none"> <li>(1)strip searches and resident-assisted searches;</li> <li>(2)witnessing or assisting at internal body searches;</li> <li>(3)direct visual supervision of residents during showers or lavatory use; and</li> <li>(4)assisting a resident with a personal hygiene activity if assisting the resident with the hygiene activity would require the staff person to view the resident unclothed or to touch the genitals, buttocks, or breasts of the resident.</li> </ul>  |  |  |
| <p>The written staffing plan must include a contingency plan that ensures an immediate response by on-call staff of the same gender, who must be available when needed, to maintain the resident's privacy in situations described in subitems (1) to (4) and meet the needs of residents during times when the resident feels vulnerable or is deemed by staff to be vulnerable.</p>   |  |  |
| <p>The license holder may assign medically licensed staff and purchase the services of persons who are medically licensed to care for or treat residents of the opposite sex. However, if a resident asks that a medically licensed person of the same sex perform the procedures in subitem (2), the license holder must provide same sex medically licensed personnel to perform the procedures in subitem (2). Medically licensed personnel must perform the duties in subitem (2).</p>  |  |  |
| <p>When the requirements of this item are not fully met, the license holder must <a href="#">document</a> the circumstances and reasons the requirements were not met and document what the license holder will do to prevent a recurrence of the failure to fully meet the requirements of this item. The documentation of failure to meet the requirements of this item and the description of what the license holder will do to prevent a recurrence of the failure must be kept on file at the facility for at least two years or until the next licensing renewal inspection, whichever period is longer.</p>   |  |  |
| <p>E.The minimum number of staff who have direct contact that must be present and awake when residents are present is one staff person per 12 residents. At a minimum, one staff person per 25 residents must be present and awake at all times in the facility when residents are normally asleep.</p>   |  |  |
| <p>F.Minimum staffing requirements for <b>temporary holdover facilities</b> are described in subitems (1) to (5).</p> <ul style="list-style-type: none"> <li>(1)No person may be housed in a temporary holdover facility without at least one staff person on duty, awake, alert, and capable of responding to the reasonable needs of a resident in the facility.</li> <li>(2)Staff must not be placed in positions of responsibility for the supervision and welfare of a resident of the opposite gender in circumstances that can be described as an invasion of privacy, degrading, or humiliating to the resident. Male staff must not supervise female residents except in activity areas and only when female staff are on duty and present in the facility. Female staff may supervise male residents, provided resident privacy is protected and visual and audio monitoring equipment is operating and constantly attended by other staff.</li> <li>(3)One staff person may supervise up to four juveniles at one time, provided they are all of the same gender. Two staff persons are required to be on duty if five or more juveniles are being detained in a nonsecure temporary holdover facility.</li> <li>(4)Staff supervising residents in a secure 24-hour temporary holdover facility must remain at their posts at all times. Staff must document residents' behavior at 30-minute intervals.</li> <li>(5)In eight-day temporary holdover facilities having both secure and nonsecure detention beds, two staff persons must be on duty when five or more residents are being detained. If all detention beds are secure, a minimum of one staff person must be on duty during each shift.</li> </ul> |  |  |
| <p>G.The license holder must designate a person to coordinate volunteer services, if volunteers are used by the facility. The license holder must have a system for registration and identification of volunteers. Volunteers who have unsupervised contact with residents must have a background check. The license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.</p>   |  |  |

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|  |  | H.The staffing plan must be appropriate for the program services offered to the resident and the condition of the resident. The license holder must consider the factors in subitems (1) to (9) when developing the staffing plan:<br>(1)the age of the resident being served;<br>(2)the resident's physical and mental health;<br>(3)the vulnerability of the resident;<br>(4)the resident's capacity for self-preservation in the event of an emergency;<br>(5)the degree to which the resident may be a threat to self or others;<br>(6)the risk of the resident absconding;<br>(7)the gender of the resident;<br>(8)the disability of the resident; and<br>(9)the number and types of educational service programs offered or coordinated for the resident. |  |  |
|  |  | I.Physical plant features and characteristics must also be considered when approving the program's staffing plan.   |  |  |
|  |  | J.Staffing plans must be readily available for each licensing inspection.   |  |  |
| 2960.0270 Subpart 1<br><b>ADMINISTRATIVE STRUCTURE</b>               |  | The license holder must designate a single administrator of the facility, and in that person's absence, a staff person must be designated as being in charge. Upon request, the license holder must provide the names and addresses of the owners, board members, or controlling individual, and an organizational chart depicting organizational authority over the program to the commissioner of corrections.  |  |  |
| 2960.0340 Subpart 1<br><b>SUPERVISION OF<br/>NONEMPLOYEE SERVICE</b> |  | A person working at the facility, who is not employed by the facility, must be under the general supervision of facility staff, unless that person has been trained in the facility's policies and procedures. No contact by such persons with residents is permitted.  |  |  |
| 2960.0340 Subpart 2<br><b>EXTRA DUTY</b>                             |  | No employee may be scheduled for duty for two consecutive work periods except in a documented emergency, or when unusual circumstances require reasonable and prudent exception. No employee may work more than 16 hours in each 24-hour period.  |  |  |
| 2960.0560 Subpart 1<br><b>STAFFING PLAN APPROVAL</b>                 |  | In addition to the staffing plan approval criteria in parts 2960.0100 and 2960.0150, subpart 3, the certifying authority must use the criteria in items A and B to approve a correctional program services staffing plan.   |  |  |
|  |  | A. A facility having 25 or more residents must have at least one staff person designated to develop, implement, and coordinate recreational programs for the residents. The person designated to develop, implement, and coordinate the recreational programs must have the training or experience needed to perform the duties of the position.  |  |  |
|  |  | B. In coeducational or female-only programs, female resident housing units must, at a minimum, have one female staff person on duty during night time hours. The license holder must exceed the minimum staff-to-resident ratio if necessary to meet this requirement.  |  |  |
| 2960.0560 Subpart 2<br><b>STAFF QUALIFICATIONS</b>                   |  | In addition to the requirements of parts 2960.0100 and 2960.0150, the license holder must designate an individual as:<br>A. the administrator, who must have at least a bachelor's degree in the behavioral sciences, public administration, or a related field. The administrator must be responsible for ongoing operation of the facility, and maintenance and upkeep of the facility; and   |  |  |
|  |  | B. a program director, who must have the qualifications in subitems (1) and (2):<br>(1)a bachelor's degree in the behavioral sciences or a related field with at least two years of work experience providing correctional services to residents; and<br>(2)one year of experience or training in program administration and supervision of staff.  |  |  |
| <b>SERVICES AND PROGRAM EVALUATION</b>                               |  |   |  |  |

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| 2960.0060 Subpart 2<br><b>OUTCOME MEASURES</b>          | The license holder must ensure measurement of the outcomes of the license holder's services intended to promote the resident's development as physically and mentally healthy persons. The measurement must note the degree to which the license holder's services provided to the resident or the resident's family have been successful in achieving the intended outcome of the services offered to the resident and the resident's family. The license holder must measure the success in achieving the outcomes identified in the license holder's policy statement required by subpart 1. The commissioner of human services or corrections may require license holders to measure specific factors related to the outcomes in subpart 1. |  |  |
| 2960.0060 Subpart 3<br><b>PROGRAM EVALUATION</b>        | A. The license holder must <u>annually</u> evaluate strengths and weaknesses of the program using at least the performance indicators in subitems (1) to (7):<br>(1) accidents;<br>(2) the use of restrictive procedures;<br>(3) grievances;<br>(4) adverse findings, allegations of maltreatment under Minnesota Statutes, chapter 260E, citations, and legal actions against the license holder;<br>(5) results of a resident and family satisfaction survey required in part 2960.0140, subpart 1;<br>(6) information from subparts 1 and 2; and<br>(7) critical incidents.<br>B. The program evaluation in item A must be kept for two licensing periods.   |  |  |
| 2960.0060 Subpart 4<br><b>USE OF FINDINGS</b>           | The license holder must use the program evaluation reports and findings in subpart 3 as a basis to make improvements in its programs.   |  |  |
| 2960.0060 Subpart 5<br><b>INDEPENDENT PROGRAM AUDIT</b> | The license holder must comply and cooperate with independent program audits conducted by the commissioner of human services or corrections and comply with the findings of the audit. The license holder must <u>document</u> the facility's compliance with its operational policies and procedures. The license holder must retain demographic information on a resident and must document the extent of the resident's program completion on a form designated by the commissioner of human services or corrections.  |  |  |
| 2960.0060 Subpart 6<br><b>COMMUNITY INVOLVEMENT</b>     | Each facility must have a board of directors or advisory committee that represents the interests, concerns, and needs of the residents and community being served by the facility. The board of directors or advisory committee must meet at least <u>annually</u> . The license holder must meet at least <u>annually</u> with community leaders representing the area where the facility is located to advise the community leaders about the nature of the program, the types of residents served, the results of the services the program provided to residents, the number of residents served in the past 12 months, and the number of residents likely to be served in the next 12 months.   |  |  |
| 2960.0070 Subpart 2.<br><b>ADMISSION CRITERIA</b>       | The license holder must have written specific identifiable admission criteria that are consistent with the license holder's statement of intended use in part 2960.0040. The license holder must:   |  |  |
|   | A. have sufficient resources available and qualified staff to respond to the needs of persons with disabilities admitted to the facility;   |  |  |
|   | B. consider the appropriateness of placing female residents in facilities that have few other female residents and whether or not the facility could offer gender-specific program services for female residents;   |  |  |
|   | C. consider the appropriateness of placing male residents in facilities that have few other male residents and whether or not the facility could offer gender-specific program services for male residents; and   |  |  |
|   | D. seek the approval of the commissioner of corrections to serve EJJ's who are older than 19 years of age in the same facility with residents who are less than 19 years of age.  |  |  |

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| 2960.0180 Subpart 2<br><b>FACILITY PROGRAMS</b>                  | <p>The license holder must prepare <b>written program descriptions, policies, and procedures</b> that implement the program described. Measurable program outcomes must also be identified.</p> <p>A. The minimum program components must include the requirements in subitems (1) to (3).</p> <p>(1)For group residential facilities offering educational services on site, there must be a 12-month comprehensive and continuous education program for residents that meets the requirements of Laws 1995, chapter 226, article 3, section 60, subdivision 2, clause (2)(ix), and rules of the Department of Education.</p> <p>(2)The license holder must provide or coordinate the delivery of social services that, at a minimum, includes individual, group, and family counseling services.</p> <p>(3)Policies and procedures must ensure that a trained staff person is available to counsel residents upon request and during times of crisis.</p> |  |  |
| 2960.0310<br><b>STATEMENT OF PROGRAM OBJECTIVES</b>              | The license holder must prepare a <b>written statement</b> of measurable secure program goals and outcomes. The goals and outcomes must be developed with the input of local juvenile justice personnel including judges, probation officers, case managers, social workers, and other persons considered appropriate by the license holder.   |  |  |
| 2960.0320<br><b>PROGRAM SERVICES STANDARDS</b>                   | <p>A secure program service must meet the needs of the resident served by the program, based on the resident's offense history, age, gender, disability, cultural and ethnic heritage, mental health and chemical dependency problems, and other characteristics. Services offered must include at least items A and B:</p> <p>A.intensive regular and special educational programs, with an individual educational plan for each resident who has a disability and needs special education and related services; and</p> <p>B.specific educational components that meet the resident's program services needs for the management of anger, nonviolent conflict resolution, mental health, and other program services needs, such as physical abuse, cultural and ethnic heritage, gender, parenting education, and program services to educate sex offenders about sexuality and address issues specific to victims and perpetrators of sexual abuse.</p> |  |  |
| 2960.0550 Subpart 2<br><b>CERTIFICATION APPLICABILITY</b>        | Group residential settings and family foster settings may be certified to provide correctional program services according to parts 2960.0540 to 2960.0570.   |  |  |
| 2960.0550 Subpart 3<br><b>PROGRAM CERTIFICATION APPROVAL</b>     | A license holder who wishes to be certified to offer correctional program services must apply for certification to the certifying authority on forms approved by the certifying authority. The certifying authority must decide whether to approve the license holder's application for certification based on the information provided on the completed application and on an inspection of the program and facts gathered by the certifying authority. The certification document must state how long the program will care for residents in the program and describe the program content and types and amounts of services offered to residents.  |  |  |
| 2960.0550 Subpart 4<br><b>MINIMUM CRITERIA FOR CERTIFICATION</b> | <p>The certificate holder must meet the requirements of items A to D.</p> <p>A. The license holder must identify specific, measurable outcomes that indicate that the license holder will meet the needs of the target population served by the facility's program. The measurable outcomes must be directly related to the program objectives stated in the license holder's correctional program services certification application.</p>   |  |  |

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| <p>B. The certification applicants must offer at least the services in subitems (1) to (4) in their correctional services program:</p> <ul style="list-style-type: none"> <li>(1)social and interpersonal skills development to achieve the outcomes in units (a) to (d): <ul style="list-style-type: none"> <li>(a)the resident resolves conflict in an appropriate manner;</li> <li>(b)the resident develops and maintains supportive relationships;</li> <li>(c)the resident communicates and interacts appropriately with peers and adults; and</li> <li>(d)the resident is aware of race and gender bias issues;</li> </ul> </li> <li>(2)chemical use and abuse awareness;</li> <li>(3)correctional programming to achieve the outcomes in units (a) and (b): <ul style="list-style-type: none"> <li>(a)the resident makes reparations for past behavior; and</li> <li>(b)the resident addresses relationships with the resident's family, community, and school; and</li> </ul> </li> <li>(4)transition and life skills development to achieve the outcomes in units (a) and (b): <ul style="list-style-type: none"> <li>(a)the resident practices age appropriate self-care and self-reliance; and</li> <li>(b)the resident is released with a place to live, a plan for constructive daily activity, a means of financial support, and a system to support continued progress in the community.</li> </ul> </li> </ul> |  |  |
| <p>C.The license holder must notify the placement agency that the license holder cannot meet the resident's needs if the license holder's program of correctional program services inadequately addresses the resident's needs that were identified through screening or assessment. The license holder must document notification of the placement agency and the action taken by the placement agency in response to notification from the license holder.</p>   |  |  |
| <p>D.The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. The plan must include at least the following requirements:</p> <ul style="list-style-type: none"> <li>(1)regulations that are reasonable and necessary to protect the facility's security and the resident's welfare;</li> <li>(2)at least two hours daily of organized and supervised physical exercise and recreational activities and leisure time activities for residents, excluding time spent watching television. Organized and supervised physical exercise and recreational activities include preplanned exercise or activities that are supervised and directed by qualified or trained staff;</li> <li>(3)provisions for indoor space and equipment for active recreation; and</li> <li>(4)provisions for outdoor recreational space, equipment, and supportive staff for outdoor recreational program services.</li> </ul>  |  |  |

**RESIDENT AND FAMILY SATISFACTION SURVEY**

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| 2960.0140 Subpart 1A | The license holder may ask the commissioner of human services or corrections for permission to use a random sample of residents, parents, and guardians. At a minimum, the license holder must attempt to survey each released resident, the resident's parents or legal guardians and custodians, and the referring agency regarding the license holder's satisfaction with the services in subitems (1) to (7): |  |  |
|                      | (1)daily care and support of the resident during the resident's stay, including recreation, food, sleeping accommodations, general care, and emotional support of the resident;   |  |  |
|                      | (2)the accuracy, usefulness, and appropriateness of the screening and assessment of the resident's physical and emotional well-being and functioning;   |  |  |
|                      | (3)provisions for the resident's safety;  |  |  |
|                      | (4)support of the resident's regular and special education, related services, and support for implementing the resident's individualized education program;   |  |  |
|                      | (5)support of obtaining needed medical, dental, mental health, and other services identified in the resident's screening and assessments or otherwise observed or reported by staff or other persons involved with the resident's care;   |  |  |
|                      | (6)the positive and negative effects on the resident and the resident's family of the treatment offered to the resident, such as mental health, chemical dependency, or sex offender treatment; and   |  |  |
|                      | (7)support of family and community reintegration, if appropriate.   |  |  |
| 2960.0140 Subpart 1B | The results of each resident's survey must be available on file in the facility for review for at least two inspection cycles.  |  |  |



**RESTRICTIVE PROCEDURES AND SEARCHES**

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| 2960.0240 Subpart 6<br><b>STRIP SEARCHES AND RESIDENT ASSISTED SEARCHES; REQUIREMENTS</b>                  | A. All strip searches and resident-assisted searches in facilities licensed by the commissioner of corrections must be conducted according to this subpart.   |  |  |
|  | B. Staff conducting a strip search or resident-assisted search must:<br>(1)tell the resident why staff must conduct the search;<br>(2)briefly describe what will happen in the search;<br>(3)ask the resident if they have any questions about the search;<br>(4)ask the resident if staff can begin the search;<br>(5)use verbal cues during the search and discuss each step of the search;<br>(6)tell the resident when the search is done; and<br>(7)ask the resident if they have any concerns and thank them for cooperating. |  |  |
|  | C. A strip search and resident-assisted search must be conducted:<br>(1)by a staff member of the same gender as the resident; and<br>(2)to protect the resident's privacy from other residents and from staff not conducting the search.  |  |  |
|  | D. A staff member must consult with a mental health professional or, if a mental health professional is unavailable, a medically licensed person before conducting a strip search if a resident with a known or suspected mental health diagnosis, history of sexual abuse, or other mental-health-related history identified in the resident's screening objects to the search.  |  |  |
|  | E. A strip search must be conducted one body half at a time, allowing a resident to choose whether to have the top or bottom half of their body searched first without having to be fully unclothed at any point during the search.   |  |  |
| 2960.0410 Subpart 1<br><b>RESTRICTIVE PROCEDURES</b>   | Detention facilities that want to use restrictive procedures may use restrictive procedures according to the program's statement of intended use if the license holder is certified to use restrictive procedures according to parts 2960.0710 to 2960.0750.  |  |  |
| 2960.0410 Subpart 2<br><b>STRIP SEARCHES AND RESIDENT ASSISTED SEARCHES</b>                                | A.Each strip search must be conducted according to part 2960.0240, subpart 6; and Minnesota Statutes, section 241.0215, subdivision 3. Internal body searches of the anus or genitalia are prohibited.<br>B.Before a staff member may conduct a strip search or resident-assisted search, the staff member must receive training on trauma-informed techniques according to part 2960.0240, subpart 5.  |  |  |
| 2960.0570 Subpart 1<br><b>USING RESTRICTIVE PROCEDURES, STRIP SEARCHES, AND RESIDENT ASSISTED SEARCHES</b> | A.Facilities licensed by the commissioner of corrections that want to use restrictive procedures may use restrictive procedures according to the program's statement of intended use if the license holder is certified to use restrictive procedures according to parts 2960.0710 to 2960.0750.  |  |  |
|  | B.Each strip search must be conducted according to part 2960.0240, subpart 6; and Minnesota Statutes, section 241.0215, subdivision 3. Internal body searches of the anus or genitalia are prohibited.  |  |  |
|  | C.Before a staff member may conduct a strip search or resident-assisted search, the staff member must receive training on trauma-informed techniques according to part 2960.0240, subpart 5.  |  |  |
| 2960.0710 Subpart 1<br><b>CERTIFICATION REQUIRED</b>   | A license holder who wishes to use a restrictive procedure with a resident must meet the requirements of this part to be certified to use restrictive procedures with a resident.   |  |  |
| 2960.0710 Subpart 1A<br><b>DEPARTMENT OF CORRECTIONS; SECLUSION</b>  | Facilities licensed by the commissioner of corrections are prohibited from using seclusion as a restrictive procedure.  |  |  |
| 2960.0710 Subpart 2<br><b>RESTRICTIVE PROCEDURES PLAN REQUIRED</b>   | The license holder must have a restrictive procedures plan for residents that is approved by the commissioner of human services or corrections, and the plan must provide at least the following:<br>A.the plan must list the restrictive procedures, including listing and describing all safety-based separations that may be used, and describe the physical holding techniques that the program will use;   |  |  |
|  | B.how the license holder will monitor and control the emergency use of restrictive procedures;  |  |  |

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|  | <p>C.a description of the training that staff who use restrictive procedures must have prior to staff implementing the emergency use of restrictive procedures, which includes at least the following:</p> <ul style="list-style-type: none"> <li>(1)the needs and behaviors of residents;</li> <li>(2)relationship building;</li> <li>(3)alternatives to restrictive procedures;</li> <li>(4)de-escalation methods;</li> <li>(5)avoiding power struggles;</li> <li>(6)documentation standards for the use of restrictive procedures;</li> <li>(7)how to obtain emergency medical assistance;</li> <li>(8)time limits for restrictive procedures;</li> <li>(9)obtaining approval for use of restrictive procedures;</li> <li>(10)requirement for updated training at least every other year; and</li> <li>(11)the proper use of the restrictive techniques approved for the facility;</li> </ul> |  |  |
|  | D. the license holder must prepare a written review of the use of restrictive procedures in the facility at least annually; and  |  |  |
|  | E. the license holder must ensure that the resident receives treatment for any injury caused by the use of a restrictive procedure.  |  |  |
| 2960.0710 Subpart 4<br><b>DOC-LICENSED FACILITIES</b>              | <p>License holders that are licensed by the commissioner of corrections may seek certification to use one or more of the following restrictive procedures:</p> <ul style="list-style-type: none"> <li>A.physical escort;</li> <li>B.physical holding;</li> <li>C.mechanical restraints; and</li> <li>D.safety-based separation.</li> </ul>   |  |  |
| 2960.0710 Subpart 6<br><b>USE OF PHYSICAL HOLDING OR SECLUSION</b> | <p>Physical holding and seclusion are behavior management techniques which are used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective. The emergency use of physical holding or seclusion must meet the conditions of items A to M:</p> <p>A.an immediate intervention is necessary to protect the resident or others from physical harm;</p>  |  |  |
|  | B.the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency;   |  |  |
|  | C.the use of physical holding or seclusion must end when the threat of harm ends;  |  |  |
|  | D.the resident must be constantly and directly observed by staff during the use of physical holding or seclusion;  |  |  |
|  | E.the use of physical holding or seclusion must be used under the supervision of a mental health professional or the facility's program director;  |  |  |
|  | F.physical holding and seclusion may be used only as permitted in the resident's treatment plan;   |  |  |
|  | G.staff must contact the mental health professional or facility's program director to inform the program director about the use of physical holding or seclusion and to ask for permission to use physical holding or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding or seclusion;  |  |  |
|  | H.before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 regarding the use of physical holding and seclusion at the facility;   |  |  |
|  | I.when the need for the use of physical holding or seclusion ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility;  |  |  |
|  | J.staff must treat the resident respectfully throughout the procedure;   |  |  |

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|  | K.the staff person who implemented the emergency use of physical holding or seclusion must document its use immediately after the incident concludes. The documentation must include at least the following information:<br>(1)a detailed description of the incident which led to the emergency use of physical holding or seclusion;<br>(2)an explanation of why the procedure chosen needed to be used to prevent or stop an immediate threat to the physical safety of the resident or others;<br>(3)why less restrictive measures failed or were found to be inappropriate;<br>(4)the time the physical hold or seclusion began and the time the resident was released;<br>(5)in at least 15-minute intervals during the use of physical holding or seclusion, documentation of the resident's behavioral change and change in physical status that resulted from the use of the procedure; and<br>(6)the names of all persons involved in the use of the procedure and the names of all witnesses to the use of the procedure; |  |  |
|  | L.the room used for seclusion must be well lighted, well ventilated, clean, have an observation window which allows staff to directly monitor a resident in seclusion, fixtures that are tamperproof, with electrical switches located immediately outside the door, and doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and   |  |  |
|  | M.objects that may be used by a resident to injure the resident's self or others must be removed from the resident and the seclusion room before the resident is placed in seclusion.  |  |  |
| 2960.0710 Subpart 7<br><b>USE OF MECHANICAL RESTRAINTS</b> | Mechanical restraints are a behavior management device which may be used only when transporting a resident or in an emergency as a response to imminent danger to a resident or others and when less restrictive interventions are determined to be ineffective. A facility that uses mechanical restraints must include mechanical restraints in its restrictive procedures plan. The emergency use of mechanical restraints must meet the conditions of items A to J:<br>A.an immediate intervention is necessary to protect the resident or others from physical harm;  |  |  |
|  | B.the mechanical restraint used is the least intrusive intervention that will effectively react to the emergency;  |  |  |
|  | C.the use of mechanical restraint must end when the threat of harm ends;   |  |  |
|  | D.the resident must be constantly and directly observed by staff during the use of mechanical restraint;   |  |  |
|  | E.the use of mechanical restraint must be supervised by the program director or the program director's designee;   |  |  |
|  | F.mechanical restraint may be used only as permitted in the resident's treatment plan;   |  |  |
|  | G.as soon as it may safely be done, but no later than 60 minutes after initiating the use of a mechanical restraint, staff must contact the facility's program director or the program director's designee to inform the program director about the use of a mechanical restraint and to ask for permission to use the mechanical restraint;   |  |  |
|  | H.before staff uses a mechanical restraint with a resident, staff must complete training in the use of the types of mechanical restraints used at the facility;  |  |  |
|  | I.when the need for the use of mechanical restraint ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; and   |  |  |

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|  | <p>J.the staff person who used mechanical restraint must document its use immediately after the incident concludes. The documentation must include at least the following information:</p> <ul style="list-style-type: none"> <li>(1)a detailed description of the incident or situation which led to the use of the mechanical restraint;</li> <li>(2)an explanation of why the mechanical restraint chosen was needed to prevent an immediate threat to the physical safety of the resident or others;</li> <li>(3)why less restrictive measures failed or were found to be inappropriate;</li> <li>(4)the time when the use of mechanical restraint began and the time when the resident was released from the mechanical restraint;</li> <li>(5)in at least 15-minute intervals during the use of mechanical restraints, documentation of the observed behavior change and physical status of the resident that resulted from the use of mechanical restraint; and</li> <li>(6)the names of all the persons involved in the use of mechanical restraint and the names of all witnesses to the use of mechanical restraint.</li> </ul> |  |  |
| 2960.0710 Subpart 10<br><b>ADMINISTRATIVE REVIEW</b>                               | <p>The license holder must complete an administrative review of the use of a restrictive procedure within three working days after the use of the restrictive procedure. The administrative review must be conducted by someone other than the person who decided to impose the restrictive procedure, or that person's immediate supervisor. The resident or the resident's representative must have an opportunity to present evidence and argument to the reviewer about why the procedure was unwarranted. The record of the administrative review of the use of a restrictive procedure must state whether:</p> <ul style="list-style-type: none"> <li>A.the required documentation was recorded;</li> <li>B.the restrictive procedure was used in accordance with the treatment plan;</li> <li>C.the rule standards governing the use of restrictive procedures were met; and</li> <li>D.the staff who implemented the restrictive procedure were properly trained.</li> </ul>  |  |  |
| 2960.0710 Subpart 11<br><b>REVIEW OF PATTERNS OF USE OF RESTRICTIVE PROCEDURES</b> | <p>At least quarterly, the license holder must review the patterns of the use of restrictive procedures. The review must be done by the license holder or the facility's advisory committee. The review must consider:</p> <ul style="list-style-type: none"> <li>A.any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of restrictive procedures;</li> <li>B.any injuries resulting from the use of restrictive procedures;</li> <li>C.actions needed to correct deficiencies in the program's implementation of restrictive procedures;</li> <li>D.an assessment of opportunities missed to avoid the use of restrictive procedures; and</li> <li>E.proposed actions to be taken to minimize the use of physical holding and seclusion.</li> </ul>   |  |  |
| <b>SAFETY-BASED SEPARATION</b>   |   |  |  |
| 2960.0270 Subpart 6<br><b>SAFETY-BASED SEPARATION</b>                              | <p>A. A license holder must have a written plan for safety-based separation according to this subpart.</p>  |  |  |
|  | <p>D. When a resident persists in destroying clothing or bedding, or harms the resident's self with the clothing or bedding while in safety-based separation, staff may deprive the resident of clothing and bedding. The decision to deprive a resident of clothing and bedding must be:</p> <ul style="list-style-type: none"> <li>(1)documented under parts 2960.0720 to 2960.0750;</li> <li>(2)reported as a critical incident under subpart 12;</li> <li>(3)kept on file at the facility for two licensing periods; and</li> <li>(4)reviewed by the shift supervisor during each eight-hour period unless otherwise directed by: <ul style="list-style-type: none"> <li>(a)the facility administrator or a designee; or</li> <li>(b)a licensed physician or mental health professional.</li> </ul> </li> </ul>   |  |  |
|  | E.It is prohibited to delegate authority to a resident or group of residents to punish another resident or group of residents.  |  |  |
|  | F.A resident must not be deprived of materials necessary to maintain an acceptable level of personal hygiene while in safety-based separation.  |  |  |

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| 2960.0720 Subpart 2<br><b>PURPOSE</b>                              | As prescribed under Minnesota Statutes, section 241.0215, subdivision 4, safety-based separation is appropriate only when needed to ensure the safety of the resident, other residents, or facility staff.  |  |  |
| 2960.0720 Subpart 4<br><b>WHEN USED; REQUIREMENTS</b>              | A.All safety-based separations must be:<br>(1)initiated by staff; and<br>(2)used according to parts 2960.0720 to 2960.0750.   |  |  |
|  | B.Notwithstanding item A, subitem (2), safety-based separation may be used when:<br>(1)a spontaneous event threatens the safety of the resident, other residents, or facility staff; and<br>(2)the event does not allow time for other behavioral interventions.  |  |  |
|  | C.Safety-based separation must:<br>(1)be related to the safety risks caused by the resident's behavior;<br>(2)address the behavior's cause; and<br>(3)be proportional to the behavior to minimize any negative effect from the behavioral intervention.   |  |  |
|  | D.Staff must end safety-based separation and reintegrate a resident into facility operations once staff determine that the resident no longer requires safety-based separation because the resident exhibits stable, calm behavior and can safely engage with other residents and staff.  |  |  |
| 2960.0720 Subpart 5<br><b>LOCKED OR UNLOCKED AREA</b>              | Safety-based separation may occur in either a locked or unlocked area. A resident who is separated may not leave the locked or unlocked area until the applicable requirements for ending safety-based separation under parts 2960.0720 to 2960.0750 are met.   |  |  |
| 2960.0720 Subpart 6<br><b>TIME-OUT INTERVENTIONS</b>               | A. Staff may use a time-out as a behavioral intervention, not to exceed 30 minutes. If a time-out lasts longer than 30 minutes, the time-out must transition to safety-stabilization period under part 2960.0730.   |  |  |
|  | B. Notwithstanding part 2960.0080, subpart 5, item D, subitem (2), a time-out must be under the direction of the facility's chief administrator.  |  |  |
|  | C. If staff use a time-out for a resident more than three times in 24 hours, the resident's case manager or treatment team must develop a plan to help staff reduce the use of time-outs as a behavioral intervention. The plan must be documented and approved by the facility's chief administrator.                              |  |  |
| 2960.0720 Subpart 7<br><b>RESIDENT RIGHTS; GRIEVANCE PROCEDURE</b> | A. Unless a resident poses imminent danger to self or others, nothing under parts 2960.0720 to 2960.0750 restricts the resident's rights under part 2960.0050, subpart 1, and other rights that a resident is entitled to under law.  |  |  |
| 2960.0720 Subpart 8<br><b>WHEN NOT APPLICABLE</b>                  | A. Safety-based separation does not include the following situations:<br>(1) when a resident asks to go to their room and may leave their room;<br>(2) when a resident meets with a counselor; or<br>(3) when a resident in a secure facility is participating in a non-staff-initiated activity regulating the resident's behavior |  |  |
|  | B. When a resident is not participating in daily programming for a reason under item A, subitems (1) and (3), staff must document:<br>(1) why the resident is not participating in daily programming; and<br>(2) the length of each incident, excluding sleeping hours.   |  |  |
|  | C. When a resident is not participating in daily programming for a reason under item A, subitems (1) and (3), staff must, every 30 minutes:<br>(1) conduct a well-being check; and<br>(2) assess the resident for reintegration into daily programming.   |  |  |

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| 2960.0720 Subpart 9<br><b>TRAINING</b>  | B. A license holder must develop in their written policies and procedures training requirements on safety-based separation as follows:<br>(1) how often staff members should receive training;<br>(2) what types of training staff members should receive; and<br>(3) any other training-related guidance that ensures that staff can comply with requirements on safety-based separation under this chapter.   |  |  |
| 2960.0720 Subpart 10<br><b>POLICY, DOCUMENTATION, AND REVIEW REQUIRED</b>                   | A. A license holder must develop in their written policies and procedures:<br>(1) behavioral, nonphysical interventions for staff to use with residents; and<br>(2) processes to reintegrate a resident into facility operations when transitioning from safety-based separation.   |  |  |
|   | B. Each incident of safety-based separation must be documented, tracked, reviewed, and reported according to parts 2960.0720 to 2960.0750. A license holder or the facility's chief administrator may develop and use forms to comply with the documentation requirements but must make the forms available to Department of Corrections inspectors upon request.   |  |  |
|   | C. After a safety-based separation:<br>(1) the resident's records under part 2960.0080, subpart 16, must be updated to reflect the incident; and<br>(2) the resident's case and treatment plans must be updated, if needed.   |  |  |
|   | D. All required documentation under parts 2960.0720 to 2960.0750 must be in writing and maintained according to a facility's record retention schedule under part 2960.0180, subpart 3.   |  |  |
|   | E. At least monthly, a facility's chief administrator must review all safety-based separations.   |  |  |
| 2960.0720 Subpart 11<br><b>NOTIFICATION</b>   | A resident's case manager or treatment team, placing agency, legal guardian, and family must be notified within four hours after each incident of safety-based separation has begun. The notification must be documented.   |  |  |
| <b>SAFETY-STABILIZATION PERIOD (SSP)</b>  |   |  |  |
| 2960.0730 Subpart 1<br><b>WHEN USED; DEFINITION</b>   | A. Staff must place a resident in SSP when:<br>(1) a resident exhibits unsafe or unstable behavior; and<br>(2) staff cannot address the behavior with less-restrictive behavioral interventions.  |  |  |
|   | B. A resident cannot remain in SSP for more than 24 hours.  |  |  |
|   | C. For purposes of this part, "hours" means awake hours.  |  |  |
| 2960.0730 Subpart 2<br><b>INITIAL PLACEMENT IN SSP; WELL-BEING CHECKS AND REINTEGRATION</b> | A. When a resident is placed in SSP, staff must notify a staff supervisor or lead staff member as soon as possible, but no later than 30 minutes after placement. Staff must document when SSP began, and whether the supervisor or lead staff member was notified.   |  |  |
|   | B. While a resident is in SSP, staff must, every 30 minutes and including sleeping hours, conduct a well-being check and assess the resident for reintegration.   |  |  |
| 2960.0730 Subpart 3<br><b>DOCUMENTATION</b>   | All documentation must be signed by all staff overseeing SSP, including staff conducting the well-being checks and reintegration assessments, and by all staff whose notification and approval are needed under this part. Staff must document the following information at the following intervals:<br>A. at one hour in SSP:<br>(1) the reason for SSP, including the behavior that led to SSP;<br>(2) how the behavior threatened the safety of the resident, other residents, or facility staff;<br>(3) why continued SSP is needed to alleviate the ongoing safety risk;<br>(4) why reintegration is not possible; and<br>(5) the behavioral interventions that were tried but did not alleviate the continued need for SSP; |  |  |
|   | B. at two hours and three hours in SSP:<br>(1) why continued SSP is needed to alleviate the ongoing safety risk;<br>(2) why reintegration is not possible; and<br>(3) the behavioral interventions that were tried but did not alleviate the continued need for SSP;  |  |  |

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|  | <p>C. each hour, at four hours through 15 hours in SSP:</p> <p>(1) why continued SSP is needed to alleviate the ongoing safety risk;</p> <p>(2) why reintegration is not possible;</p> <p>(3) the behavioral interventions that were tried but did not alleviate the continued need for SSP; and</p> <p>(4) a reintegration plan, created with resident input if the resident was willing to participate, that:</p> <p>(a) lists which behaviors the resident must demonstrate to transition from SSP;</p> <p>(b) identifies any necessary restorative activities; and</p> <p>(c) corresponds with the resident's behavior and the resident's cognitive and developmental ability; and</p> <p>D. each hour, at 16 hours through 24 hours:</p> <p>(1) why continued SSP is needed to alleviate the ongoing safety risk;</p> <p>(2) why reintegration is not possible;</p> <p>(3) the behavioral interventions that were tried but did not alleviate the continued need for SSP; and</p> <p>(4) any updates to the reintegration plan.</p> |  |  |
| 2960.0730 Subpart 4<br><b>NOTIFICATION</b>                                 | In addition to the initial SSP notification under subpart 2, staff must notify the following individuals at the following intervals:   |  |  |
|  | A. each hour, at four hours through 15 hours in SSP, the staff supervisor or a higher-level supervisor;  |  |  |
|  | B. each hour, at 16 hours through 23 hours, a higher-level supervisor not involved in the resident's behavioral incident that resulted in SSP and the facility's chief administrator; and  |  |  |
|  | C. at 24 hours, the higher-level supervisor; the facility's chief administrator; the resident's case manager or treatment team, placing agency, legal guardian, and family; and, as provided under subpart 6, the commissioner.  |  |  |
| 2960.0730 Subpart 5<br><b>REVIEW AND APPROVAL</b>                          | Except as provided undersubpart 8, staff must receive approval to continue a resident's placement in SSP from the following individuals at the following intervals: A. at one hour in SSP, a staff supervisor or lead staff member not involved in the resident's behavioral incident that resulted in SSP; and  |  |  |
|  | B. each hour, at four hours through 23 hours, a staff supervisor or higher-level supervisor not involved in the resident's behavioral incident that resulted in SSP.   |  |  |
| 2960.0730 Subpart 6<br><b>NOTIFICATION TO COMMISSIONER REQUIRED</b>        | <p>Once a resident has been in SSP for 24 hours:</p> <p>A. the facility's chief administrator must notify the commissioner according to part 2960.0270, subpart 12;</p> <p>B. staff must attempt reintegration; and</p> <p>C. if reintegration is unsuccessful, staff must:</p> <p>(1) transition the resident to administrative separation; or</p> <p>(2) place the resident in administrative separation while waiting for the resident to be placed in another facility.</p>  |  |  |
| 2960.0730 Subpart 7<br><b>EVALUATION REFERRAL</b>                          | A resident who has been in SSP for 24 hours must be immediately referred to a mental health professional or, if a mental health professional is unavailable, a medically licensed person. The mental health professional or medically licensed person must determine whether the resident needs additional treatment services.   |  |  |
| 2960.0730 Subpart 8<br><b>STAFFING LIMITATIONS; DOCUMENTATION REQUIRED</b> | Staff must document if a facility's staffing limitations do not allow for the review and approval under subpart 5.   |  |  |

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| 2960.0730 Subpart 9<br><b>REPORTING</b>    | A. Each quarter and annually at the end of the calendar year, a license holder must report to the commissioner the following data:<br>(1) every SSP incident, including:<br>(a) the length of each incident, excluding sleeping hours; and<br>(b) the cumulative time that all residents were removed from their units and programming; and<br>(2) the number of residents who were placed in SSP, including demographic data disaggregated by age, race, and gender.  |  |  |
|  | B. For each SSP incident, staff must document how many hours that a resident spends in a locked space, excluding sleeping hours and when the resident may leave without staff approval. This data must be provided in the facility's quarterly and annual reporting under item A.  |  |  |
| <b>ADMINISTRATIVE SEPERATION</b>           |  |  |  |
| 2960.0740 Subpart 1<br><b>WHEN USED</b>    | Administrative separation must be used by staff when a resident:<br>A. is engaging in behavior that requires law enforcement to determine whether criminal charges or delinquency proceedings should be brought;   |  |  |
|  | B. is participating in gang activity that would threaten the resident, other residents, or facility staff if the resident were not separated;  |  |  |
|  | C. according to the vulnerability assessment under part 2960.0070, subpart 5, item A, is vulnerable on the basis of actions or comments and the vulnerability creates a threat to the resident's safety;   |  |  |
|  | D. on the basis of actions or comments, creates a threat to another resident's safety and requires a different environment better suited to the resident's needs until staff can create a modified treatment plan; or  |  |  |
|  | E. is being chronically disruptive and the disruption:<br>(1) presents an ongoing threat to the safety of the resident, other residents, or facility staff; and<br>(2) cannot be addressed with safety-stabilization period.   |  |  |
| 2960.0740 Subpart 2<br><b>REQUIREMENTS</b> | A. Before a resident may be placed in administrative separation, the facility's chief administrator must approve the placement. Staff must document daily why administrative separation is necessary and why other behavioral interventions were unavailable or unsuccessful. The documentation must describe:<br>(1) any modifications to the resident's daily programming; and<br>(2) the resident's behavioral problems, including:<br>(a) the circumstances leading to being placed in administrative separation;<br>(b) staff safety concerns, including resident assaultive behavior;<br>(c) any mental health concerns; and<br>(d) any victimization concerns.  |  |  |
|  | B. Once a resident is placed in administrative separation, staff must conduct well-being checks every 30 minutes, including during sleeping hours.   |  |  |
|  | C. Within 12 awake hours of a resident being placed in administrative separation, staff must develop an administrative separation plan for the resident. The administrative separation plan must be developed by the resident's case manager or treatment team. The plan must:<br>(1) address modifications to the resident's daily programming, including identifying ways to provide the resident with more structure or support with additional program services;<br>(2) address modifications to the resident's treatment plan;<br>(3) list incentives that staff will use to promote positive behavior, including how staff will use positive behavior interventions and supports;<br>(4) describe how staff will attempt to deter the resident from planning and engaging in negative behaviors; and<br>(5) provide for the resident to self-reflect and focus on restoring any harm caused to other residents or staff. |  |  |



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|   | <p>D. The administrative separation plan must be documented. Staff and the chief administrator must:</p> <p>(1) review the plan daily and modify it as needed;</p> <p>(2) assess a resident's progress toward transitioning out of administrative separation; and</p> <p>(3) after reviewing the plan, either transition the resident out of administrative separation or approve and document continued placement in administrative separation.</p>   |  |  |
| 2960.0740 Subpart 3<br><b>NOTIFICATION</b>  | A. A facility's chief administrator must notify the commissioner according to part 2960.0270, subpart 12, if a resident is expected to be, or has been, in administrative separation for more than 48 awake hours.   |  |  |
|   | B. The notification must be within ten days of the resident's placement, or expected placement, in administrative separation for more than 48 awake hours.   |  |  |
|   | <p>C. Every seven calendar days that a resident remains in administrative separation, the facility's chief administrator must notify the commissioner and the resident's case manager or treatment team, placing agency, legal guardian, and family of the following:</p> <p>(1) the resident's administrative separation plan;</p> <p>(2) the resident's progress toward transitioning out of administrative separation; and</p> <p>(3) why the resident requires continued placement in administrative separation.</p>   |  |  |
|   | D. The facility's chief administrator must document whether they provided the notification under item C.   |  |  |
| 2960.0740 Subpart 4<br><b>REINTEGRATING THE RESIDENT INTO FACILITY OPERATIONS</b> | <p>A. When staff determine that the resident's behavior no longer requires safety-based separation and the resident can be reintegrated into facility operations:</p> <p>(1) staff must follow the facility's reintegration processes under part 2960.0720, subpart 10, item A;</p> <p>(2) the following individuals must approve reintegration:</p> <p>(a) the resident's case manager or treatment team;</p> <p>(b) if the resident's behavioral problems included mental health or victimization concerns, a mental health professional or, if a mental health professional is unavailable, a medically licensed person; and</p> <p>(c) the facility's chief administrator; and</p> <p>(3) staff must document the reintegration process and approval from all individuals under subitem (2).</p> |  |  |
|   | B. Within four hours after the resident has been reintegrated into facility operations, the facility's chief administrator must notify the commissioner and the resident's case manager or treatment team, placing agency, legal guardian, and family.   |  |  |
|   | C. The facility's chief administrator must document whether they provided the notification under item B.   |  |  |
| 2960.0740 Subpart 5<br><b>REPORTING</b>   | A. For each incident of administrative separation, a facility must document how many hours that a resident spends in a locked or unlocked space, excluding sleeping hours, when the resident cannot leave without staff approval. This data must be provided in the facility's quarterly and annual reporting under item B.  |  |  |
|   | <p>B. Each quarter and annually at the end of the calendar year, a license holder must report to the commissioner the following data:</p> <p>(1) the number of administrative separations, including:</p> <p>(a) the reason for each administrative separation;</p> <p>(b) the length of each incident, excluding sleeping hours; and</p> <p>(c) the time that each resident was in administrative separation without other individuals in the room; and</p> <p>(2) the number of residents who experienced administrative separation, including demographic data disaggregated by age, race, and gender.</p>  |  |  |
| <b>MEDICAL SEPARATION</b>   |  |  |  |

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| 2960.0750 Subpart 1<br><b>WHEN USED</b>    | A. Medical separation must be used by staff:<br>(1) when a resident is exhibiting self-injurious behavior; or<br>(2) when a resident has:<br>(a) a severe or persistent medical issue; or<br>(b) a communicable disease.<br>B. Medical separation may be used to manage an epidemic or pandemic.  |  |  |
| 2960.0750 Subpart 2<br><b>REQUIREMENTS</b> | A. Before a resident may be placed in medical separation, the facility's chief administrator must approve the placement. Medical separation must be overseen by a mental health professional or, if a mental health professional is unavailable, a medically licensed person.   |  |  |
|  | B. Once a resident is placed in medical separation, staff must conduct well-being checks, including during sleeping hours. The well-being checks must be conducted every 15 minutes unless a mental health professional or, if a mental health professional is unavailable, a medically licensed person determines that 30-minute checks would not jeopardize the resident's health or safety.  |  |  |
|  | C. Staff must document daily why medical separation is necessary and describe:<br>(1) any modifications to the resident's daily programming; and<br>(2) the resident's medical problems, including:<br>(a) the circumstances leading to being placed in medical separation;<br>(b) staff safety concerns, including resident self-injurious behavior; and<br>(c) any mental health concerns   |  |  |
|  | D. Staff, in consultation with a mental health professional or medically licensed person, must develop a medical separation plan for a resident within eight awake hours of a resident being placed in medical separation. The plan must address modifications to the resident's daily programming and resident's treatment plan.   |  |  |
|  | E. The medical separation plan must be documented. Staff, a mental health professional or medically licensed person, and the chief administrator must:<br>(1) review the plan daily and modify it as needed;<br>(2) assess a resident's progress toward transitioning out of medical separation; and<br>(3) after reviewing the plan, either transition the resident out of medical separation or approve and document continued placement in medical separation.         |  |  |
| 2960.0750 Subpart 3<br><b>NOTIFICATION</b> | A. A facility's chief administrator must notify the commissioner according to part 2960.0270, subpart 12, if a resident is expected to be, or has been, in medical separation for more than 48 awake hours.   |  |  |
|  | B. The notification must be within ten days of the resident's placement, or expected placement, in medical separation for more than 48 awake hours.   |  |  |
|  | C. Every seven calendar days that a resident remains in medical separation, the facility's chief administrator must notify the commissioner and the resident's case manager or treatment team, placing agency, legal guardian, and family of the following:<br>(1) the resident's medical separation plan;<br>(2) the resident's progress toward transitioning out of medical separation; and<br>(3) why the resident requires continued placement in medical separation. |  |  |
|  | D. The facility's chief administrator must document whether they provided the notification under item C.  |  |  |

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| 2960.0750 Subpart 4<br>REINTEGRATING THE<br>RESIDENT INTO FACILITY<br>OPERATIONS | A. When staff determine that the resident's behavior no longer requires safety-based separation and the resident can be reintegrated into facility operations:<br>(1) staff must follow the facility'sreintegration processes under part 2960.0720,subpart 10, item A;<br>(2) the following individuals must approve reintegration:<br>(a) the resident's case manager or treatment team;<br>(b) if the resident's behavioral problems included mental health or victimization concerns, a mental health professional or, if a mental health professional is unavailable, a medically licensed person; and<br>(c) the facility's chief administrator; and<br>(3) staff must document the reintegration process and approval from all individuals under subitem (2). |        |        |        |
|  | B. Within four hours after the resident has been reintegrated into facility operations, the facility's chief administrator must notify the commissioner and the resident's case manager or treatment team, placing agency, legal guardian, and family.  |        |        |        |
|  | C. The facility's chief administrator must document whether they provided the notification under item B.  |        |        |        |
| 2960.0750 Subpart 5<br>REPORTING   | A. For each incident of medical separation, staff must document how many hours that a resident spends in a locked or unlocked space, excluding sleeping hours, when the resident cannot leave without staff approval. This data must be provided in the facility's quarterly and annual reporting under item B.   |        |        |        |
|  | B. Each quarter and annually at the end of the calendar year, a license holder must report to the commissioner the following data:  |        |        |        |
|  | (1) the number of medical separations, including:<br>(a) the reason for each medical separation;<br>(b) the length of each incident, excluding sleeping hours; and<br>(c) the cumulative time that all residents were removed from their units and programming; and<br>(2) the number of residents who experienced medicalseparation, including demographic data disaggregated by age, race, and gender.  |        |        |        |
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| PERSONNEL FILES  |   |        |        |        |
|  |   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |

|   |   |               |               |               |
|---|---|---------------|---------------|---------------|
| Name:   | Name:   | Name:         | Name:         | Name:         |
| Date of hire:   | Date of hire:   | Date of hire: | Date of hire: | Date of hire: |
| Position:   | Position:   | Position:     | Position:     | Position:     |
| <b>STAFF TRAINING AND POLICIES</b>                                |   |               |               |               |
| 2960.0030 Subpart 9.<br><b>DRUG OR ALCOHOL USE PROHIBITED.</b>    | The license holder must train employees, subcontractors, and volunteers about the program's drug and alcohol policy.  |               |               |               |
| File 1  | File 2  | File 3        | File 4        | File 5        |
| 2960.0080 Subpart. 11.<br><b>HEALTH AND HYGIENE SERVICES</b>      | (5)Facility staff responsible for medication assistance, other than a medically licensed person, must have a certificate verifying their successful completion of a trained medication aide program for unlicensed personnel offered through a postsecondary institution, or staff must be trained to provide medication assistance according to a formalized training program offered by the license holder and taught by a registered nurse. The specific medication assistance training provided by the registered nurse to staff must be documented and placed in the unlicensed staff person's personnel records. A medically licensed person must provide consultation and review of the license holder's administration of medications at least monthly. |               |               |               |
| File 1  | File 2  | File 3        | File 4        | File 5        |
| 2960.0100 Subpart 3<br><b>ORIENTATION AND IN-SERVICE TRAINING</b> | The license holder must provide training for staff that is modified annually to meet the current needs of individual staff persons. The training must be directly related to serving the program's target population and to achieving the program's outcomes. The license holder must ensure that staff who will have direct contact with residents attend and successfully complete orientation training before having unsupervised contact with residents.<br>A. Orientation training must include at least the subjects in subitems (1) to (6):<br>(1)emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;                                    |               |               |               |
| File 1  | File 2  | File 3        | File 4        | File 5        |
|   | (2)relevant statutes and administrative rules and legal issues, including reporting requirements for abuse and neglect specified in Minnesota Statutes, chapter 260E and section 626.557, and other reporting requirements based on the ages of the residents;  |               |               |               |
| File 1  | File 2  | File 3        | File 4        | File 5        |

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|   | (3)cultural diversity and gender sensitivity, culturally specific services, and information about discrimination and racial bias issues to ensure that caregivers have cultural sensitivity and will be culturally competent to care for residents;  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
|   | (4)general and special needs, including disability needs, of residents and families served;  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
|   | (5)operational policies and procedures of the license holder; and  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
|   | (6)data practices regulations and issues.  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
|   | B. The license holder must ensure that staff who have direct contact with residents receive ongoing training. Training must help staff meet the needs of residents and must include skills development.  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| 2960.0100 Subpart 4<br><b>SPECIALIZED TRAINING</b>      | If needed, license holders and staff must have specialized training to develop skills to care for residents. Specialized training must be directly related to serving the program's target population and to meeting the program's certification requirement, if the program has been certified. |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| 2960.0100 Subpart 5<br><b>DOCUMENTATION OF TRAINING</b> | The license holder must document the date and number of hours of orientation and in-service training completed by each staff person in each topic area and the name of the entity that provided the training.  |        |        |        |  |

| File 1   | File 2   | File 3 | File 4 | File 5 |
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| 2960.0100 Subpart 6<br><b>LICENSE HOLDER AND STAFF QUALIFICATIONS</b>                                  | A. The license holder and staff must have the education and experience required to meet the functions and program activities that the license holder declared in the facility statement of intended use according to part 2960.0040. The license holder, or the license holder's representative acting on behalf of the license holder, must be a responsible, mature, healthy adult who is able to carry out the license holder's duties. The license holder and staff must be able to accomplish the license holder's duties to the resident's case plan and treatment plan and meet the resident's needs.<br>B. Staff must be trained in gender-based needs and issues.<br>C. The license holder and staff must be at least 21 years old unless stated otherwise in this chapter.   |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
| 2960.0100 Subpart 7<br><b>BACKGROUND STUDY</b>   | A license holder and individuals identified in Minnesota Statutes, sections 241.021 and 245A.04, subdivision 3, must submit to a background study.<br>A. Background checks conducted by the Department of Human Services are conducted according to Minnesota Statutes, section 245A.04, subdivision 3.<br>B. Background checks conducted by the Department of Corrections are conducted according to Minnesota Statutes, section 241.021, subdivision 6.  |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
| MN STATUTE 245C.05 Sub 1<br><b>BACKGROUND STUDY; INFORMATION AND DATA PROVIDED TO THE COMMISSIONER</b> | (a) The individual who is the subject of the background study must provide the applicant, license holder, or other entity under section 245C.04 with sufficient information to ensure an accurate study, including:<br>(1) the individual's first, middle, and last name and all other names by which the individual has been known;<br>(2) current home address, city, and state of residence;<br>(3) current zip code;<br>(4) sex;<br>(5) date of birth;<br>(6) driver's license number or state identification number or, for those without a driver's license or state identification card, an acceptable form of identification as determined by the commissioner; and<br>(7) upon implementation of NETStudy 2.0, the home address, city, county, and state of residence for the past five years.<br><br>(b) Every subject of a background study conducted or initiated by counties or private agencies under this chapter must also provide the home address, city, county, and state of residence for the past five years. |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |

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|  | (c) Every subject of a background study related to private agency adoptions or related to child foster care licensed through a private agency, who is 18 years of age or older, shall also provide the commissioner a signed consent for the release of any information received from national crime information databases to the private agency that initiated the background study. |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | (d) The subject of a background study shall provide fingerprints and a photograph as required in subdivision 5.   |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | (e) The subject of a background study shall submit a completed criminal and maltreatment history records check consent form and criminal history disclosure form for applicable national and state level record checks.   |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | (f) A background study subject who has access to the NETStudy 2.0 applicant portal must provide updated contact information to the commissioner via NETStudy 2.0 any time the subject's personal information changes for as long as they remain affiliated on any roster.   |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | (g) An entity must update contact information in NETStudy 2.0 for a background study subject on the entity's roster any time the entity receives new contact information from the study subject.  |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
| 2960.0150 Subpart 2<br><b>PROFESSIONAL LICENSURE</b> | The license holder must keep records showing that staff professional licensure is current.  |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |

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| 2960.0150 Subpart 4<br><b>PERSONNEL TRAINING</b>  | The license holder must develop an annual training plan for employees that addresses items A to D.<br>A. Full-time and part-time direct care staff and volunteers must have sufficient training to accomplish their duties. The license holder must determine the amount of training needed by considering an employee's position description, the tasks to be performed, and the performance indicators for the position. To determine the type and amount of training an employee needs, the license holder must also consider the program's target population, the services the program delivers, and the outcomes expected from the services. |        |        |        |  |  |
| File 1  | File 2  | File 3 | File 4 | File 5 |  |  |
|   | B. Staff who have direct contact with residents must complete at least 24 hours of in-service training per year. One-half of the training must be skill development training. Staff who do not have direct contact and volunteers must complete in-service training requirements consistent with their duties, directly related to the needs of children in their care.   |        |        |        |  |  |
| File 1  | File 2  | File 3 | File 4 | File 5 |  |  |
|   | C. The license holder must provide orientation and training to staff and volunteers regarding:<br>(1)culturally competent care;<br>(2)racial bias and racism issues;<br>(3)gender issues, including the psychosocial development of boys and girls;<br>(4)sexual orientation issues; and<br>(5)physical, mental, sensory, and health-related disabilities, bias, and discrimination.  |        |        |        |  |  |
| File 1  | File 2  | File 3 | File 4 | File 5 |  |  |
|   | D. Part-time direct care staff must receive sufficient training to competently care for residents. The amount of training must be provided at least at a ratio of one hour of training for each 50 hours worked, up to 24 hours of training per part-time employee per year.  |        |        |        |  |  |
| File 1  | File 2  | File 3 | File 4 | File 5 |  |  |
| 2960.0180 Subpart 3<br><b>RECORDS AND REPORTS</b> | The license holder must have a record retention schedule. The license holder must:<br>A. comply with reporting requirements of Minnesota Statutes, section 253C.01;<br>B. Maintain the records in subitems (1) to (13) according to state law:<br>(4) records of staff and volunteer training;<br>C. store records in an organized, retrievable manner that ensures confidentiality.  |        |        |        |  |  |



| File 1   | File 2   | File 3 | File 4 | File 5 |
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| 2960.0240 Subpart 2<br><b>PROFESSIONAL LICENSURE</b> | The license holder must maintain documentation showing that licensure is current for staff whose positions require professional licensure.   |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
| 2960.0240 Subpart 4<br><b>PERSONNEL TRAINING</b>     | <p>A. The license holder must develop and implement a training plan for orientation and continuing in-service training programs for all employees and volunteers. The plan must enable personnel to improve their knowledge, skills, and abilities and promote awareness and appreciation of, and sensitivity to, the cultural background and needs of the residents served by the facility. The training and development plan must:</p> <ul style="list-style-type: none"> <li>(1) be documented and be descriptive of the course curriculum, methods of instruction, and objectives of instruction;</li> <li>(2) be reviewed annually and revised according to the facility's assessment of its training needs; and</li> <li>(3) include specific expectations regarding the amount of training time required for personnel in various positions.</li> </ul>   |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
|  | <p>B. The facility must offer orientation for new employees regarding agency objectives, resources, policies, and services. Employees must be oriented to the facility's goals, services, policies, and operational procedures; the cultural diversity of the service population; and the agency's relationship with the providing school district and other community resources.</p> <ul style="list-style-type: none"> <li>(1) Staff employed in a long-term secure detention facility and in an eight-day temporary holdover facility must complete at least 24 hours of orientation training before working alone with residents. Other staff and volunteers must complete orientation consistent with their responsibilities.</li> <li>(2) Staff employed in a 24-hour temporary holdover facility must complete the 24-hour juvenile care attendant workshop sponsored by the Department of Corrections during their first six months of employment. Volunteers or staff who have not completed the workshop, but have received and completed the required orientation training, may work alone on a shift.</li> </ul> |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
|  | <p>C. Employees of a long-term secure detention facility who have direct contact with residents must complete a minimum of 40 hours of in-service training per year. One-half of the training must be skill development training. Staff of an eight-day temporary holdover facility must complete 24 hours of in-service training. Twenty-four-hour temporary holdover staff and other facility staff and volunteers must complete in-service training consistent with professional licensure requirements and responsibilities and the license holder's annual training plan.</p>   |        |        |        |

| File 1  | File 2  | File 3 | File 4 | File 5 |
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| 2960.0240 Subpart 5<br><b>STRIP SEARCHES AND<br/>RESIDENT ASSISTED<br/>SEARCHES; TRAINING</b> | A. Staff conducting a strip search or resident-assisted search must receive annual training on trauma-informed techniques as follows:<br>(1) learning basic information on trauma as follows:<br>(a) what trauma is and how it affects the brain and body;<br>(b) trauma-related symptoms; and<br>(c) conducting trauma-informed practices under subpart 6, item B; |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | (2) practicing de-escalation techniques; and  |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | (3) communicating with residents respectfully and using verbal cues.  |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | B. The commissioner of corrections must provide training guidance on trauma-informed techniques and post the guidance on the department's website.  |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | C. The training under item A must be documented according to part 2960.0100, subpart 5.   |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0270 Subpart 4<br><b>MEDICAL SERVICES</b>  | D. Staff responsible for the supervision, safety, and well-being of residents must be trained in emergency first aid procedures. At least one person per shift must have training in receiving, screening, basic life support, cardiopulmonary resuscitation, and recognition of symptoms of the illnesses most common to the residents detained in the facility.   |        |        |        |

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| File 1   | File 2  | File 3 | File 4 | File 5 |
| 2960.0360 Subpart 3<br><b>CHEMICAL IRRITANT USE</b>              | (4)Facility personnel authorized to use chemical irritants must have documented annual training in the use of chemical irritants and decontamination procedures.  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
| 2960.0560 Subpart 4<br><b>INITIAL STAFF ORIENTATION TRAINING</b> | A. A staff person who provides correctional program services must complete orientation training related to the specific job functions for which the staff person was hired and the needs of the residents the person is serving. During the first 45 calendar days of employment, and before assuming sole responsibility for care of residents, staff who provide correctional program services must complete training in the topics in subitems (1) to (7): |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (1)the license holder's policies and procedures related to correctional program services;   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (2)resident rights;   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (3)emergency procedures;  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (4)policies and procedures on approved restrictive procedures, strip searches, and resident-assisted searches;  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |

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|  | (5)rules of conduct and policies and procedures related to resident behavior;   |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | (6)emergency and crisis services; and   |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | (7)problems and needs of residents and their families.  |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | B.A staff person may not participate in the use of restrictive procedures with a resident before completing approved training according to item A, subitem (4).   |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
| 2960.0560 Subpart 5<br><b>INDIVIDUAL STAFF<br/>DEVELOPMENT AND<br/>EVALUATION PLAN</b> | The license holder must ensure that an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers correctional program services. The plan must: |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | A.be developed within 90 days after the person begins employment and at least annually thereafter;  |        |        |        |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |
|  | B.meet the staff development needs specified in the person's annual employee evaluation; and  |        |        |        |  |

|  |   |        |        |        |
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| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | C.ensure that an employee who provides, supervises, or directly administers program services has sufficient training to be competent to deliver the correctional services assigned to the employee.   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
| 2960.0710 Subpart 2<br><b>RESTRICTIVE PROCEDURES<br/>PLAN REQUIRED</b> | C.a description of the training that staff who use restrictive procedures must have prior to staff implementing the emergency use of restrictive procedures, which includes at least the following:<br>(1)the needs and behaviors of residents; |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (2)relationship building;   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (3)alternatives to restrictive procedures;  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (4)de-escalation methods;   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (5)avoiding power struggles;  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (6)documentation standards for the use of restrictive procedures;   |        |        |        |

|  |   |        |        |        |
|--|---|--------|--------|--------|
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (7)how to obtain emergency medical assistance;  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (8)time limits for restrictive procedures;  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (9)obtaining approval for use of restrictive procedures;  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (10)requirement for updated training at least every other year; and   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | (11)the proper use of the restrictive techniques approved for the facility;   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
| 2960.0710 Subpart 9<br><b>TRAINING FOR STAFF USING<br/>PHYSICAL HOLDING OR<br/>SECLUSION</b> | In addition to the training in subpart 2, item C, staff who use physical holding or seclusion must have the following training before using physical holding or seclusion with a resident:<br>A.documentation standards for physical holding and seclusion; |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | B.thresholds for employing physical holding or seclusion;   |        |        |        |

|   |   |        |        |        |
|---|---|--------|--------|--------|
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | C.the physiological and psychological impact of physical holding and seclusion;   |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | D.how to monitor and respond to the resident's physical signs of distress;  |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | E.symptoms and interventions for positional asphyxia; and   |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | F.time limits and procedures for obtaining approval of the use of physical holding and seclusion.   |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | Training must be updated at least once every two years.   |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0710 Subpart 9a<br><b>TRAINING FOR SAFETY-BASED SEPARATION</b> | Before a staff member may participate in safety-based separation, the staff member must complete training according to part 2960.0720, subpart 9. The training must be documented according to part 2960.0100, subpart 5. |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0720 Subpart 9<br><b>TRAINING</b>                              | A. All staff who participate in safety-based separation must be trained in:<br>behavioral intervention principles for juveniles;  |        |        | (1)    |

|        |  |        |        |        |
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| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | (2) well-being checks;   |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | (3) the documentation requirements under parts 2960.0720 to 2960.0750; and |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | (4) reintegrating residents into facility operations.                      |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |



| RESIDENT FILES                           |  |        |        |        |
|--|--|--------|--------|--------|
| 2960.0080 Subpart 16<br>RESIDENT RECORDS | A license holder must:<br>A. maintain and make available to the commissioner of human services and corrections sufficient documentation to verify that all requirements of the rules governing the care of the resident have been met;<br>B. maintain and make available upon request the resident's records according to the requirements of rule and statute;<br>C. comply with the requirements of the case manager for the release of information about the resident, unless prohibited by law; and<br>D. Use forms approved by the commissioner of human services or corrections and collect demographic information about residents and their families and outcome measures about the success of services that meet the requirements of Laws 1995, chapter 226, article 3, section 60, subdivision 2, clause (1)(iii). |        |        |        |
| File 1                                   | File 2   | File 3 | File 4 | File 5 |

|  |   |                                 |                                |                                |
|--|---|---------------------------------|--------------------------------|--------------------------------|
| Name:  | Name:   | Name:                           | Name:                          | Name:                          |
| Date of Birth:   | Date of Birth:  | Date of Birth:                  | Date of Birth:                 | Date of Birth:                 |
| Date of admission:   | Date of admission:  | Date of admission:              | Date of admission:             | Date of admission:             |
| Discharge:   | Discharge:  | Discharge:                      | Discharge:                     | Discharge:                     |
| <b>PROGRAMMING</b>   |   |                                 |                                |                                |
| 2960.0080 Subpart. 2.<br><b>BASIC SERVICES</b>                       | The license holder must provide services that fulfill the basic rights of a resident as identified in part 2960.0050, subpart 1.<br>A.Basic services provided by the license holder must have stated objectives and measurable outcomes.<br>B.License holders who do not provide a basic service in the facility must coordinate and ensure that the service is provided by the placement agency or by resources in the community.<br>C.The license holder must meet the basic needs of the residents served by the facility.   |                                 |                                |                                |
| File 1<br>A:<br>B:<br>C:   | File 2<br>A:<br>B:<br>C:  | File 3<br>A:<br>B:<br>C:        | File 4<br>A:<br>B:<br>C:       | File 5<br>A:<br>B:<br>C:       |
| 2960.0080 Subpart. 7.<br><b>CULTURALLY APPROPRIATE CARE</b>          | The license holder must document the provision of culturally appropriate care to each resident that includes:<br>A. opportunities to associate with culturally and racially similar adults, peers, and role models;<br>B. Opportunities to participate in positive experiences related to the resident's cultural and racial group;<br>C. culturally appropriate program services that address the needs of all residents in care; and<br>D. cultural sensitivity, including the provision of interpreters and English language skill development to meet the needs of facility residents as required by Laws 1995, chapter 226, article 3, section 60, subdivision 2, paragraph (2), clause (v).   |                                 |                                |                                |
| File 1<br>A:<br>B:<br>C:<br>D:                                       | File 2<br>A:<br>B:<br>C:<br>D:  | File 3:<br>A:<br>B:<br>C:<br>D: | File 4<br>A:<br>B:<br>C:<br>D: | File 5<br>A:<br>B:<br>C:<br>D: |
| 2960.0080 Subpart. 8.<br><b>SPIRITUALITY SERVICES AND COUNSELING</b> | A. Residents must be given an opportunity to participate in spirituality services, activities, and counseling on a voluntary basis. A resident must not be required to attend the services or activities. All spirituality services and activities must be held in a location that the residents who do not wish to participate are not exposed to the services or activities. Attendance or lack of attendance at religious services or activities must not be considered as a basis for any right or privilege in the facility.<br>B. The license holder must arrange with the clergy or spiritual leaders within the area to provide spiritual counseling if requested by a resident. Every effort must be made by the license holder to accommodate a resident or a resident's family's request to meet the resident's spiritual needs, including spiritual needs related to the resident's culture, in the facility. If the resident's or resident's family's request cannot be met, the license holder must document the reason.<br>C. The license holder shall allow residents who request private interviews or counseling regarding spiritual, personal, or family problems the opportunity to meet with a spiritual or religious person of their choice within reasonable facility rules needed to protect the facility's security and the safety of other residents and staff within the facility. |                                 |                                |                                |

| File 1   | File 2  | File 3 | File 4 | File 5 |
|--|---|--------|--------|--------|
| 2960.0080 Subpart. 9.<br><b>EDUCATIONAL SERVICES</b> | The license holder must ensure that educational services are provided to residents according to items A to D, except where not applicable, due to the age of the resident or the resident's short stay in the facility.<br>A. The license holder must facilitate the resident's admission to an accredited public school or, if the resident is home-schooled or educated at a private school or school operated by the license holder, the school must meet applicable laws and rules. If the educational services are provided on the grounds of the facility, the license holder must:<br>(1)arrange for educational programs that provide for instruction on a year-round basis, if required by law;<br>(2)get the approval of the education services from the Department of Education; and<br>(3)cooperate with the school district. |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | B. The license holder must facilitate the resident's school attendance and homework activities.   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | C. The license holder must inquire at least every 90 days to determine whether the resident is receiving the education required by law and the resident's individualized education program that is necessary for the resident to make progress in the appropriate grade level. The license holder must report the resident's educational problems to the case manager or placing agency.  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
|  | D. The license holder must provide education about chemical health to the resident who has had a problem related to inappropriate chemical use, but who does not have a sufficient chemical use history to refer to treatment. The education must provide the resident with opportunities to examine the problems associated with inappropriate chemical use.   |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
| 2960.0270 Subpart. 7.<br><b>EDUCATION PROGRAM</b>    | The license holder must provide education programs and services to a resident that are consistent with Department of Education rules and statutory requirements governing education of a resident. If the license holder suspects that a resident has a disability, and educational evaluation must be conducted according to applicable rules to determine if the resident has a disability. The license holder must ensure that the appropriate evaluation is completed and must assist a student who has disabilities and needs special education and related services to obtain those services.   |        |        |        |

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| File 1  | File 2  | File 3 | File 4 | File 5 |
| <b>RESIDENT ADMISSIONS</b>                                      |   |        |        |        |
| 2960.0050 Subpart 3.A<br><b>BASIC RIGHTS INFORMATION</b>        | The license holder must give the resident a written copy of the resident's basic rights information and explain to the resident in a language that the resident can understand, if the resident is incapable of understanding the written basic rights documents, information about the resident's rights related to the resident's care in the licensed facility within 24 hours of admission. |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0050 Subpart 3.B<br><b>BASIC RIGHTS INFORMATION</b>        | The license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.  |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0070 Subpart 3.<br><b>RESIDENT ADMISSION DOCUMENTATION</b> | Upon or within five working days after admission, the license holder must obtain and document the information in items A and B to the extent permitted by law:<br><br>A. legal authority for resident placement; and  |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |

|  |   |        |        |        |  |  |
|--|---|--------|--------|--------|--|--|
| 2960.0070 Subpart 3.<br><b>RESIDENT ADMISSION DOCUMENTATION</b>            | B. in collaboration with the placing agency, gather information about the resident in subitems (1) to (12), and place that information in the resident's file:<br>(1) date and time of admission;<br>(2) name and nicknames;<br>(3) last known address and permanent address;<br>(4) name, address, and telephone number of parents, guardian, and advocate;<br>(5) gender;<br>(6) date and place of birth;<br>(7) race or cultural heritage, languages the resident speaks and writes, and tribal affiliation, if any;<br>(8) description of presenting problems, including medical problems, circumstances leading to admission, mental health concerns, safety concerns including assaultive behavior, and victimization concerns;<br>(9) description of assets and strengths of the resident and, if available, related information from the resident, resident's family, and concerned persons in the resident's life;<br>(10) name, address, and telephone number of the contact person for the last educational program the resident attended, if applicable;<br>(11) spiritual or religious affiliation of the resident and the resident's family; and<br>(12) the placing agency's case plan goals for the resident, if available.   |        |        |        |  |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |  |
| 2960.0070 Subpart 4.<br><b>INVENTORY AND HANDLING OF RESIDENT PROPERTY</b> | The license holder must inventory the resident's personal property, including clothing, and have the resident and the license holder sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The license holder must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's treatment plan.<br><br>A. The license holder must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.<br>B. Whenever the license holder assists a resident with the safekeeping of funds or other property, the license holder must:<br>(1) document receipt and disbursement of the resident's funds or other property, including the signature of the resident, conservator, or payee; and<br>(2) return to the resident funds and property in the license holder's possession subject to restrictions in the resident's treatment plan, upon request or as soon as possible but not later than three working days after the date of the resident's request.<br>C. License holders and program staff must not:<br>(1) borrow money from a resident;<br>(2) purchase personal items from a resident;<br>(3) sell merchandise, except through a canteen-type service, or sell personal services to a resident;<br>(4) require a resident to buy items for which the license holder is eligible for reimbursement; or<br>(5) use resident funds in a manner that would violate part 9505.0425, subpart 3. |        |        |        |  |  |

| File 1  | File 2   | File 3 | File 4 | File 5 |
|---|--|--------|--------|--------|
| 2960.0070 Subpart 5. (A)<br><b>RESIDENT SCREENING</b> | A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of human services and corrections.  |        |        |        |
|   | A. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field.<br>(1) The health screening must note the resident's history of abuse and vulnerability to abuse, potential for self-injury, current medications, and most recent physician's and clinic's name, address, and telephone number. |        |        |        |
| 2960.0070 Subpart 5. (C)<br><b>RESIDENT SCREENING</b> | C. The license holder must screen or arrange to have a resident screened according to the timelines in subitems (1) to (3).<br>(1) The health screening in item A, subitem (1), must occur <i>within 24 hours of admission</i> .   |        |        |        |
| File 1  | File 2   | File 3 | File 4 | File 5 |
|   | (2) The mental health screening must be administered.  |        |        |        |
|   | (2) The other screenings in item A, subitems(2) to (6), must <i>begin within three working days of admission</i> , and be completed within six working days of admission.  |        |        |        |
| File 1  | File 2   | File 3 | File 4 | File 5 |
|   | (3) The education screening must be administered according to Minnesota Statutes, section 125A.52.   |        |        |        |
|   | (2) The other screenings in item A, subitems(2) to (6), must <i>begin within three working days of admission</i> , and be completed within six working days of admission.  |        |        |        |
| File 1  | File 2   | File 3 | File 4 | File 5 |
|   | 4) The substance use disorder screening must be administered. The license holder will provide or contact the resident's case manager, if applicable, to arrange a screening to determine if the resident is a chemical abuser.   |        |        |        |
|   | (2) The other screenings in item A, subitems(2) to (6), must <i>begin within three working days of admission</i> , and be completed within six working days of admission.  |        |        |        |

| File 1  | File 2  | File 3 | File 4 | File 5 |
|---|---|--------|--------|--------|
|   | <p>(5) The screening for sexually abusive behavior must determine if a resident is likely to have sexually abusive behavior. If the screening indicates that the resident is likely to have sexually abusive behavior, the license holder must have written risk management plans to protect the resident, other residents, staff, and the community.</p> <p>-----</p> <p>(2) The other screenings in item A, subitems(2) to (6), must <i>begin within three working days of admission</i> , and be completed within six working days of admission.</p>                             |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | <p>(6) The vulnerability assessment must determine whether the resident may be vulnerable to abuse.</p> <p>-----</p> <p>(2) The other screenings in item A, subitems(2) to (6), must <i>begin within three working days of admission</i> , and be completed within six working days of admission.</p>   |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0070 Subpart 5. (B)<br><b>RESIDENT SCREENING</b> | <p>B. The license holder must make an effort to determine the resident's culture and gender-based needs.</p> <p>(1) Cultural screening must include relevant information about the resident's cultural background that will help the license holder respond to the resident's cultural needs.</p>   |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | (2) Gender-specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff.   |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0070 Subpart 5. (C)<br><b>RESIDENT SCREENING</b> | (3) The resident need not be screened if a screening or assessment completed within the last six months is already on file. If there is reason to believe that the resident's condition has changed since the last screening or assessment, a new screening must be completed. If the resident is transferred from another facility, the sending facility's records about the resident must be immediately requested by the receiving facility. The requirements in this item do not apply to residents on detention status for less than six working days in a detention facility. |        |        |        |

| File 1   | File 2  | File 3 | File 4 | File 5 |
|--|---|--------|--------|--------|
| 2960.0070 Subpart 5. (D)<br><b>RESIDENT SCREENING</b>                              | D. The screenings must include documented inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility. The resident and resident's family response must be documented.<br>-----<br>(2) The other screenings in item A, subitems(2) to (6), must <i>begin within three working days of admission</i> , and be completed within six working days of admission  |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
| 2960.0070 Subpart 5. (E)<br><b>RESIDENT SCREENING</b>                              | E. The license holder must follow the resident's case plan and cooperate with the case manager to: <ul style="list-style-type: none"> <li>(1) take specific steps to meet the needs of the resident identified by screening and, if needed, request authorization to arrange for the resident's assessment, or medical or dental care or treatment needs, based on the information obtained from the resident's screening;</li> <li>(2) arrange for the resident's transportation to a hospital, if screening indicates the resident's health problems require hospitalization, and the license holder must take the necessary precautions at the facility to ensure the safety of the resident pending transfer to the hospital;</li> <li>(3) contact the case manager or appropriate agency, if screening indicates that the resident needs mental health services. The resident and the resident's legal guardian must be informed of the reasons for action arising from the mental health screening, unless a mental health professional states that they should not be informed of those reasons; and</li> <li>(4) contact the resident's case manager and recommend that a chemical use assessment of the resident be done, if screening indicates that a resident is a chemical abuser or is chemically dependent.</li> </ul> |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |
| 2960.0080 Subpart 4.<br><b>FACILITY RULES AND DUE PROCESS SYSTEM FOR RESIDENTS</b> | The license holder must communicate verbally and in writing to a resident who is capable of understanding the facility's rules and the details of the due process system used in the facility. The rules must address the following topics: <ul style="list-style-type: none"> <li>A. which behaviors are considered acceptable and unacceptable and the reasons why;</li> <li>B. the consequences that will be applied in recognizing and rewarding acceptable behavior and modifying unacceptable behavior;</li> <li>C. the circumstances, if any, that will result in time-out or the use of a restrictive procedure;</li> <li>D. the due process system that governs the facility's use of disciplinary consequences; and</li> <li>E. the relationship of the resident's individualized education program discipline recommendations, if any, to the facility's discipline plan.</li> </ul>   |        |        |        |



| File 1   | File 2  | File 3 | File 4 | File 5 |
|--|---|--------|--------|--------|
| <p>2960.0160 Subpart 2</p> <p><b>ABILITY TO MEET RESIDENTIAL NEEDS</b></p> | <p>Before admission of a resident, the license holder must examine the placement agency's information about the resident and must determine and document whether the program can meet the resident's needs. The license holder must document whether:</p> <ul style="list-style-type: none"> <li>A. the resident is a danger to the resident's self or others;</li> <li>B. the relevant screening and assessment of the resident was completed;</li> <li>C. the program is able to meet the resident's cultural, emotional, educational, mental health, and physical needs;</li> <li>D. the resident is a sex offender. The license holder must take special precautions when a resident is considered likely to engage in sexually abusive behavior. The license holder must assess the resident to determine which precautions may be appropriate, such as to give the resident an individual sleeping room, and direct staff to pay special attention to the resident's interactions with others. The license holder's care for a resident likely to engage in sexually abusive behavior must protect the resident, other residents, staff, and the community. The license holder must consider the vulnerability of other residents in the facility when caring for a sex offender; and</li> <li>E. the resident has a substance use disorder. If the resident requires a chemical use assessment, the chemical use assessment must be conducted by an alcohol and drug counselor licensed according to Minnesota Statutes, chapter 148C, or an assessor, as defined in part 9530.6605, subpart 4. Information obtained in the chemical use assessment must be recorded in the resident's record and must include the information required in part 9530.6620, subpart 1. The chemical use assessment must address the resident's: <ul style="list-style-type: none"> <li>(1) acute intoxication/withdrawal potential;</li> <li>(2) biomedical conditions and complications;</li> <li>(3) emotional, behavioral, and cognitive conditions and complications;</li> <li>(4) readiness for change;</li> <li>(5) relapse, continued use, and continued problem potential;</li> <li>(6) recovery environment; and</li> <li>(7) need for additional support services, such as transportation or resident care, in order to participate in the program.</li> </ul> </li> </ul> <p>A summary of the assessment results must be written by a chemical dependency counselor or assessor, indicating whether the needs identified in the assessment can be addressed by the license holder while the resident participates in the license holder's program, or whether the resident must be referred to an appropriate treatment setting. The summary must be written according to subitems (1) to (7).</p> |        |        |        |
| File 1   | File 2  | File 3 | File 4 | File 5 |

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|--|---|--------|--------|--------|--|--|
| 2960.0160 Subpart 4<br><b>INFORMATION TO RESIDENTS</b>                         | The license holder must give residents the information in items A to C.<br>A. Copies of facility rules must be made available to all residents who can read at the time of admission. The facility rules must include:<br>(1)rules governing conduct, disciplinary consequences, and appeal procedures;<br>(2)procedures for obtaining hygiene and other personal items; and<br>(3)policies and procedures governing visiting, correspondence, bathing, laundry, grievances, clothing, bedding exchange, and other operational procedures.<br>B. Each resident, within 24 hours of admission, must be provided with a copy of a description of the applicable programs and activities available to residents in the facility.<br>C. Rules and program information must be read to those residents incapable of understanding written documents or who are unable to read. The license holder must consider the languages the resident understands and the resident's age and ability when presenting information to the resident.   |        |        |        |  |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |  |
| 2960.0250 Subpart 2<br><b>ADMISSION CRITERIA</b><br><i>MN STATUTE 260B.176</i> | Detention statutory criteria for admission into a facility must be met prior to any person being admitted into the detention facility.  |        |        |        |  |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |  |
| 2960.0250 Subpart 3<br><b>INFORMATION TO RESIDENTS</b>                         | The license holder must make information available to a resident in a language the resident can understand.<br>A. A copy of facility rules must be made available to a resident throughout confinement concerning rules governing conduct, the facility's due process system, and disciplinary consequences; procedures for obtaining personal hygiene and canteen items; and policies governing visiting, correspondence, bathing, laundry, and clothing and bedding exchange.<br>B. The license holder, within 24 hours of admission, must either give a copy to or advise the resident of the facility's rules and activities, the outside resources available, and the addresses and telephone numbers of the state-appointed ombudsman. A juvenile admitted into a 24-hour temporary holdover facility must be provided the information at the time of admission.<br>C. Items A and B must be explained to a resident who is unable to read or who has questions about facility rules.<br>D. The license holder must advise the resident upon admission of the resident's legal rights regarding detention or confinement. The resident must be advised of the official charge or legal basis for detention.<br>E. The license holder must notify the parent or legal custodian or guardian of the resident's admission into detention and the address of the facility, unless notice was given by the referring agency. |        |        |        |  |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |  |

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| 2960.0250 subpart 4.<br><b>SEARCH, STRIP SEARCH, AND<br/>RESIDENT ASSISTED SEARCH</b>                           | A.Upon admission, a resident's personal belongings must be examined in a manner and in a location that ensures the resident's personal privacy. Items taken from the resident during the search must be included in the resident's personal property inventory.<br>B.Each strip search must be conducted according to part 2960.0240, subpart 6; and Minnesota Statutes, section 241.0215, subdivision 3. Internal body searches of the anus or genitalia are prohibited.<br>C.Before a staff member may conduct a strip search or resident-assisted search, the staff member must receive training on trauma-informed techniques according to part 2960.0240, subpart 5.  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| 2960.0330 subpart 1.<br><b>PLACEMENT AUTHORIZED BY<br/>STATUTE OR COURT ORDER</b><br><i>MN STATUTE 260B.176</i> | A resident may not be placed in a secure facility unless the placement meets the statutory criteria or is approved by the juvenile court.  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| 2960.0330 subpart 2.<br><b>ADMISSION<br/>DOCUMENTATION</b>  | No resident may be received by a license holder until the referring agency has produced proper credentials and the placement person signs the placement person's name and title on a form identifying the purpose for placement that will be part of the intake record.  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| <b>RESIDENT CASE PLAN</b>   |  |        |        |        |  |
| 2960.0050 Subpart 1.<br><b>BASIC RIGHTS</b>   | C. right to participate in development of the resident's treatment and case plan;  |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| 2960.0080 Subpart 3.<br><b>COOPERATION IN TREATMENT<br/>AND BASIC SERVICE DELIVERY</b>                          | The license holder must cooperate with the resident's case manager and other appropriate parties in creating and delivering basic services. In addition, the license holder must:<br>A. Work with the resident, parent, or legal representative, and the resident's case manager and treatment team, if applicable, to implement the resident's case plan during the resident's stay in the facility. The license holder must also coordinate the license holder's plan for services to the resident with the placing agency's case plan for the resident and work with the placing agency to identify the resident's projected length ofstay and conditions under which the family will be reunited, if appropriate, or specify the alternative permanency plan and what the license holder will do to help carry out the plan; |        |        |        |  |

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| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | B. Identify and share information about the resident's treatment and major treatment outcomes the resident will achieve while in the facility, including attaining developmentally appropriate life skills that the resident needs to have in order to be functional in a family and in the community, with persons who are directly involved in the resident's treatment plan in accordance with the resident's case plan;  |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | C. communicate as necessary with the resident's previous school and the school the resident attends while the resident is in the license holder's facility as indicated in the resident's case plan;   |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | D. Report the resident's behaviors and other important information to the placing agency and others as indicated in the resident's case plan;  |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | E. recommend case plan changes to the placing agency; and  |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | F. upon request, unless prohibited by law, share information about the resident, the resident's family, and the license holder's plans and strategies to resolve the resident's identified problems with the placing authority; agencies that are providing services to the resident, resident's therapist, physician, or professional treating the resident; and agencies that must provide services to the resident after discharge from the facility. The records also must be provided to the resident's parent and guardian, if any, and the resident, unless a court or a mental health professional determines that the disclosure would be harmful to the resident. If an authorized person requests a resident's records, or their release is authorized by court order or otherwise provided by law, the license holder must respond to requests for information in three business days. |        |        |        |

| File 1   | File 2   | File 3 | File 4 | File 5 |
|--|--|--------|--------|--------|
| 2960.0080 Subpart 19.<br><b>FAMILY INVOLVEMENT</b> | If family involvement is a goal in a resident's case plan, the license holder must list procedures and program plans which are in accordance with a resident's case plan, that facilitate the involvement of the resident's family or other concerned adult, in the resident's treatment or program activities.  |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
| 2960.0180 Subpart 2<br><b>FACILITY PROGRAMS</b>    | B.Each resident must have a treatment plan.<br>(1)The license holder must begin to develop a treatment plan <b>within ten days of admission</b> . If the resident's case plan or screening or assessment results indicates that the needs of the resident cannot be met by the license holder, the license holder must <a href="#">document</a> contact with the placement agency and notify the placement agency of the results of the screening or assessment and tell the placement agency that the program is not able to meet the resident's needs. |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
|  | (2)The license holder must review the resident's case and treatment plans on a <b>monthly basis</b> or, if necessary, more often and recommend changes, if appropriate.  |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
|  | (3)The license holder must <a href="#">document</a> the involvement of community treatment, education, and care resources related to the case plan or treatment plan.  |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |
|  | (4)The license holder must assign every resident to a designated staff person to ensure regular face-to-face contact and to monitor and assist the resident to implement the treatment plan.   |        |        |        |
| File 1   | File 2   | File 3 | File 4 | File 5 |

|                                  |   |  |        |        |        |  |
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|                                  |   | (5)The license holder must make individualized written progress reports available to the resident's parent or legal guardian upon request.   |        |        |        |  |
|                                  | File 1  | File 2   | File 3 | File 4 | File 5 |  |
|                                  |   | (6)The license holder must forward written educational progress reports to the resident's school district of residence, if it is likely that the resident will return to the resident's district of residence, unless prohibited by law. |        |        |        |  |
|                                  | File 1  | File 2   | File 3 | File 4 | File 5 |  |
|                                  | 2960.0560 Subpart 3<br>SUPERVISION OF TREATMENT | The program director must:<br>A. supervise the development of each resident's individual treatment plan;   |        |        |        |  |
|                                  | File 1  | File 2   | File 3 | File 4 | File 5 |  |
|                                  |   | B. be involved in the resident's treatment planning process and sign the resident's individual treatment plan;   |        |        |        |  |
|                                  | File 1  | File 2   | File 3 | File 4 | File 5 |  |
|                                  |   | C. supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress; and   |        |        |        |  |
|                                  | File 1  | File 2   | File 3 | File 4 | File 5 |  |
|                                  |   | D. document on a biweekly basis a review of all the program services provided for the resident in the preceding week.  |        |        |        |  |
|                                  | File 1  | File 2   | File 3 | File 4 | File 5 |  |
| RESIDENT DISCHARGE AND AFTERCARE |   |  |        |        |        |  |

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| 2960.0090 Subpart 2<br><b>NO EJECT POLICY</b>             | A license holder must have a written no eject policy. Before discharging a resident who has not reached the resident's case plan goals, or treatment plan goals for a resident who has a treatment plan, the license holder must confer with other interested persons to review the issues involved in the decision. During this review process, which must not exceed five working days, the license holder must determine whether the license holder, treatment team, interested persons, if any, and the resident can develop additional strategies to resolve the issues leading to the discharge and to permit the resident an opportunity to continue to receive services from the license holder. If the review indicates that the decision to discharge is warranted, the reasons for it and the alternatives considered or attempted must be documented. A resident may be temporarily removed from the facility during the five-day review period. This subpart does not apply to a resident removed by the placing authority or a parent or guardian. |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| 2960.0090 Subpart 3<br><b>RETURN OF RESIDENT PROPERTY</b> | The license holder must return all of the resident's personal property to the resident along with a signed receipt upon discharge, unless prohibited to do so by law or case plan. Discrepancies between the resident's inventoried property turned over to the facility at admission and the property returned to the resident at discharge, and the resolution of the discrepancy, must be documented by facility staff.   |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| 2960.0140 Subpart 2<br><b>TREATMENT PLAN COMPLIANCE</b>   | Following the resident's discharge, the license holder must document the extent to which the resident's stay in the facility met the goals and objectives identified in the resident's treatment plan. Documentation must include at least:<br>A.the services identified in the resident's treatment plan that were provided to the resident directly by the license holder and the services that were provided by a provider other than the license holder; and<br>B.the extent to which the services provided to the resident contributed to achieving the goals and objectives identified in the resident's treatment plan.   |        |        |        |  |
| File 1  | File 2   | File 3 | File 4 | File 5 |  |
| 2960.0190 Subpart 1<br><b>DISCHARGE</b>                   | A.Prior to the resident's release from the program, the license holder, in conjunction with the placing agency, must develop a transition services plan for the resident. The plan must recommend ways to meet the resident's needs and identify resources that are available in the community to address the resident's continuing needs after release from the facility. The plan must consider the environment into which the resident will return, and recommend how the resident may deal with issues and potential challenges within that environment. The plan must be developed with input from the resident, the resident's family members, if appropriate, the providing school district, and the persons who will provide support services to the resident upon release. A copy of the plan must be given to the resident and to the school, or to the residential treatment facility that the resident will attend or is placed in after release.  |        |        |        |  |

| File 1  | File 2  | File 3 | File 4 | File 5 |
|---|---|--------|--------|--------|
|   | B.The transition services plan must include at least the elements in subitems (1) to (7):<br>(1)housing, recreation, and leisure arrangements;<br>(2)appropriate educational, vocational rehabilitation, or training services;<br>(3)a budget plan and a description of the resident's financial and employment status;<br>(4)transportation needs;<br>(5)treatment services;<br>(6)health services; and<br>(7)personal safety needs.<br>For a resident with a disability, the transition services plan must address the resident's need for transition from secondary education services to postsecondary education and training, employment provider participation, recreation and leisure, and home living according to Minnesota Statutes, section 125A.08. |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
|   | C. The license holder must give written notice of the resident's projected discharge date to:<br>(1)the resident;<br>(2)the resident's case manager and parent, if permitted, or legal guardian;<br>(3)the providing school district; and<br>(4)the school district the resident will go to, if known.  |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0190 Subpart 2<br><b>TREATMENT PLAN COMPLIANCE</b> | The license holder must document the extent to which the resident's stay in the facility met the goals and objectives of the resident's treatment plans as follows:<br>A. Identify which services, including education, were provided directly or indirectly to the resident and who provided the services; and<br>B. Identify the services, including education, that were recommended in the resident's case plan or treatment plan but were not provided to the resident.  |        |        |        |
| File 1  | File 2  | File 3 | File 4 | File 5 |
| 2960.0250 subpart 6.<br><b>DISCHARGES AND RELEASES</b>  | A. No resident must be released in inclement weather without proper clothing to ensure health and safekeeping.<br>B. A resident must be permitted to make arrangements for transportation prior to release.   |        |        |        |



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| File 1  | File 2   | File 3 | File 4 | File 5 |
| 2960.0250 subpart 7.<br><b>TRANSITIONAL SERVICES PLAN</b> | The license holder must assist the case manager to develop the transitional services plan, if requested by the case manager.   |        |        |        |
| File 1  | File 2   | File 3 | File 4 | File 5 |
| 2960.0250 subpart 8.<br><b>CASE PLAN COMPLIANCE</b>       | <p>The license holder must document the extent to which the requirements of the resident's case plan were addressed while the resident was in the facility, if the resident has a case plan. The license holder must:</p> <p>A.identify which services were provided directly or indirectly to the resident and who provided the services;</p> <p>B.identify which services were not provided to the resident, but should have been, and the party who was responsible to provide the services; and</p> <p>C.document the extent to which the license holder met the expected outcomes identified in the resident's case plan.</p> |        |        |        |
| File 1  | File 2   | File 3 | File 4 | File 5 |
| 2960.0350 subpart 1.<br><b>DISCHARGE CRITERIA</b>         | <p>The facility must have written discharge criteria that allow discharge according to items A and B, except that detention facilities are exempt from preparing written criteria in item A and must prepare criteria in item C:</p> <p>A.completion of the resident's facility treatment plan;</p> <p>B.the resident is ordered to a different placement by the court; or</p> <p>C.the legal authority to hold the resident expires.</p>  |        |        |        |
| File 1  | File 2   | File 3 | File 4 | File 5 |
| 2960.0350 subpart 2.<br><b>RETURN OF PROPERTY</b>         | When a resident is discharged, the resident's property must be returned to the resident with a receipt, signed by the license holder, listing the property returned, unless the property is held for authorized investigation or litigation.   |        |        |        |
| File 1  | File 2   | File 3 | File 4 | File 5 |
| <b>RECORD RETENTION</b>                                   |  |        |        |        |
| 2960.0080 Subpart. 11.<br><b>HEALTH AND HYGIENE</b>       | B. The license holder must maintain a record of the illness reported by the resident, the action taken by the license holder, and the date of the resident's medical, psychological, or dental care.   |        |        |        |

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| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | <p>D. The license holder, in consultation with a medically licensed person, must have a plan for the safe storage and delivery of medicine. The license holder must meet the requirements in subitems (1) to (5).</p> <p>(1)The license holder must contact a newly admitted resident's prescribing medically licensed person to verify the following information regarding prescribed medication:</p> <ul style="list-style-type: none"> <li>(a) instructions about how the medication must be administered;</li> <li>(b) the symptoms that the medication will alleviate; and</li> <li>(c) the symptoms that would warrant consultation with the physician.</li> </ul> |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | <p>D. (2)The license holder must document attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. If permission is denied and the parent has the legal right to deny permission, then the medication will be discontinued under the supervision of a physician unless a court order to administer the medication is obtained.</p>   |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | <p>D. (3)The license holder must maintain at the facility a list of the side effects of medication at the facility.</p>  |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | <p>D. (4)The license holder must document and follow the prescribing physician's directions for monitoring medications used by the resident.</p>   |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |
|        | <p>D. (5) A medically licensed person must provide consultation and review of the license holder's administration of medications at least monthly.</p>   |        |        |        |
| File 1 | File 2   | File 3 | File 4 | File 5 |

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|   | E. The license holder must keep records for a resident who receives prescription drugs at the facility and note: the quantity initially received from the pharmacy, amount of medication given, dosage, and time when the medication was taken. The license holder must document a resident's refusal to take prescription medication.  |        |        |        |  |  |
| File 1  | File 2  | File 3 | File 4 | File 5 |  |  |
| 2960.0180 Subpart 3<br><b>RECORDS AND REPORTS</b>                       | <p>The license holder must have a record retention schedule. The license holder must:</p> <p>A. comply with reporting requirements of Minnesota Statutes, section 253C.01;</p> <p>B. Maintain the records in subitems (1) to (13) according to state law:</p> <ul style="list-style-type: none"> <li>(1)admission and release records;</li> <li>(2)resident personal property records;</li> <li>(3)special occurrence or incident records;</li> <li>(6)daily log records;</li> <li>(7)records about which services were provided to each resident, outcomes of treatment for each resident, and outcomes for program services and program evaluation reports;</li> <li>(8)medical and dental records;</li> <li>(9)disciplinary records and records of appeals;</li> <li>(10)special and regular education records;</li> <li>(11)resident, family, and referring agency satisfaction survey;</li> <li>(12)for facilities licensed by the commissioner of corrections, records on strip searches and resident-assisted searches; and</li> <li>(13)for facilities licensed by the commissioner of corrections, records on safety-based separation under parts 2960.0720 to 2960.0750; and</li> </ul> <p>C. store records in an organized, retrievable manner that ensures confidentiality.</p> |        |        |        |  |  |
| File 1  | File 2  | File 3 | File 4 | File 5 |  |  |
| 2960.0180 Subpart 4<br><b>AUDIO OR VISUAL<br/>RECORDING OF RESIDENT</b> | <p>Photographs, videotapes, and motion pictures of a resident taken on program premises or by program personnel are considered a resident record. Photographs of a resident for identification and recordings by videotape and audiotape for the purpose of enhancing therapy, staff supervision, or security may be required. A resident must be informed when actions are being recorded, and has the right to refuse any recording unless authorized by law, necessary for program security, or to protect the health and safety of a resident. The use of an audio or visual recording of a resident must comply with data practices laws.</p>  |        |        |        |  |  |
| File 1  | File 2  | File 3 | File 4 | File 5 |  |  |

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| 2960.0270 Subpart 6<br><b>SAFETY-BASED SEPARATION</b>      | D. When a resident persists in destroying clothing or bedding, or harms the resident's self with the clothing or bedding while in safety-based separation, staff may deprive the resident of clothing and bedding. The decision to deprive a resident of clothing and bedding must be:<br>(1)documented under parts 2960.0720 to 2960.0750;<br>(2)reported as a critical incident under subpart 12;<br>(3)kept on file at the facility for two licensing periods; and<br>(4)reviewed by the shift supervisor during each eight-hour period unless otherwise directed by:<br>(a)the facility administrator or a designee; or<br>(b)a licensed physician or mental health professional. |        |        |        |  |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |  |
|  | E. It is prohibited to delegate authority to a resident or group of residents to punish another resident or group of residents.   |        |        |        |  |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |  |
|  | F. A resident must not be deprived of materials necessary to maintain an acceptable level of personal hygiene while in safety-based separation.   |        |        |        |  |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |  |
| 2960.0340 Subpart 3<br><b>CONTINUING NEED REVIEWED</b>     | Policies and procedures must be established that include time lines for the review of individual cases to determine the need for continued secure placement. There must be written criteria addressing circumstances under which a resident must be moved to less restrictive parts of the facility if appropriate. When a license holder moves a resident from a secure to a nonsecure space in a facility for programming purposes, the license holder must notify the appropriate juvenile court.  |        |        |        |  |  |
| File 1   | File 2  | File 3 | File 4 | File 5 |  |  |
| 2960.0710 Subpart 5<br><b>PHYSICAL ESCORT REQUIREMENTS</b> | The physical escort of a resident is intended to be a behavior management technique that is minimally intrusive to the resident. It is to be used to control a resident who is being guided to a place where the resident will be safe and to help de-escalate interactions between the resident and others. A license holder who uses physical escort with a resident must meet the following requirements:<br>B.staff must document the use of physical escort and note the technique used, the time of day, and the name of the staff person and resident involved; and<br>C.the use of physical escort must be consistent with the resident's case plan or treatment plan.        |        |        |        |  |  |

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| File 1 | File 2 | File 3 | File 4 | File 5 |
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| FACILITY TOUR                      |  |   |                    |       |
|------------------------------------|--|---|--------------------|-------|
|                                    | Applicable Rule or Statute                                 | REQUIREMENTS  | Met (Y)<br>Not (N) | NOTES |
| PHYSICAL ENVIORNMENT AND EQUIPMENT |  |   |                    |       |
|                                    | 2960.0110 Subpart 1.<br>PHYSICAL ENVIRONMENT AND EQUIPMENT | The facility must be equipped and maintained in a manner that conforms to its statement of intended use.  |                    |       |
|                                    | 2960.0110 Subpart 2.<br>COMFORT, PRIVACY, AND DIGNITY      | The physical environment must provide for the comfort, privacy, and dignity of residents.   |                    |       |
|                                    | 2960.0110 Subpart 3.<br>ADEQUATE FACILITIES FOR SERVICES   | A. The license holder must ensure that food services, storage, housekeeping, laundry, and maintenance are operated on a consistent, healthy basis.<br>B. If food service is contracted to a food service vendor, the food service vendor must meet health code requirements.<br>C. If the license holder provides educational services on site, the classrooms must provide an atmosphere that is conducive to learning and meets the resident's special physical, sensory, and emotional needs.<br>D. The license holder must provide adaptive equipment and furnishings to meet the resident's special needs. |                    |       |
|                                    | 2960.0110 Subpart 4.<br>FIRST AID KITS                     | A facility must have first aid kits readily available for use by residents and staff. The kits must be sufficient to meet the needs of residents and staff.   |                    |       |

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| 2960.0120 Subpart 2.<br><b>CODE COMPLIANCE</b>                                | <p>A facility must comply with the applicable fire, health, zoning, and building codes and meet the physical plan and equipment requirements in items A to I.</p> <p>A. A sleeping room must not be used to accommodate more than four residents. Multibed bedrooms must provide a minimum of 60 square feet per resident of useable floor space with three feet between beds placed side by side and one foot between beds placed end to end for ambulatory residents. For nonambulatory residents, the multibed bedrooms must provide 80 square feet per resident of useable floor space.</p> <p>B. A resident must have adequate space for clothing and personal possessions, with appropriate furnishings to accommodate these items.</p> <p>C. Facility grounds must provide adequate outdoor space for recreational activities.</p> <p>D. There must be one shower or bathtub and sink with hot and cold water and one toilet for every eight residents.</p> <p>E. The heating plant must be of a size and capacity to maintain a comfortable temperature in all resident rooms and other areas of the facility used by residents.</p> <p>F. The facility must have sufficient electric lighting in combination with natural lighting to provide reasonable light levels for the function of each given area.</p> <p>G. The facility must have sufficient space provided for indoor quiet and group program activities.</p> <p>H. The facility providing educational services on site must meet the physical plant and equipment requirements of the Department of Education for the provision of educational services.</p> <p>I. A facility providing intake or admission services must have sufficient space to conduct intake functions in a private, confidential manner or provide the opportunity to conduct private meetings, including intake activities in a separate space.</p> |  |  |
| 2960.0200<br><b>PHYSICAL PLANT AND ENVIRONMENT</b>                            | A. Buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair.  |  |  |
|   | B. Written policies and procedures must specify the facility's fire prevention protocols, including fire drills, and practices to ensure the safety of staff, residents, and visitors. The policies must include provisions for adequate fire protection service, inspection by local or state fire officials, and <i>placement of fire hoses or extinguishers at appropriate locations</i> throughout the facility.  |  |  |
|   | D. The license holder must have a written <i>smoking</i> policy for the facility that applies to staff and residents that <i>complies with Minnesota Statutes</i> , sections 144.411 to 144.417, and Public Law 103-227, title X, section 1043.   |  |  |
| 2960.0210 subpart 1<br><b>FACILITY CODES</b>                                  | The facility's location, buildings and grounds, offices, and other structures must conform to applicable health, fire, zoning, and building codes and the requirements of part 2960.0110.   |  |  |
| 2960.0210 subpart 2<br><b>EQUIPMENT CODES</b>                                 | The facility's food service, plumbing, ventilation, heating, cooling, lighting, elevators, and other fixtures and equipment must conform to applicable health, sanitation, and safety codes and regulations.  |  |  |
| 2960.0270 subpart 14<br><b>HOUSKEEPING, SANITATION, AND PLANT MAINTENANCE</b> | A. The facility and all buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair and maintained to protect the health, comfort, safety, and well-being of residents and staff.  |  |  |
| 2960.0270 Subpart. 15.<br><b>PHYSICAL PLANT AND</b>                           | A. Building features, space for programs, equipment, and materials must be consistent with the facility's statement of intended use and program objectives. The facility's physical plant features must comply with chapter 2900.   |  |  |

## ENVIRONMENT

D. A nonsecure 24-hour **temporary holdover facility** must:

- (1)be located in a nonsecure area of a public or private building where either law enforcement or emergency services staff are available on a 24-hour-a-day basis and who agree to respond immediately with backup assistance in the event of an emergency;
- (2)have a minimum of 120 square feet of floor space for the first resident held and an additional 50 square feet of floor space for each additional resident held;
- (3)have provisions for each resident to lie down, sleep, or sit in comfort;
- (4)have access to bathroom and shower facilities on the same floor;
- (5)have telephone or audio communication equipment with direct access to emergency backup personnel;
- (6)have the capability to prepare meals or arrange for meals to be delivered;
- (7)have lighting, ventilation, and temperature controls to maintain reasonable comfort;
- (8)provide separation between male and female residents to meet the privacy needs of the residents;
- (9)have minimum furnishings in the facility, consisting of telephone, radio, television, table, chairs, storage space, bed, lamps, first aid kit, bedding, replacement clothing, personal hygiene items, and leisure activity materials;
- (10)comply with all federal, state, and local fire safety requirements and sanitation, safety, and health codes. Furnishings also must comply with these requirements and codes; and
- (11)have a storage area that can be locked to store necessary supplies and equipment.

E.A secure 24-hour **temporary holdover facility** must:

- (1)comply with all of the minimum standards required of a nonsecure 24-hour facility with the exception that toilet and washbasin facilities must be located within the secure room;
- (2)have all fixtures and furnishings in a secure detention room and be of a secure type and be appropriately secured to ensure safety for staff and the juvenile being detained;
- (3)have a door to the secure room with an observation window with a cover to afford privacy when necessary and a food-pass feature; and
- (4)have secure temporary holdover rooms used to detain juveniles that are single occupancy with a minimum of 70 square feet of floor space.

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|   | <p>F.A secure or nonsecure eight-day <b>temporary holdover facility</b> must meet the requirements of subitems (1) to (12).</p> <p>(1)The facility must not exceed a maximum capacity of eight beds.</p> <p>(2)The facility must have at least two secure single occupancy detention rooms. Each secure room in the facility must be single occupancy, have a minimum of 70 square feet, and be equipped with toilet and washbasin facilities. Furnishings and fixtures must be of a secure type and room doors must have observation windows with panel covers. Space for day activity areas outside of the detention rooms must be provided with access to natural light. Audio monitoring that allows a resident to communicate with facility staff when in need of assistance must be in each room and day activity area. Visual monitoring cameras must be in the day activity areas if the areas cannot be directly observed from the staff station.</p> <p>(3)Nonsecure detention rooms in the facility must have a minimum of 70 square feet in single occupancy rooms and a minimum of 60 square feet per juvenile in multiple occupancy rooms.</p> <p>(4)The facility must have access to natural light in the activity area.</p> <p>(5)Activity space must be provided to accommodate multiple uses, specifically for dining, school, physical exercise, recreation, leisure, and visiting activities. The space must be no less than 625 square feet.</p> <p>(6)Separate space must be provided for admission and intake procedures that provides for private and confidential processing.</p> <p>(7)The facility must provide separation capability between the secure and nonsecure rooms within the facility and for proper separation between male and female residents to afford privacy.</p> <p>(8)The facility must provide separate bathroom and shower facilities for the secure and nonsecure units of the facility.</p> <p>(9)The facility must provide the same furnishings as required in the secure and nonsecure 24-hour temporary holdover facilities.</p> <p>(10)The facility must have the capability to prepare meals or arrange for meals to be delivered.</p> <p>(11)Functional physical exercise equipment must be readily available for use by juveniles in the secure and nonsecure programs on a daily basis.</p> <p>(12)The facility and furnishings must comply with federal, state, and local fire safety requirements and sanitation, safety, and health codes.</p> |  |  |
| 2960.0290 Subpart 1<br><b>EQUIPMENT CODES</b>         | The facility's food service, plumbing, ventilation, heating, cooling, lighting, elevators, and other fixtures and equipment must conform to health, sanitation, and safety codes and regulations.  |  |  |
| 2960.0370 Subpart 1<br><b>LOCK AND KEY STORAGE</b>    | A. The license holder must ensure that when not in use, keys to security locks are properly tagged and stored in a secure cabinet within a secure area, out of reach of residents or the public. At least one complete set of facility keys must be kept on hand for replacement purposes.   |  |  |
|   | B. The license holder must ensure that keys that serve a critical security purpose must be easily identifiable and never issued except upon order of the facility administrator or person in charge, and according to established procedure. No security keys shall be made available to residents.  |  |  |
| 2960.0370 Subpart 2<br><b>LOCK AND KEY INSPECTION</b> | The license holder must ensure that:   |  |  |
|   | <p>A. all locks to security doors or gates are inspected daily to ensure their efficient operation and the inspections are documented;</p> <p>B. no lock to a security door or gate is broken, inoperable, or left in an unsuitable condition for any unnecessary period of time; and</p> <p>C. no residents are placed in a secure room or area that has inoperable locks.</p>  |  |  |
| 2960.0380 Subpart 1<br><b>DANGEROUS MATERIALS</b>     | Materials that can be deleterious to security, safety, and health must be properly secured, inventoried, and dispensed.  |  |  |



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| 2960.0380 Subpart 2<br><b>TOOLS</b>                       | When not in use, tools must be kept in locked storage areas. Security precautions must be developed and implemented regarding any tools entering or leaving the facility.  |  |  |
| <b>HOUSING UNITS/STAFF WORK STATION</b>                   |  |  |  |
| 2960.0050 Subpart 1.<br><b>BASIC RIGHTS</b>               | A. right to reasonable observance of cultural and ethnic practice and religion;<br>B. right to a reasonable degree of privacy;<br>C. right to participate in development of the resident's treatment and case plan;<br>D. right to positive and proactive adult guidance, support, and supervision;<br>E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation;<br>F. right to adequate medical care;<br>G. right to nutritious and sufficient meals and sufficient clothing and housing;<br>H. right to live in clean, safe surroundings;<br>I. right to receive a public education;<br>J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family<br>K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene;<br>L. right of access to protection and advocacy services, including the appropriate state-appointed ombudsman;<br>M. right to retain and use a reasonable amount of personal property;<br>N. right to courteous and respectful treatment;<br>O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03;<br>P. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;<br>Q. right to be informed of and to use a grievance procedure;<br>S. for a facility licensed by the commissioner of corrections, right to be free from:<br>(1) restraint used for a purpose other than to protect the resident from imminent danger to self or others; and<br>(2) safety-based separation used for a purpose other than in accordance with this chapter and Minnesota Statutes, section 241.0215, subdivision 4. |  |  |
| 2960.0050 Subpart 3. C<br><b>BASIC RIGHTS INFORMATION</b> | A copy of the resident's rights must be posted in an area of the facility where it can be readily seen by staff and the resident.  |  |  |
| 2960.0050 Subpart 3.D<br><b>BASIC RIGHTS INFORMATION</b>  | A copy of the resident's rights must be posted in the staff work station.  |  |  |
| 2960.0050 Subpart 3.E<br><b>BASIC RIGHTS INFORMATION</b>  | The license holder must inform residents how to contact the appropriate state-appointed ombudsman and give residents the name, address, and telephone number of the state-appointed ombudsman.   |  |  |
| 2960.0080 Subpart. 6.<br><b>DAILY RESIDENT ACTIVITIES</b> | The license holder must develop a written schedule of daily activities that generally describes the resident's activities for each day of the week.  |  |  |
|   | The license holder must know the whereabouts of each resident.   |  |  |
|   | The license holder must immediately notify the referring or placing agency if a resident runs away or is missing.  |  |  |

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| 2960.0080 Subpart. 13.<br><b>RESIDENT CLOTHING,<br/>BEDDING, AND LAUNDRY</b>            | The license holder must ensure that a resident has:<br>A. an adequate amount of clean clothing appropriate for the season;<br>B. an appropriate sized, clean, fire-retardant mattress; two sheets or one sheet and clean mattress cover; sufficient clean blankets to provide comfort under existing temperature conditions; and one pillow and one pillowcase that is antiallergenic, if required, to meet a resident's health care needs. Existing non-fire-retardant mattresses may continue to be used until they are replaced, provided that the existing mattresses are replaced no later than July 1, 2015; and<br>C. adequate bath towels and washcloths. Clean bedding and linens must be furnished upon each new admission, and bedding and linens must be cleaned once a week or more often as needed to maintain a clean and safe environment. Bedding and linens that are worn out or unfit for further use must not be used. |  |  |
| 2960.0170 Subpart 1<br><b>CLASSIFICATION OF<br/>RESIDENTS</b>                           | The license holder must develop a classification plan and <i>house residents in living units that are consistent with the license holders's statement of intended use</i> . Resident classification criteria for living unit assignment must include consideration of at least the following factors: age, developmental level, gender, physical assaultiveness, delinquent sophistication, and run risk. The classification plan must be reviewed and approved by the commissioner of human services or corrections.  |  |  |
| 2960.0170 Subpart 2<br><b>SEPARATION OF RESIDENTS<br/>BY GENDER</b>                     | There must be complete separation of sleeping and toilet facilities to the extent necessary to ensure a resident's privacy from residents of the opposite gender.  |  |  |
| 2960.0260 Subpart 1<br><b>CLASSIFICATION OF<br/>RESIDENTS</b>                           | The license holder must develop a classification plan that is consistent with the license holder's statement of intended use. <i>The license holder must house residents in living units according to the classification plan</i> . Resident classification criteria for living unit assignment must include consideration of at least the following factors: age, developmental level, gender, physical aggressiveness, delinquent sophistication, and abscond risk. The classification plan must be reviewed and approved by the commissioner of corrections.  |  |  |
| 2960.0260 Subpart 2<br><b>SEPARATION OF RESIDENTS<br/>BY GENDER</b>                     | There must be complete separation of living and sanitation facilities to the extent necessary to ensure a resident's privacy from residents of the opposite gender. Gender-appropriate program services must be provided to male and female residents separately when possible.  |  |  |
| 2960.0260 Subpart 3<br><b>RESIDENTS WHO MAY HAVE<br/>SEXUALLY ABUSIVE<br/>BEHAVIORS</b> | The license holder must take special precautions when a resident is considered likely to have sexually abusive behavior. The license holder must screen the resident to determine which precautions may be appropriate, give the resident an individual sleeping room, and direct staff to pay special attention to the resident's interactions with others. The license holder's care for a resident likely to have sexually abusive behavior must protect the resident, other residents, staff, and the community. The license holder must consider the vulnerability of other residents in the facility.  |  |  |
| 2960.0270 Subpart 3<br><b>POSTING OF MEDICAL,<br/>DENTAL, AND EMERGENCY</b>             | A list of medical, dental, and emergency resources must be posted at each staff station in the facility. The list must include the emergency resources' telephone numbers and hours that each resource is available.   |  |  |
| 2960.0270 Subpart 6<br><b>SAFETY-BASED SEPARATION</b>                                   | B. The license holder must post and explain the resident rules of conduct, consequences for negative behavior, and incentives for positive behavior to a resident in a way and in a language that the resident can understand.   |  |  |
|   | C. Rooms for safety-based separation must have the minimum furnishings and space specified in the Department of Corrections construction standards under chapter 2900.   |  |  |
|   | F.A resident must not be deprived of materials necessary to maintain an acceptable level of personal hygiene while in safety-based separation.   |  |  |
| 2960.0270 Subpart. 9.<br><b>CORRESPONDANCE AND<br/>TELEPHONE</b>                        | The license holder must implement a plan for handling resident mail and resident telephone use that is consistent with established legal rights of juveniles and reasonable and necessary facility regulations to protect the facility's security.   |  |  |

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| 2960.0270 Subpart. 10.<br><b>JUVENILE CLOTHING,<br/>BEDDING, AND LAUNDRY<br/>SERVICES</b> | The license holder must meet the requirements of items A to C.<br>A.A resident must have neat, clean clothing that is appropriate for the season. The license holder must provide the resident with clothing if the resident does not have clothing.<br>B.The facility administrator or person in charge may consider it necessary to remove clothing or bedding from a resident if the resident's behavior threatens the safety or security of the resident or others in the facility. Facility staff must take all reasonable steps to ensure the safety and security of the resident and others and the security of the facility without success, prior to removing the resident's clothing or bedding. If bedding or clothing is removed from a resident, a critical incident report must be completed and kept on file at the facility for two licensing periods.<br>C.Laundry services must meet the resident's clothing, linen, and bedding needs. |  |  |
| 2960.0380 Subpart 3<br><b>HAZARDOUS SUBSTANCES</b>  | A hazardous substance must not be stored in living areas. A cleaning substance that is hazardous must be handled only by staff or residents under direct staff supervision.   |  |  |
| <b>PROGRAM SPACE</b>  |   |  |  |
| 2960.0050 Subpart 1.<br><b>BASIC RIGHTS</b>   | A. right to reasonable observance of cultural and ethnic practice and religion;   |  |  |
|   | I. right to receive a public education;   |  |  |
|   | J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family   |  |  |
|   | L. right of access to protection and advocacy services, including the appropriate state-appointed ombudsman;  |  |  |
| 2960.0080 Subpart. 10.<br><b>EXERCISE AND RECREATION</b>                                  | The license holder must develop and implement a plan that offers <b>appropriate recreation</b> for residents.   |  |  |
| 2960.0250 subpart 5.<br><b>RESIDENT CLOTHING</b>  | The license holder may determine the type of clothing a resident must wear. However, uniforms are discouraged and the license holder must consider the resident's cultural dress customs when developing resident clothing policies.  |  |  |
| 2960.0270 Subpart. 8.<br><b>EXERCISE AND RECREATION</b>                                   | The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. At a minimum, the plan must provide for and include:<br>A.regulations that are reasonable and necessary to protect the facility's security and the residents' welfare;  |  |  |
|   | B.provisions for a minimum of two hours of daily preplanned exercise or activities supervised and directed by trained staff and recreational activities and leisure time activities, excluding time spent watching television;  |  |  |
|   | C.provisions for indoor space and equipment for active recreation; and  |  |  |
|   | D.provisions for outdoor recreational space, equipment, and support staff for outdoor recreational program services, except that this item does not apply to eight-day and 24-hour temporary holdover facilities.   |  |  |
| <b>INTAKE</b>   |   |  |  |
| 2960.0050 Subpart 1.<br><b>BASIC RIGHTS</b>   | P. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;   |  |  |
|   | Q. right to be informed of and to use a grievance procedure;  |  |  |
| 2960.0160 Subpart 3<br><b>PRIVACY</b>   | All admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident.  |  |  |
| 2960.0250 Subpart 1<br><b>PERSONAL PRIVACY</b>  | Admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident and the confidentiality of the transaction from unauthorized personnel.   |  |  |
| <b>MEDICAL</b>  |   |  |  |
| 2960.0050 Subpart 1.<br><b>BASIC RIGHTS</b>   | F. right to adequate medical care;  |  |  |
|   | O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03;  |  |  |

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| 2960.0080 Subpart. 11.<br><b>HEALTH AND HYGIENE SERVICES</b> | The license holder must meet the conditions in items A to F.<br>A. The license holder must provide a resident with timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services by qualified persons that meet the resident's needs. The license holder's health services plan must include the requirements in subitems (1) to (3).<br>(1)A pregnant resident must receive ongoing and appropriate prenatal care from a medically licensed person. The license holder must provide information and resources on prenatal, postnatal, and parenting topics to a pregnant resident.<br>(2)The license holder must ensure that appropriate medical and dental services are provided for the resident. The license holder must comply with the requirements of the medical or dental insurance that covers the resident.<br>(3)The license holder must consider a resident's request for a male or female health care provider. If a female resident requests a female health care provider, and one is not available, the license holder must request permission from the health care provider that an adult female be allowed to be present during the health care procedure. If a male resident requests a male health care provider, and one is not available, the license holder must request permission from the health care provider that an adult male be allowed to be present during the health care procedure.  |  |  |
|  | B. The license holder must maintain a record of the illness reported by the resident, the action taken by the license holder, and the date of the resident's medical, psychological, or dental care.   |  |  |
|  | C. Maintaining stock supplies of prescription drugs at the facility is prohibited.   |  |  |
|  | D. The license holder, in consultation with a medically licensed person, must have a plan for the safe storage and delivery of medicine. The license holder must meet the requirements in subitems (1) to (5).<br>(1)The license holder must contact a newly admitted resident's prescribing medically licensed person to verify the following information regarding prescribed medication:<br>(a) instructions about how the medication must be administered;<br>(b) the symptoms that the medication will alleviate; and<br>(c) the symptoms that would warrant consultation with the physician.<br>(2)The license holder must document attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. If permission is denied and the parent has the legal right to deny permission, then the medication will be discontinued under the supervision of a physician unless a court order to administer the medication is obtained.<br>(3)The license holder must maintain at the facility a list of the side effects of medication at the facility.<br>(4)The license holder must document and follow the prescribing physician's directions for monitoring medications used by the resident.<br>(5)Facility staff responsible for medication assistance, other than a medically licensed person, must have a certificate verifying their successful completion of a trained medication aide program for unlicensed personnel offered through a postsecondary institution, or staff must be trained to provide medication assistance according to a formalized training program offered by the license holder and taught by a registered nurse. The specific medication assistance training provided by the registered nurse to staff must be documented and placed in the unlicensed staff person's personnel records. <b>A medically licensed person must provide consultation and review of the license holder's administration of medications at least monthly. (res file)</b> |  |  |
|  | E. The license holder must keep records for a resident who receives prescription drugs at the facility and note: the quantity initially received from the pharmacy, amount of medication given, dosage, and time when the medication was taken. The license holder must document a resident's refusal to take prescription medication.   |  |  |
|  | F. Prescription medicine belonging to a resident must be given to the resident's parent or legal guardian upon the resident's release or must be disposed of according to a pharmacy-approved plan. The license holder must note the disposition of the resident's medicine in the resident's file. The license holder must give a resident who is 18 years of age or older the prescription medication prescribed for the resident.   |  |  |

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| 2960.0270 Subpart 4<br><b>MEDICAL SERVICES</b>                         | A.A facility must provide space, staff, and a procedure for daily sick call to ensure residents the opportunity to report illness and injury and receive appropriate medical services for illness or injury.  |  |  |
|  | B.A resident must be examined by a medically licensed person within a reasonable time if the resident is visibly ill, chronically ill, or whenever it is suspected that medical attention is necessary. A resident must receive emergency mental health and dental care when needed.  |  |  |
|  | C.If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies, and materials, as determined by the responsible physician, must be provided to deliver primary health care.  |  |  |
|  | D.Staff responsible for the supervision, safety, and well-being of residents must be trained in emergency first aid procedures. At least one person per shift must have training in receiving, screening, basic life support, cardiopulmonary resuscitation, and recognition of symptoms of the illnesses most common to the residents detained in the facility.  |  |  |
|  | E.A facility must have at least one first aid kit located at the facility's control center or primary staff station. The first aid kit must be inspected by a designated staff person regularly to assess the adequacy of first aid supplies. The kit must be adequate to meet the needs of residents and staff.  |  |  |
|  | F.The license holder, in consultation with a medically licensed person, must develop plans and establish procedures and accessories for the secure storage, delivery, supervision, and control of medications and medical supplies in the facility.   |  |  |
| <b>KITCHEN</b>   |   |  |  |
| 2960.0050 Subpart 1.<br><b>BASIC RIGHTS</b>                            | G. right to nutritious and sufficient meals and sufficient clothing and housing;  |  |  |
| 2960.0080 Subpart. 12.<br><b>FOOD AND NUTRITION</b>                    | The license holder must provide:<br>A. a balanced diet consisting of foods and beverages that are palatable, of adequate quantity and variety, and prepared and served at appropriate temperatures to protect residents from foodborne illness and conserve nutritional value;<br>B. a diet medically prescribed, if ordered by a resident's physician or, in the case of a pregnant resident, recommended or ordered by a prenatal care provider; and<br>C. a diet that does not conflict with the resident's religious or cultural dietary regimen. |  |  |
| 2960.0180 Subpart. 3<br><b>RECORDS AND REPORTS</b>                     | The license holder must have a record retention schedule. The license holder must:<br>A. comply with reporting requirements of Minnesota Statutes, section 253C.01;<br>B. Maintain the records in subitems (1) to (13) according to state law:<br>(5)food service records;<br>C. store records in an organized, retrievable manner that ensures confidentiality.  |  |  |
| 2960.0270 Subpart. 13.<br><b>GENERAL REQUIREMENTS FOR FOOD SERVICE</b> | A.The goals of food service in a facility must be to provide food and beverages to residents that are nutritionally adequate, palatable, produced in a manner to prevent food-borne illness, of adequate quantity and variety, served at appropriate temperatures, and prepared by methods which conserve nutritional value.  |  |  |
|  | B.Any food service provided in a detention facility must follow the requirements of chapter 4626.   |  |  |
|  | C.When food is catered into the facility, it must be obtained from a source licensed by the Department of Health.   |  |  |
|  | D.A facility housing a resident in need of a medically prescribed therapeutic diet must document that the diet is provided as ordered by the resident's physician.  |  |  |
|  | E.If a resident's religious or spiritual beliefs require adherence to dietary customs, the license holder must make efforts to provide the special diet. If the license holder is unable to meet a resident's religious or spiritual dietary customs, the license holder must document why the resident's dietary customs could not be met.   |  |  |

F. Food must be covered during transport through nondietary areas, but need not be covered when served in a dining area which is contiguous to the food preparation area. The food service system must be capable of maintaining hot foods at 150 degrees Fahrenheit or higher and maintaining cold foods at 40 degrees Fahrenheit or lower. A dumbwaiter or conveyor that has a cab or carrier used for the transport of soiled linen or soiled dishes must not be used for the transport of food.

**VISITING**

2960.0270 Subpart 5.  
**VISITATION**

A license holder must have a written visitation plan. The plan must include at least the requirements in items A to D.  
A. A resident may visit, at reasonable times of the day, with parents, relatives, or other adults who were responsible for the resident's care before the resident was admitted to the facility, unless the license holder has convincing evidence that such a visit would not be in the best interest or welfare of the resident.

B. The facility administrator must set a facility-wide visiting policy regarding visitors, other than those described in item A. Visitors may be monitored, but notice of monitoring must be posted in the visiting area. The administrator may limit visits by persons other than those described in item A to scheduled visiting hours. Scheduled visiting hours must include mornings, evenings, weekdays, and weekends. A minimum of eight scheduled hours per week must be maintained for visiting.

C. Visits by an attorney, probation officer, case worker, or religious or spiritual counselor are allowed and must be permitted to take place in private.

D. The license holder must request visitors to register upon arrival at the facility; give their name, address, and relationship to the resident; and produce a reliable form of identification. If a visit is denied, the resident and visitor must be given the reason for denial and the reason must be documented in the resident's file.

**WELL-BEING CHECK REVIEW**

**2960.0360 Subpart 1. F.** when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3.

**2960.0570 Subpart 3. F.** when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3;

AUDIT PROCESS IN PLACE? \_\_\_\_\_

TECHNOLOGY USED, IF ANY \_\_\_\_\_

Date reviewed \_\_\_\_\_

Location \_\_\_\_\_ ? ?

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

Ability to personally observe all residents \_\_\_\_\_

Date reviewed \_\_\_\_\_

Location \_\_\_\_\_ ? ?

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

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Within 30-min \_\_\_\_\_

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WC time logged \_\_\_\_\_

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Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

Ability to personally observe all residents \_\_\_\_\_

Date reviewed \_\_\_\_\_

Location \_\_\_\_\_ ?

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

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Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

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Within 30-min \_\_\_\_\_

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WC time logged \_\_\_\_\_

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Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

Ability to personally observe all residents \_\_\_\_\_

Date reviewed \_\_\_\_\_

Location \_\_\_\_\_ ?

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

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Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

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WC time logged \_\_\_\_\_

Video time \_\_\_\_\_

Within 30-min \_\_\_\_\_

Pace \_\_\_\_\_

Ability to personally observe all residents \_\_\_\_\_

| INSPECTOR NOTES |  |
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