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STATE OF MINNESOTA DEPARTMENT OF PUBLIC WELFARE CENTENNIAL OFFICE BUILDING ST. PAUL, MINNESOTA 55101

Mr. - Madow

October 11, 1968

TO:

Chairman, County Welfare Board Attention: Welfare Director

Director

Licensed Voluntary Agency

Area MH-MR Program Director

Area MH-MR Board Chairman

Director

Residential Care Facility for Retarded

Medical Services Division Institution Attention: Medical Director, Administrator

Director

Daytime Activity Center

SUBJECT: Standards for Institutions Serving Individuals Who Are Retarded

Our Department has recently undertaken the task of revising our standards regulating institutions serving individuals who are retarded. We ask, at this time, for your participation in improving the standards governing such facilities by making your suggestions known.

Attached is a <u>draft</u> copy of the proposed standards that are designed to regulate voluntary institutions serving individuals who are retarded. We welcome your perusal of these standards, as well as any additions, modifications, or deletions that you deem appropriate. We shall appreciate receiving your comments by November 11--preferably written on the draft itself.

Additional copies of the draft standards or the current governing standards (located in the Public Welfare Manual, II-3150) will be furnished upon request (telephone 221-6543).

Your suggestions for the enhancement of the standards will be shared with an advisory committee established for the purpose of reconciling the suggestions received. In so far as possible, I am sure it will attempt to incorporate your comments. Subsequent to its meeting, a tentative copy of the standards will be drafted and submitted to you for your consideration. We anticipate that a public hearing will be held on the standards some time during the last weeks of December or in early January.

STATE OF MINNESOTA

DEPARTMENT OF PUBLIC WELFARE

Child Welfare Rule No.

STANDARDS FOR INSTITUTIONS SERVING INDIVIDUALS WHO ARE RETARDED

I. Definition

- A. This rule governs the operation of institutions engaged in or seeking to engage in the care of retarded individuals, and sets forth the requirements necessary for such institutions to be licensed. An "institution" is defined for licensing purposes as a facility for more than nine retarded individuals and having an administrative organization and structure approved under state law, for providing residential programs, food, training and/or treatment, and other aspects of care for retarded individuals on a 24-hour basis.
- B. This rule does not apply to institutions exempt from license as provided by law: foster care facilities subject to license as foster boarding homes, group homes, physical settings caring for the emotionally disturbed child, maternity shelters, or day care facilities.
- C. Minnesota Statute (256.01 and 257.175) charges the Commissioner of Public Welfare with the overall responsibility in programming for mentally retarded individuals.
- D. Minnesota Statutes (257.081 to 257.123) charge the Commissioner of Public Welfare with the responsibility for annual study and licensing of institutions.

II. Procedures for Licensing

A. Persons or organizations desiring a license or a renewal of license shall apply to the Commissioner of Public Welfare who shall determine the competence of such persons-organizations to be licensed for the purpose of giving care to retarded individuals. In making this

- determination, the Commissioner shall be guided by the rules in this and subsequent sections. All licenses shall expire one year from date of issuance unless sooner revoked.
- B. In addition to the application, a new group planning to enter into residential care for the retarded shall submit, prior to building or acquiring a building, or hiring of staff, such materials as the Commissioner may require to make a proper determination of the adequacy of services to be provided.
- C. An institution desiring to renew its license shall submit an application for relicensing within a period of 45 days before the license is due to expire. In applying for such renewal, the institution shall file with its application such information as the Commissioner may require to make a proper determination.

III. Organization and Administration

- A. The philosophy, purposes and functions of the institution shall be clearly defined. Such definition shall include the geographical area to be served, ages, and types of retarded to be accepted for care, and the specific extent, limitation and scope of services for which licensing authority is being sought.
- B. The institution shall meet a need in the geographical area it serves or plans to serve. The institution shall also coordinate its activities in relation to the availability of other community services.
- C. There shall be evidence of ability and readiness to provide such services as are fundamental to the health, protection and development of the individual. These services shall include medical care, recreation, training, job evaluation and referral, physical and occupational therapy, and opportunities for socialization.
- D. The institution shall have a sound plan of financing which gives assurance of sufficient funds to enable it to carry out its defined

purposes and provide proper care for persons who are retarded. A new institution shall have funds sufficient to assure a complete program through the first year of operation, even though population does not reach licensed capacity.

- E. The institution should have a governing or advisory board which is broadly representative of the community it serves. In multi-function agencies providing services in addition to residential care for the mentally retarded, it is suggested that the operation of the institution shall be designated as a separate function with its own governing or advisory board.
- F. All financial accounts shall be audited by a certified public accountant from outside the institution staff or board at least once a year and the report made a part of institution records subject to review by the Commissioner of Public Welfare.
- G. The governing body of the institution shall establish written policies pertaining to:
 - 1. The admission, care, and discharge of residents.
 - 2. The establishment of individualized program plans for residents.
 - 3. Personnel policies, practices, and job descriptions for all paid and volunteer positions in the institution.
 - 4. Operating rules including administrative or policy making duties for the conduct of its officers, members, and staff.
 - 5. Clear lines of communication and responsibility among its staff members and between the governing body and the administrator.
- H. There shall be a system of business management and staffing to assure maintenance of complete and accurate accounts, books, and records including required financial, personnel, and patient records.
- I. The governing body, or board, or a person officially representing the institution, shall notify the department of any major changes pending

or occurring in the corporate structure, administration, resident program, or function of the institution.

IV. Staff

- A. All employees shall be persons of good character, good health and emotional stability, and of sufficient ability and education to carry out adequately the duties assigned to them.
- B. There shall be a ratio of at least one resident care staff member to every ten (10) to twelve (12) residents. In institutions caring for more than ten (10) individuals, the director, the houseparent's supervisor, teachers, cook, maintenance man, social worker, professional consultants, and vocational directors shall not be included in computing this ratio.
- C. Every staff member shall have a physical examination before he begins work, and annually thereafter. Initial examination shall include a Mantoux test, and a chest x-ray where the Mantoux is positive.

D. Quality of Staff

1. Executives:

The executive shall be a person of sound judgment and integrity. He preferably should have a B.A. degree or better in one of the behavioral sciences (i.e., special education, vocational counseling, psychology, and social work). He shall have had training and experience in administration and working with retarded persons that will equip him for his duties and make him temperamentally adapted to work with retarded individuals, committees and other community groups.

2. Program Director:

There shall be a position of program director established in all facilities having 40 or more residents. In facilities having less than 40, the program director responsibilities shall be vested in

the executive director. (As an alternative, these responsibilities may be vested in an assistant director.) The program director should be experienced and qualified in program planning and the operationalization-implementation of service programs.

3. Clerical Staff:

Each institution shall have adequate clerical services to keep correspondence, records, bookkeeping and files current and in good order.

4. Resident Care Staff:

The moral and emotional fitness of resident care staff members should be unquestionable, and their training and experience shall be sufficient to equip them for their duties. Resident care staff shall be encouraged to attend institutes, workshops and take courses geared to resident care staff. Preferably, they shall be at least twenty-one (21) years of age and supported by additional staff in all age categories. They shall be mentally and physically fit. They shall have at least a high school education or its equivalent.

5. Service Personnel:

Domestic and maintenance staff shall be employed to carry on the everyday housekeeping and maintenance functions in sufficient number so that those employed to give direct care are not prevented from giving such services because of other duties.

6. Relief Staff:

Relief personnel shall be part of the regular staff, familiar with persons who are retarded and knowledgeable with the program of the institution. Such staff should be arranged to provide continuity of care and supervision to residents. Sufficient relief staff shall be employed to allow regular time off and vacations for all employees.

7. Volunteer Staff:

Volunteers shall have the qualifications appropriate to the services they render, paralleling the qualifications required for employed staff rendering similar services. The volunteer program should be supportive to the institution program and its staff and residents.

8. Casework Services:

Casework services shall be provided by the institution, or arrangements made for such provision. An institution providing casework services through its own social services department must also meet requirements relating to licensing of social service agencies.

9. Recreational Staff:

Recreational staff is an important aspect of the resident program, and staff members holding such responsibilities should have training and/or experience in recreational activities.

10. Occupational Therapy Staff:

Occupational therapy is a vital element for residents within the institution, and staff members fulfilling such positions shall have either academic training or previous satisfactory work experience in an occupational therapy setting.

11. Adjunctive Professional Staff:

Professional staff who are employed or whose services are used by the institution, shall have the special qualifications obtained through training and experience in their respective field, to render satisfactorily the services expected of them. Such staff includes but is not limited to, medical, dental and health specialists, nutritionists, psychologists, music and vocational therapists, teachers or educators.

12. Personnel Policies:

Policies relating to employment shall include:

- a) Description of the specific duties the employee is expected to perform, when they are to be performed, and other persons involved in their performance.
- b) Salaries, pay plan and fringe benefits provided including insurance coverages and sick leave.
- c) Provisions for other arrangements, such as meals for those who
 live off as well as on the premises, and the specific residence
 quarters provided for those living in.
- d) Work schedules which shall provide for daily and weekly periods of relief and annual vacation periods sufficient in length to enable the staff to continue performing their duties efficiently.
- e) Information about routines and house rules of the institution.
- f) Opportunities for in-service training, attendance at institutes, workshops and classes, promotion or advancement.
- g) Provision for probation periods and conditions for terminating employment.

V. Plant, Grounds, and Equipment

A. Grounds:

There shall be sufficient space and equipment for recreation. This includes individual leisure-time activities, as well as organized group activities.

B. Buildings:

Plans for a new building, additions, or alterations, when such plans affect services to residents, shall comply with local building codes, and shall be submitted for approval to the Department of Public Welfare before contracts are let or work is started.

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- The area of a sleeping room shall not be less than an average of 80 square feet per resident. There shall be no more than four persons in one room, and provisions shall be made for one, two and three-bed rooms. Each person shall have his own chest of drawers and bed provided with substantial springs, mattress and bed covering. Individual beds shall be at least three feet apart. There shall be an aisle of not less than four feet between rows of No resident shall sleep in institution basement or attic. Dining rooms shall be cheerful and attractive. No more than six or eight shall be seated at one table.
- Each residence shall have a living room for each 20 persons, and these rooms shall be large enough to provide comfortable and cheerful living quarters.
- 5. There shall be sufficient space and equipment for routine indoor activity and resident activity programming.
- Heating facilities shall be provided that will keep the temperature in living quarters of the institution within the range of 70-74 is too cold! degrees Fahrenheit during the day and 55-65, degrees Fahrenheit during the night.
 - Natural light (where possible shall) be available in every room used by residents and staff. Window areas shall not be less than 1/6 of the floor area of each room. In combination with natural light, electric lighting shall be installed of sufficient quantity and diffusion as to prevent injury to eyesight.
 - Natural ventilation shall be available in every room in the institution which is used by the residents and staff. (Cross ventilation shall be provided in sleeping rooms.) Rooms which are abnormally damp shall not be used as living quarters for staff.

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9. Staff quarters shall be separate from those of residents, but near enough to assure proper supervision.

C. Fire:

All institutions shall meet the requirements set for each facility by the State Fire Marshal.

- Care shall be exercised by the staff to prevent fires. Residents shall be instructed on fire prevention.
- 2. Serious consideration shall be given to see that the buildings are so constructed, equipped, and located as not to be fire hazards. If of frame construction, they shall be over 70 feet apart at the nearest points.
- 3. All electrical and heating equipment shall be approved by

 Underwriters Laboratory or other nationally recognized testing

 laboratories. All electrical equipment and installations shall

 comply with the State Board of Electricity and the National Electric

 Code.
- 4. Inflammable material, such as gasoline, kerosene, fuel oil, etc., shall be stored as provided by regulations of Local and State fire authorities.
- in properly reporting a fire, in extinguishing a small fire, and in evacuation from the building in case of fire. Fire drills shall be held periodically. Fire extinguishers shall be provided and maintained throughout each building in accordance with standards of the State Fire Marshal. The institution shall comply with all regulations of the State Fire Marshal which relate to operation of such buildings.
- Reestin need 6. All buildings of institutions licensed for the first time shall be at this standard of non-combustible construction and shall be at least one hour

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fire-resistant for all one-story buildings and at least two hour fire-resistant for all buildings more than one story.

7. Existing, non-fire-resistant buildings of more than one story, and with a licensed capacity to house 15 or more residents, shall be protected with a complete automatic sprinkler system installed to comply with the requirements of the State Fire Marshal and the standards of the Minnesota Fire Underwriters Inspection Bureau. This requirement shall be complied with within 18 months of the effective date of these regulations.

D. Health:

 Each institution shall meet the requirements of the State Department of Health or their agent.

Kitchen and kitchen equipment shall meet standards prescribed for eating establishments by the Local and State Department of Health.

- 2. There shall be an adequate available supply of hot and cold water to serve the institution. Water for dishwashing by machine shall be at least 170° Fahrenheit, or 160° if handwashed. Toilet facilities shall be maintained in a sanitary condition equipped to standards prescribed by the Local or State Department of Health. There shall be separate toilet and bath facilities for men and women and separate facilities for employees. There shall not be less than one lavatory with hot and cold water for every six people, one toilet for every eight, and one tub or shower for every 10. In addition, there shall be a minimum of one tub or shower in each building in which residents live. Consideration shall be given to individual privacy in all bathroom facilities.
- 3. Sewerage shall be disposed of through municipal systems where such are available. If such are not available, the independent sewerage system shall comply with the existing Local and State ordinances.

Why separate facilities for employes?

- 4. The milk supply shall meet Local and State ordinances and codes.
- 5. Drinking water shall be supplied from an approved public supply if available; if not available, the private system shall comply with county and State ordinances and codes.
- 6. Proper facilities for sanitation shall be provided through the institution buildings and premises for the purpose of insuring cleanliness and protection against disease.

VI. Programming

Each facility shall have a clear statement of philosophy, goals, responsibilities and limitations for the facility and for each resident. Each facility shall have a system of planning and carrying out specific program plans for each individual. Wherever possible, it is suggested that the methods, steps, and ways of carrying out the institutional or individual goal (or goals) be conveyed as clearly and with the greatest degree of specificity as possible. Considerable attention must be given by the institution administration in coordinating program endeavors and in assuring that a continuum of services for the advancement of the individual person's ability to function is provided. That continuum shall include, but not be limited to, medical and paramedical services, when needed, continuous evaluation of progress, availability of vocational training and work experience, social experiences and community living opportunities. Due to the multiplicity and interrelatedness of program endeavors, various specific aspects prescribed below are considered minimal for the purpose of licensure and are, therefore, defined separately. However, attention must be focused on the total needs of the residents, his or her age and degree of retardation, and the institution's total package of delivery of services.

VII. Personal Needs

A. A program plan shall be prescribed at the initial staffing of the

prospective resident of the institution, in conjunction with the resident-to-be, the referring agency, and possible utilization of services by other community service agencies. This individual program will be based upon the needs of the residents, and the availability of program resources both within the facility and in consideration of community resources. It is recommended that appropriate programming-consultation be made available for all unique individual needs.

- B. Each resident will be provided with positive individual attention needed to carry out his program plan by resident staff on a day-to-day basis.
- C. All residential personnel shall be trained to carry out the institution program which needs to include training in self-help skills, speech, health and grooming habits, and other components enjoyed by nonresidents.
- D. To the degree possible, each resident will be involved in planning his or her own program with encouragement from the staff responsible for such programs. The organization of resident councils are recommended for the purpose of developing group participation and participation in the rules and policies of the institution and the assumption of responsibility.
- E. Speech and hearing services should be extended to all residents in need.
- F. The current physical examination declaring the resident free of any disease must be a part of the admission procedures, and on file with the institution.
- G. Adequate attention must be given by the institutional staff to the health and individual needs of the resident, including, but not limited to, medications, nutrition, and personalized care.
- H. Arrangements shall be made to afford the resident emergency and

- routine medical care, including drugs and hospitalization.
- I. The institution shall have a definite individual plan for the dental care of each resident.
- J. Each resident shall have sufficient sleep, and shall be provided with clothing for his or her own exclusive use which is comfortable, appropriate for current weather conditions, and of such a type as to not make him conspicuous in the community.
- K. Each resident shall be encouraged and helped to provide the highest degree of self-maintenance as possible, including specialized training in personal hygiene.

VIII. Group Living Experience

A. Each resident shall have a clearly delineated and identifiable program established for him as it relates to his residential living and socialization activities and being considered a member of a small familiar group with an identity of its own.

IX. Community Living Experience

A. Each resident will be afforded, insofar as possible, assistance, help, and experience in a wholesome community living experience.

X. Social Services

- A. Social services should be a clearly defined and identifiable phase of the total care, treatment, and training program.
- B. Social services should be extended to all residents and their families.
- C. Each facility should have a clearly defined set of goals and objectives related to the social service program. The social service program should include the following:
 - 1. Assistance in program planning for each person.
 - 2. Participation in family counseling.
 - 3. Intensive casework with the family.
 - 4. Assist in the placement or follow-up of residents, both within the

facility and with respect to the participation in open community programs.

5. Refer clients to a community agency.

XI. Recreational Therapy

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- A. Recreation should be a clearly delineated and identifiable phase of the total care, training, and treatment program.
- B. Recreational provisions should be extended to all.
- C. Each facility shall have a clearly defined set of goals and objectives related to the recreational program.
- D. Basic recreation programs should include:
 - 1. Some form of recreation for all residents.
 - 2. Opportunities for social interchange of residents in a recreational atmosphere, e.g., dancing, game room.
 - 3. Instructions in a variety of hobbies, arts and crafts, etc.
 - 4. An intramural sports activity program, if possible.
 - 5. Plan group activities, e.g., holiday celebrations, movies, dancing, etc.
 - 6. Provision for work/play tables, toys, games, etc. for each individual resident.

XII. Educational Therapy

- A. Education and training shall be extended to all residents capable, or potentially capable, of participating.
- B. Each facility should have a clearly definable set of educational and training objectives, which should include reference to the various phases, settings, and levels of education. For example: good mental and physical health, a command of the fundamental processes which include social and communication skills, reading, writing, and arithmetic, vocational preparation, citizenship, wise use of leisure time, and character or ethical development.

- C. Each facility should have a definite administrative program for assigning residents to an educational program, and whenever possible, utilization of governmental educational endeavors or private educational facilities should be utilized.
- D. An educational program for most residents will include, but will not be limited to:
 - 1. Academic class work.
 - 2. Creative and practical arts.
 - 3. Music.
 - 4. Physical education.
 - 5. Vocational instruction.
 - 6. Home economics.
 - 7. Speech and hearing therapy.
 - 8. Self-help skills.
 - 9. Communication skills.
 - 10. Occupational and home training.

XIII. Physical

A. Each institution will provide a physical health program, including, but not limited to, activities such as small muscle development, large muscle development, competitive sports, gymnastics, athletics, slimnastics, and etc.

XIV. Expressive Programs

A. Each institution shall afford the residents a program whereby individual expression, creativity, and ingenuity may be developed.

Examples of such programs are music, dramatics, play productions, art work, painting, crocheting, or etc.

XV. Vocational Therapy

A. Where applicable, it is the responsibility of the institution to provide a vocational program which is clearly delineated and an

identifiable phase of the total care, treatment, and training program.

The vocational training opportunities should be extended to all retarded individuals within their individual capabilities of participation. Vocational services should include the following:

- Vocational and social evaluation, including references to physical, psychological, social, and vocational problems, educational status, and vocation interests.
- 2. Personal and social adjustment, training and counseling.
- Pre-vocational and vocational work experience, i.e., actual job training.
- 4. Participation in production.
- 5. Placement and follow-up in an open community employment.
- 6. Enrollment in a sheltered workshop program, or sheltered employment.

Services of the Division of Vocational Rehabilitation should be used in the vocational diagnosis, evaluation, and counseling of the resident.

XVI. Psychological Services

- A. Psychological services (diagnostic and treatment) should be extended to all residents indicating a need for such services.
- B. Each facility shall have a clearly defined set of goals and objectives related to the program of psychological services.
- C. A psychological program should include:
 - Individual assessment of intelligence, present level of functioning, and general adaptive behavior.
 - Consultation and reporting of findings through related staff members.
 - 3. Students and parent counseling and therapy.
 - 4. Assistance in in-service training programs.

XVII. Religious Services

- A. Religious services and religious training should be a clearly delineated and identifiable phase of the total care, treatment, and program.
- B. Religious services should be extended to all, and in accordance with their religious affiliation.
- C. Each facility should have a clearly defined set of goals and objectives related to the religious program.
- D. The religious program should include the following:
 - 1. Regular worship services.
 - 2. Observance of religious holidays.
 - 3. Administration of sacraments.
 - 4. Counseling and religious instruction.
 - 5. Visitation of clergy and representatives of the individual's ...religious affiliation.

XVIII. Records

- A. The institution shall maintain records for its endeavors in accordance with sound administrative procedures. Examples of such records are board minutes, financial statements, articles of incorporation, and by-laws.
- B. There shall be a record for each resident, including admissions information, a statement of objectives to be accomplished for the individual, a program of care, training, treatment and education, progress reports, and pertinent related correspondence.

XIX. Refusal of License

Failure or inability to comply with the above standards shall be cause for refusal or revocation of license.