ACTION ITEM 3

COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

Office of the Commissioner

S. Duke Storen
Commissioner

October 2, 2026

MEMORANDUM

TO: Members, State Board of Social Services

FROM: Duke Storen

REGULATION: 22VAC40-151, Standards for Licensed Children's Residential Facilities
Amend Standards for Licensed Children's Residential Facilities

ACTION: Final Regulation

Final amendments will align the regulation with federal laws related to preventing sex trafficking and strengthening families. The State Board of Social Services approved a proposed regulation on August 17, 2022. It was published in the *Virginia Register of Regulations* January 26, 2026 and public comment on the proposed regulation ended March 26, 2026.

I request that you approve the final regulation for publication in the *Virginia Register of Regulations,* subject to approval by the Governor. If you have questions concerning this action, please contact Karin Clark at (804) 840-3679 or karin.clark@dss.virginia.gov.

DS:kc
Attachments

townhall.virginia.gov

Final Regulation
Agency Background Document

Agency name	State Board of Social Services
Virginia Administrative Code (VAC) Chapter citation(s)	22VAC40-151
VAC Chapter title(s)	Standards for Licensed Children's Residential Facilities
Action title	Amend Standards for Children's Residential Facilities
Date this document prepared	August 17, 2026

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

The *Standards for Licensed Children's Residential Facilities*, 22VAC40-151, establish the requirements used by stakeholders and the Department of Social Services to evaluate the safety, well-being, and stability of care provided to children and youth while placed in licensed children's residential facilities.

This regulatory action brings the regulation into alignment with federal law, including *Preventing Sex Trafficking and Strengthening Families Act of 2014* and the *Family First Prevention Services Act of 2018*. In addition, the amendments align with state requirements, remove and add definitions, improve language clarity, and make technical edits.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

DSS—Department of Social Services
CRF—Children's Residential Facilities
IEP—Individualized Education Program

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) that the agency has "adopted final amendments" to the regulation; 3) the name of the agency taking the action; and 4) the title of the regulation. A suggested statement is, "On [insert date] the Board/Department of [insert name] adopted final amendments to the [title of regulation(s)]."

On October 19, 2026, the State Board of Social Services adopted final amendments to the *Standards of Licensed Children's Residential Facilities*, 22VAC40-151.

Mandate and Impetus

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding the mandate for this regulatory change, and any other impetus that specifically prompted its initiation. If there are no changes to previously reported information, include a specific statement to that effect.

This regulatory action updates the *Standards for Licensed Children's Residential Facilities*, 22VAC40-151, to ensure consistency with applicable federal and state law. The mandate for several elements of this regulatory action derives from the *Preventing Sex Trafficking and Strengthening Families Act of 2014*, the *Family First Prevention Services Act of 2018*, and Chapters 282 and 688 of the 2019 Acts of Assembly. The amendments align the regulation with these statutory requirements and include revisions to definitions, clarification of existing language, and technical corrections necessary to improve regulatory clarity.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The State Board of Social Services has the legal authority to adopt regulation and requirements for CRF in accordance with §§ 63.2-217, 63.2-1700, 63.2-1709.2, 63.2-1726, 63.2-1734, 63.2-1736, and 63.2-1737 of the Code of Virginia. The Code mandates the promulgation of regulations governing the activities, services, and facilities required to be licensed, and requires that such regulations be designed to ensure that activities, services, and facilities promote the welfare of children and youth placed in a CRF.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety, or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

The regulatory change is necessary to ensure that *the Standards for Licensed Children's Residential Facilities*, 22VAC40-151, remain consistent with current federal and state statutory requirements.

This action is essential to protect the health, safety, and welfare of children and youth placed in CRF. Aligning the regulation with federal and state law strengthens oversight, enhances protection for vulnerable populations, and ensures that facilities operate under requirements designed to prevent harm, promote stability, and support treatment and services. These amendments help ensure that children and youth receive care in settings that are safe, trauma-informed, and responsive to their individual needs.

The goals of the regulatory change are to: (i) revise regulations to ensure compliance with state and federal statutory requirements; (ii) improve clarity and consistency within the regulatory framework, and (iii) support implementation that reflects current state and federal guidelines and practices in CRF. The State Board of Social Services has concluded that revising the existing regulation offers the most efficient and effective approach to promoting clarity, ensuring consistency, and strengthening protections for children and youth.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

This regulatory action incorporates the technical information, language, and processes necessary to ensure consistency with state and federal law. Substantive amendments include establishing standards and training requirements for normalcy and reasonable and prudent parenting for children; adding training requirements on topics such as shaken baby syndrome; adding requirements to review and update behavior support plans; requiring documentation of an inventory of each resident's clothing and personal belongings at admission and discharge; clarifying requirements related to fire inspections; updating and clarifying responsibilities to ensure the educational needs of children in foster care are met; clarifying that the term "child" applies to any person under 18 years of age and the term "resident" applies to any child or young adult; adding qualified residential treatment program requirements; and adding, revising, and deleting definitions, language, and technical provisions necessary to clarify existing requirements.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

The primary advantages of this regulatory action, particularly for children and youth placed in CRF, include strengthening protections for their safety and well-being through alignment with state and federal law. The amendments also incorporate the qualified residential treatment program requirements in accordance with § 63.2-2-906.1 of the Code of Virginia and 42 U.S.C. § 675, ensuring that residential care settings meet current statutory and programmatic expectations.

This regulatory change poses no disadvantages to the public, the agency, or the Commonwealth. The amendments enhance protections for children and youth, improve regulatory clarity and ensure compliance with state and federal law.

Requirements More Restrictive than Federal

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any requirement of the regulatory change which is more restrictive than applicable federal requirements. If there are no changes to previously reported information, include a specific statement to that effect.

There are no requirements in this regulatory action that exceed applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any other state agencies, localities, or other entities that are particularly affected by the regulatory change. If there are no changes to previously reported information, include a specific statement to that effect.

Other State Agencies Particularly Affected

Other state agencies are not particularly affected by this regulatory change.

Localities Particularly Affected

Localities are not particularly affected by this regulatory change.

Other Entities Particularly Affected

Other entities are not particularly affected by this regulatory change.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency's response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

Commenter	Comment	Agency response
Veronica Dowdy via Town Hall	The commenter noted that most school-age children in residential programs likely qualify for IEPs and require IDEA aligned attendance documentation. The individual emphasized that students with IEPs often experience school avoidance or refusal and are legally entitled to support and services rather than truancy actions. The commenter	The *Standards for Licensed Children's Residential*, 22VAC40-151, does not address the educational rights of residential students who qualify for special education services under the Individuals with Disabilities Education Act (IDEA). This regulation governs safety and program operations for children residing in licensed children's residential facilities, not IEP

	stressed the need for these measures to be included in policy, fully implemented, and routinely audited so that vulnerable students receive required support and are not subjected to unnecessary harm.	development, IEP implementation, or truancy procedures. Educational requirements for students with IEPs are regulated by the Virginia Department of Education, specifically 8VAC20-81.

Detail of Changes Made Since the Previous Stage

*List all changes made to the text since the previous stage was published in the Virginia Register of Regulations and the rationale for the changes. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current chapter-section number	New chapter-section number, if applicable	New requirement from previous stage	Updated new requirement since previous stage	Change, intent, rationale, and likely impact of updated requirements
10		N/A	N/A	No new requirements were added. The definition of "case record" was revised for clarification, and the definition for "fictive kin" was revised to align with § 63.2-100 of the Code of Virginia.
250		N/A	N/A	No new requirements were added. The term "begin date" was replaced with "date of employment" to ensure consistent interpretation and compliance. * Language was restored to its original form by removing the CPR in-person demonstration requirement, recognizing that modern online training methods reduce logistical barriers without diminishing learner competency. The language was revised to reinstate "standard precautions," providing a broader and more

				comprehensive infection prevention framework.
710		N/A	N/A	No new requirements were added. The definition for “therapy” was removed to clarify that DSS does not regulate or define clinical treatment modalities.
740		N/A	N/A	No new requirements were added. The language was revised to reinstate “standard precautions,” providing a broader and more comprehensive infection prevention framework.
750		Revised emergency medication requirement	Revised to specify that all medications must be locked, with noted exceptions, and added a requirement that any medication stored unlocked must be properly labeled.	* Clarified that emergency medication stored unlocked must be properly labeled to reinforce safe storage practices and reduce the risk of medication errors.
760		N/A	N/A	No new requirements were added. The recommendation to consult the U.S. Department of Agriculture Dietary Guidelines for Americans for examples of meeting minimum nutritional standards was removed.
770		N/A	N/A	No new requirements were added. The term “lead regulatory agency” was replaced with “department” to clarify that the department is the regulatory authority for licensed children’s residential facilities.
860		N/A	N/A	No new requirements were added. The term “legal guardian or placing agency” replaced “child” to clarify the responsibility of educational records, as this change was a technical change. The requirement for the new school to immediately contact the school of origin

				to obtain relevant academic and other records was removed because it is unnecessary to address school enrollment responsibilities in this regulatory action.
1030		N/A	N/A	No new requirements were added. The term “by the assessment of the child” was removed to eliminate redundant working and improve clarity. Language was added to clarify that nursing staff and other licensed clinical staff are required to meet the additional staffing requirements specified in this regulation.
1040		N/A	N/A	No new requirements were added. The term “resident” was replaced with “child” to clarify who participates in the qualified residential treatment program.

Detail of All Changes Proposed in this Regulatory Action

*List all changes proposed in this action and the rationale for the changes. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of updated requirements
Throughout this chapter	N/A	The term “standards” was used. The terms “child care supervisor” and “child care staff” were used.	Replaced the term “standards” with “regulations” for clarification. Changed “child care supervisor” to “residential care supervisor” and “child care staff” to “residential care staff” to clarify that the children’s residential facilities serve both children and young adults.

		The term “child” was used.	Replaced “child” with “resident” or “individual” when referring to children and young adults to ensure terminology accurately reflects the population served.
10		This section defines terms used throughout the regulation.	Removed the following definitions because the word or term was not used in this regulation: • “Allegation” • “Behavior support assessment” • “Complaint” • “Corrective action plan” • “Good character and reputation” Removed “license” and “therapy” definitions because the definition is not required for this regulation. Moved the following definitions to the section where the word was only used one time in the regulation: • “Aversive stimuli” to 22VAC40-151-820 • “Body cavity search” to 22VAC40-151-790 • “Corporal punishment” to 22VAC40 151-820 • “Mechanical restraint” to 22VAC40-151-830 • “Pat down” to 22VAC40-151-790 • “Pharmacological restraint” to 22VAC40-151-830 • “Rules of conduct” to 22VAC40-151-840 • “Sanitizing agent” to 22VAC40-151-540 • “Seclusion” to 22VAC40-151-850 • “Severe weather” to 22VAC40-151-990 • “Strip search” to 22VAC40-151-790 • “Target population” to 22VAC40-151-120 • “Temporary contract worker” to 22VAC40-151-320 Revised the following definitions to correspond with the definition in the § 63.2-100 of the Code of Virginia: • “Child-placing agency” • “Children’s residential facility” • “Independent living services” Revised the following definitions:

			• "Allowable variance" to correspond with the definition in 22VAC40-80-10. • "Applicable state regulation" to remove the terms "modules, standards, and other" for clarification. • "Behavior support" to remove "child" and replace with "resident." • "Child" to clarify that staff to child ratios apply to all children, including children who are not residents of the facility, and to align with how the term is referenced in qualified residential treatment programs. • "Contraband" to clarify that items are prohibited by law or rules of the facility. • "Human research" to correspond with the definition in § 32.1-162.16. • "Living unit" to provide clarification of how the term is used in this regulation. • "Personal health information" was changed to "health information" to correspond with the term used in 22VAC40-151-190. • "Self-admission" to cite the Code reference § 63.2-1817. • "Standard" to provide clarification of how the term is used in this regulation. • "Substantial compliance" to replace the term 'standards' with 'regulations' for clarification. • "Wilderness program" was changed to "wilderness campsite program" to correspond with the term used in 22VAC40-151-1020. Added the following definitions: • "Fictive kin" to provide clarification for the terms used in a new section, 22VAC40-151-13030, Qualified residential treatment program. • Foster home" to provide clarification for the term used in regulation. • "Normalcy" to provide clarification for the term used the regulation. • "Qualified individual" to provide clarification for the terms used in a new section, 22VAC40-151-1030, for qualified residential treatment program.

			• "Qualified residential treatment program" to provide clarification for the terms used in a new section, 22VAC40-151-1030, related to qualified residential treatment program. • "Reasonable and prudent parent standard" to provide clarification for the terms used in regulation. • "Trauma" to clarify the term use in 22VAC40-151-250, Staff development and in 22VAC40-151-720, Structured program of care. • "Trauma-informed" to clarify the term used in 22VAC40-151-1030, Qualified residential treatment program.
30		This section addresses facility inspections.	Revised with term "laws and regulations" and removed "standards" for clarification. Updated the name to "Office of Children's Services." Removed "or certificate" because certificates are no longer issued for this program.
240		This section addresses personnel records.	Added the Code citation § 63.2-1726 to reference the background check requirements for employees, students and interns, volunteers, and contractors, clarifying the legal authority for these requirements.
250		This section addresses staff development.	* Revised to clarify that all employees, both current and transferring, must receive orientation. * Added that all staff must be trained on normalcy and reasonable and prudent parent standard, pursuant to the Preventing Sex Trafficking and Strengthening Families Act of 2014, as well as on trauma and trauma-informed interventions, pursuant to the Family First Prevention Services Act. * Added shaken baby syndrome training requirement pursuant to § 63.2-1737 D. of the Code of Virginia. Revised to clarify that annual retraining applies to all staff who may have interactions with residents,

			including child care staff.
280		This section addresses responsibilities, qualifications and required documents for chief administrative officer applicants.	Replaced “applicant” with “candidate” for clarification. * Added a timeframe to clarify that documentation of prior relevant experience must be submitted before the date of hire.
290		This section addresses qualifications and required documents for program director applicants.	Removed “certified” to clarify that CRFs are licensed. Replaced “applicant” with “candidate” for clarification. * Added a timeframe to clarify that documentation of prior relevant experience must be submitted before the date of hire.
360		This section addresses buildings, inspections and building plans.	* Revised to clarify that the fire official’s report must be provided at the time of the initial application. * Revised to clarify, after the initial application, a fire official’s report must be completed annually.
420		This section addresses sleeping areas.	* Added that an adolescent parent and their child may share a bedroom without other residents to ensure privacy for both the parent and child.
430		This section addresses smoking prohibition.	* Added that electronic smoking devices are prohibited in living areas and areas where residents participate in programs to protect residents and support a healthier residential environment.
450		This section addresses living room and indoor recreational space.	Removed “certified” to clarify that CRFs are licensed.
570		This section addresses admission procedures.	* Added the facility shall document the resident’s clothing and personal belongings in the resident’s record at the time of admission to prevent loss or disputes during the resident’s stay at the CRF.
620		This section addresses admission application.	* Added that the application for admission must include the prospective resident’s trauma history and symptoms to align with the requirements of the Family First Prevention Services Act.
680		This section addresses discharge from the CRF.	* Added the requirement that a list of the resident’s clothing and personal belongings at the time of discharge be documented in resident’s record and provided to the

			legal guardian to prevent loss or disputes over personal items.
720		This section addresses structured program of care.	* Added that the program shall identify the child's trauma experiences and their impact on behavior to support tailored and effective treatment planning. * Added that the provider shall implement policies and procedures to support normalcy and the reasonable and prudent parent standard as defined in 42 U.S.C. § 675 (10) (A). * Added that at least one trained staff on-site who is authorized to apply the reasonable and prudent parent standard pursuant to 42 USC § 671 (a)(10)(B) and who consults with the child- placing agency or legal guardian for information needed to apply the standard, in order to comply with the Preventing Sex Trafficking and Strengthening Families Act. * Added that the recorded health and dental complaints must be addressed in accordance with 22VAC40-151-730 and 22VAC40-151-740 to support the overall health and safety of residents.
740		This section addresses medical examinations and treatment	* Added that ordered medical procedures must be provided according to physician's instructions and documented in the resident's record to support continuity of care.
750		This section addresses medication.	* Added that emergency medication may be stored in an unlocked, secured location when it is properly labeled with a physician's order indicating that the medication must be immediately accessible in an emergency and the facility has a plan to ensure resident safety. * Added that the medical administration record shall include the resident's name to promote resident safety and reduce the risk of medication errors. * Clarified that medication refusals shall be documented on the medical administration record and include action taken from staff.

760		This section addresses nutrition.	Removed the reference to the U.S. Department of Agriculture Dietary Guidelines for Americans may be used for examples for meeting minimum nutritional examples to help ensure that residents receive balanced and proper nutrition. This reference is not needed.
790		This section addresses searches.	* Added that witnesses for pat downs must be the same gender as the resident being searched to strengthen resident safety and dignity during the pat down.
800		This section addresses behavior support.	* Added that the other applicable individuals are familiar with the resident shall be consulted when developing the behavior support plan to ensure it is comprehensive and tailored to the resident's needs. * Added that behavior support plans shall be reviewed and updated each time the service plan and quarterly reports are updated to ensure accuracy and relevance to the resident's current needs.
860		This section addresses education.	* Added that residents in foster care shall be allowed to attend the school in which they were enrolled prior to admission, with a joint determination meeting in accordance with § 22.1-3.4 of the Code of Virginia to provide educational stability. Clarified that if the resident is not in foster care and is of compulsory school attendance age, the resident shall be enrolled in school within five days to ensure timely enrollment.
880		This section addresses recreation.	* Added that one on-site employee be designated to apply the reasonable and prudent parent standard when making decisions about residents' participation in recreational activities, in accordance with the Preventing Sex Trafficking and Strengthening Families Act, to align with federal requirements and strengthen safeguards for residents.
970		This section addresses suspected child abuse or neglect.	Added the Code of Virginia citation § 63.2-1509 for the requirements related to reporting cases of child abuse and neglect to support consistent reporting practices to

			protect the safety and well-being of residents.
	1030	*This new section addresses requirements for a qualified residential treatment program.	The revisions ensure compliance with § 63.2-906.1 of the Code of Virginia and the Family First Prevention Services Act (FFPSA), both of which establish specific standards for qualified residential treatment programs. * Added that a qualified residential treatment program must have a trauma-informed treatment model that addresses the child's need and can implement the identified treatment. * Added a qualified residential treatment program must have licensed nursing staff on-site and available 24 hours a day, 7 days a week, to provide care within their scope of practice. * Added the qualified residential treatment program must facilitate family participation in the treatment program when it is in the child's best interest. * Added the qualified residential treatment program must facilitate contact, document how the contact with the child's family members and fictive kin, including maintaining current contact information. * Added the qualified residential treatment program must provide discharge planning and family-based aftercare support for six months after discharge. * Added the qualified residential treatment program must be accredited by an approved not-for-profit accrediting organization.
	1040	*This new section addresses requirements for foster children placed in qualified residential treatment programs.	The revisions ensure compliance with § 63.2-906.1 of the Code of Virginia and the FFPSA, both of which establish specific standards for qualified residential treatment programs.

			* Added the qualified residential treatment program shall coordinate with child's placing agency, legal guardian, biological family members, fictive kin, and other appropriate professionals. * Added documentation required for placement in a qualified residential treatment program must include the assessment determination and written approval or disapproval of the placement.

COMMONWEALTH of VIRGINIA

Office of the Attorney General

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MEMORANDUM

TO: KARIN CLARK
Virginia Department of Social Services

FROM: Jennifer C. Williamson
Senior Assistant Attorney General

DATE: June 2, 2026

SUBJECT: Final Stage Review of 22 VAC 40-151
Amend Children's Residential Facilities Regulation

I have reviewed the attached regulations, which are being amended to align the regulation with the federal Preventing Sex Trafficking and Strengthening Families Act of 2014 and the Family First Prevention Services Act of 2018 and to make technical edits and clarify definitions and language. You have asked the Office of the Attorney General to review this action and determine if the State Board of Social Services ("State Board") has the statutory authority to promulgate the regulations and if the regulations comport with applicable state law.

Pursuant to Virginia Code § 63.2-217, the State Board is required to promulgate regulations as may be necessary or desirable to carry out the purposes of Title 63.2 of the Virginia Code. The regulations comply with applicable state law.

Accordingly, it is my opinion the State Board has the authority to promulgate these regulations, subject to compliance with the provisions of Article 2 of the Administrative Process Act ("APA") and Executive Order 19, including the Procedures of the Office of Regulatory Management, and that in so doing the State Board does not exceed that authority.

If you have any questions, please feel free to call me at 804-225-3197.

Project 6139 - Final

Department of Social Services

Amend Standards for Licensed Children's Residential Facilities

Chapter 151

~~Standards~~ Regulations for Licensed Children's Residential Facilities

22VAC40-151-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

~~"Allegation" means an accusation that a facility is operating without a license or receiving public funds for services it is not certified to provide.~~

"Allowable variance" means ~~temporary or permanent waiver of compliance with a standard or portion of a standard, or permission to meet the intent of the standard by a method other than that specified in the standard, when the regulatory authority, in its sole discretion, determines~~ permission is granted by the department to a licensee or applicant for licensure to meet the intent of a regulation by some means other than as specified by the regulation when the applicant or licensee has demonstrated that (i) ~~enforcement will create an undue~~ the implementation of a regulation would impose a substantial financial or programmatic hardship and (ii) ~~resident care will not be~~ the variance would not adversely ~~affected~~ affect the safety and well-being of persons in care.

"Annual" means within 13 months of the previous event or occurrence.

"Applicable state regulation" means any regulation that the promulgating state agency determines applies to the facility. The term includes ~~modules, standards, and other~~ regulations

promulgated by the Departments of Education; Health; Housing and Community Development; Social Services; or other state agencies.

"Applicant" [means the person, corporation, partnership, association, limited liability company, or public agency that has applied for a license to operate or maintain a child welfare agency. For a child welfare agency, "the person who operates or maintains a child welfare agency"] means any individual; corporation; partnership; association; limited liability company; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth; or other legal or commercial entity that [~~has applied for a license~~ operates or maintains a child welfare agency] .

~~"Aversive stimuli" means physical forces (e.g., sound, electricity, heat, cold, light, water, or noise) or substances (e.g., hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity that when applied to a resident, are noxious or painful to the individual, but in no case shall the term "aversive stimuli" include striking or hitting the individual with any part of the body or with an implement or pinching, pulling, or shaking the resident.~~

"Behavior support" means those principles and methods employed by a provider to help a ~~child~~ resident achieve positive behavior and to address and correct a ~~child's~~ resident's inappropriate behavior in a constructive and safe manner in accordance with written policies and procedures governing program expectations, treatment goals, ~~child~~ resident and staff safety and security, and the ~~child's~~ resident's service plan.

~~"Behavior support assessment" means identification of a resident's behavior triggers, successful intervention strategies, anger and anxiety management options for calming, techniques for self-management, and specific goals that address the targeted behaviors that lead to emergency safety interventions.~~

~~"Body cavity search" means any examination of a resident's rectal or vaginal cavities, except the performance of medical procedures by medical personnel.~~

"Case record" or "record" means up-to-date written or electronic [file containing all] information relating to one resident. This information includes social data, agreements, [~~all~~] correspondence relating to care of the resident, service plans with periodic revisions, aftercare plans and discharge summary, and any other data related to the resident.

"Child" means any person legally defined as a child under state law. The term includes residents and other children coming in contact with the resident or facility (e.g., visitors). When the term is used, the requirement applies to every child at the facility regardless of whether the child has been admitted to the facility for care (e.g., staff to child ratios apply to all children present even though some may not be residents) of the facility). Notwithstanding this definition, when "child" or "children" is used in reference to qualified residential treatment programs, it means any person younger than 18 years of age.

"Child-placing agency" means (i) any person who places children in foster homes, adoptive homes, or independent living arrangements pursuant to § 63.2-1819 of the Code of Virginia ~~or~~; (ii) a local board that places children in foster homes or adoptive homes pursuant to §§ 63.2-900, 63.2-903, and 63.2-1221 of the Code of Virginia; or (iii) an entity that assists parents with the process of delegating parental and legal custodial powers of their children pursuant to Chapter 10 (§ 20-166 et seq.) of Title 20 of the Code of Virginia. "Child-placing agency" does not include the persons to whom such parental or legal custodial powers are delegated pursuant to Chapter 10 of Title 20 of the Code of Virginia. Officers, employees, or agents of the Commonwealth, or any locality acting within the scope of its authority as such, who serve as or maintain a child-placing agency shall not be required to be licensed.

"Children's residential facility" ~~or "facility"~~ means any facility, child-caring institution, or group home that is maintained for the purpose of receiving children separated from their parents or

guardians for full-time care, maintenance, protection, and guidance, or for the purpose of providing independent living services to persons between 18 and 21 years of age who are in the process of transitioning out of foster care. Children's residential facility shall not include:

1. A licensed or accredited educational institution whose pupils, in the ordinary course of events, return annually to the homes of their parents or guardians for not less than two months of summer vacation;

2. An establishment required to be licensed as a summer camp by § 35.1-18 of the Code of Virginia;

3. A licensed or accredited hospital legally maintained as such; ~~and~~ or

4. Any facility licensed by the Department of Social Services as a child caring institution as of January 1, 1987, and that receives no public funds.

~~"Complaint" means an accusation against a licensed or certified facility regarding an alleged violation of standards or law.~~

"Contraband" means any item prohibited by law or by the rules ~~and regulations~~ of the ~~agency~~ facility, or any item that conflicts with the program or safety and security of the facility or individual residents.

~~"Corporal punishment" means punishment administered through the intentional inflicting of pain or discomfort to the body through actions such as, but not limited to (i) striking or hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort.~~

~~"Corrective action plan" means violations documented by the department and the facility's submitted pledged corrective action to the documented violations cited by the regulatory authority.~~

"Day" means calendar day unless the context clearly indicates otherwise.

"Department" means the ~~State~~ Virginia Department of Social Services.

"Electronic record" means a record created, generated, sent, communicated, received, or stored by electronic means.

"Emergency" means a sudden, generally unexpected occurrence or set of circumstances demanding immediate action. Emergency does not include regularly scheduled time off for permanent staff or other situations that should reasonably be anticipated.

"Emergency admission" means the sudden, unplanned, unexpected admittance of a child who needs immediate care, except self-admittance to a temporary emergency shelter facility or a court-ordered placement.

"Fictive kin" means persons who are not related to a child by blood or adoption but have an established relationship with the child or the child's family [and such relationship existed prior to the child's initial entry into foster care] .

"Foster home" means a residence approved by a child-placing agency or local board in which any child resides as a member of the household, other than a child by birth or adoption of such person or a child who is the subject of a power of attorney to delegate parental or legal custodial powers by the child's parents or legal custodian to the natural person who has been designated the child's legal guardian pursuant to Chapter 10 of Title 20 of the Code of Virginia and who exercises legal authority over the child on a continuous basis for at least 24 hours without compensation.

"Goal" means expected results or conditions that usually involve a long period of time and that are written in behavioral terms in a statement of relatively broad scope. Goals provide guidance in establishing specific short-term objectives directed toward the attainment of the goal.

~~"Good character and reputation" means findings have been established and knowledgeable and objective people agree that the individual maintains business or professional, family, and~~

~~community relationships that are characterized by honesty, fairness, truthfulness, and dependability, and has a history or pattern of behavior that demonstrates that the individual is suitable and able to care for, supervise, and protect children. Relatives by blood or marriage, and persons who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective references.~~

"Group home" means a children's residential facility that is a community-based, home-like single dwelling, or its acceptable equivalent, other than the private home of the operator, and serves up to 12 residents.

"Health information" means the information that encompasses the universe of oral, written, or otherwise recorded information that is created or received by an entity relating to either an individual's physical or mental health or the provision of or payment for health care to an individual.

"Health record" means the file maintained by a provider that contains personal health information.

"Human research" means any systematic investigation including research development, testing, and evaluation, utilizing human subjects, that is designed to develop or contribute to generalized knowledge. Human research shall not be deemed to include research exempt from federal research regulations pursuant to 45 CFR 46.101(b).

"Immediately" means directly without delay.

"Independent living program" means a competency-based program that is specifically approved by the department to provide the opportunity for the residents to develop the skills necessary to live successfully on their own following completion of the program.

"Independent living services" means those services and activities ~~designed to assist in self-sufficiency preparation of children aged~~ provided to a child in foster care 14 ~~and~~ years of age or older ~~or individuals~~ who ~~have turned 18 but not yet turned 21 years old~~ was committed or

entrusted to a local board of social services, child welfare agency, or private child-placing agency. "Independent living services" may also mean services and activities provided to a person who (i) was in foster care on the person's 18th birthday and has not yet reached 21 years of age; (ii) is between 18 and 21 years of age and, immediately prior to commitment to the Department of Juvenile Justice, was in the custody of a local board of social services; or (iii) is a child at least 16 years of age or a person between 18 and 21 years of age who was committed to the Department of Juvenile Justice immediately prior to placement in an independent living arrangement. Such services shall include counseling, education, housing, employment, ~~and~~ money management, skills development, ~~and~~ access to essential documents, and other appropriate services to help children or persons prepare for self-sufficiency.

"Individualized service plan" means a written plan of action developed, and modified at intervals, to meet the needs of a specific resident. It specifies measurable short-term and long-term goals, objectives, strategies, and timeframes for reaching the goals, and the individuals responsible for carrying out the plan.

"Legal guardian" means the natural or adoptive parents or other person, agency, or institution that has legal custody of a child.

~~"License" means a document verifying approval to operate a children's residential facility and that indicates the status of the facility regarding compliance with applicable state regulations.~~

"Live-in staff" means staff who are required to be on duty for a period of 24 consecutive hours or more during each work week.

"Living unit" means the space in which a particular group ~~of children~~ in care ~~of~~ at a residential facility reside. A living unit contains sleeping areas, bath and toilet facilities, and a living room or its equivalent for use by the residents of the unit. Depending upon its design, a building may contain one living unit or several separate living units.

~~"Mechanical restraint" means the use of an approved mechanical device that involuntarily restricts the freedom of movement or voluntary functioning of a limb or portion of a person's body as a means to control his physical activities when the individual receiving services does not have the ability to remove the device.~~

"Medication error" means an error made in administering a medication to a resident, including the following: (i) the wrong medication is given to a resident; (ii) the wrong resident is given the medication; (iii) the wrong dosage is given to a resident; (iv) medication is given to a resident at the wrong time or not at all; and (v) the proper method is not used to give the medication to a resident. A medication error does not include a resident's refusal of offered medication.

"Normalcy" means allowing children and youth in foster care to experience childhood and adolescence in ways similar to peers who are not in foster care by empowering children's residential facilities staff to use the reasonable and prudent parent standard referenced in Public Law 113-183 (42 USC §§ 671 and 675) when making decisions regarding extracurricular, enrichment, and social activities.

"Objective" means expected short-term results or conditions that must be met in order to attain a goal. Objectives are stated in measurable, behavioral terms and have a specified time for achievement.

"On duty" means that period of time during which a staff person is responsible for the supervision of one or more ~~children~~ residents.

"Parent" means a natural or adoptive parent. "Parent" means either parent unless the facility has been provided documentation that there is a legally binding instrument, a state law, or a court order governing such matters as divorce, separation, or custody~~,~~ that provides to the contrary.

~~"Pat down" means a thorough external body search of a clothed resident.~~

~~"Personal health information" means the information that encompasses the universe of oral, written or otherwise recorded information that is created or received by an entity relating to either an individual's physical or mental health or the provision of or payment for health care to an individual.~~

~~"Pharmacological restraint" means the use of a medication that is administered involuntarily for the emergency control of an individual's behavior when the individual's behavior places him or others at imminent risk and the administered medication is not a standard treatment for the individual's medical or psychiatric condition.~~

"Physical restraint" (also referred to as a "manual hold") means use of a physical intervention or "hands-on" hold to prevent an individual from moving his body when that individual's behavior places ~~him~~ the individual or others at imminent risk.

"Placement" means an activity by any person that provides assistance to a parent or legal guardian in locating and effecting the movement of a child to a foster home, adoptive home, or children's residential facility.

"Premises" means the tracts of land on which any part of a residential facility ~~for children~~ is located and any buildings on such tracts of land.

"Provider" or "licensee" or "sponsor" means the individual; corporation; partnership; association; limited liability company; local government; state agency, including any department, institution, authority, instrumentality, board, or other administrative agency of the Commonwealth; or other legal or commercial entity to whom a license is issued and who is legally responsible for compliance with the regulatory and statutory requirements relating to the facility.

"Qualified individual" means a trained professional or licensed clinician who is not an employee of the local board of social services or licensed child-placing agency that placed the

child in a qualified residential treatment program and is not affiliated with any placement setting in which children are placed by local board of social services or licensed-placing agency.

"Qualified residential treatment program" means a program that (i) provides 24-hour residential placement services for children in foster care; (ii) has adopted a trauma-informed treatment model that meets the clinical and other needs of children with serious emotional or behavioral disorders, including any clinical or other needs identified through assessments conducted pursuant to clause (viii) of this definition; (iii) employs registered or licensed nursing and other clinical staff who provide care on site and within the scope of their practice and are available 24 hours a day, seven days a week; (iv) conducts outreach with the child's family members, including efforts to maintain connections between the child and the child's siblings and other family; documents and maintains records of such outreach efforts; and maintains contact information for any known biological family and fictive kin of the child; (v) whenever appropriate and in the best interest of the child, facilitates participation by family members in the child's treatment program before and after discharge and documents the manner in which such participation is facilitated; (vi) provides discharge planning and family-based aftercare support for at least six months after discharge; (vii) is licensed in accordance with 42 USC § 671(a)(10) and accredited by an organization approved by the federal Secretary of Health and Human Services; and (viii) requires that any child placed in the program receive an assessment within 30 days of placement by a qualified individual that (a) assesses the strengths and needs of the child using an age-appropriate, evidence-based, validated, and functional assessment tool approved by the Commissioner of Social Services; (b) identifies whether the needs of the child can be met through placement with a family member or in a foster home or, if not, in a placement setting authorized by 42 USC § 672(k)(2), including a qualified residential treatment program, that would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short-term and long-term goals established for the child in the child's foster

care or permanency plan; (c) establishes a list of short-term and long-term mental and behavioral health goals for the child; and (d) is documented in a written report to be filed with the court prior to any hearing on the child's placement pursuant to § 16.1-281, 16.1-282, 16.1-282.1, or 16.1-282.2 of the Code of Virginia.

"Reasonable and prudent parent standard," in accordance with 42 USC § 675(10), means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child that residential care staff shall use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.

"Resident" means a person admitted to a children's residential facility for supervision, care, or training on a 24-hour per day basis.

"Rest day" means a period of not less than 24 consecutive hours during which a staff person has no responsibility to perform duties related to the facility.

"Routine admission" means the admittance of ~~a child~~ an individual following evaluation of an application for admission and execution of a written placement agreement.

~~"Rules of conduct" means a listing of a facility's rules or regulations that is maintained to inform residents and others about behaviors that are not permitted and the consequences applied when the behaviors occur.~~

~~"Sanitizing agent" means any substance approved by the Environmental Protection Agency to destroy bacteria.~~

~~"Seclusion" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person by physically blocking the door or by any other physical or verbal means so that the individual cannot leave it.~~

"Self-admission" means the admittance of a child who seeks admission to a temporary emergency shelter facility ~~as permitted by Virginia statutory law~~ pursuant to § 63.2-1817 of the Code of Virginia without completing the requirements for "routine admission."

~~"Severe weather" means extreme environment or climate conditions that pose a threat to the health, safety, or welfare of residents.~~

"Standard" means a statement that describes in measurable terms a required minimum performance level. ~~The term "standard" and the term "regulation" may be used interchangeably.~~

"Strategies" means a series of steps and methods used to meet goals and objectives.

~~"Strip search" means a visual inspection of the body of a resident when that resident's outer clothing or total clothing is removed and an inspection of the removed clothing. Strip searches are conducted for the detection of contraband.~~

"Structured program of care" means a comprehensive planned daily routine, including appropriate supervision that meets the needs of each resident both individually and as a group.

~~"Student/intern"~~ "Student or intern" means an individual who simultaneously is affiliated with an educational institution and a residential facility. Every ~~student/intern~~ student or intern who is not an employee is either a volunteer or contractual service provider depending upon the relationship among the ~~student/intern~~ the student or intern, the educational institution, and the facility.

"Substantial compliance" means that while there may be noncompliance with one or more ~~standards~~ regulations that represents minimal risk, compliance clearly and obviously exists with most of the ~~standards~~ regulations as a whole.

~~"Target population" means individuals with a similar, specified characteristic or disability.~~

~~"Temporary contract worker" means an individual who is not a direct salaried employee of the provider but is employed by a third party and is not a consistently scheduled staff member.~~

"Temporary emergency shelter facility" means an emergency shelter specifically approved to provide a range of services, as needed, on an individual basis not to exceed 90 days, except that this term does not include secure detention facilities.

~~"Therapy" means provision of direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment.~~

~~"Time out"~~ "Time-out" means the involuntary removal of a resident by a staff person from a source of reinforcement to a different open location for a specified period of time or until the problem behavior has subsided to discontinue or reduce the frequency of problematic behavior.

"Trauma" means an event or situation that causes short-term and long-term distress or family disruption and can create substantial damage to an individual's physical, emotional, and psychological well-being.

"Trauma-informed" means services or programs designed to or on behalf of a resident that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

"Volunteers" means any individual or group who, of their own free will, and without any financial gain, provides goods and services to the program without compensation.

"Wilderness campsite program" means a facility specifically approved to provide a primitive camping program with a nonpunitive environment and an experience curriculum for residents nine years of age and older who cannot presently function in home, school, or community. In lieu of or in addition to dormitories, cabins, or barracks for housing residents, primitive campsites are used

to integrate learning, mentoring, and group process with real living needs and problems for which the resident can develop a sense of social responsibility and ~~self worth~~ self-worth.

22VAC40-151-30. Inspection of facilities.

A. Representatives of the department shall make announced and unannounced inspections during the effective dates of the license. The purpose of these inspections is to monitor compliance with applicable ~~standards~~ laws and regulations.

B. The department shall notify relevant local governments and placing and funding agencies, including the Office of ~~Comprehensive~~ Children's Services, of multiple health and safety or human rights violations in children's residential facilities when such violations result in the lowering of the license ~~or certificate~~ to provisional status.

22VAC40-151-50. General requirements.

A. The provider shall demonstrate substantial compliance with ~~these standards~~ this chapter to demonstrate that its program and physical plant provide reasonably safe and adequate care while approved plans of action to correct findings of noncompliance are being implemented and there are no noncompliances that pose an immediate and direct danger to residents.

B. Corporations sponsoring children's residential facilities ~~for children~~ shall maintain ~~their~~ corporate status in accordance with Virginia law.

C. Each provider shall self-report within 10 days~~,~~ to the department~~,~~ lawsuits against or settlements with residential facility operators relating to the health and safety or human rights of residents and any criminal charges against staff that may have been made relating to the health and safety or human rights of residents.

D. The provider shall comply with all other applicable federal, state, or local laws and regulations.

E. The provider's current policy and procedure manual shall be readily accessible to all staff.

F. The provider shall comply with its own policies and procedures.

22VAC40-151-70. Modification.

A. A contemplated change in operation that would affect the terms of the license shall not be implemented prior to approval by the department. The provider will be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license is required.

B. The department may modify the term of a facility's license at any time during the licensure period based on a change in the facility's compliance with ~~these standards~~ this chapter and other applicable statutes and regulations.

22VAC40-151-120. Responsibilities of the provider.

A. The provider shall appoint a qualified chief administrative officer to whom it delegates, in writing, the authority and responsibility for administrative direction of the facility.

B. The provider shall develop and implement a written ~~decisionmaking~~ decision-making plan that shall provide for a staff person with the qualifications of the chief administrative officer or program director to be designated to assume the temporary responsibility for the operation of the facility. Each plan shall include an organizational chart.

C. The provider shall develop a written statement of the objectives of the facility, including a description of the target population and the programs to be offered. Target population means individuals with a similar, specified characteristic or disability.

D. The provider shall develop and implement written policies and procedures to monitor and evaluate service quality and effectiveness on a systematic and on-going basis. The provider shall implement improvements when indicated.

22VAC40-151-180. Facilities serving persons ~~over the age of~~ older than 17 years of age.

Facilities that are approved to serve persons ~~over the age of~~ older than 17 years of age shall comply with ~~these standards~~ this chapter for all occupants regardless of age, except when it is determined by the department that housing, programs, services, and supervision for such persons are provided separately from those for the other residents.

22VAC40-151-210. Qualifications.

A. ~~Standards~~ Regulations establishing minimum position qualifications shall be applicable to all providers. In lieu of the minimum position qualifications contained in this chapter, providers subject to (i) the regulations of the Virginia Department of Human Resource Management or (ii) the regulations of a local government personnel office may develop written minimum entry-level qualifications in accord with the regulations of the supervising personnel authority.

B. A person who assumes or is designated to assume the responsibilities of a position or any combination of positions described in ~~these standards~~ this chapter shall:

1. Meet the qualifications of the position ~~or positions~~;

2. Fully comply with all applicable ~~standards~~ regulations for each function; and

3. Demonstrate a working knowledge of the policies and procedures that are applicable to ~~his~~ the specific position ~~or positions~~.

C. When services or consultations are obtained on a contractual basis ~~they~~, the services or consultations shall be provided by professionally qualified personnel.

22VAC40-151-240. Personnel records.

A. Separate up-to-date written or automated personnel records shall be maintained for each employee, ~~student/intern~~ student or intern, volunteer, and contractual service provider for whom background investigations are required ~~by Virginia statute~~ pursuant to § 63.2-1726 of the Code of

Virginia. ~~Content of personnel~~ Personnel records of volunteers, ~~students/interns~~ students or interns, and contractual service providers may be limited to documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations.

B. The records of each employee shall include:

1. A completed employment application form or other written material providing the individual's name, address, ~~phone~~ telephone number, and social security number or other unique identifier;

2. Educational background and employment history;

3. Written references or notations of oral references;

4. Reports of required health examinations;

5. Annual performance evaluations;

6. Date of employment for each position held and separation;

7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;

8. Documentation of educational degrees and of professional certification or licensure;

9. Documentation of all training required by ~~these standards~~ this chapter and any other training received by individual staff; and

10. A current job description.

C. Personnel records, including separate health records, shall be retained in their entirety for at least three years after separation from employment, contractual service, ~~student/intern~~ student or intern, or volunteer service.

22VAC40-151-250. Staff development.

A. Required initial training:

1. Within seven days following ~~their~~ [~~begin~~ the] date [of employment] , each staff member responsible for supervision of ~~children~~ residents shall receive basic orientation to the facility's behavior intervention policies, procedures and techniques regarding less restrictive interventions, ~~timeout~~ time-out, and physical restraint.

2. Within 14 days following an individual's [~~begin~~] date~~,~~ [of employment] or before an individual is alone supervising ~~children~~ residents, the provider shall conduct emergency preparedness and response training that shall include:

a. Alerting emergency personnel and sounding alarms;

b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);

c. Using, maintaining, and operating emergency equipment;

d. Accessing emergency information for residents, including medical information; and

e. Utilizing community support services.

3. Within 14 days following [~~their begin~~ the] date [of employment] , new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and ~~students/interns~~ students or interns shall be given orientation and training regarding:

a. The objectives of the facility;

b. Practices of confidentiality;

c. The ~~decisionmaking~~ decision-making plan;

d. ~~The Standards for Licensed Children's Residential Facilities~~ This chapter, including the prohibited actions as outlined in this ~~regulation~~ chapter; and

e. Other policies and procedures that are applicable to their positions, duties, and responsibilities.

4. Within 30 days following [~~their begin~~ the] date [of employment] , all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.

5. Within 30 days following [~~their begin~~ the] date [of employment] , all staff working with residents shall be trained in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, ~~and~~ suicide prevention, normalcy and reasonable and prudent parent standard, and trauma and trauma-informed interventions.

6. Within 30 days following [~~their begin~~ the] date [of employment] , all staff shall be trained on the facility's policies and procedures regarding [standard] precautions.

7. Within 30 days following [~~their begin~~ the] date [of employment] , all staff shall be trained on appropriate siting of children's residential facilities ~~and~~, good neighbor policies ~~and~~, community relations, and shaken baby syndrome and its effect pursuant to § 63.2-1737 of the Code of Virginia.

8. Before they can administer medication, all staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications.

9. All staff shall be trained in any area of quality improvement as identified from the results of the quality improvement plan.

B. Required annual retraining.

1. All employees, contractors, ~~students/interns~~ students or interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include:

a. Alerting emergency personnel and sounding alarms;

b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);

c. Using, maintaining, and operating emergency equipment;

d. Accessing emergency information for residents, including medical information; and

e. Utilizing community support services.

2. All staff who administer medication shall complete annual refresher medication training.

3. All ~~child~~ residential care staff shall receive annual retraining on the provider's behavior intervention and timeout policies and procedures.

4. All staff ~~working~~ who may have interactions with residents, including residential care staff, shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention.

5. All staff shall receive annual retraining on the provider's policies and procedures regarding [standard] precautions.

C. Each full-time staff person who works with residents shall complete an additional 15 hours of annual training applicable to their job duties.

D. Providers shall develop and implement written policies and procedures to ensure that part-time staff receive training applicable to their positions.

E. Training provided shall be comprehensive and based on the needs of the population served to ensure that staff have the competencies to perform their jobs.

22VAC40-151-270. Applicant.

A. Each applicant shall provide documentation that ~~they have~~ the applicant has been trained on appropriate siting of children's residential facilities and good neighbor policies and community relations.

B. The applicant shall be interviewed in person by the department to determine the qualifications of the owner or operator as set out in ~~these standards~~ this chapter.

C. Should the applicant not be qualified to perform the duties of the chief administrative officer, the applicant shall hire an individual with the qualifications, as set out in ~~these standards~~ this chapter, to perform the duties of the chief administrative officer.

22VAC40-151-280. Chief administrative officer.

A. The chief administrative officer shall have the following responsibilities:

1. Responsibility for compliance with ~~the Standards for Licensed Children's Residential Facilities~~ this chapter and other applicable ~~standards~~ regulations;

2. Responsibility for all personnel;

3. Responsibility for overseeing the facility operation in its entirety, including the approval of the design of the structured program of care and its implementation; and

4. Responsibility for the facility's financial integrity.

B. A chief administrative officer shall have at least:

1. A master's degree in social work, psychology, counseling, or administration and a combination of two years of professional experience working with children and in administration and supervision;

2. A baccalaureate degree in social work, psychology, counseling, or administration and three years of combined professional experience with children~~,~~ and in administration and supervisory experience; or

3. A baccalaureate degree and a combination of four years of professional experience in a children's residential facility and in administration and supervision.

C. Any ~~applicant~~ candidate for the chief administrative officer position shall submit the following to demonstrate compliance with the qualifications required by this regulation for the chief administrative officer:

1. Official transcripts from the accredited college or university of attendance within 30 days of hire; and

2. Documentation of prior relevant experience before the date of hire.

22VAC40-151-290. Program director.

A. The facility's program shall be directed by one or more qualified persons.

B. Persons directing programs shall be responsible for the development and implementation of the programs and services offered by the facility, including overseeing assessments, service planning, staff scheduling, and supervision.

C. Persons directing programs of a facility licensed ~~or certified~~ to care for 13 or more residents shall be ~~full time~~ full-time, qualified staff members.

D. A person appointed to direct programs shall have at least:

1. A master's degree in social work, psychology, or counseling and a combination of two years of professional experience with children, in a children's residential facility, and in administration or supervision;

2. A baccalaureate degree in social work, psychology, or counseling and a combination of three years of professional experience with children, in a children's residential facility, and in administration or supervision; or

3. A baccalaureate degree and a combination of four years of professional experience with children, in a children's residential facility, and in administration or supervision.

E. Any ~~applicant~~ candidate for the program director position shall submit the following to demonstrate compliance with the qualifications required by this regulation for the program director:

1. Official transcripts from the accredited college or university of attendance within 30 days of hire; and

2. Documentation of prior relevant experience before the date of hire.

22VAC40-151-310. ~~Child~~ Residential care supervisor.

A. ~~Child~~ Residential care supervisors shall have responsibility for the:

1. Development of the daily living program within each ~~child~~ residential care unit; and

2. Orientation, training, and supervision of direct care workers.

B. ~~Child~~ Residential care supervisors shall have:

1. A baccalaureate degree in social work or psychology and two years of professional experience working with children, one year of which must have been in a residential facility for children;

2. A high school diploma or a General Education Development Certificate ~~(G.E.D.)~~ (GED) and a minimum of five years of professional experience working with children with at least two years in a residential facility for children; or

3. A combination of education and experience working with children as approved by the department.

22VAC40-151-320. ~~Child~~ Residential care staff.

A. ~~The child~~ Residential care ~~worker~~ staff shall have responsibility for guidance and supervision of the ~~children~~ residents to whom ~~he~~ the staff member is assigned, including:

1. Overseeing physical care;

2. Development of acceptable habits and attitudes;

3. Management of resident behavior; and

4. Helping to meet the goals and objectives of any required service plan.

B. ~~A child~~ Residential care ~~worker~~ staff and ~~a~~ relief ~~child~~ residential care ~~worker~~ staff shall:

1. Have a baccalaureate degree in human services;

2. Have an ~~associates~~ associate degree and three months of experience working with children; or

3. Be a high school graduate or have a General Education Development Certificate ~~(G.E.D.)~~ (GED) and have six months of experience working with children.

C. ~~Child~~ Residential care staff with a high school diploma or ~~G.E.D.~~ GED with no experience working with children may not work alone, but may be employed as long as they are working directly with the chief administrative officer, program director, case manager, ~~child~~ residential care supervisor, or a ~~child~~ residential care ~~worker~~ staff with one or more years of professional experience working with children.

D. An individual hired, promoted, demoted, or transferred to a ~~child care worker's~~ residential care staff position shall be at least 21 years ~~old~~ of age.

E. The provider shall not be dependent on temporary contract workers to provide resident care. A temporary contract worker is an individual who is not a direct salaried employee of the provider but is employed by a third party and is not a consistently scheduled staff member.

22VAC40-151-350. Support functions.

A. ~~Child~~ Residential care ~~workers~~ staff and other staff responsible for ~~child care~~ residents may assume the duties of ~~nonchild~~ nonresidential care personnel only when these duties do not interfere with their ~~child~~ residential care responsibilities.

B. Residents shall not be solely responsible for support functions, including ~~but not necessarily limited to,~~ food service, maintenance of building and grounds, and housekeeping.

22VAC40-151-360. Buildings, inspections, and building plans.

A. All buildings and ~~building-related~~ building-related equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy.

B. The facility shall ~~document~~, at the time of its ~~original~~ initial application ~~evidence of consultation with state or local~~, provide a report from the appropriate fire ~~prevention authorities~~ official having jurisdiction pursuant to the Virginia Statewide Fire Prevention Code Act (§ 27.94 et seq of the Code of Virginia), § 9.1-207 of the Code of Virginia, and Virginia Statewide Fire Prevention Code (13VAC5-52).

C. The facility shall ~~document~~ provide annually after the initial application a report that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code ~~(13VAC5-51)~~ Act, § 9.1-207 of the Code of Virginia, and 13VAC5-52.

D. At the time of the ~~original~~ initial application and at least annually thereafter, the buildings shall be inspected and approved by state or local health authorities, whose inspection and approval shall include:

1. General sanitation;

2. The sewage disposal system;

3. The water supply; and

4. Food service operations.

E. The buildings and physical environment shall provide adequate space and shall be of a design that is suitable to house the programs and services provided and meet specialized needs of the residents.

F. Building plans and specifications for new construction, change in use of existing buildings, and any structural modifications or additions to existing buildings shall be submitted to and approved by the department and by other appropriate regulatory authorities.

G. Swimming pools shall be inspected annually by the state or local health authorities or by a swimming pool business.

22VAC40-151-420. Sleeping areas.

A. When residents are four years of age or older, boys and girls shall have separate sleeping areas.

B. No more than four ~~children~~ residents shall share a bedroom or sleeping area.

C. An adolescent parent and their child may share a bedroom, and the bedroom shall not have other residents.

~~C. Children~~ D. Residents who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking shall be provided with a planned, personalized means of effective egress for use in emergencies.

~~D.~~ E. Beds shall be at least three feet apart at the head, foot, and sides and double-decker beds shall be at least five feet apart at the head, foot, and sides.

~~E.~~ F. Sleeping quarters in facilities licensed by ~~DSS~~ the department prior to July 1, 1981, and facilities established, constructed, or structurally modified after July 1, 1981, except for primitive campsites, shall have:

1. At least 80 square feet of floor area in a bedroom accommodating one person;

2. At least 60 square feet of floor area per person in rooms accommodating two or more persons; and

3. Ceilings with a primary height at least 7-1/2 feet in height exclusive of protrusions, duct work, or dormers.

~~F.~~ G. Each ~~child~~ resident shall have a separate, clean, comfortable bed equipped with a clean mattress, clean pillow, clean blankets, clean bed linens, and, if needed, a clean waterproof mattress cover.

~~G.~~ H. Bed linens shall be changed at least every seven days and more often if needed.

~~H.~~ I. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer except in buildings equipped with an automated sprinkler system as required by the Virginia Uniform Statewide Building Code (13VAC5-63).

~~I.~~ J. Cribs shall be provided for residents ~~under~~ younger than two years of age.

~~J.~~ K. Each resident shall be assigned drawer space and closet space~~,~~ or ~~their~~ the equivalent~~,~~ ~~which~~ that is accessible to the sleeping area for storage of clothing and personal belongings.

~~K.~~ L. The environment of sleeping areas shall be conducive to sleep and rest.

22VAC40-151-430. Smoking prohibition.

Smoking and the use of electronic smoking devices shall be prohibited in living ~~areas~~ units and in areas where residents participate in programs.

22VAC40-151-450. Living rooms and indoor recreation space.

A. Each living unit shall have a living room~~,~~ or other area for informal use~~,~~ for relaxation and entertainment. The furnishings shall provide a comfortable, ~~home like~~ home-like environment that is appropriate to the ages of the residents.

B. All facilities shall have indoor recreation space that contains indoor recreation materials appropriate to the ages and interests of the residents.

C. Facilities licensed ~~or certified~~ to care for 13 or more residents shall have indoor recreation space distinct from the living room. Recreation space is not required in every living unit.

22VAC40-151-530. Equipment and furnishings.

A. All furnishings and equipment shall be safe, clean, and suitable to the ages and number of residents.

B. There shall be at least one continuously operable, nonpay telephone accessible to staff in each building in which ~~children~~ residents sleep or participate in programs.

22VAC40-151-540. Housekeeping and maintenance.

A. All buildings shall be well ventilated and free of stale, musty, or foul odors.

B. Adequate provision shall be made for the collection and legal disposal of garbage and waste materials.

C. Buildings shall be kept free of flies, roaches, rats, and other vermin.

D. A sanitizing agent, which is any substance approved by the U.S. Environmental Protection Agency to destroy bacteria, shall be used in the laundering of bed, bath, table, and kitchen linens.

22VAC40-151-570. Admission procedures.

A. The facility shall have written criteria for admission that shall include:

1. A description of the population to be served;

2. A description of the types of services offered;

3. Intake and admission procedures;

4. Exclusion criteria to define those behaviors or problems that the facility does not have the staff with experience or training to manage; and

5. Description of how educational services will be provided to the population being served.

B. The facility shall accept and serve only ~~those children~~ residents whose needs are compatible with the services provided through the facility unless ~~a child's~~ an admission is ordered by a court of competent jurisdiction.

C. Each facility shall provide documentation showing proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services, or any other services needed to serve the residents in accordance with the facility's program description as defined by the facility's criteria of admission.

D. The facility shall document in the resident's record an inventory of the resident's clothing and personal belongings at the time of admission.

22VAC40-151-620. Application for admission.

A. Admission shall be based on evaluation of an application for admission. The requirements of this section do not apply to court-ordered placements or transfer of a resident between residential facilities located in Virginia and operated by the same sponsor.

B. Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine:

1. The educational needs of the prospective resident;

2. The mental health, emotional, and psychological needs, including trauma history and symptoms, of the prospective resident;

3. The physical health needs, including the immunization needs, of the prospective resident;

4. The protection needs of the prospective resident;

5. The suitability of the prospective resident's admission;

6. The behavior support needs of the prospective resident; and

7. Information necessary to develop a service plan and a behavior support plan.

C. The resident's record shall contain a completed application for admission at the time of a routine admission or within 30 days after an emergency admission.

D. Each facility shall develop and implement written policies and procedures to assess each prospective resident as part of the application process to ensure that:

1. The needs of the prospective resident can be addressed by the facility's services;

2. The facility's staff are trained to meet the prospective resident's needs; and

3. The admission of the prospective resident would not pose any significant risk to (i) the prospective resident or (ii) the facility's residents or staff.

22VAC40-151-670. Resident transfer between residential facilities located in Virginia and operated by the same sponsor.

A. Except when transfer is ordered by a court of competent jurisdiction, the receiving provider shall document at the time of transfer:

1. Preparation through sharing information with the resident, the family, and the placing agency about the facility, the staff, the population served, activities, and criteria for admission;

2. Notification to the family, if appropriate~~;~~, the resident, the placement agency, and the legal guardian;

3. Receipt from the sending facility of a written summary of the resident's progress while at the facility, justification for the transfer, and the resident's current strengths and needs; and

4. Receipt of the resident's record.

B. The sending facility shall retain a copy of the face sheet and a written summary of the ~~child's~~ resident's progress while at the facility and shall document the date of transfer and the name of the facility to which the resident has been transferred.

22VAC40-151-680. Discharge.

A. The provider shall have written criteria for discharge that shall include:

1. Criteria for a resident's completing the program that are consistent with the facility's programs and services;

2. Conditions under which a resident may be discharged before completing the program; and

3. Procedures for assisting placing agencies in placing the residents should the facility cease operation.

B. The provider's criteria for discharge shall be accessible to prospective residents, legal guardians, and placing agencies.

C. The record of each resident discharged upon receipt of the order of a court of competent jurisdiction shall contain a copy of the court order.

D. Residents shall be discharged only to the legal guardian or legally authorized representative.

E. The resident's record shall contain a list of the resident's clothing and personal belongings in possession of the resident at the time of discharge. A copy of the resident's clothing and personal belongings discharge list shall be provided to the legal guardian or legally authorized representative, as appropriate.

~~E.~~ F. Information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care shall be provided to the legal guardian or legally authorized representative, as appropriate.

~~F.~~ G. Unless discharge is ordered by a court of competent jurisdiction, prior to the planned discharge date, each resident's record shall contain:

1. Documentation that discharge has been planned and discussed with the parent, legal guardian, child-placing agency, and resident; and

2. A written discharge plan.

~~G.~~ H. Discharge summaries.

1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review:

a. Services provided to the resident;

b. The resident's progress toward meeting service plan objectives;

c. The resident's continuing needs and recommendations if any, for further services and care;

d. Reasons for discharge and names of persons to whom resident was discharged;

e. Dates of admission and discharge; and

f. Date the discharge summary was prepared and the signature of the person preparing it.

2. In lieu of a comprehensive discharge summary, the record of each resident discharged upon receipt of the order of a court of competent jurisdiction shall contain a copy of the court order.

22VAC40-151-700. Case management services.

A. The program of the facility shall be designed to provide case management services. Case management services shall address:

1. Helping the resident and the parents or legal guardian to understand the effects on the resident of separation from the family and the effect of group living;

2. Assisting the resident and the family to maintain their relationships and prepare for the resident's future care;

3. Utilizing appropriate community resources to provide services and maintain contacts with such resources;

4. Helping the resident strengthen ~~his~~ the resident's capacity to function productively in interpersonal relationships;

5. Conferring with the ~~child~~ residential care staff to help them understand the resident's needs in order to promote adjustment to group living; and

6. Working with the resident and with the family or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family, for independent living, or for other residential care.

B. The provision of case management services shall be documented in each resident's record.

22VAC40-151-710. Therapy.

Therapy, if provided, shall be provided by an individual (i) licensed ~~as a therapist~~ by the Department of Health Professions or (ii) who is licensure eligible and working under the supervision of a licensed therapist, unless exempted from these requirements under the Code of Virginia.

22VAC40-151-720. Structured program of care.

A. There shall be evidence of a structured program of care designed to:

1. Meet ~~the residents'~~ each resident's physical and emotional needs;

2. Identify each resident's trauma experiences and the impact on the resident's behavior to guide services and supports;

~~2.~~ 3. Provide protection, guidance, and supervision; and

~~3.~~ 4. Meet the objectives of any required service plan.

B. Pursuant to § 63.2-904 of the Code of Virginia and the reasonable and prudent parent standard defined in 42 USC § 675(10)(A), the provider shall implement policies and procedures to support normalcy for residents.

1. Pursuant to 42 USC § 671(a)(10)(B), providers shall provide at least one trained staff on site to be the caregiver who is authorized to apply the reasonable and prudent parent standard to decisions involving the resident's participation in age-appropriate or developmentally appropriate activities.

2. The trained on-site staff applying the reasonable and prudent parent standard shall take into consideration (i) activities or items that are generally accepted as suitable for residents of the same chronological age or level of maturity or that are determined to be developmentally appropriate for the resident based on the development of cognitive, emotional, physical, and behavior capacities that are typical for any age or age group; and (ii) in the case of a specific resident, activities or items that are suitable for the resident based on the developmental stages attained by the resident with respect to the cognitive, emotional, physical, and behavioral capacities of the resident in accordance with 42 USC § 675(11). The staff shall consult with the child-placing agency or legal guardian for any information needed to apply the reasonable and prudent parent standard.

~~B.~~ C. There shall be evidence of a structured daily routine designed to ensure the delivery of program services.

~~C.~~ D. A daily communication log shall be maintained to inform staff of significant happenings or problems experienced by residents.

~~D. Health and dental complaints and injuries shall be recorded and shall include the (i) resident's name, complaint, and affected area and (ii) time of the complaint.~~

E. The identity of the individual making each entry in the daily communication log shall be recorded.

F. Health and dental complaints and injuries shall be recorded and shall include the (i) resident's name, (ii) complaint or injury description, (iii) affected area, and (iv) time of the

complaint. The facility will address health and dental complaints and injuries in accordance with 22VAC40-151-730 and 22VAC40-151-740.

~~F.~~ G. Routines shall be planned to ensure that each resident receives the amount of sleep and rest appropriate for ~~his~~ the resident's age and physical condition.

~~G.~~ H. Staff shall promote good personal hygiene of residents by monitoring and supervising hygiene practices each day and by providing instruction when needed.

~~H.~~ I. The structured daily routine shall comply with any facility and locally imposed curfews.

22VAC40-151-740. Medical examinations and treatment.

A. Each ~~child~~ resident accepted for care shall have a physical examination by or under the direction of a licensed physician no earlier than 90 days prior to admission to the facility or no later than seven days following admission, except (i) the report of an examination within the preceding 12 months shall be acceptable if a ~~child~~ resident transfers from one residential facility licensed or certified by a state agency to another, (ii) a physical examination shall be conducted within 30 days following an emergency admission if a report of physical examination is not available, and (iii) this requirement does not apply if a child is admitted to a temporary emergency shelter facility.

B. Within seven days of placement, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.

C. A screening assessment for tuberculosis shall be completed annually on each resident as evidenced by the completion of a form containing, at a minimum, the elements of the screening form published by the Virginia Department of Health.

D. Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.

E. Each physical examination report shall include:

1. Information necessary to determine the health and immunization needs of the resident, including:

a. Immunizations administered at the time of the exam;

b. Vision exam;

c. Hearing exam;

d. General physical condition, including documentation of apparent freedom from communicable disease, including tuberculosis;

e. Allergies, chronic conditions, and ~~handicaps~~ disabilities, if any;

f. Nutritional requirements, including special diets, if any;

g. Restrictions on physical activities, if any; and

h. Recommendations for further treatment, immunizations, and other examinations indicated;

2. Date of the physical examination; and

3. Signature of a licensed physician, the physician's designee, or an official of a local health department.

F. A ~~child~~ prospective resident with a communicable disease shall not be admitted unless a licensed physician certifies that:

1. The facility is capable of providing care to the ~~child~~ prospective resident without jeopardizing residents and staff; and

2. The facility is aware of the required treatment for the ~~child~~ prospective resident and the procedures to protect residents and staff.

The requirements of this subsection shall not apply to temporary emergency shelter facilities.

G. Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to temporary emergency shelter facilities~~,~~.

H. Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.

I. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to instructions and documented in the resident's health record.

~~I.~~ J. Each resident's health record shall include, or document the facility's efforts to obtain, treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable.

~~J.~~ K. The provider shall develop and implement written policies and procedures that include use of [standard] precautions and addresses communicable and contagious medical conditions. These policies and procedures shall be approved by a medical professional.

~~K.~~ L. A well-stocked first-aid kit shall be maintained and readily accessible for minor injuries and medical emergencies.

22VAC40-151-750. Medication.

~~A. All medication shall be securely locked and properly labeled.~~

~~B.~~ A. All staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications before they can administer medication.

~~C.~~ B. Staff authorized to administer medication shall be informed of any known side effects of the medication and the symptoms of the effects.

C. All medication shall be securely locked and properly labeled [except as provided for emergency medication when the conditions set forth in subsection D of 22VAC40-151-750 are met] .

D. Emergency medication [may] be stored in an unlocked, secure location [~~if~~ provided the medication is properly labeled and the following conditions are met] :

1. A physician's order indicates the medication must be immediately available to the resident if there is an emergency; and

2. The facility has a department-approved plan to ensure resident safety.

~~D.~~ E. A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.

~~E.~~ F. Medication prescribed by a person authorized by law shall be administered as prescribed.

~~F.~~ G. A medication administration record shall be maintained [~~of~~ for] all medicines received by each resident and shall include:

1. Resident's name;

~~1.~~ 2. Date the medication was prescribed;

~~2.~~ 3. Drug name;

~~3.~~ 4. Schedule for administration;

~~4.~~ 5. Strength;

~~5.~~ 6. Route;

~~6.~~ 7. Identity of the individual who administered the medication; and

~~7.~~ 8. Dates the medication was discontinued or changed.

~~G.~~ H. In the event of a medication error or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented.

~~H.~~ I. Medication refusals shall be documented ~~including~~ on the medication administration record and include action taken by staff.

~~I.~~ J. The provider shall develop and implement written policies and procedures for documenting medication errors, reviewing medication errors and reactions and making any necessary improvements, the disposal of medication, the storage of controlled substances, and the distribution of medication off campus. The policy and procedures must be approved by a health care professional. The provider shall keep documentation of this approval.

~~J.~~ K. The telephone number of a regional poison control center and other emergency numbers shall be posted on or next to each nonpay telephone that has access to an outside line in each building in which ~~children~~ residents sleep or participate in programs.

~~K.~~ L. Syringes and other medical implements used for injecting or cutting skin shall be stored in a locked area.

22VAC40-151-760. Nutrition.

A. Each resident shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals and an evening snack, (ii) includes an adequate variety and quantity of food for the age of the resident, and (iii) meets minimum nutritional requirements ~~and the~~ [~~. See U.S. Department of Agriculture Dietary Guidelines for Americans (www.dietaryguidelines.gov) for examples of diet plans meeting minimum nutritional requirements~~] .

B. Menus of actual meals served shall be kept on file for at least six months.

C. Special diets shall be provided when prescribed by a physician and the established religious dietary practices of the resident shall be observed.

D. Staff who eat in the presence of the residents shall be served the same meals as the residents, unless a special diet has been prescribed by a physician for the staff or residents or the staff or residents are observing established religious dietary practices.

E. There shall not be more than 15 hours between the evening meal and breakfast the following day.

F. Providers shall ~~assure~~ ensure that food is available to residents who need to eat breakfast before the 15 hours have expired.

G. Providers shall receive approval from the department if they wish to extend the time between meals on weekends and holidays. There shall never be more than 17 hours between the evening meal and breakfast the following day on weekends and holidays.

22VAC40-151-770. Staff supervision of residents.

A. No member of the ~~child~~ residential care staff shall be on duty more than six consecutive days without a rest day, except in an emergency or as approved by the department for live-in staff.

B. ~~Child~~ Residential care staff shall have an average of at least two rest days per week in any four-week period. Rest days shall be in addition to vacation time and holidays.

C. ~~Child~~ Residential care staff other than live-in staff shall not be on duty more than 16 consecutive hours, except in an emergency.

D. There shall be at least one trained ~~child~~ residential care ~~worker,~~ staff person on duty and actively supervising residents at all times that one or more residents are present.

E. Whenever ~~children~~ residents are being supervised by staff, there shall be at least one staff person present with a current basic certificate in standard first aid and a current certificate in cardiopulmonary resuscitation issued by the American Red Cross or other recognized authority.

F. Supervision policies.

1. The provider shall develop and implement written policies and procedures that address staff supervision of children and residents, including contingency plans for resident illnesses, emergencies, off-campus activities, and resident preferences. These policies and procedures shall be based on the:

a. Needs of the population served;

b. Types of services offered;

c. Qualifications of staff on duty; and

d. Number of residents served.

2. At all times, the ratio of staff to children and residents shall be at least one staff to eight children and residents for facilities during the hours residents are awake, except when the department has approved or required a supervision plan with a different ratio based on the needs of the population served.

3. Providers requesting a ratio that allows a higher number of children and residents to be supervised by one staff person than was approved or required shall submit a justification to the [~~lead regulatory agency~~ department] that shall include:

a. Why resident care will not be adversely affected; and

b. How ~~residents'~~ resident needs will be met on an individual as well as group basis.

4. Written policies and procedures governing supervision of children and residents and any justifications for a ratio deviation that allows a higher number of children and residents to be supervised by one staff than was approved or required~~,~~ shall be reviewed and approved by the [~~regulatory authority~~ department] prior to implementation.

5. The supervision policies or a summary of the policies shall be provided, upon request, to the placing agency or legal guardian prior to placement.

22VAC40-151-790. Searches.

A. Strip searches ~~and body cavity searches are~~ shall be prohibited. Strip searches include a visual inspection of the body of a resident when that resident's outer clothing or total clothing is removed and an inspection of the removed clothing.

B. Body cavity searches shall be prohibited. Body cavity searches include any examination of a resident's rectal or vaginal cavities, except for the performance of medical procedures by medical personnel.

~~B.~~ C. A provider that does not conduct pat downs shall have a written policy prohibiting them.

~~C.~~ D. A provider that conducts pat downs, through an external body search of a clothed resident, shall develop and implement written policies and procedures governing them that shall provide that:

1. Pat downs shall be limited to instances where they are necessary to prohibit contraband;

2. Pat downs shall be conducted by personnel of the same gender as the resident being searched;

3. Pat downs shall be conducted only by personnel who are specifically authorized to conduct searches by the written policies and procedures; and

4. Pat downs shall be conducted in such a way as to protect the subject's dignity and in the presence of one or more witnesses, who shall be the same gender as the resident being searched.

22VAC40-151-800. Behavior support.

A. Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage ~~his~~ the resident's own behaviors. Each individualized plan shall include:

1. Identification of positive and problem behavior;

2. Identification of triggers for behaviors;

3. Identification of successful intervention strategies for problem behavior;

4. Techniques for managing anger and anxiety; and

5. Identification of interventions that may escalate inappropriate behaviors.

B. Individualized behavior support plans shall be developed in consultation with the:

1. Resident;

2. Legal guardian;

3. Resident's parents, if applicable;

4. Program director;

5. Placing agency staff; and

6. Other applicable individuals who are familiar with the resident, including school personnel, therapist, and fictive kin.

C. Prior to working alone with an assigned resident, each staff member shall demonstrate knowledge and understanding of that resident's behavior support plan.

D. The behavior support plan shall be reviewed and revised in consultation with the parties described in subsection B of this section each time the individualized service plan and quarterly reports are updated.

22VAC40-151-820. Prohibitions.

The following actions are prohibited:

1. Deprivation of drinking water or food necessary to meet a resident's daily nutritional needs, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;

2. Limitation on contacts and visits with the resident's attorney, a probation officer, regulators, or placing agency representative;

3. Bans on contacts and visits with family or legal guardians, except as permitted by order of a court of competent jurisdiction;

4. Delay or withholding of incoming or outgoing mail, except as permitted by order of a court of competent jurisdiction;

5. Any action that is humiliating, degrading, or abusive;

6. Corporal punishment, administered through the intentional inflicting of pain or discomfort to the body through actions, such as (i) striking or hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort;

7. Subjection to unsanitary living conditions;

8. Deprivation of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record;

9. Deprivation of medical, dental, or mental health care;

10. Deprivation of appropriate and necessary services;

11. Application of aversive stimuli, using physical forces (e.g., sound, electricity, heat, cold, light, water, or noise) or substances (e.g., hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity that, when applied to a resident, are noxious or painful to the individual;

12. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician or poison control center for a legitimate medical purpose and documented in the resident's record;

13. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record; and

14. Limitation on contacts and visits with advocates employed by the Virginia Office for Protection and Advocacy.

22VAC40-151-830. Pharmacological ~~or~~ and mechanical restraints.

A. Use of mechanical restraints ~~is~~ shall be prohibited. Mechanical restraints are mechanical devices that involuntarily restrict the freedom of movement or voluntary functioning of a limb or portion of a person's body to control physical activities when the individual receiving services does not have the ability to remove the device.

B. Use of pharmacological restraints ~~is~~ shall be prohibited. Pharmacological restraints are the use of a medication that is administered involuntarily for the emergency control of an individual's behavior when the behavior places the individual or others at imminent risk and the administered medication is not a standard treatment for the individual's medical or psychiatric condition.

22VAC40-151-840. Behavior interventions.

A. The provider shall develop and implement written policies and procedures for behavioral interventions and for documenting and monitoring the management of resident behavior. Rules of conduct, which is a listing of a facility's rules that is maintained to inform residents and others about behaviors that are not permitted and the consequences applied when the behavior occurs, shall be included in the written policies and procedures. These policies and procedures shall:

1. Define and list techniques that are used and available for ~~us~~ use in the order of ~~their~~ relative degree of restrictiveness;

2. Specify the staff members who may authorize the use of each technique; and

3. Specify the processes for implementing such policies and procedures.

B. Written information concerning the policies and procedures of the provider's behavioral support and intervention programs shall be provided prior to admission to prospective residents, legal guardians, and placing agencies. For emergency and court-ordered admissions, this information shall be provided to:

1. Residents within 12 hours following admission;

2. Placing agencies within 72 hours following the resident's admission; and

3. Legal guardians within 72 hours following the resident's admission.

C. When substantive revisions are made to policies and procedures governing management of resident behavior, written information concerning the revisions shall be provided to:

1. Residents prior to implementation; and

2. Legal guardians and placing agencies prior to implementation.

D. The provider shall develop and implement written policies and procedures governing use of physical restraint that shall include:

1. The staff position who will write the report and timeframe;

2. The staff position who will review the report and timeframe; and

3. Methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior.

E. All physical restraints shall be reviewed and evaluated to plan for continued staff development for performance improvement.

F. Use of physical restraint shall be limited to that which is minimally necessary to protect the resident or others.

G. Trained staff members may physically restrain a resident only after less restrictive interventions have failed or when failure to restrain would result in harm to the resident or others.

H. Only trained staff members may manage resident behavior.

I. Each application of physical restraint shall be fully documented in the resident's record, including:

1. Date;

2. Time;

3. Staff involved;

4. Justification for the restraint;

5. Less restrictive interventions that were unsuccessfully attempted prior to using physical restraint;

6. Duration;

7. Description of ~~method or~~ methods of physical restraint techniques used;

8. Signature of the person completing the report and date; and

9. Reviewer's signature and date.

J. Providers shall ensure that restraint may only be implemented, monitored, and discontinued by staff who have been trained in the proper and safe use of restraint, including hands-on techniques.

K. The provider shall review the facility's behavior intervention techniques and policies and procedures at least annually to determine appropriateness for the population served.

L. Any time ~~children~~ residents are present, staff must be present who have completed all ~~trainings~~ training in behavior intervention.

22VAC40-151-850. Seclusion.

Seclusion ~~is~~ shall be prohibited. Seclusion is the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person by physically blocking the door or by any other physical or verbal means so that the individual cannot leave.

22VAC40-151-860. Education.

A. The child, if in foster care, shall be allowed to continue to attend the school in which the child was enrolled prior to admission, upon the joint determination of the placing agency and the local school division that such attendance is [in] the child's best interest in accordance with § 22.1-3.4 of the Code of Virginia.

[~~1.~~] If it is not the child's best interest to remain in the child's school of origin, the child shall be immediately enrolled in the new school system even if the [~~child~~ legal guardian or placing agency] is unable to produce records normally required for enrollment [~~; and~~

~~2.The new school shall immediately contact the school of origin to obtain relevant academic and other records~~] .

~~A.~~ B. Each resident of compulsory school attendance age, if the resident is not in foster care, shall be enrolled, as provided in the Code of Virginia, in an appropriate educational program within five school business days. Documentation of the enrollment shall be kept in the resident's record.

~~B.~~ C. The provider shall ensure that educational guidance and counseling in selecting courses is provided for each resident and shall ensure that education is an integral part of the resident's total program.

~~C.~~ D. Providers operating educational programs for ~~children~~ residents with disabilities shall operate those programs in compliance with applicable state and federal statutes and regulations.

~~D.~~ E. When a ~~child~~ resident with a disability has been placed in a residential facility, the facility shall contact the division superintendent of the resident's home locality. Documentation of the contact with the resident's home school shall be kept in the resident's record.

~~E.~~ F. A provider that has an academic or vocational program that is not certified or approved by the Department of Education shall document that teachers meet the qualifications to teach the same subjects in the public schools.

~~F.~~ G. Each provider shall develop and implement written policies and procedures to ensure that each resident has adequate study time.

22VAC40-151-870. Religion.

A. The provider shall have and implement written policies regarding opportunities for residents to participate in religious activities.

B. The provider's policies on religious participation shall be available to residents and any individual or agency considering placement ~~of a child~~ in the facility.

C. Residents shall not be coerced to participate in religious activities.

22VAC40-151-880. Recreation.

A. The provider shall have a written description of its recreation program that describes activities that are consistent with the facility's total program and with the ages, developmental levels, interests, and needs of the residents that includes:

1. One on-site employee who is designated to be the caregiver authorized to apply the reasonable and prudent parent standard to make decisions involving the resident's participation in age-appropriate or developmentally appropriate activities in accordance with the Preventing Sex Trafficking and Strengthening Families Act (42 USC 671a) and § 63.2-904 of the Code of Virginia;

~~1.~~ 2. Opportunities for individual and group activities;

~~2.~~ 3. Free time for residents to pursue personal interests that shall be in addition to a formal recreation program;

~~3.~~ 4. Use of available community recreational resources and facilities;

~~4.~~ 5. Scheduling of activities so that they do not conflict with meals, religious services, educational programs, or other regular events; and

~~5.~~ 6. Regularly scheduled indoor and outdoor recreational activities that are structured to develop skills and attitudes.

B. The provider shall develop and implement written policies and procedures to ensure the safety of residents participating in recreational activities that include:

1. How activities will be directed and supervised by individuals knowledgeable in the safeguards required for the activities;

2. How residents are assessed for suitability for an activity and the supervision provided; and

3. How safeguards for water-related activities will be provided, including ensuring that a certified ~~life guard~~ lifeguard supervises all swimming activities.

C. For all overnight recreational trips away from the facility, the provider shall document trip planning to include:

1. A supervision plan for the entire duration of the activity, including awake and sleeping hours;

2. A plan for safekeeping and distribution of medication;

3. An overall emergency, safety, and communication plan for the activity, including emergency numbers of facility administration;

4. Staff training and experience requirements for each activity;

5. Resident preparation for each activity;

6. A plan to ensure that all necessary equipment for the activity is in good repair and appropriate for the activity;

7. A trip schedule giving addresses and ~~phone~~ telephone numbers of locations to be visited and how the location was ~~chosen/evaluated~~ chosen and evaluated;

8. A plan to evaluate ~~residents'~~ each resident's physical health throughout the activity and to ensure that the activity is conducted within the boundaries of the resident's capabilities, dignity, and respect for self-determination;

9. A plan to ensure that a certified ~~life guard~~ lifeguard supervises all swimming activities in which residents participate; and

10. Documentation of any variations from trip plans and reason for the variation.

D. All out-of-state or out-of-country recreational trips require written permission from each resident's legal guardian. Documentation of the written permission shall be kept in the resident's record.

22VAC40-151-900. Clothing.

A. Provision shall be made for each resident to have an adequate supply of clean, comfortable, and well-fitting clothes and shoes for indoor and outdoor wear.

B. Clothes and shoes shall be similar in style to those generally worn by ~~children~~ individuals of the same age in the community who are engaged in similar activities.

C. Residents shall have the opportunity to participate in the selection of their clothing.

D. Residents shall be allowed to take personal clothing when leaving the facility.

22VAC40-151-950. Vehicles and power equipment.

A. Transportation provided for or used by ~~children~~ residents shall comply with local, state, and federal laws relating to:

1. Vehicle safety and maintenance;

2. Licensure of vehicles;

~~3.Licensure~~ 3. Licensure of drivers; and

4. ~~Child~~ Resident passenger safety, including requiring ~~children~~ residents to wear appropriate seat belts or restraints for the vehicle in which ~~they~~ the residents are being transported.

B. There shall be written safety rules for transportation of residents appropriate to the population served that shall include taking head counts at each stop.

C. The provider shall develop and implement written safety rules for use and maintenance of vehicles and power equipment.

22VAC40-151-960. Serious incident reports.

A. Any serious incident, accident, or injury to the resident; any overnight absence from the facility without permission; any runaway; and any other unexplained absence shall be reported within 24 hours to the placing agency, and to either the parent or legal guardian, or both as appropriate. The provider shall make a written reference in the ~~child's~~ resident's record that a report was made.

B. The provider shall document the following:

1. The date and time the incident occurred;

2. A brief description of the incident;

3. The action taken as a result of the incident;

4. The name of the person who completed the report; and

5. The name of the person to whom the report was made.

C. The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include:

1. The date and time the incident occurred;

2. A brief description of the incident;

3. The action taken as a result of the incident;

4. The name of the person who completed the report;

5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; and

6. The name of the person to whom the report was made.

22VAC40-151-970. Suspected child abuse or neglect.

~~**22VAC40-151-970. Suspected child abuse or neglect.**~~

A. Written policies and procedures related to child abuse and neglect shall be distributed to all staff members. These shall include procedures for:

1. Handling accusations against staff; and

2. Promptly referring, consistent with requirements pursuant to § 63.2-1509 of the Code of Virginia, suspected cases of child abuse and neglect to the local child protective services unit and for cooperating with the unit during any investigation.

B. Any case of suspected child abuse or neglect shall be reported to the local child protective services unit as required ~~by~~ pursuant to § 63.2-1509 of the Code of Virginia. The provider shall make a written reference in the ~~child's~~ resident's record that a report was made.

C. Any case of suspected child abuse or neglect occurring at the facility, on a facility-sponsored event or excursion, or involving facility staff shall be reported immediately to the department, the placing agency, and to either the resident's parent or legal guardian, or both, as appropriate. The provider shall make a written reference in the ~~child's~~ resident's record that a report was made.

D. When a case of suspected child abuse or neglect is reported to child protective services, the provider shall document the following:

1. The date and time the suspected abuse or neglect occurred;

2. A description of the suspected abuse or neglect;

3. Action taken as a result of the suspected abuse or neglect;

4. The name of the person who made the report to child protective services; and

5. The name of the person to whom the report was made at the local child protective services unit or the department's toll free child abuse and neglect hotline.

22VAC40-151-980. Grievance procedures.

A. The provider shall develop and implement written policies and procedures governing the handling of grievances by residents. If not addressed by other applicable ~~standards~~ regulations, the policies and procedures shall:

1. Be written in clear and simple language;

2. Be communicated to the residents in an ~~age~~ age-appropriate or developmentally appropriate manner;

3. Be posted in an area easily accessible to residents and their parents and legal guardians;

4. Ensure that any grievance shall be investigated by an objective employee who is not the subject of the grievance; and

5. Require continuous monitoring by the provider of any grievance to ~~assure~~ ensure there is no retaliation or threat of retaliation against the ~~child~~ resident.

B. All documentation regarding grievances shall be kept on file at the facility for three years unless other regulations require a longer retention period.

22VAC40-151-990. Emergency and evacuation procedures.

A. The provider shall develop a written emergency preparedness and response plan for all locations. The plan shall address:

1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency;

2. Analysis of the provider's capabilities and potential hazards, including natural disasters, severe weather that is an extreme environment or climate condition that poses a threat to the health, safety, or welfare of residents, fire, flooding, ~~work place~~ workplace violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery;

3. Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, ~~students/intern~~ students and interns, volunteers, visitors and residents, property protection, community outreach, and recovery and restoration;

4. Written emergency response procedures for assessing the situation; protecting residents, employees, contractors, ~~students/interns~~ students and interns, volunteers, visitors, equipment, and vital records; and restoring services. Emergency procedures shall address:

a. Communicating with employees, contractors, and community responders;

b. Warning and notification of residents;

c. Providing emergency access to secure areas and opening locked doors;

d. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;

e. Relocating residents, if necessary;

f. Notifying family members and legal guardians;

g. Alerting emergency personnel and sounding alarms; and

h. Locating and shutting off utilities when necessary;

5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and

6. ~~Schedule~~ A schedule for testing the implementation of the plan and conducting emergency preparedness drills.

B. The provider shall develop emergency preparedness and response training for all employees, contractors, ~~students/interns~~ students and interns, and volunteers that shall include responsibilities for:

1. Alerting emergency personnel and sounding alarms;

2. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);

3. Using, maintaining, and operating emergency equipment;

4. Accessing emergency information for residents including medical information; and

5. Utilizing community support services.

C. The provider shall document the review of the emergency preparedness plan annually and make necessary revisions. Such revisions shall be communicated to employees, contractors, ~~students/interns~~ students and interns, and volunteers and incorporated into training for

employees, contractors, ~~students/interns~~ students and interns, and volunteers and orientation of residents to services.

D. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, and welfare of residents, the provider shall take appropriate action to protect the health, safety, and welfare of the residents and take appropriate action to remedy the conditions as soon as possible.

E. Employees, contractors, ~~students/interns~~ students and interns, and volunteers shall be knowledgeable in and prepared to implement the emergency preparedness plan in the event of an emergency.

F. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, and welfare of residents, the provider should first respond and stabilize the ~~disaster/emergency~~ disaster or emergency. After the ~~disaster/emergency~~ disaster or emergency is stabilized, the provider shall report the ~~disaster/emergency~~ disaster or emergency to the legal guardian and the placing agency as soon as possible of the conditions at the facility and report the ~~disaster/emergency~~ disaster or emergency to the department as soon as possible, but no later than 72 hours after the incident occurs.

G. Floor plans showing primary and secondary means of egress shall be posted on each floor in locations where ~~they~~ the floor plans can easily be seen by staff and residents.

H. The procedures and responsibilities reflected in the emergency procedures shall be communicated to all residents within seven days following admission or a substantive change in the procedures.

I. At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents.

J. Evacuation drills shall include, at a minimum:

1. Sounding of emergency alarms;

2. Practice in evacuating buildings;

3. Practice in alerting emergency authorities;

4. Simulated use of emergency equipment; and

5. Practice in securing resident emergency information.

K. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

L. A record shall be maintained for each evacuation drill and shall include the following:

1. Buildings in which the drill was conducted;

2. Date and time of drill;

3. Amount of time to evacuate the buildings;

4. Specific problems encountered;

5. Staff tasks completed, including:

a. Head count; and

b. Practice in notifying emergency authorities; and

6. The name of the staff members responsible for conducting and documenting the drill and preparing the record.

M. The record for each evacuation drill shall be retained for three years after the drill.

N. The facility shall assign one staff member who shall ensure that all requirements regarding the emergency preparedness and response plan and the evacuation drill program are met.

22VAC40-151-1020. Campsite programs or adventure activities.

A. All wilderness campsite programs and providers that take residents on ~~wilderness/adventure~~ wilderness or adventure activities shall develop and implement policies and procedures that include:

1. Staff training and experience requirements for each activity;

2. Resident training and experience requirements for each activity;

3. Specific staff-to-resident ratio and supervision plan appropriate for each activity, including sleeping arrangements and supervision during night time hours;

4. Plans to evaluate and document each participant's physical health throughout the activity;

5. Preparation and planning needed for each activity and ~~time frames~~ timeframes;

6. Arrangement, maintenance, and inspection of activity areas;

7. A plan to ensure that any equipment and gear that is to be used in connection with a specified ~~wilderness/adventure~~ wilderness or adventure activity is appropriate to the activity, certified if required, in good repair, in operable condition, and age and body size appropriate;

8. Plans to ensure that all ropes and paraphernalia used in connection with rope rock climbing, rappelling, high and low ropes courses, or other adventure activities in which ropes are used are approved annually by an appropriate certifying organization, and have been inspected by staff responsible for supervising the adventure activity before engaging residents in the activity;

9. Plans to ensure that all participants are appropriately equipped, clothed, and wearing safety gear, such as a helmet, goggles, safety belt, life jacket, or a flotation device, that is appropriate to the adventure activity in which the resident is engaged;

10. Plans for food and water supplies and management of these resources;

11. Plans for the safekeeping and distribution of medication;

12. Guidelines to ensure that participation is conducted within the boundaries of the resident's capabilities, dignity, and respect for self-determination;

13. Overall emergency, safety, and communication plans for each activity, including rescue procedures, frequency of drills, resident accountability, prompt evacuation, and notification of outside emergency services; and

14. Review of trip plans by the trip coordinator.

B. All wilderness campsite programs and providers ~~that~~ who take residents on ~~wilderness/adventure~~ wilderness or adventure activities must designate one staff person to be the trip coordinator who will be responsible for all facility wilderness or adventure trips.

1. This person must have experience in and knowledge regarding wilderness activities and be trained in wilderness first aid. The individual must also have at least one year experience at the facility and be familiar with the facility procedures, staff, and residents.

2. Documentation regarding this knowledge and experience shall be found in the individual's staff record.

3. The trip coordinator will review all trip plans and procedures and will ensure that staff and residents meet the requirements as outlined in the facility's policy regarding each ~~wilderness/adventure~~ wilderness or adventure activity to take place during the trip.

C. The trip coordinator shall conduct a ~~posttrip~~ post-trip debriefing within 72 hours of the group's return to base to evaluate individual and group goals as well as the trip as a whole.

D. The trip coordinator will be responsible for writing a summary of the debriefing session and shall be responsible for ensuring that procedures and policies are updated to reflect improvements needed.

E. A trip folder will be developed for each ~~wilderness/adventure~~ wilderness or adventure activity conducted away from the facility and shall include:

1. Medical release forms, including pertinent medical information on the trip participants;
2. ~~Phone~~ Telephone numbers for administrative staff and emergency personnel;
3. Daily trip logs;
4. Incident reports;
5. Swimming proficiency list if trip is near water;
6. Daily logs;
7. Maps of area covered by the trip; and
8. Daily plans.

F. Initial physical forms used by wilderness campsite programs and providers that take residents on wilderness or adventure activities shall include:

1. A statement notifying the doctor of the types of activities the resident will be participating in; and
2. A statement signed by the doctor stating the individual's health does not prevent ~~him~~ the individual from participating in the described activities.

G. First aid kits used by wilderness campsite programs and providers ~~that~~ who take residents on adventure activities shall be activity appropriate and shall be accessible at all times.

H. Direct care workers hired by wilderness campsite programs and providers ~~that~~ who take residents on ~~wilderness/adventure~~ wilderness or adventure activities shall be trained in a wilderness first aid course.

I. The provider shall ensure that before engaging in any aquatic activity, each resident shall be classified by the trip coordinator or ~~his~~ the coordinator's designee according to swimming ability in one of two classifications: swimmer and nonswimmer. This shall be documented in the resident's record and in the trip folder.

J. The provider shall ensure that lifesaving equipment is provided for all aquatic activities and is placed so that it is immediately available in case of an emergency. At a minimum, the equipment shall include:

1. A whistle or other audible signal device; and

2. A lifesaving throwing device.

K. A separate bed, bunk, or cot shall be made available for each person.

L. A mattress cover shall be provided for each mattress.

M. Sleeping areas shall be protected by screening or other means to prevent admittance of flies and mosquitoes.

N. Bedding shall be clean, dry, sanitary, and in good repair.

O. Bedding shall be adequate to ensure protection and comfort in cold weather.

P. Sleeping bags, if used, shall be fiberfill and rated for 0°F.

Q. Linens shall be changed as often as required for cleanliness and sanitation but not less frequently than once a week.

R. Each resident shall be provided with an adequate supply of clean clothing that is suitable for outdoor living and is appropriate to the geographic location and season.

S. Sturdy, water-resistant, outdoor footwear shall be provided for each resident.

T. Each resident shall have adequate personal storage area.

U. Fire extinguishers of a 2A 10BC rating shall be maintained so that it is never necessary to travel more than 75 feet to a fire extinguisher from combustion-type heating devices, campfires, or other source of combustion.

V. Artificial lighting shall be provided in a safe manner.

W. All areas of the campsite shall be lighted for safety when occupied by residents.

X. Staff of the same sex may share a sleeping area with the residents.

Y. A telephone or other means of communication is required at each area where residents sleep or participate in programs.

22VAC40-151-1030. Qualified residential treatment program.

A. A qualified residential treatment program shall have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child [~~by the assessment of the child~~] .

B. [A In addition to the staffing requirements in this chapter, a] qualified residential treatment program shall have registered or licensed nursing staff and other licensed clinical staff who:

1. Provide care within the scope of their practice as defined by state law;

2. Are on site according to the treatment model referred to in subsection A of this section; and

3. Are available 24 hours a day and seven days a week.

C. The qualified residential treatment program is not required to acquire nursing or other clinical staff solely through means of a direct employer-to-employee relationship.

D. To the extent appropriate and in accordance with the child's best interests, the qualified residential treatment program shall facilitate participation of family members in the child's treatment program.

E. The qualified residential treatment program shall (i) facilitate outreach to the family members of the child as appropriate, including siblings; (ii) document how the outreach is made, including contact information; and (iii) maintain contact information for any known biological and fictive kin of the child.

F. Documentation of outreach to family members and contact information of family members shall be placed in the child's record.

G. The qualified residential treatment program shall document and maintain the documentation in the child's record of how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained.

H. The qualified residential treatment program shall provide or arrange discharge planning and family-based aftercare support for at least six months post-discharge.

I. The qualified residential treatment program shall be licensed in accordance with 42 USC § 671(a)(10) and accredited by any of the following independent not-for-profit organizations:

1. The [~~Commissioner~~ Commission] of Accreditation of Rehabilitation Facilities (CARF);

2. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO);

3. The Council on Accreditation (COA);

4. The Teaching Family Association;

5. Educational Assessment Guidelines Leading toward Excellence (EAGLE); or

6. Any other independent, not-for-profit accrediting organization approved by the U.S. Secretary of Health and Human Services.

22VAC40-151-1040. Additional requirements for foster children placed in a qualified residential treatment program.

A. The qualified residential treatment program shall coordinate with the child's placing agency, legal guardian, biological family members, relative and fictive kin, and, as appropriate, professionals who are a resource to the child and family, such as teachers, medical or mental health providers who have treated the [~~resident~~ child] , or clergy.

B. All documents related to a child's need for placement shall be placed within the child's record at the qualified residential treatment program, including the assessment determination of the qualified individual as defined within 42 USC § 675a(c)(1)(D)(i) and the written documentation of the approval or disapproval of the placement in a qualified residential treatment program by a court or administrative body.

C. This section shall not apply if the child placed in the qualified residential treatment program is not in foster care.