

RULE 2960 CHILDREN'S RESIDENTIAL FACILITIES

Facility Name	Date	Activity #
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ALL GROUP RESIDENTIAL DETENTION SECURE CORRECTIONAL RESTRICTIVE

Rule Part	Requirement	YN	Notes
2960.0180 Subpart 1	Policy manuals. The LH must submit the facility P&P manuals to the commissioner of corrections for review and make the manuals available to all staff within the facility.		
2690.0270 Subp. 2.	Policies and procedures manual. LH must have a policy and procedures manual reviewed by the commissioner of corrections that is readily available to staff. The policy manual must contain P&P for all aspects of the facility's operation. The LH must ensure that the P&P procedures in the manual safeguard residents' rights and require the provision of basic services to residents.		
2960.0040 STATEMENT OF INTENDED USE	The LH 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: A. state the LH's expertise & 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 LH will involve the resident's cultural or ethnic community to ensure culturally appropriate care; and F. describe the specific extent & limitations of the program, including whether the LH would use a restrictive procedure with a resident, under what conditions a restrictive procedure would be used, and what type of restrictive procedures a LH would use if the LH was certified to use RP.		
2960.0050 Subpart 1 RESIDENT RIGHTS AND BASIC SERVICES	Basic rights. A resident has basic rights including, but not limited to, the rights in this subpart. The license holder must ensure that the rights in items A to R are protected: A. right to reasonable observance of cultural and ethnic practice and religion; B. right to a reasonable degree of privacy; C. right to participate in development of the resident's treatment and case plan; D. right to positive and proactive adult guidance, support, and supervision; E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation; F. right to adequate medical care; G. right to nutritious and sufficient meals and sufficient clothing and housing; H. right to live in clean, safe surroundings; I. right to receive a public education; J. right to reasonable communication & visitation with adults outside the facility, which may include parent, extended family members, siblings, legal guardian, caseworker, attorney, therapist, a physician, a religious advisor, & a case manager in accordance with resident's case plan; 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;		

2960.0050 Subpart 1	<p>L. right of access to protection and advocacy services, including the state-appointed ombudsman;</p> <p>M. right to retain and use a reasonable amount of personal property;</p> <p>N. right to courteous and respectful treatment;</p> <p>O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03;</p> <p>P. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;</p> <p>Q. right to be informed of and to use a grievance procedure; and</p> <p>R. right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as it is allowed in the correctional facility's discipline plan.</p>		
2960.0050 Subpart 2	LH duties. The LH must provide basic services to residents and develop operational P&P which correspond to the basic rights in subpart 1.		
2960.0050 Subpart 3	Basic rights information. The LH must meet the requirements of this subpart. A. The LH 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.		
2960.0050 Subpart 3	B. The LH 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.		
2960.0050 Subpart 3	C. 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. A copy of the resident's rights must be posted in the staff work station.		
2960.0070 Subpart 2 ADMISSION POLICY AND PROCESS	Admission criteria. The LH must have written specific identifiable admission criteria that are consistent with the LH's statement of intended use in part 2960.0040 . The LH must: A. have sufficient resources available and qualified staff to respond to the needs of persons with disabilities admitted to the facility:		
2960.0070 Subpart 2	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;		
2960.0070 Subpart 2	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		
2960.0070 Subpart 2	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. Re: 260B.198, subpart 12		
2960.0070 Subpart 3	Resident admission documentation. Upon or within five working days after admission, the LH must obtain and document the information in items A and B to the extent permitted by law: A. legal authority for resident placement; and		
2960.0070 Subpart 3	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: (1) date/time of admission; (2) name/nicknames; (3) last known address and permanent address; (4) name, address, and telephone number of parents, guardian, and advocate; (5) gender; (6) date and place of birth; (7) race or cultural heritage, languages the resident speaks & writes, & tribal affiliation, if any; (8) description of presenting problems, -medical problems, -circumstances leading to admission, -mental health concerns, -safety concerns including assaultive behavior and -victimization concerns;		

2960.0070 Subpart 3 B	(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; (10) name, address, and telephone number of the contact person for the last educational program the resident attended, if applicable; (11) spiritual or religious affiliation of the resident and the resident's family; and (12) the placing agency's case plan goals for the resident, if available.		
2960.0160 Subpart 1 ADMISSION POLICIES AND PROCESS	Admission criteria. A LH must develop resident admission criteria consistent with the LH's SOIU 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.		
2960.0160 Subpart 2	Ability to meet resident needs. Before admission of a resident, the LH 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 LH must document whether: A. the resident is a danger to the resident's self or others; B. the relevant screening and assessment of the resident was completed; C. the program is able to meet the resident's cultural, emotional, educational, mental health, and physical needs; D. the resident is a sex offender.		
2960.0160 Subpart 2D	The LH must take special precautions when a resident is considered likely to engage in sexually abusive behavior. The LH 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 LH's care for a resident likely to engage in sexually abusive behavior must protect the resident, other residents, staff, and the community. The LH must consider the vulnerability of other residents in the facility when caring for a sex offender;		
2960.0160 Subpart 2	E. the resident is a chemical abuser or is chemically dependent. If the resident requires a chemical use assessment, the chemical use assessment must be conducted by an alcohol and drug counselor licensed according to MN Statutes. Information obtained in the chemical use assessment must be recorded in the resident's record and must include the information required in 9530.6620 ,		
2960.0160 Subpart 2	A summary of the CD assessment results must be written by a CD counselor or assessor, indicating whether the needs identified in the assessment can be addressed by the LH while the resident participates in the LH's program, or whether the resident must be referred to a TX setting.		
2960.0160 Subpart 3	Privacy. All admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident.		
2960.0160 Subpart 4	Information to residents. The license holder must give residents the information in items A to C. 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: (1) rules governing conduct, disciplinary consequences, and appeal procedures; (2) procedures for obtaining hygiene and other personal items; and (3) policies and procedures governing ___visiting,___ correspondence, ___bathing, ___laundry, ___grievances, ___clothing, ___bedding exchange, and ___other operational procedures.		
2960.0160 Subpart 4	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.		

2960.0160 Subpart 4	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.		
2960.0250 Subpart 1 ADMISSION AND RELEASE POLICY AND PROCESS.	DETENTION CERTIFICATION Personal privacy. 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.		
2960.0250 Subpart 2	Admission criteria. Detention statutory criteria for admission into a facility must be met prior to any person being admitted into the detention facility. Re: MN Statute 260B.176		
2960.0330 Subpart 1 CONTINUED STAY	Placement authorized by statute or court order. A resident may not be placed in a secure facility unless placement meets the statutory criteria or is approved by the juvenile court.		
2960.0330 Subpart 2	Admission documentation. No resident may be received by a license holder until the referring agency has produced proper credentials & the placement person signs the placement person's name & title on a form identifying the purpose for placement that will be part of the intake record.		
2960.0250 Subpart 3 Information to residents.	The LH must make information available to a resident in a language the resident can understand. 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, ___canteen items; and policies governing ___visiting, ___correspondence, ___bathing, ___laundry, and ___clothing and ___bedding exchange. B. The LH, 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. * A juvenile admitted into a 24-hour temporary holdover facility must be provided the information at the time of admission. C. A & B must be explained to a resident who is unable to read or who has ???s about the rules. D. The LH must advise the resident upon admission of the resident's legal rights regarding detention/confinement. The resident must be advised of the official charge/legal basis for detention. E. The LH 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.		
2960.0250 Subpart 4	Search. Upon admission, personal belongings of a resident must be examined in a manner and in a location that ensures the personal privacy of the resident. Items taken from the resident during the search must be included in the resident's personal property inventory. The search of the resident must be done by a staff person of the same gender as the resident.		
2960.0070 Subpart 4	Inventory and handling of resident property. The LH must inventory the resident's personal property, including clothing, and have the resident and the LH sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The LH must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's TX plan.		
2960.0070 Subpart 4	A. The LH must ensure separation of resident funds from funds of the LH, the program, or staff.		
2960.0070 Subpart 4	B. Whenever the LH assists a resident w/ the safekeeping of funds or other property, the LH must: (1) document receipt and disbursement of the resident's funds or other property, including the signature of the resident, conservator, or payee; and (2) return to the resident funds and property in the LH's possession subject to restrictions in the resident's TX plan, upon request or as soon as possible but not later than 3 working days after the date of the resident's request.		

2960.0070 Subpart 4	C. LH and program staff must not: (1) borrow money from a resident; (2) purchase personal items from a resident; (3) sell merchandise, except through a canteen-type service, or sell personal services to a resident; (4) require a resident to buy items for which the license holder is eligible for reimbursement; or (5) use resident funds in a manner that would violate part 9505.0425 , subpt 3.		
2960.0070 Subpart 5	Resident screening. A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of corrections.		
2960.0070 Subpart 5	A. The LH must ensure that the screenings 1-6 are completed if not completed prior to admission.		
2960.0070 Subpart 5,A	(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. (5 C) Health screening must occur within 24 hours of admission.		
2960.0070 Subpart 5,A	(2) The mental health screening must be administered. (5C) Mental Health Screen must begin within three working days of admission, and be completed within six working days of admission		
2960.0070 Subpart 5 A	(3) The education screening must be administered according to MN Statutes, section 125A.52 . (5C) The Ed. Screen must begin within 3 working days of admission, and be completed within 6 days		
2960.0070 Subpart 5 A	(4) The chemical abuse or chemical dependency 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. (5C) The Chemical Screen must begin within three working days of admission, and be completed within six working days of admission		
2960.0070 Subpart 5 A	(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. (5C) This screen must begin within three working days of admission, and be completed within six working days of admission		
2960.0070 Subpart 5 A	(6) The vulnerability assessment must determine whether the resident may be vulnerable to abuse. (5C) This screen must begin within 3 working days of admission, and be completed within 6 days.		
2960.0070 Subpart 5 B	B. The LH must make an effort to determine the resident's culture & gender-based needs.		
2960.0070 Subpart 5 B	(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.		
2960.0070 Subpart 5 B	(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.		
2960.0070 Subpart 5 C	C. The LH must screen or arrange to have a resident screened according to timelines - (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.		
2960.0070 Subpart 5	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.		
2960.0070 Subpart 5 E	E. The LH must follow the resident's case plan and cooperate with the case manager to: (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;		

2960.0070 Subpart 5 E	(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;		
2960.0070 Subpart 5 E	(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		
2960.0070 Subpart 5 E	(4) contact the resident's case manager, 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.		
2960.0170 Subpart 1 CLASSIFICATION & SEPARATION OF RESIDENTS.	Classification of residents. The license holder must develop a classification plan and house residents in living units that are consistent with the LH's SOIU. 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.		
2960.0170 Subpart 1	The classification plan must be reviewed and approved by the commissioner of corrections.		
2960.0260 Subpart 1 CLASSIFICATION & SEPARATION OF RESIDENTS.	Classification of residents. The LH must develop a classification plan that is consistent with the LH's SOIU. The LH 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 plan must be reviewed and approved by the commissioner of corrections.		
2960.0170 Subpart 2	Separation of residents by gender. There must be complete separation of sleeping and toilet facilities to ensure a resident's privacy from residents of the opposite gender.		
2960.0260 Subpart 2	Separation of residents by gender. 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 M/F residents separately when possible.		
2960.0260 Subpart 3	Residents who may have sexually abusive behaviors. The LH must take special precautions when a resident is considered likely to have sexually abusive behavior. The LH 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.		
2960.0080 Subpart 2 OPERATIONAL SERVICES, POLICIES, AND PRACTICES.	Basic services. The LH must provide services that fulfill the basic rights identified in part 2960.0050 A. Basic services provided by the LH must have stated objectives and measurable outcomes. B. LHs 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. C. The LH must meet the basic needs of the residents served by the facility.		
2960.0310	STATEMENT OF PROGRAM OBJECTIVES. The LH must prepare a written statement 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 LH.		
2960.0320	PROGRAM SERVICES STANDARDS. 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 CD problems, and other characteristics. Services offered must include at least A and B: 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		

2960.0320	B. specific educational components that meet the resident's program services needs for the management of anger, nonviolent conflict resolution, mental health, & 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.		
2960.0550 Subpart 4	<p>Minimum criteria for certification. The LH must meet the requirements of items A to D.</p> <p>A. The LH must identify specific, measurable outcomes that indicate that the LH 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 LH's correctional program services certification application.</p> <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"> (1) social and interpersonal skills development to achieve the outcomes in units (a) to (d): <ul style="list-style-type: none"> (a) the resident resolves conflict in an appropriate manner; (b) the resident develops and maintains supportive relationships; (c) the resident communicates and interacts appropriately with peers and adults; and (d) the resident is aware of race and gender bias issues; (2) chemical use and abuse awareness; (3) correctional programming to achieve the outcomes in units (a) and (b): <ul style="list-style-type: none"> (a) the resident makes reparations for past behavior; and (b) the resident addresses relationships with the resident's family, community, & school; and (4) transition and life skills development to achieve the outcomes in units (a) and (b): <ul style="list-style-type: none"> (a) the resident practices age appropriate self-care and self-reliance; and (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. <p>C. The LH must notify the placement agency that the LH cannot meet the resident's needs, if the LH's program of correctional program services inadequately addresses the resident's needs that were identified through screening/assessment. The LH must document notification of the placement agency and the action taken by the placement agency in response to notification from the LH.</p>		
2960.0080 Subpart 3	<p>Cooperation in treatment and basic service delivery. The LH must cooperate with the resident's case manager and other appropriate parties in creating and delivering basic services.</p> <p>In addition, the license holder must:</p> <p>A. work with the resident, parent, or legal representative, 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 LH must also coordinate the LH's plan for services to the resident with the <u>placing agency's case plan</u> for the resident and work with the placing agency to identify the resident's projected length of stay and conditions under which the family will be reunited, if appropriate, or specify the alternative permanency plan and what the LH will do to help carry out the plan; re: 260B.198, subpart 5</p>		
2960.0080 Subpart 3	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 TX plan in accordance with resident's case plan;		
2960.0080 Subpart 3	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;		
2960.0080 Subpart 3	D. report the resident's behaviors and other important information to the placing agency and others as indicated in the resident's case plan;		

2960.0080 Subpart 3	E. recommend case plan changes to the placing agency; and		
2960.0080 Subpart 3	F. upon request, unless prohibited by law, share information about the resident, the resident's family, and the LH'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 LH must respond to requests for information in three business days.		
2960.0080 Subpart 4	Facility rules and due process system for residents. 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: A. which behaviors are considered acceptable and unacceptable and the reasons why;		
2960.0080 Subpart 4	B. the consequences that will be applied in recognizing and rewarding acceptable behavior and modifying unacceptable behavior;		
2960.0080 Subpart 4	C. the circumstances, if any, that will result in time-out or the use of a restrictive procedure;		
2960.0080 Subpart 4	D. the due process system that governs the facility's use of disciplinary consequences; and		
2960.0080 Subpart 4	E. the relationship of the resident's IEP discipline recommendations, if any, to facility's discipline plan.		
2960.0080 Subpart 5	Discipline policy and procedures required. The LH must have discipline policies and procedure 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. A. The LH 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; (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; (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 TX 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 TX 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.		
2960.0080 Subpart 5	B. The delegation of authority by the LH to a resident or group of residents to punish another resident or group of residents is prohibited.		

2960.0080 Subpart 5	C. The LH 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 mental retardation or related condition.		
2960.0080 Subpart 5	D. The LH must meet the following requirements for the use of time-out: (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; (2) time-out must be used under the direction of a MH professional, facility director, or program manager (3) the use of time-out must be consistent with the resident's TX plan; (4) staff must escort a resident to an unlocked room or separate living space in the facility that is safe; (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; (6) staff must have completed at least the following training before they use time-out with a resident: (a) the needs and behaviors of residents; (b) building relationships with residents; (c) alternatives to time-out; (d) de-escalation methods; (e) avoiding power struggles with residents; and (f) documentation standards for the use of time-out; (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 (8) staff must document the use of time-out in the resident's record and include (a) to (d): (a) the factors or circumstances which caused the need for the use of time-out; (b) the resident's response to the time-out; (c) the resident's ability to de-escalate during the time-out procedure; and (d) the resident's ability to maintain acceptable behavior after the time-out.		
2960.0270 Subpart 6	Discipline plan. The LH must have a discipline plan that includes the requirements in items A to F. A. A facility must have a resident discipline plan that explains: (1) the consequences or administrative sanctions for specific behaviors or omissions; (2) the administrative process for handling major and minor violations; (3) the right of written notice of major charges made against the resident; (4) the right to internal review; and (5) the appeal process.		
2960.0270 Subpart 6	B. The disciplinary plan must include a system of due process that has been reviewed by the DOC.		
2960.0270 Subpart 6	C. The LH must post and explain the rules of conduct and related consequences to a resident in a way and in a language that the resident will understand.		
2960.0270 Subpart 6	D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan. The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours. Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented.		
2960.0270 Subpart 6D	A resident placed in disciplinary room time prior to a due process hearing must have a due process hearing within 24 hours, unless documented cause is shown to delay the hearing. Examples of cause for delay of a due process hearing include resident requests for a delay or that a due process hearing is logistically impossible as in the case of mass disturbances.		

2960.0270 Subpart 6	<p>E. Other limitations on disciplinary actions include the limitations in subitems (1) to (4).</p> <p>(1) Disciplinary rooms must have the minimum furnishings and space specified in the DOC construction standards.</p> <p>(2) When a resident persists in the destruction of clothing or bedding or harms the resident's self with the clothing or bedding while in disciplinary room time, the facility may deprive the resident of clothing and bedding. The decision to deprive residents of clothing and bedding must be reviewed by the shift supervisor during each eight-hour period, unless specific orders to the contrary have been issued by the facility administrator or a designee or on the advice of a licensed physician or psychologist.</p> <p>(3) The delegation of authority to a resident or group of residents to punish another resident or group of residents is prohibited.</p> <p>(4) The LH must not deprive the resident of the use of materials necessary to maintain an acceptable level of personal hygiene while on disciplinary status.</p>		
2960.0270 Subpart 6	F. The LH must keep a record of a resident's disciplinary infractions & punishment administered. The LH must retain copies of rule violation reports & reports of the disposition of each infraction & record of any resident's appeals for one licensing period.		
2960.0080 Subpart 6	Daily resident activities. The LH must develop a written schedule of daily activities that generally describes the resident's activities for each day of the week.		
2960.0080 Subpart 6	The LH must know the whereabouts of each resident.		
2960.0080 Subpart 6	The LH must immediately notify the referring or placing agency if a resident runs away or is missing.		
2960.0390 Subpart 1	COUNT PROCEDURE. Written statement. A facility must have a written statement specifying the system used to regularly count the number of residents in the facility.		
2960.0390 Subpart 2	Frequency of counts. There must be a resident count at least once each eight hours.		
2960.0390 Subpart 3	Master count board. 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 documented and reported immediately.		
2960.0080 Subpart 7	<p>Culturally appropriate care.</p> <p>The LH must document the provision of culturally appropriate care to each resident that includes:</p> <p>A. opportunities to associate with culturally & racially similar adults, peers, and role models;</p> <p>B. opportunities to participate in positive experiences related to resident's cultural & racial group;</p> <p>C. culturally appropriate program services that address the needs of all residents in care; and</p> <p>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).</p>		
2960.0080 Subpart 8	<p>Spirituality services and counseling.</p> <p>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.</p>		
2960.0080 Subpart 8	B. The LH 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.		

2960.0080 Subpart 8	C. The LH 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.		
2960.0080 Subpart 9	Educational services. The LH 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. A. The LH 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 LH, the school must meet applicable laws and rules. If the educational services are provided on the grounds of the facility, the LH must: (1) educational programs that provide for instruction on a year-round basis, if required by law; (2) get the approval of the education services from the Department of Education; and (3) cooperate with the school district.		
2960.0080 Subpart 9	B. The LH must facilitate the resident's school attendance and homework activities.		
2960.0080 Subpart 9	C. The LH must inquire at least every 90 days to determine whether the resident is receiving the education required by law and the resident's individual education plan that is necessary for the resident to make progress in the appropriate grade level. The LH must report the resident's educational problems to the case manager or placing agency.		
2960.0080 Subpart 9	D. The LH 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 TX. The education must provide the resident with opportunities to examine the problems associated with inappropriate chemical use.		
2960.0270 Subpart 7	Education program. The LH must provide education programs and services to a resident that are consistent with Dept of Ed rules and statutory requirements governing education of a resident. If the LH 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 LH must ensure that the appropriate evaluation is completed and must assist a student who has disabilities & needs special education and related services to obtain those services.		
2960.0080 Subpart 10	Exercise and recreation. The LH must develop and implement a plan that offers appropriate recreation for residents.		
2960.0270 Subpart 8	Exercise and recreation. The LH 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: A. regulations that are reasonable/necessary to protect the facility's security and residents' welfare;		
2960.0270 Subpart 8	B. provisions for a minimum of 2 hours of daily preplanned exercise or activities supervised & directed by trained staff and recreational activities and leisure time activities, excluding TV time;		
2960.0270 Subpart 8	C. provisions for indoor space and equipment for active recreation; and		
2960.0270 Subpart 8	D. provisions for outdoor recreational space, equipment, and support staff for outdoor recreational program services, * this item does not apply to eight-day and 24-hour temporary holdover facilities.		
2960.0550 Subpart 4	D. The LH must implement a plan that provides opportunities for physical exercise & recreational activities for residents. The plan must include at least the following requirements: (1) regulations that are reasonable/necessary to protect the facility's security & the resident's welfare; (2) at least two hours daily of organized and supervised physical exercise and recreational activities and		

2960.0550 Subpart 4	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; (3) provisions for indoor space and equipment for active recreation; and (4) provisions for outdoor recreational space, equipment, and supportive staff for outdoor recreational program services.		
2960.0080 Subpart 11	Health and hygiene services. The LH must meet the conditions in items A to F. A. The LH 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 LH's health services plan must include the requirements in subitems (1) to (3).		
2960.0080 Subpt 11A	(1) A pregnant resident must receive ongoing and appropriate prenatal care from a medically licensed person. The LH must provide information and resources on prenatal, postnatal, and parenting topics to a pregnant resident.		
2960.0080 Subpt 11A	(2) The LH must ensure that appropriate medical and dental services are provided for the resident. The LH holder must comply with the requirements of the medical or dental insurance that covers the resident.		
2960.0080 Subpt 11 A	(3) The LH 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 LH 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 LH must request permission from the health care provider that an adult male be allowed to be present during the health care procedure.		
2960.0080 Subpart 11	B. The LH must maintain a record of the illness reported by the resident, the action taken by the LH, and the date of the resident's medical, psychological, or dental care.		
2960.0080 Subpart 11	C. Maintaining stock supplies of prescription drugs at the facility is prohibited.		
2960.0080 Subpart 11	D. The LH, in consultation with a medically licensed person, must have a plan for the safe storage and delivery of medicine. The LH must meet the requirements in subitems (1) to (5). (1) The LH must contact a newly admitted resident's prescribing medically licensed person to verify the following information regarding prescribed medication: (a) instructions about how the medication must be administered; (b) the symptoms that the medication will alleviate; and (c) the symptoms that would warrant consultation with the physician.		
2960.0080 Subpt 11D	(2) The LH 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.		
2960.0080 Subpt 11D	(3) The LH must maintain at the facility a list of the side effects of medication at the facility.		
2960.0080 Subpt 11D	(4) The LH must document and follow the prescribing physician's directions for monitoring medications used by the resident.		
2960.0080 Subpt 11D	(5) Facility staff responsible for medication assistance, other than a medically licensed person, must have a certification. verifying their completion of a trained medication aide program for unlicensed personnel through a postsecondary institution, or staff must be trained to provide medication assistance according to a formalized training program offered by the LH and taught by a RN.		
2960.0080 Subpt 11D	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.		

2960.0080 Subpt 11D	A medically licensed person must provide consultation and review of the LH's administration of medications at least monthly.		
2960.0080 Subpart 11	E. The LH 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 LH must document a resident's refusal to take prescription medication.		
2960.0080 Subpart 11	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 LH must note the disposition of the resident's medicine in the resident's file. The LH must give a resident who is 18 years or older the prescription medication prescribed for the resident.		
2960.0270 Subpart 4	Medical services. A. A facility must provide space, staff, & a procedure for daily sick call to ensure residents the opportunity to report illness and injury & receive appropriate medical services for illness or injury.		
2960.0270 Subpart 4	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.		
2960.0270 Subpart 4	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.		
2960.0270 Subpart 4	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.		
2960.0270 Subpart 4	E. A facility must have at least 1 first aid kit located at the facility's control center/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 & staff.		ie: first aid kits in transport vehicles, including epi-pen.
2960.0270 Subpart 4	F. The LH, 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 3	Posting of medical, dental, and emergency resources. 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.		
2960.0400	HOSPITALIZATION OF RESIDENTS. 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: A. the facility administrator has determined that the resident does not need custody supervision; or B. the resident is incapacitated in the opinion of the attending physician.		
2960.0080 Subpart 12	Food and nutrition. The LH must provide: 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; 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 C. a diet that does not conflict with the resident's religious or cultural dietary regimen.		
2960.0270 Subpart 13	General requirements for food service. Food service must meet requirements of items A to F. A. The goals of food service must be to provide food/beverages to residents that are, nutritionally		

2960.0270 Subpart 13	adequate, palatable, produced in a manner to prevent food-borne illness, of adequate quantity and variety, served at appropriate temps, and prepared by methods which conserve nutritional value.		
2960.0270 Subpart 13	B. Any food service provided in a detention facility must follow the requirements of chapter 4626.		
2960.0270 Subpart 13	C. When food is catered into the facility, it must be from a source licensed by Dept of Health.		
2960.0270 Subpart 13	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.		
2960.0270 Subpart 13	E. If a resident's religious or spiritual beliefs require adherence to dietary customs, the LH must make efforts to provide the special diet. If the LH is unable to meet a resident's religious or spiritual dietary customs, the LH must document why the resident's dietary customs could not be met.		
2960.0270 Subpart 13	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.		
2960.0270 Subpt 13 F	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.		
2960.0270 Subpt 13 F	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.		
2960.0080 Subpart 13	Resident clothing, bedding, and laundry. The LH must ensure that a resident has: A. an adequate amount of clean clothing appropriate for the season; 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; & C. adequate bath towels and washcloths. Clean bedding/linens must be furnished upon each new admission, and bedding/linens must be cleaned once a week or more often as needed to maintain a clean/safe environment. Bedding/linens that are worn out or unfit for further use must not be used		
2960.0270 Subpart 10	Juvenile clothing, bedding, and laundry services. The LH must meet requirements of A to C. 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.		
2960.0270 Subpart 10 2960.0270 Subpart 10	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.		
2960.0270 Subpart 10	C. Laundry services must meet the resident's clothing, linen, and bedding needs.		
2960.0240 Subpart 5	Resident clothing. The LH may determine the type of clothing a resident must wear. However, uniforms are discouraged and the LH must consider the resident's cultural dress customs when developing resident clothing policies.		
2960.0080 Subpart 14	Emergency plan. The LH must develop a written emergency plan that specifies actions by staff and residents required for the protection of all persons in the case of an emergency, such as a ___fire,___ natural disaster, ___serious illness,___ severe weather, ___disappearance of a resident,		
2960.0080 Subpart 14	or other situation that may require a law enforcement response or other emergency response.		
2960.0080 Subpart 14	The plan must be developed with the advice of the local fire and emergency response authorities.		

2960.0080 Subpart 14	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.		
2960.0080 Subpart 14	The LH must keep documentation showing compliance w/the emergency plan & semiannual review.		
2960.0270 Subpart 11	Emergencies. The LH must develop a written emergency plan with procedures for the protection & evacuation of ALL persons in the case of ___fire; ___explosion; ___flood; ___tornado; or ___other emergencies. In addition, the plan must provide for immediate & effective action in the event of ___hostage incidents; ___escape; ___escape attempts; ___suicide; ___attempted suicide; ___illness; ___an accident considered an emergency; ___power failure; ___major resident disturbances; ___assaults; ___outbreaks or ___epidemics of contagious disease.		
2960.0080 Subpart 15	Communication & visitation. The LH must have a written policy about resident communications & visiting with others inside & outside of the facility that meets the requirements of items A and B. A. The LH must have a written policy 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. re: cell phone, staff/visitor phones, internet access via cell phone		
2960.0080 Subpart 15 2960.0080 Subpart 15	B. LH 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 policy must allow parental visits at times that accommodate the parent's schedule.		
2960.0270 Subpart 5	Visitation. A LH must have a written visitation plan. The plan must include at least 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 LH has convincing evidence that such a visit would not be in the best interest OR welfare of the resident.		
2960.0270 Subpart 5	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.		
2960.0270 Subpart 5	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.		
2960.0270 Subpart 5	D. The LH 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 9	Correspondence and telephone. The LH 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. Re: probable cause		
2960.0080 Subpart 16	Resident records. A license holder must: A. maintain and make available to the commissioner of corrections sufficient documentation to verify that all requirements of the rules governing the care of the resident have been met; B. maintain and make available upon request the resident's records according to the requirements of rule and statute; C. comply with the requirements of the case manager for the release of information about the resident, unless prohibited by law; and		

2960.0080 Subpart 16	D. use forms approved by the commissioner of 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).		
2960.0080 Subpart 17	Critical incident and maltreatment reports. The LH must report critical incidents and the maltreatment of a resident according to items A to D. A. The LH 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 corrections within ten days of the occurrence on forms approved by the commissioner of corrections.		
2960.0080 Subpart 17	The LH must maintain records of all critical incidents on file in the facility.		
2960.0080 Subpart 17	B. The LH must meet the reporting requirements of MN Statutes, sections 626.556 and 626.557 , if applicable, and other reporting requirements based on the age of the resident.		
2960.0080 Subpart 17	C. The license holder must develop policies and procedures to follow if maltreatment is suspected.		
2960.0080 Subpart 17	D. The LH must review policies and procedures about maltreatment at least annually and revise the policies if the maltreatment laws change or if the LH's review of incident reports or quality assurance reports indicates that a change in maltreatment policy or procedure is warranted.		
2960.0270 Subpart 12	Reporting critical incidents. 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 DOC within ten days on DOC forms.		
2960.0570 Subpart 2	Critical incidents. The certification holder must report critical incidents and the disposition of the critical incidents to the DOC. Critical incidents that involve or endanger the lives or safety of facility staff or residents must be reported in writing to the DOC within ten days on DOC forms.		
2960.0270 Subpart 16	Information reporting required. The LH must report information and statistics about program services, outcomes, and data about residents in the LH's facility to the DOC according to MN Statutes, section 241.021 , subdivision 1, paragraph (a).		
2960.0570 Subpart 4	Information reporting required. The LH must report information and statistics about program services, outcomes, and data about residents in the LH's facility to the DOC according to MN Statutes, section 241.021 , subdivision 1, paragraph (a).		
2960.0080 Subpart 18	Resident and family grievance procedures. A. The LH must develop & 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 /suggestion/express concern about any aspect of the resident's care during the resident's stay in the facility. The LH 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.		
2960.0080 Subpt 18A	The written grievance procedure must require, at a minimum, that: (1) the LHH must give the person who wants to make a grievance the necessary forms and assistance to file a grievance;		
2960.0080 Subpt 18A	(2) the LH 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;		
2960.0080 Subpt 18A	(3) a person who reports a grievance must not be subject to adverse action by the LH as a result of filing the grievance; and		
2960.0080 Subpt 18A	(4) a person filing a grievance must receive a response within five days.		
2960.0080 Subpart 18	B. If a grievance is filed, the LH must document the grievance along with the investigation findings and		

2960.0080 Subpt 18B	resulting action taken by the LH. Information regarding the grievance must be kept on file at the facility for two licensing periods.		
2960.0080 Subpart 19	Family involvement. If family involvement is a goal in resident's case plan, the LH must list procedures & program plans which are in accordance with a resident's case plan, that facilitate the involvement of the resident's family/other concerned adult, in resident's TX or program activities.		
2960.0180 Subpart 2 FACILITY OPERATIONAL SERVICE P&P 2960.0180 Subpart 2	Facility programs. The LH must prepare written program descriptions and P&P that implement the program described. Measurable program outcomes must also be identified. A. The minimum program components must include the requirements in subitems (1) to (3). (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 Dept of Ed.		
2960.0180 Subpart 2A	(2) The license holder must provide or coordinate the delivery of social services that, at a minimum, includes individual, group, and family counseling services.		
2960.0180 Subpart 2A	(3) Policies and procedures must ensure that a trained staff person is available to counsel residents upon request and during times of crisis.		
2960.0180 Subpart 2B	B. Each resident must have a treatment plan. (1) The license holder must begin to develop a treatment plan within ten days of admission.		
2960.0180 Subpart 2B	If the resident's case plan or screening or assessment results indicates that the needs of the resident cannot be met by the LH, the LH must document 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.		
2960.0180 Subpart 2B	(2) The LH must review the resident's case and treatment plans on a monthly basis or, if necessary, more often and recommend changes, if appropriate.		
2960.0180 Subpart 2B	(3) The LH must document the involvement of community treatment, education, and care resources related to the case plan or treatment plan.		
2960.0180 Subpart 2B	(4) The LH must assign every resident to a designated staff person to ensure regular face-to-face contact & to monitor and assist the resident to implement the treatment plan.		
2960.0180 Subpart 2B	(5) The LH must make individualized written progress reports available to the resident's parent or legal guardian upon request.		
2960.0180 Subpart 2B	(6) The LH 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.		
2960.0180 Subpart 3	Records and reports. The LH must have a record retention schedule. The LH must: A. comply with reporting requirements of Minnesota Statutes, section <u>253C.01</u> ; B. maintain the records in 1-11 according to MN law: __ 1- admission/release records __ 2 -resident personal property records __3 -special occurrence/incident records __4- staff/volunteer training; __5 -food service records__ 6-daily log records; __7 -records about which services were provided to each resident, __outcomes of treatment for each resident, __outcomes for program services __ program evaluation__ reports; __8 -medical __dental records; __9 -disciplinary records __records of appeals;__ 10 -special/ Regular education records; __11 satisfaction survey; and C. store records in an organized, retrievable manner that ensures confidentiality.		
2960.0180 Subpart 4	Audio or visual recording of resident. 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		

2960.0180 Subpart 4	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.		
2960.0090 Subpart 2 DISCHARGE & AFTERCARE	No eject policy. A LH must have a written no eject policy. Before discharging a resident who has not reached the resident's case plan goals, or TX plan goals for a resident who has a TX plan, the LH 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 LH must determine whether the LH, TX 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 LH. 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.		
2960.0090 Subpart 3	Return of resident's property. The LH 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.		
2960.0350 Subpart 2	DISCHARGE. Return of property. When a resident is discharged, the resident's property must be returned to the resident with a receipt, signed by the LH, listing the property returned, unless the property is held for authorized investigation or litigation.		
2960.0190 Subpart 1 DISCHARGE AND AFTERCARE	Discharge. The license holder must meet requirements of items A and B. A. Prior to the resident's release from the program, the LH, 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, 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 TX facility that the resident will attend or is placed in after release.		
2960.0190 Subpart 1 2960.0190 Subpart 1	B. The transition services plan must include at least the elements in subitems (1) to (7): (1) housing, recreation, and leisure arrangements; (2) appropriate educational, vocational rehabilitation, or training services; (3) a budget plan and a description of the resident's financial and employment status; (4) transportation needs; (5) treatment services; (6) health services; and (7) personal safety needs. 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/leisure, and home living according to MN Statutes, section 125A.08		
2960.0190 Subpart 1	C. The LH must give written notice of the resident's projected discharge date to: (1) the resident; (2) the resident's case manager and parent, if permitted, or legal guardian; (3) the providing school district; and (4) the school district the resident will go to, if known.		

2960.0190 Subpart 2	<p>Treatment plan compliance. The LH 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:</p> <ul style="list-style-type: none"> A. identify which services, including education, were provided directly or indirectly to the resident and who provided the services; and B. identify the services, including education, that were recommended in the resident's case plan or TX plan but were not provided to the resident. 		
2960.0240 Subpart 6	<p>Discharges and releases. Discharges and releases must be according to items A & B.</p> <ul style="list-style-type: none"> A. No resident must be released in inclement weather without proper clothing to ensure health and safekeeping. B. A resident must be permitted to make arrangements for transportation prior to release. 		
2960.0240 Subpart 7	<p>Transitional services plan. The LH must assist the case manager to develop the transitional services plan, if requested by the case manager.</p>		
2960.0240 Subpart 8	<p>Case plan compliance. The LH 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 LH must:</p> <ul style="list-style-type: none"> A. identify which services were provided directly or indirectly to the resident and who provided the services; 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 C. document the extent to which the license holder met the expected outcomes identified in the resident's case plan. 		
2960.0350 Subpart 1	<p>Discharge criteria. 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> <ul style="list-style-type: none"> A. completion of the resident's facility treatment plan; B. the resident is ordered to a different placement by the court; or C. the legal authority to hold the resident expires. 		
2960.0100 Subpart 1 PERSONNEL POLICIES.	<p>Staffing plan. The license holder must have a staffing plan that:</p> <ul style="list-style-type: none"> A. is approved by the commissioner of human services or corrections; B. identifies the assignments of facility staff; and C. meets the cultural and ethnic needs of the facility residents to the extent permitted by law. 		
2960.0100 Subpart 2	<p>Recruitment of culturally balanced staff. To the extent permitted by law, it is the LH'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 LH must document the reasons why and work with cultural or racial communities to meet the needs of residents. In addition, the LH 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 LH must maintain annual documentation regarding the LH's efforts to meet the requirements of this subpart.</p>		
2960.0340 Subpart 2	<p>Extra duty. No employee may be scheduled for duty for two consecutive work periods except in a documented emergency, or when unusual circumstances require reasonable & prudent exception. No employee may work more than 16 hours in each 24-hour period.</p>		

2960.0100 Subpart 3	Orientation and in-service training. The LH 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.		
2960.0100 Subpart 3	The LH must ensure that staff who will have direct contact with residents attend and successfully complete orientation training before having unsupervised contact with residents.		
2960.0100 Subpart 3A	A. Orientation training must include at least the subjects in subitems (1) to (6): (1) emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;		
2960.0100 Subpart 3A	(2) relevant statutes and administrative rules and legal issues, including reporting requirements for abuse and neglect specified in MN Statutes, sections 626.556 and 626.557 , and other reporting requirements based on the ages of the residents;		
2960.0100 Subpart 3A	(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;		
2960.0100 Subpart 3A	(4) general and special needs, including disability needs, of residents and families served;		
2960.0100 Subpart 3A	(5) operational policies and procedures of the license holder; and		
2960.0100 Subpart 3A	(6) data practices regulations and issues.		
2960.0100 Subpart 3	B. The LH 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.		
2960.0100 Subpart 4	Specialized training. 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.		
2960.0100 Subpart 5	Documentation of training. The LH 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.		
2960.0100 Subpart 6	License holder and staff qualifications. A. The LH and staff must have the education and experience required to meet the functions and program activities that the LH declared in the facility SOIU. The LH, or the LH's representative acting on behalf of the LH, must be a responsible, mature, healthy adult who is able to carry out the LH's duties. The LH and staff must be able to accomplish the LH's duties to the resident's case plan and TX plan and meet the resident's needs.		
2960.0100 Subpart 6	B. Staff must be trained in gender-based needs and issues.		
2960.0100 Subpart 6	C. The LH and staff must be at least 21 years old unless stated otherwise in this chapter.		
2960.0100 Subpart 7	Background study. A LH and individuals identified in MN Statutes, sections 241.021 must submit to a background study. B. Background checks conducted by the DOC are conducted according to MN, section 241.021 , subdivision 6.		
2960.0240 Subpart 1 PERSONNEL POLICIES 2960.0240 Subpart 1	Job descriptions and staff qualifications. Descriptions and qualifications must meet A and B. A. The LH 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 2	Professional licensure. The LH must maintain documentation showing that licensure is current for staff whose positions require professional licensure. ie Teachers, Boilers, Dieticians, Nurses, DL's		
2960.0240 Subpart 3	Staffing plan. The LH 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 LH must use the criteria in items A to J to develop the facility's staffing plan.		
2960.0150 Subpart 2	Professional licensure. The LH must keep records showing staff professional licensure is current.		
2960.0150 Subpart 3	Staffing plan. The LH must prepare and obtain approval from the commissioner of corrections of a written staffing plan that shows staffing assignments and meets the needs of the residents in placement. The LH 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.		
2960.0150 Subpart 3	B. In the temporary absence of the chief administrator, a staff person must be designated as a person in charge of the facility.		
2960.0150 Subpart 3	C. The LH must designate a program director of the facility. A program with more than 24 residents must have a full-time program director.		
2960.0150 Subpart 3	D. The LH 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): (1) strip searches; (2) witnessing or assisting at internal body searches; (3) direct visual supervision of residents during showers or lavatory use; and (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.		
2960.0150 Subpart 3	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: (1) supervision of a resident by staff of the same gender is required under item D, items (1) to (4); (2) when necessary to meet the assessed needs of the resident as determined in part <u>2960.0070</u> , subpart 5, item B, subitem (2); or (3) when necessary to appropriately care for a resident who was a victim of sexual abuse. 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. When the requirements of this item are not fully met, the LH must document the circumstances and reasons the requirements were not met and document what the LH 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 LH 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.		
2960.0150 Subpart 3	F. The LH 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 LH 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).		

2960.0150 Subpart 3	G. The minimum number of direct care staff that must be present and awake when residents are present/awake is 1 staff per 12 residents. At a minimum, 1 staff per 25 residents must be present /awake at all times in the facility when residents are normally asleep. Programs must meet the requirements of 1-3 if they do not have awake staff at times when residents are normally asleep: (1) the program must be operated according to the houseparent model; (2) the program must have fewer than 11 residents; and (3) the program must have and follow a policy which explains when it will use awake staff to supervise residents at night. The policy must consider the age and condition and known or suspected behavior characteristics of the residents.		
2960.0150 Subpart 3	H. The LH must designate one full-time staff person for every 25 residents to coordinate resident TX and case plans.		
2960.0150 Subpart 3	I. The LH must designate a person to coordinate volunteer services, if volunteers are used. -The LH must have a system for registration and identification of volunteers. -Volunteers who have unsupervised contact with residents must have a background check. -The LH 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.		
2960.0150 Subpart 3	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 LH must consider the factors in subitems (1) to (9) when developing the staffing plan: ___(1) the age of the resident being served; ___(2) the resident's physical and mental health; ___(3) the vulnerability of the resident; ___(4) the resident's capacity for self-preservation in the event of any emergency; ___(5) the degree to which the resident may be a threat to self or others; ___(6) the risk of the resident absconding; ___(7) the gender of the resident; ___(8) the disability of the resident; and ___(9) the number & types of education service programs offered/coordinated for the resident.		
2960.0240 Subpart 3	A. The license holder must designate a chief administrator of each facility.		
2960.0240 Subpart 3	B. In the temporary absence of the chief administrator, a staff person must be designated as the person in charge of the facility.		
2960.0240 Subpart 3	C. The LH must designate a program director of the facility. A program with more than 24 residents must have a full-time program director.		
2960.0240 Subpart 3	D. The LH must not assign staff in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents		
2960.0240 Subpart 3D	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 and meet the needs of residents during times when the resident feels vulnerable or is deemed by staff to be vulnerable.		
2960.0240 Subpart 3D	When the requirements of this item are not fully met, the LH must document the circumstances and reasons the requirements were not met and document what the LH 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 LH will do to prevent a recurrence of the failure must be kept on file for at least two years or next licensing inspection, whichever is longer.		

2960.0240 Subpart 3	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.		
2960.0240 Subpart 3 THF	F. Minimum staffing requirements for THF are described in subitems (1) to (5). (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. (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. (3) One staff person may supervise up to 4 juveniles, provided they are all of the same gender. Two staff are required to be on duty if five or more juveniles are being detained in a nonsecure THF. (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. (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.		
2960.0240 Subpart 3	G. The LH must designate a person to coordinate volunteer services, if volunteers are used by the facility. The LH must have a system for registration and identification of volunteers. Volunteers who have unsupervised contact with residents must have a background check. The LH 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.		
2960.0240 Subpart 3	H. The staffing plan must be appropriate for the program services offered to the resident and the condition of the resident. The LH must consider the factors in subitems (1) to (9) when developing the staffing plan: (1) the age of the resident being served; (2) the resident's physical and mental health; (3) the vulnerability of the resident; (4) the resident's capacity for self-preservation in the event of an emergency; (5) the degree to which the resident may be a threat to self or others; (6) the risk of the resident absconding; (7) the gender of the resident; (8) the disability of the resident; and (9) the number & types of educational service programs offered/coordinated for the resident.		
2960.0240 Subpart 3	I. Physical plant features and characteristics must also be considered when approving the program's staffing plan.		
2960.0240 Subpart 3	J. Staffing plans must be readily available for each licensing inspection.		
2960.0560 Subpart 1 PERSONNEL STANDARDS	Staffing plan approval. 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 LH must exceed the minimum staff-to-resident ratio if necessary to meet this requirement.		

2960.0560 Subpart 2	<p>Staff qualifications. In addition to the requirements of parts <u>2960.0100</u> and <u>2960.0150</u>, the LH must designate an individual as:</p> <ul style="list-style-type: none"> 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): <ul style="list-style-type: none"> (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 (2) one year of experience or training in program administration and supervision of staff. 		
2960.0560 Subpart 3	<p>Supervision of treatment. The program director must:</p> <ul style="list-style-type: none"> A. supervise the development of each resident's individual treatment plan; B. be involved in the resident's TX planning process and sign the resident's individual TX plan; C. supervise the implementation of the individual TX plan and the ongoing documentation and evaluation of each resident's progress; and D. document on a biweekly basis a review of all the program services provided for the resident in the preceding week. 		
2960.0270 Subpart 1	<p>Administrative structure. The LH 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 LH must provide the names/addresses of the owners, board members, or controlling individual, and an organizational chart depicting organizational authority over the program to the commissioner DOC.</p>		
2960.0150 Subpart 4	<p>Personnel training. The LH must develop an annual training plan for employees that addresses items A to D.</p> <ul style="list-style-type: none"> A. Full-time and part-time direct care staff and volunteers must have sufficient training to accomplish their duties. The LH 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 LH must also consider the program's target population, the services the program delivers, and outcomes expected from services. 		
2960.0150 Subpart 4	<ul style="list-style-type: none"> 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. 		
2960.0150 Subpart 4	<ul style="list-style-type: none"> C. The LH must provide orientation and training to staff and volunteers regarding: <ul style="list-style-type: none"> ____(1) culturally competent care; ____ (2) racial bias and racism issues; ____ (3) gender issues, including the psychosocial development of boys and girls; ____ (4) sexual orientation issues; and ____ (5) physical, mental, sensory, and health-related disabilities, ____ bias, and ____ discrimination. 		
2960.0150 Subpart 4	<ul style="list-style-type: none"> 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. 		
2960.0240 Subpart 4	<p>Personnel training. The LH must provide staff training.</p> <ul style="list-style-type: none"> A. The LH 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. <p>The training and development plan must:</p>		

2960.0240 Subpart 4A	(1) be documented and be descriptive of the course curriculum, methods of instruction, and objectives of instruction; (2) be reviewed annually & revised according to the facility's assessment of its training needs; (3) include specific expectations regarding the amount of training time required for personnel in various positions.		
2960.0240 Subpart 4	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. (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. (2) Staff employed in a 24-hour temporary holdover facility must complete the 24-hour juvenile care attendant workshop sponsored by the DOC 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.		
2960.0240 Subpart 4	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 THF staff and other facility staff and volunteers must complete in-service training consistent with professional licensure requirements and responsibilities and the LH's annual training plan.		
2960.0560 Subpart 4	Initial staff orientation training. 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 A to G: A. the LH's P&P related to correctional program services; B. resident rights; C. emergency procedures; D. P&P concerning approved restrictive procedures; E. rules of conduct and P&P related to discipline of the residents; F. emergency and crisis services; and G. problems and needs of residents and their families. No staff person may participate in the use of physical holding, seclusion, or other restrictive procedures with a resident before completing approved training according to item D.		
2960.0560 Subpart 5	Individual staff development and evaluation plan. The LH 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: A. be developed w/n 90 days after the person begins employment & at least annually thereafter; B. meet the staff development needs specified in the person's annual employee evaluation; & 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.		
	PHYSICAL ENVIRONMENT & EQUIPMENT		
2960.0110 Subpart 1	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	Comfort, privacy, and dignity. The physical environment must provide for the comfort, privacy, and dignity of residents.		

2960.0110 Subpart 3	Adequate facilities for services. A. The LH must ensure that food services, storage, housekeeping, laundry, and maintenance are operated on a consistent, healthy basis. B. If food service is contracted to a food service vendor, the food service vendor must meet health code requirements.		
2960.0110 Subpart 3	C. If the LH 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. D. The LH must provide adaptive equipment and furnishings to meet the resident's special needs.		
2960.0110 Subpart 4	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.		
	PHYSICAL PLANT STANDARDS		
2960.0120 Subpart 2	Code compliance. 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. A. A sleeping room must not be used to accommodate more than 4 residents. Multibed bedrooms must provide a minimum of 60 sq ft per resident of useable floor space with 3 ft between beds placed side by side and 1 ft between beds placed end to end for ambulatory residents. For nonambulatory residents, the multibed bedrooms must provide 80 sq ft per resident of useable floor space.		
2960.0120 Subpart 2	B. A resident must have adequate space for clothing and personal possessions, with appropriate furnishings to accommodate these items.		
2960.0120 Subpart 2	C. Facility grounds must provide adequate outdoor space for recreational activities.		
2960.0120 Subpart 2	D. There must be 1 shower/bathtub and sink with hot/cold water and 1 toilet for every 8 residents.		
2960.0120 Subpart 2	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.		
2960.0120 Subpart 2	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.		
2960.0120 Subpart 2	G. The facility must have sufficient space provided for indoor quiet and group program activities.		
2960.0120 Subpart 2	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.		
2960.0120 Subpart 2	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.		
2960.0200	PHYSICAL PLANT AND ENVIRONMENT. A GRF must meet the requirements in items A to D. A. Buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair.		
2960.0200	B. Written P&P must specify the facility's fire prevention protocols, including ___fire drills, ___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.		
2960.0200	C. The LH must have a written maintenance plan that includes policies and procedures for ___detecting,___ reporting, and ___correcting building and ___equipment deterioration, ___safety hazards, and ___unsanitary conditions.		
2960.0200	D. The LH must have a written smoking policy for the facility that applies to ___staff and ___residents that complies with MN Statutes		

2960.0210 Subpart 1 FACILITY & EQUIPMENT CODES	Facility codes. 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	Equipment codes. 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.		
2960.0210 Subpart 3	Safety reports maintained. 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.		
2960.0270 Subpart 15	Physical plant and environment. The LH must meet the requirements of this subpart. A. Building features, space for programs, equipment, and materials must be consistent with the facility's SOIU and program objectives. The physical plant features must comply with chapter 2900.		
2960.0270 Subpart 15	B. The LH must ask the local health authority and fire marshal to inspect the facility annually for health, sanitation, and fire safety conditions.		
2960.0270 Subpart 15	C. The DOC must review and approve all new construction and renovation of detention facilities. The LH must meet the requirements of chapter 2900 governing the construction of new facilities.		
2960.0290 Subpart 1	Equipment codes. 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.		
2960.0290 Subpart 2	Safety reports maintained. 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 1 SECURITY STANDARDS	Supervision of non-employee service personnel. 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 3	Continuing need reviewed. P & P 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 LH moves a resident from a secure to a non- secure space in a facility for programming purposes, the LH must notify the appropriate juvenile court. re: 260B.198, Subpart 3		
2960.0340 Subpart 4	Plans for group arrest. A secure facility providing correctional program services must have written plans governing space arrangements and procedures to follow in the event of a group arrest that exceeds the maximum capacity of the facility. The plans must be reviewed annually & updated.		
2960.0360 Subpart 1 SECURITY POLICIES AND PROCEDURES.	Content of policies and procedures. A LH who offers correctional program services must develop security policies and procedures regarding the following: A. control & recovery of contraband; B. delivery & service procedures; C. prohibition of firearms & other weapons in resident areas and measures to ensure that weapons are inaccessible to residents; D. search procedures; E. escort of residents outside the secured area; and F. one-half hour interval well-being checks, when residents are not under direct supervision.		

<p>2960.0570 Subpart 3 FACILITY OPERATIONAL POLICIES AND PROCEDURES.</p>	<p>Security policies and procedures. The LH must have security P&P that include items A to K: A. control and recovery of contraband; B. delivery and service procedure; C. prohibition of firearms and other weapons in resident areas; D. search procedures; E. escort of residents outside security area; F. Done-half hour interval security inspection routines when residents are not under direct supervision; G. lock and key procedures; H. inspection of physical plant procedures; I. count procedures; J. weapons, tools, equipment, medications, and hazardous substances; and K. use of chemical irritants.</p>		
<p>2960.0360 Subpart 2</p>	<p>Inspection of facility & deliveries to facility. The facility must be regularly inspected 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.</p>		
<p>2960.0360 Subpart 3</p>	<p>Chemical irritant use. A. The LH must have written policies 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 w correctional program services. (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. (2) Decontamination must occur immediately after all uses of chemical irritant. (3) The documentation must include a description of what behavior on the part of the resident resulted in the use of CI, what alternative methods were considered (describe these methods), exactly what the decision to use chemical irritants was based on, and any other relevant factors. (4) Facility personnel authorized to use chemical irritants must have documented annual training in the use of chemical irritants and decontamination procedures. (5) A documented supervisory review must be conducted after an incident that resulted in the use of chemical irritants.</p>		
<p>2960.0370 Subpart 1 LOCKS AND KEYS</p>	<p>Storage. A. The LH 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.</p>		
<p>2960.0370 Subpart 1</p>	<p>B. The LH must ensure that keys that serve a critical security purpose must be easily identifiable & never issued except upon order of the facility administrator or person in charge, & according to established procedure. No security keys shall be made available to residents.</p>		
<p>2960.0370 Subpart 2</p>	<p>Inspection. The LH must ensure that: A. all locks to security doors or gates are inspected daily to ensure their efficient operation and the inspections are documented; 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 C. no residents are placed in a secure room or area that has inoperable locks.</p>		

2960.0380 Subpart 1 WEAPONS, TOOLS, ETC	Dangerous materials. Materials that can be deleterious to security, safety, and health must be properly secured, inventoried, and dispensed.		
2960.0380 Subpart 2	Tools. When not in use, tools must be kept in locked storage areas. Security precautions must be developed & implemented regarding any tools entering or leaving the facility.		
2960.0380 Subpart 3	Hazardous substances. 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.		
29600.270 Subpart 15 Temporary Holdover Facility	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 & 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.		
29600.270 Subpart 15 Temporary Holdover Facility	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.		
29600.270 Subpart 15 Temporary Holdover Facility	F. A secure or nonsecure eight-day THF must meet requirements of items (1) to (12). (1) The facility must not exceed a maximum capacity of eight beds. (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>29600.270 Subpart 15</p> <p>Temporary Holdover Facility</p>	<p>(3) Nonsecure detention rooms in the facility must have a minimum of 70 square feet in single occupancy rooms & 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, - dining, school, physical exercise, recreation, leisure, and visiting activities. The space must be no less than 625 sq 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 in the secure and nonsecure 24-hour THF.</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>		
<p>2960.0270 Subpart 14</p>	<p>Housekeeping, sanitation, & plant maintenance. The LH must meet the requirements of A- C.</p> <p>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.</p>		
<p>2960.0270 Subpart 14</p>	<p>B. The LH must have and implement a written plan to inspect and document daily housekeeping, sanitation, and plant maintenance needs in the occupied parts of the facility.</p>		
<p>2960.0270 Subpart 14</p>	<p>C. The LH, in cooperation with the facility's governing body, must develop plans, policies, and procedures to detect and correct building and equipment deterioration, safety hazards, and unsanitary conditions in the early stages of their development and provide for their</p>		
<p>2960.0060 Subpart 1</p> <p>PROGRAM OUTCOMES</p>	<p>Statement of program outcomes. The LH must have written policies that identify program outcomes and promote the resident's development as a physically and mentally healthy person.</p> <p>The program services offered by the LH must be consistent with the resident's case plan.</p>		
<p>2960.0060 Subpart 2</p> <p>PROGRAM OUTCOMES MEASUREMENT</p>	<p>Outcome measures. The LH must ensure measurement of the outcomes of the LH's services intended to promote the resident's development as physically and mentally healthy persons. The measurement must note the degree to which the LH'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 LH must measure the success in achieving the outcomes identified in the LH's policy statement required by subpart 1. The commissioner of corrections may require license holders to measure specific factors related to the outcomes in subpart 1.</p>		
<p>2960.0060 Subpart 3</p>	<p>Program evaluation.</p> <p>A. The LH must annually evaluate strengths/weaknesses of the program using at least the performance indicators in subitems (1) to (7):</p> <p>____(1) accidents; ____ (2) the use of restrictive procedures; ____ (3) grievances; ____ (4) adverse findings, allegations of maltreatment, citations, and legal actions against the LH;</p> <p>____ (5) results of a resident and family satisfaction survey required in part 2960.0140, subpart 1;</p> <p>____ (6) information from subparts 1 and 2; and ____ (7) critical incidents.</p> <p>B. The program evaluation in item A must be kept for two licensing periods.</p>		

2960.0060 Subpart 4	Use of findings. 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	Independent program audit. The LH must comply and cooperate with independent program audits conducted by the commissioner of corrections and comply with the findings of the audit. The license holder must document the facility's compliance with its operational policies and procedures. The LH 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 corrections.		
2960.0060 Subpart 6	Community involvement. 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 annually. The LH must meet at least annually 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.		
2960.0140 Subpart 1 Q.A. IMPROVEMENT, & PROGRAM OUTCOMES. Resident and Family Satisfaction Survey	A. The LH may ask the commissioner of corrections for permission to use a random sample of residents, parents, and guardians. At a minimum, the LH must attempt to survey each released resident, the resident's parents or legal guardians and custodians, and the referring agency regarding the LH'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 individual education plan; ____(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 TX offered to the resident, such as mental health, chemical dependency, or sex offender treatment; and ____(7) support of family and community reintegration, if appropriate. B. The results of each resident's survey must be available on file in the facility for review for at least two inspection cycles.		
2960.0140 Subpart 2	TX plan compliance. Following the resident's discharge, the LH must document the extent to which the resident's stay in the facility met the goals & objectives identified in resident's TX plan. Documentation must include at least: ____A. the services identified in the resident's treatment plan that were provided to the resident directly by the LH and the services that were provided by a provider other than the LH and ____ B. the extent to which the services provided to the resident contributed to achieving the goals and objectives identified in the resident's TX plan.		
2960.0150 Subpart 1 PERSONNEL POLICIES.	Job descriptions. The LH must have written job descriptions for all position classifications and post assignments that define the responsibilities, duties, & qualifications staff need to perform those duties. The job descriptions must be readily available to all employees.		

2960.0030 Subpart 9	Drug or alcohol use prohibited. A LH holder must have a policy that prohibits LH, employees, subcontractors, and volunteers, when directly responsible for residents, from abusing prescription medication or being in any manner under the influence of a chemical that impairs or could impair the person's ability to provide services or care for a resident. The LH must train employees, subcontractors, and volunteers about the program's drug and alcohol policy.		
2960.0080 Subpart 5	E. The LH must be certified to use RP according to part 2960.0710 prior to its use with a resident.		
2960.0710 Subpart 2 RESTRICTIVE PROCEDURES CERTIFICATION	Restrictive procedures plan. The LH must have a RP plan for residents that is approved by the commissioner of corrections, and the plan must provide at least the following: A. the plan must list the RP and describe the physical holding techniques which will be used; B. how the LH will monitor and control the emergency use of restrictive procedures; 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: (1) the needs and behaviors of residents; (2) relationship building; (3) alternatives to restrictive procedures; (4) de-escalation methods; (5) avoiding power struggles; (6) documentation standards for the use of restrictive procedures; (7) how to obtain emergency medical assistance; (8) time limits for restrictive procedures; (9) obtaining approval for use of restrictive procedures; (10) requirement for updated training at least every other year; and (11) the proper use of the restrictive techniques approved for the facility; D. the LH must prepare a written review of the use of RP in the facility at least annually; and E. the LH must ensure that the resident receives TX for any injury caused by the use of a RP.		
2960.0710 Subpart 4	DOC licensed facilities. LH who are licensed by the DOC may seek certification to use one or more of the following restrictive procedures: A. physical escort; B. physical holding; C. seclusion; D. mechanical restraints; and E. disciplinary room time. DRT may be secure or nonsecure. DRT may be used as a consequence for resident behavior as permitted in the facility's RP plan. If DRT is used at the facility, the facility restrictive procedures plan must: (1) provide for a system of due process for residents who violate facility rules; (2) contain a written set of facility rules of conduct which includes a description of the consequences or penalties for infractions of facility rules; and (3) require that the written facility rules must be given to each resident and explained and made available to each resident at the time of admission. The facility rules must be explained to a resident in a language that the resident understands.		
2960.0710 Subpart 5 Use of Physical Escort	Physical escort requirements. 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 LH who uses physical escort must meet the following: A. staff must be trained according to subpart 2, item C; 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 C. the use of physical escort must be consistent with the resident's case plan or TX plan.		

<p>2960.0710 Subpart 6</p> <p>Use of Physical Holding or Seclusion</p>	<p>Use of physical holding or seclusion. 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 & when less restrictive interventions are determined to be ineffective.</p> <p>The emergency use of physical holding or seclusion must meet the conditions of items A to M:</p> <ul style="list-style-type: none"> A. an immediate intervention is necessary to protect the resident or others from physical harm; B. PH/ 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 PH 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 TX plan; G. staff must contact the mental health professional or facility's program director to inform the program director about the use of PH/seclusion and to ask for permission to use PH or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of PH 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; K. the staff person who implemented the emergency use of PH or seclusion must document its use immediately after the incident concludes. Documentation must include at least the following: <ul style="list-style-type: none"> (1) a detailed description of the incident which led to the emergency use of PH or seclusion; (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; (3) why less restrictive measures failed or were found to be inappropriate; (4) the time the physical hold or seclusion began and the time the resident was released; (5) in at least 15-minute intervals during the use of PH/seclusion, documentation of resident's behavioral change and change in physical status that resulted from the use of the procedure; and (6) the names of all persons involved and the names of all witnesses; 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. 		
<p>2960.0710 Subpart 9</p> <p>Training for staff using physical holding or seclusion</p>	<p>Training for staff using physical holding or seclusion. In addition to the training in subpart 2, item C, staff who use PH or seclusion must have the following training before using PH or seclusion:</p> <ul style="list-style-type: none"> A. documentation standards for physical holding and seclusion; B. thresholds for employing physical holding or seclusion; C. the physiological and psychological impact of physical holding and seclusion; D. how to monitor and respond to the resident's physical signs of distress; E. symptoms and interventions for positional asphyxia; and F. time limits & procedures for obtaining approval of the use of physical holding & seclusion. <p>Training must be updated at least once every two years.</p>		

<p>2960.0710 Subpart 7</p> <p>Use of Mechanical Restraints</p>	<p>Use of mechanical restraints. MR 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 MR must include MR in its restrictive procedures plan. The emergency use of MR must meet items A to J:</p> <ul style="list-style-type: none"> A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the MR 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 & directly observed by staff during the use of MR; E. the use of MR 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 MR, staff must contact the facility's program director or the program director's designee to inform the program director about the use of a MR and to ask for permission to use the mechanical restraint; H. before staff uses a MR, staff must complete training in the use of MR 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 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: <ul style="list-style-type: none"> (1) a detailed description of the incident or situation which led to the use of the mechanical restraint; (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; (3) why less restrictive measures failed or were found to be inappropriate; (4) the time when the use of mechanical restraint began and the time when the resident was released from the mechanical restraint; (5) in at least 15-minute intervals during the use of MR, documentation of the observed behavior change and physical status of the resident that resulted from the use of mechanical restraint; and (6) the names of all the persons involved in the use of MR and the names of all witnesses. 		
<p>2960.0710 Subpart 8</p> <p>DRT</p>	<p>Disciplinary room time use. DRT must be used only for major violations and be used according to the facility's restrictive procedures plan. In addition to the restrictive procedures plan requirements in subpart 2, the license holder who uses disciplinary room time must meet the following requirements:</p> <ul style="list-style-type: none"> A. the LH must give the resident written notice of an alleged violation of a facility rule; B. the LH must tell the resident that the resident has a right to be heard by an impartial person regarding the alleged violation of facility rules; and C. the LH must tell the resident that the resident has the right to appeal the determination made by the impartial person in item B internally to a higher authority at the facility. 		
<p>2960.0710 Subpart 10</p> <p>Admin Review</p>	<p>Administrative review. The LH must complete an admin. review of the use of a RP within 3 working days after the use of the RP. The admin. review must be conducted by someone other than the person who decided to impose the RP, or that person's immediate supervisor. The resident/ 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 RP must state whether:</p> <ul style="list-style-type: none"> A. the required documentation was recorded; B. the restrictive procedure was used in accordance with the treatment plan; C. the rule standards governing the use of restrictive procedures were met; and D. the staff who implemented the restrictive procedure were properly trained. 		

2960.0710 Subpart 11	<p>Review of patterns of use of restrictive procedures. At least quarterly, the LH must review the patterns of the use of restrictive procedures. The review must be done by the LH or the facility's advisory committee. The review must consider:</p> <p>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 R.P.;</p> <p>B. any injuries resulting from the use of restrictive procedures;</p> <p>C. actions needed to correct deficiencies in the program's implementation of restrictive procedures;</p> <p>D. an assessment of opportunities missed to avoid the use of restrictive procedures; and proposed actions to be taken to minimize the use of physical holding and seclusion.</p> <p>E. proposed actions to be taken to minimize the use of physical holding and seclusion.</p>		
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Physical Plant	On Site Documentation	Resident File review				Staff File review		
Cleanliness	Med charts	Authority for placement				Background check		
Health	Daily logs	Intake info				Age		
Fire	Head counts	Inventory				Training		
Alarms	Menu	Screens				90 day development plan		
Sprinklers	Daily inspection	Parent involvement				Annual evaluations		
Postings	Fire drills	Screen referrals				Resume		
Maintenance logs	Emergency P&P	Case Plan				Copy of licensures		
Adequate space	Illness Log	Reviews of Case Plan				Sign off on P&P		
1:8 tub/shower	License accuracy	Parental consent-meds				Specific RP Training		

NOTES

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