

*Licensing
Regulations for*
**Residential
Treatment
Programs
in Vermont**



Note to Readers

These regulations were adopted in January of 2011 and reflect state law in effect at that time.

For More Information

Residential Licensing and Special Investigations Unit
Family Services Division
Vermont Department for Children and Families
(802) 241-2131

www.dcf.vermont.gov/fsd

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STATUTORY AUTHORITY

Pursuant to 33 VSA, §306 (b)(1)-(7) and 3501, the Vermont Department for Children and Families is the agency of government authorized and responsible for the regulation of Residential Treatment Programs for children/youth and the promulgation of standards governing these programs.

SCOPE AND APPLICABILITY OF REGULATIONS

These licensing regulations provide for the protection and well being of children/youth in Residential Treatment Programs. They are intended to ensure a basic quality of care and ensure the human rights of residents.

A Residential Child Care Facility is a place, however named, which provides a planned program aimed at behavioral change, administered by qualified staff, for children in a twenty-four hour residential setting.

This definition does not include family foster homes, summer camping programs, facilities approved by other departments of the Agency of Human Services, or other facilities exempted under the provisions of 33 V.S.A. §3501.

Vermont laws regulating licensing of Residential Treatment Programs are set forth in Title 33 of the Vermont Statutes Annotated and read as follows:

§306. Administrative Provisions:

- (b) "This subsection shall apply to all licenses, registrations and applications for licenses and registrations which the commissioner or the department may issue or grant, unless otherwise specifically provided.

- (1) The commissioner shall issue regulations governing application for, and issuance, revocation, term and renewal of licenses and registration. In the regulations [the commissioner] may prescribe standards and conditions to be met, records to be kept and reports to be filed. Licenses and registration shall be for a term of one year from issuance unless otherwise prescribed by regulation.
- (2) Premises covered by a license or registration may be visited and inspected by the department at reasonable hours. A person who accepts a license or registration shall permit visits and inspections and examinations of the record [the licensee or registrant] is required to keep.
- (3) A license or registration may be revoked for cause after hearing and may be suspended in situations which immediately imperil the health, safety or well-being of persons in the care of the licensee or registrant.
- (4) Before a license is granted, the department shall visit and inspect the premises for which the license is requested, and make further inquiry and investigation as the commissioner may direct.”
- (5) Whenever the attorney general has reason to believe that a facility required by the commissioner to be licensed or registered is being operated without such license or registration, the attorney general may bring an action for equitable relief in the name of the state against the operator of such facility to restrain such operation. The action may be brought in the superior court of the county in which the facility is located. Said courts are authorized to grant equitable relief to restrain and prevent such operation.
- (6) Any person who violates the terms of an injunction or restraining order issued under section 306(b)(5) shall forfeit and pay to the state a civil penalty of not more than \$100.00 for each violation. In such cases the attorney general acting in the name of the state may petition for recover of such civil penalty.

- (7) Whenever the department determines that a licensed child care facility or registered family child care home has violated a health or safety rule, the facility or home shall post the department's notice of violation in a conspicuous place in the facility or home. In the case of a serious violation, as defined by the department by rule, the facility or home shall also notify a person responsible for the welfare of each child attending that facility or home, by mail. A serious violation shall include violation of group size and staffing requirements and any violation involving a situation which immediately imperils the health, safety or well-being of person in the care of the licensee or registrant.

§3501. Foster care and placement licensing:

- (a) "A person, other than an employee of the department with the agency of human services, shall not place any child in foster care for more than fifteen consecutive days unless the person has a license from the department to do so or is an employee of a child placing agency licensed by such department.
- (b) A person shall not receive board or keep any child in foster care for more than fifteen consecutive days unless he has a license from the department to do so. This subsection shall not apply to foster homes approved by a department within the agency of human services or by a licensed child placing agency nor shall it apply to those facilities where educational or vocational training is the primary service and foster care is a supportive service only.
- (c) This section shall not restrict the right of a court, parent(s), custodian, or relative to place a child, or the right of a person not in the business of providing foster care or child care to receive, board and keep a child when a valuable consideration is not demanded or received for the child's care and maintenance."

PENALTY

Unlicensed operation may result in criminal penalties and denial of license application.

APPEALS

A program that has been refused a license or whose license has been revoked or suspended will be granted a fair hearing before the Human Services Board upon request. Rules governing the conduct of fair hearings are available from the Human Services Board. All requests for fair hearings shall be addressed to the Human Services Board, State Office Building, Montpelier, Vermont 05620-4301.

The telephone number is 1 (802) 828-2536.

TECHNICAL ASSISTANCE

The Department for Children and Families, Family Services Division, Residential Licensing Unit, upon the written request of an applicant, licensee, or any interested person, will provide assistance interpreting these regulations.

100 REGULATORY OVERSIGHT

- 101** A Residential Treatment Program shall not be operated without the formal prior approval of the Department for Children and Families, Residential Licensing Unit (hereafter "Licensing Authority").
- 102** A program, which was already operational before the need for a license was determined, may be considered to be in compliance if the program has applied for and is making satisfactory progress toward licensure.
- 103** A Residential Treatment Program shall allow the Licensing Authority to inspect all aspects of a program's operation which may impact children/youth.
- 104** A Residential Treatment Program shall allow the Licensing Authority to interview any employee of the program and any child/youth in the care of the Residential Treatment Program.
- 105** These regulations are not meant to supersede State or Federal mandates.

PROCEDURES

- 106** An applicant shall apply for a license on a form provided by the Licensing Authority and provide requested information. Applications for a Residential Treatment Program license may be obtained by contacting the Department for Children and Families, Family Services Division, Residential Licensing Unit. The office is located in the Osgood Building, 2nd floor, of the state office complex at Waterbury, Vermont. The mailing address is:

Department for Children and Families
Family Services Division, Residential Licensing Unit
103 South Main Street
Waterbury, Vermont 05671-2401
(802) 241-2159

- 107** When a Residential Treatment Program has made timely and sufficient application for licensing renewal, the existing license does not expire until the application for renewal has been acted upon by the department.
- 108** A license may be issued with conditions when regulations have not been met, provided that the non-compliance does not constitute an unsafe situation or a major programmatic weakness and the program acts immediately to address the identified non-compliance.

VARIANCE

- 112** A Residential Treatment Program shall comply with all applicable regulations unless a variance for a specific regulation(s) has been granted through a prior written agreement with the Licensing Authority.
- 113** A variance for specific regulation(s) shall be granted only when the Residential Treatment Program has documented that the intent of these regulation(s) will be satisfactorily achieved in a manner other than that prescribed by the regulation(s).

114 When a Residential Treatment Program fails to comply with the variance agreement, the agreement shall be subject to immediate cancellation.

RENEWAL

115 Application for renewal of a Residential Treatment Program license shall be made in accordance with the policies and procedures of the licensing authority.

CHANGES

- 116** A Residential Treatment Program shall notify the Licensing Authority at least 60 days before any of the following:
- A substantial change in services provided or population served;
 - A planned change in staffing pattern;
 - A planned change in the Administration;
 - A planned change of ownership and/or governance;
 - A planned change of location;
 - A planned change in the name of the Residential Treatment Program.
- 117** A Residential Treatment Program shall notify the licensing authority as soon as the change is known, if any of the above mentioned changes occur without prior planning.

REPORTING

- 118** A Residential Treatment Program shall report any suspected or alleged incident of child abuse or neglect within 24 hours, to the Department for Children and Families, Centralized Intake Unit. (33 V.S.A., Chapter 49, §4913)
- 119** A Residential Treatment Program will supervise and separate the accused individual(s) and the victim(s) whose behavior caused report to the Department for Children and Families unless or until otherwise instructed by the Special Investigation Unit and/or Residential Licensing Unit.

- 120 A Residential Treatment Program shall report incidents of sexual activity between residents, as defined in these regulations, within 24 hours to the Department for Children and Families, Centralized Intake Unit; (800) 649-5285.

INVESTIGATIONS

- 121 A Residential Treatment Program shall cooperate fully in investigations of any complaint or allegation associated with the program. This may include, but is not limited to the Department for Children and Families Special Investigations Unit, and the Licensing Authority.

NOTIFICATION

- 122 A Residential Treatment Program shall immediately, or as soon as reasonable, report to the Licensing Authority incidents that could potentially affect the safety, physical or emotional welfare of children/youth within the program. Written report shall follow verbal report within 24 hours.
- 123 Incidents of restraint which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than within 24 hours. (see regulation 657)
- 124 Incidents of seclusion which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than within 24 hours. (see regulation 666).
- 125 Residential Treatment Program shall report, verbally and in writing, within 24 hours to the Licensing Authority incidents where the program knowingly or negligently violates licensing regulations.

200 GENERAL PROVISIONS

THE RIGHTS OF CHILDREN/YOUTH AND

FAMILIES: (Substantially from Child Welfare League of America; Best Practice Guidelines 2002)

201 A Residential Treatment Program shall ensure children/youth the following rights:

- To be served under humane conditions with respect for their dignity and privacy;
- To receive services that promotes their growth and development;
- To receive gender specific, culturally competent and linguistically appropriate service;
- To receive services in the least restrictive and most appropriate environment;
- To access written information about the providers policies and procedures that pertain to the care and supervision of children, including a description of behavior management practices;
- To be served with respect for confidentiality;
- To be involved, as appropriate to age, development and ability, in assessment and service planning;
- To be free from harm by caregivers or others, and from unnecessary or excessive use of restraint and seclusion/isolation;
- To file complaints and grievances without fear of retaliation.

202 A Residential Treatment Program shall ensure families and custodians the following rights:

- To access written information about the providers policies and procedures that pertain to the care and supervision of children, including a description of behavior management practices;
- To receive services with respect for confidentiality;
- To be involved in assessment and service planning;
- To give and to withhold informed consent;
- To be notified immediately or as soon as reasonable of any runaway, attempted suicide, suicide, or medical emergency requiring the services of an Emergency Room or hospitalization, death or any other seminal event in the life of their child/youth;

- To be notified within 24 hours following the restraint or seclusion of their child/youth;
- To file complaints and grievances without fear of retaliation.

203 A Residential Treatment Program shall document prohibitions and limitations regarding parental involvement in the child/youth's Plan of Care and review such prohibitions and limitations at least every 90 days.

300 THE GOVERNING AUTHORITY

301 A Residential Treatment Program shall be incorporated. If incorporated outside the State of Vermont, it shall secure authorization from the Secretary of State to do business in Vermont.

302 The Governing Authority is ultimately responsible for all aspects of the Residential Treatment Program.

303 The Governing Authority shall make available to the Licensing Authority, upon written request, a list of directors and officers of the board.

304 The Governing Authority shall:

- Review major operational decisions;
- Have provisions which preclude both the fact and appearance of conflict of interest;
- Specify the terms of appointment or election of members, officers, and chairperson(s) of committees;
- Specify the frequency of meetings and attendance requirements;
- Prohibit board members from being paid members of the staff.

305 The Governing Authority of a Residential Treatment Program shall appoint a qualified administrator.

- 306** The Governing Authority is responsible for ensuring the writing of an annual evaluation of the Program Administrator, based on the job description which delineates the responsibilities and authority of the Program Administrator.
- 307** The Governing Authority is responsible for assuring the Residential Treatment Program's continual compliance and conformity with the following:
- The program's stated goals and objectives;
 - Relevant laws and/or regulations, whether federal, state, local or municipal, governing the operation of the Residential Treatment Program. This may include, but is not limited to Zoning; Department of Public Safety, Fire Prevention; Department of Health; Interstate and International Placement of Children; The Prison Rape Elimination Act of 2003.
- 308** The Governing Authority shall ensure:
- Development and ongoing review of program policies and procedures;
 - Development and review of annual budgets to carry out the objectives of the Residential Treatment Program;
 - Any fund raising, community activity, publicity or research involving children/youth is conducted in a manner which respects the dignity and rights of children, youth and their families and complies with all relevant state and federal laws regarding confidentiality.
- 309** The Governing Authority shall require and review an annual report, written by the administrator of the program which evaluates the program in relation to the program description, with the goal of continuous quality improvement.
- 310** The annual assessment shall identify indicators that measure the program's ability to deliver the services described in the program description.

These indicators may consider (but are not restricted to) the following:

- The number and circumstances of planned discharges;
- The number and circumstances of unplanned discharges;
- Consumer feedback;
- Provision of adequate supervision as evidenced by all reports of child abuse, sexual contact between children/youth;
- Grievances heard, resolved and unresolved;
- Personnel actions taken;
- Staff turnover; and
- Employee satisfaction surveys.

400 PERSONNEL

GENERAL

- 401** A Residential Treatment Program shall not hire, or continue to employ, any person whose health, behavior, actions or judgment might endanger the physical or emotional well-being of the children/youth served.
- 402** A Residential Treatment Program shall not hire, or continue to employ, any person substantiated for child abuse or neglect.
- 403** There shall be a sufficient number of personnel qualified by education, training and experience with sufficient authority to adequately perform the following functions:
- Administrative;
 - Financial;
 - Supervisory;
 - Clinical;
 - Case Management;
 - Direct child care;
 - Housekeeping
 - Maintenance;
 - Food service;
 - Maintenance of records.

- 404** A Residential Treatment Program shall have written job descriptions for all positions within the program, including lines of authority, which are accessible to all employees.
- 405** A Residential Treatment Program shall ensure that direct child care employees have regularly scheduled hours of work.
- 406** A Residential Treatment Program shall establish policies governing employee conduct. These policies shall be designed to promote:
- Good role modeling;
 - Adequate supervision of children/youth;
 - The development of healthy relationships between adults, children/youth.

QUALIFICATIONS

- 407** The credentials of the program administrator, directly responsible for the therapeutic milieu within the residential treatment program, regardless of job title will include at minimum:
- Master's degree in a relevant field and four years direct care, including supervisory experience in a residential treatment program or therapeutic setting for children and/or youth. OR
 - Bachelor's degree in a relevant field and five years direct care, including two years supervisory experience in a residential treatment program or therapeutic setting for children and youth.
- 408** The credentials of those providing supervision of direct care staff, regardless of job title will include at minimum:
- Master's degree in a relevant field and one year experience providing direct care in residential treatment programs for children/youth. OR
 - Bachelor's degree and two years experience providing direct care in residential treatment programs for children/youth. OR
 - High School Diploma or GED and four years experience working with children/youth in residential treatment programs.

409 The credentials of those providing direct care for children/youth, regardless of job title will include at minimum:

- Bachelor's degree and,
- 21 years of age and,
- Experience working with children/youth.

OR

- High School Diploma or GED and,
- 21 years of age and,
- Two years experience interacting with children/youth. This may include, but is not restricted to camp counselor, coach, babysitting.

410 Individuals providing clinical services for children/youth and families shall have experience working with children/youth and families shall meet current Vermont licensing and certification requirements and professional standards.

HIRING

411 A Residential Treatment Program shall have written personnel policies and procedures for the hiring, orientation, training, supervision, evaluation, recognition, discipline and termination of employees.

412 Residential Treatment Program shall conduct background checks, upon hire and every three years thereafter, on all employees, board member/trustees, volunteers, student interns, and others who may have unsupervised contact with children/youth in the program. Minimally, the background checks shall include the Vermont Criminal Information Center, Vermont Child Protection Registry and the Adult Abuse Registry.

413 The results of background checks must be received and evaluated by the program administrator prior to the individual being hired and prior to having any unsupervised contact with children/youth. Documentation of completed background checks and administrative review must be maintained and available to licensing upon request.

EMPLOYEE ORIENTATION AND TRAINING

- 414** A Residential Treatment Program shall have written policies and procedures for the orientation of new staff to the program. This orientation must occur within the first 30 days of employment and include, but is not limited to:
- Program description and population served;
 - A tour of the facility;
 - Overall program treatment philosophy and approach;
 - Program philosophy of behavior management;
 - Child/youth grievance process;
 - Basic information about behavior children/youth may exhibit;
 - Identification of early warning signs that indicate child/youth may become disruptive or aggressive and how these observations are to be reported;
 - Professionalism in dealing with children/youth, families, and others;
 - Confidentiality;
 - Program policies and procedure relating to interventions employed by staff to prevent, deescalate, safely manage child/youth acting out behaviors;
 - Roles and expectation of various personnel in preventing and responding to crisis situations;
 - Documentation requirements;
 - Working as part of a team;
 - Policies regarding zero-tolerance for sexual abuse;
 - Procedures for reporting suspected incidents of child abuse and neglect;
 - Policies and procedures regarding runaway children/youth
 - Policies and procedures regarding the acquisition, storage, administration, documentation and disposal of medication;
 - Emergency response procedures;
 - Emergency evacuation procedures;
 - Residential Treatment Program regulations.

- 415** During orientation, each employee should be made aware of the plan for his or her particular on-going training and professional development. Plans should be developed between the employee and supervisor, and should be based on their roles and responsibilities in the program.
- 416** Staff who may work with children/youth shall receive training in the prevention and use of restraint prior to participating in the use of restraint. Staff will be competent in (but not limited to) the following:
- Relationship building, group processes, restraint prevention, de-escalation methods, avoidance of power struggles, and threshold for use of restraint;
 - The physiological effect of restraint, monitoring physical distress signs and obtaining medical assistance, and positional asphyxia;
 - Legal issues and idiosyncratic conditions that may affect the way children/youth and staff may respond to restraint (e.g., cultural sensitivity, age, gender, developmental delays, history of trauma, symptoms related to substance abuse, health risks, etc.), and;
 - Escape and evasion techniques, time limits, the process for obtaining approval for continued restraints, the procedure to address problematic restraints, documentation, debriefing with children/youth, follow-up with staff, and investigations of injuries and complaints.
- 417** A Residential Treatment Program shall ensure supervisors and those who provide direct care receive on-going training and develop competencies relevant to the population served including (but not limited to):
- Relationship Building;
 - Listening and communication;
 - Family Engagement;
 - Understanding and analyzing problem behaviors;
 - Trauma informed practices;
 - Positive behavior support;
 - Designing and implementing routines;

- Setting clear limits;
- Praising and reinforcing behavior;
- Early detections of conflict situations;
- Interventions to minimize potential conflicts;
- Designing and implementing activity programs;
- Teaching social and anger management skills;
- Managing transitions;
- Managing personal boundaries;
- Harassment;
- Conflict resolution;
- First Aid and emergency medical procedures;
- Administration of medication and the documentation thereof.

418 A Residential Treatment Program shall ensure annual training for every employee responsible for direct child care effective de-escalation techniques, appropriate use of restraint, seclusion and expectations regarding the documentation of the use of restraint and seclusion.

EVALUATION

419 A Residential Treatment Program shall conduct, at minimum, an annual performance evaluation based on performance expectations in the context of each employee's' job description and plan for on-going profession development.

420 The evaluation will identify areas of competence and document targets for growth and development to be reviewed at established intervals.

421 The evaluation will be signed by the employee and his/her immediate supervisor. There must be an opportunity for the employee to express his/her agreement or disagreement with the evaluation in writing. The employee shall be given a copy of his/her evaluation.

PERSONNEL FILES

- 422** A Residential Treatment Program shall maintain a personnel file for each employee containing:
- The application for employment and/or resume;
 - Documentation of reference checks;
 - Employee's starting and termination dates;
 - Applicable professional credentials/certifications;
 - A signed job description, acknowledging receipt;
 - Employee's plan for on-going training and professional development;
 - Documentation of training;
 - All annual performance evaluations;
 - Commendations and disciplinary actions relating to the individual's job performance.

STAFF COMMUNICATIONS

- 423** A Residential Treatment Program shall establish procedures to assure adequate communication and support among staff to provide safety, continuity and integration of services to the children/youth. This may include logs, shift notes, minutes of meetings, etc.

VOLUNTEER SERVICES AND STUDENT INTERNS

- 424** A Residential Treatment Program may utilize volunteers and student interns to work directly with a particular child/youth or group of children/youth under the supervision of an employee of the program.
- 425** Volunteers will not provide essential services which would otherwise be unavailable.
- 426** A Residential Treatment Program shall ensure that the needs and learning experiences of volunteers and student interns do not interfere with the care of children/youth.
- 427** Volunteers and interns are subject to the same background, character and reference checks as employees.

428 Volunteers shall receive training relevant to the work they will be doing and issues of confidentiality.

429 Student Interns shall receive training relevant to the work they will be doing, including (but not limited to) the training provided employees within the first 30 days of hire. See regulation 415.

500 TREATMENT AND CASE MANAGEMENT SERVICES

PROGRAM DESCRIPTION

501 A Residential Treatment Program shall have a written program description, accessible to prospective residents, parents, custodians, placing agencies and the general public upon request.

502 The program description shall include:

- Description of the population served;
- Criteria for admission;
- Exclusionary criteria;
- Description of the milieu;
- Description of the treatment modalities;
- Description of the clinical services provided;
- Description of the educational services provided.

CASE RECORDS

503 A Residential Treatment Program shall have written policies and procedures for protection of the confidentiality of all children/youth's records.

504 A Residential Treatment Program shall maintain record(s) for each child/youth. The content and format of these records shall be uniform within the program and minimally include:

- The name of the child/youth;
- Gender;

- Date of birth;
- Date of Admission;
- Legal custody and custodianship status;
- Informed consent signed by the parent(s) and custodian to provide emergency medical treatment and for the administration of medication;
- Contact information for the parent(s), caretakers;
- Documented acknowledgement from the child/youth, parent(s) and custodian that they have been informed of the program's policies and procedures regarding the use of restraint and seclusion;
- Informed consent signed by parent(s) and custodian regarding the policies and procedures guiding the use of restraint and seclusion that may occur while the child/youth is in the program;
- De-escalation intervention plan;
- Referral and Intake information;
- Treatment/clinical records;
- Education records;
- Cumulative medical records including date and results of last physical and dental examinations;
- Plan of Care, amendments and reviews;
- Incident Reports;
- Discharge Plan;
- Date of Discharge; and
- Contact information of the person or program to which the child/youth was discharged.

505 When information is in the possession of another person or agency and unavailable to the program, the program shall document attempts to acquire that information.

506 A Residential Treatment Program shall establish policies and procedures regarding the retention, storage and disposal of records.

REFERRAL/ADMISSION PROCESS

- 507** A Residential Treatment Program shall accept a child/youth into care only when a current intake evaluation has been completed. The evaluation shall include information and assessments regarding the family, the child/youth's developmental, social, behavioral, psychological, and medical histories, allergies and any special needs.
- 508** A Residential Treatment Program shall accept and serve only those children/youth whose needs can be met by the services provided by the program.
- 509** A Residential Treatment Program shall have written referral and admission policies and procedures.
- 510** A Residential Treatment Program shall ensure that the child/youth, his/her parent(s) and custodian are provided reasonable opportunity to participate in the admission process and decisions, and that due consideration is given to any questions/concerns.
- 511** A Residential Treatment Program shall provide children, youth, families and custodians upon placement a clear and simple written statement that includes:
- The procedure used to report complaints or grievances, including timelines and accessible reporting formats;
 - Assurance that the complaint may be submitted to someone other than the individual named in the complaint;
 - Assurance that retaliation will not be tolerated;
 - An opportunity for the child, youth, family member, custodian or staff member to present his or her version of events and to present witnesses;
 - A process for informing the complainant of the results;
 - A process for appeal;
 - Contact information for the licensing authority; and
 - Contact information for the State-designated protection and advocacy system.

- 512** A Residential Treatment Program shall ensure that upon placement, each child/youth is asked if he/she has any physical complaints and is checked for obvious signs of illness, fever, rashes, bruises and injury. The results of this interview shall be documented and kept in the child/youth's record.
- 513** Depending on the age, gender and needs of the child/youth an inventory and/or search of a child/youth's belongings as part of the admission process activity will be conducted by a same gender staff person as the child/youth being admitted and in the child/youth's presence.
- 514** A Residential Treatment Program shall obtain the written informed consent of a child or youth, their parent(s) and custodian before the child or youth is photographed and/or recorded for research and/or program publicity purposes.
- 515** A Residential Treatment Program shall assign a staff member to orient the child/youth and his/her parent(s) and custodian, to life at the program; including a verbal review of emergency evacuation procedures, the child/youth's rights and program expectations.
- 516** A Residential Treatment Program shall make available to each child/youth, parent(s), and custodian, a simply written list of rules and expectations governing children/youth's behavior.
- 517** The program will inform the child/youth, parent(s) and custodian of the policies and procedures regarding the use of restraint and seclusion. While this orientation will include the following content, the mode of delivery is dependent on the population served.
- Explanation of de-escalation techniques staff members may employ to defuse the situation in an attempt to avoid the use of restraint or seclusion;
 - Description of situations and criteria for the use of restraint or seclusion;
 - Who is authorized to approve and initiate the use of restraint or seclusion;
 - A description of the restraint techniques authorized for use;
 - A viewing of rooms used for seclusion;

- The protocol for the monitoring of the child/youth's health and well-being during the restraint, including time frames;
- The protocol for supervision and monitoring of the child/youth's health and well-being while secluded, including time frames;
- The decision-making process used by staff for the discontinuation of the use of restraint or seclusion;
- The internal grievance procedure to report inappropriate use restraint or seclusion; and
- Contact information for the Licensing Authority.

518 A Residential Treatment Program will obtain written acknowledgement from the child/youth, parent(s) and custodian that they have been informed of the program's policies and procedures regarding the use of restraint and seclusion.

519 A Residential Treatment Program that uses restraint or seclusion shall offer the child/youth, parent(s) and custodian the opportunity to provide information about the child/youth that may help prevent the use of restraint and seclusion.

520 A Residential Treatment Program shall gather and assess the following information to develop an individualized de-escalation plan for each child/youth to avoid the use of restraint and seclusion.

- The child/youth's history of violence;
- The child/youth's history of suicidal ideation or attempts;
- Events that may trigger aggressive or suicidal behavior;
- Techniques to regain control, self regulate, self-sooth that have been successful in the past;
- Preexisting medical conditions or physical disabilities that place the child/youth at increased risk of harm, and
- History of trauma that places the child/youth at increased risk of psychological harm if he/she is restrained or secluded.

PLAN OF CARE

521 A Residential Treatment Program shall develop a Plan of Care based on the review of the referral information and input from the referral source, the child/youth, parent(s) and custodian within seven days.

- 522** The Plan of Care shall include:
- Reason for Admission,
 - Preliminary Goals and Objectives;
 - Services/Interventions to be provided, by whom, and frequency;
 - How progress will be measured;
 - Family contact and level of involvement;
 - Mental Health status;
 - Physical Health status;
 - Social Skills;
 - Family relationships;
 - Recreation/Activities/Interests;
 - Education;
 - Activities of daily living/Independent living skills;
 - De-escalation Intervention Plan;
 - Plan for discharge;
 - Aftercare planning.
- 523** Plans of Care shall be signed by the administrator of the program (or designee).
- 524** A Residential Treatment Program shall demonstrate child/youth, parental and custodial participate in the development of the Plan of Care.
- 525** A Residential Treatment Program shall review and revise the Plan of Care at least once every 90 days and shall evaluate the degree to which the goals have been achieved, identify successful interventions, progress toward discharge planning and recommendations.
- 526** A Residential Treatment Program shall ensure that the Plan of Care and subsequent revisions are explained to the child/youth, his/her parent(s) and custodian in language understandable to everyone.
- 527** The current Plan of Care shall be available upon request at the time of discharge.

600 RESIDENTIAL LIFE

SUPERVISION

- 601** A Residential Treatment Program shall provide adequate supervision appropriate to the treatment and developmental needs of children/youth.
- 602** A Residential Treatment Program shall ensure that each child/youth has ready access to a responsible staff member throughout the night.
- 603** A Residential Treatment Program shall provide adequate overnight supervision consistent with the needs of the children/youth.

FAMILY INVOLVEMENT

- 604** A Residential Treatment Program shall make every possible effort to facilitate opportunities for children/youth to communicate with parent(s), siblings, and custodian to foster permanent relationships with family, in accordance with the Plan of Care.
- 605** Alternative visiting hours shall be provided for families who are unable to visit at the prescribed times, consistent with the Plan of Care.
- 606** A Residential Treatment Program shall not use family contact as an incentive to elicit desired behavior; likewise family contact shall not be withheld as a consequence for misbehavior.
- 607** A Residential Treatment Program shall have written procedures for overnight visits outside the program which includes;
- The child/youth's location;
 - Length of stay;
 - Plan for transportation;
 - Plan for conveying medication;
 - Discussion of medication regime;
 - Recommendations for supervision;
 - Name, address and contact information for person responsible for the child/youth while they are away from the program;

- Relationship to the person responsible for the child/youth;
- Plan for the unforeseen return of the child/youth, and
- Documentation of above activities.

608 A Residential Treatment Program shall not place a child/youth in a foster home unless the Residential Treatment Program is also a licensed Child Placing Agency.

EDUCATION

609 A Residential Treatment Program shall ensure that every child/youth is provided an appropriate educational program in accordance with state law and approved by the Vermont Department of Education.

DAILY ROUTINE

610 A Residential Treatment Program shall follow a written daily routine, including weekends and vacations.

611 Daily routines shall not conflict with the implementation of a child/youth's Plan of Care.

COMMUNICATION AND PRIVACY

612 A Residential Treatment Program shall permit children/youth to send and receive mail, make telephone calls and e-mail, consistent with the Plan of Care.

613 Program staff shall read a child/youth's mail and e-mail or listen in on telephone conversations only with the child/youth's full knowledge and understanding of the reasons for this action, consistent with the Plan of Care.

614 A Residential Treatment Program shall not bar contact between a child/youth and their parent(s), custodian, attorney, guardian ad litem, clergy and State-designated protection and advocacy system.

615 When the right of a child/youth to communicate in any manner with any person outside the program must be curtailed, or monitored a residential program shall:

- Document the decision, including who was involved in the decision making process, reasons for limitations of his/her right to communicate with the specified individual(s);
- Inform the child/youth of the decision making process;
- Review this decision minimally at each review of the Plan of Care.

MONEY/FINES

616 A Residential Treatment Program shall permit children/youth to access his/her own money consistent with his/her Plan of Care.

617 Fines shall not be levied except in accordance with a written Program Description which includes a description of how revenues from fines are used for the benefit of the children/youth residing in the program.

CHORES

618 The Residential Treatment Program may assign chores that provide for the development of life skills and not used as punishment.

619 Children/youth participation in chores shall not be a substitute for housekeeping and maintenance staff.

RELIGION

620 A Residential Treatment Program with religious affiliation(s) or expectations for participation shall include such information in the program description.

621 A Residential Treatment Program shall make every effort to accommodate a child/youth's desire to attend and/or participate in religious activities and services in accordance with his/her own faith.

PERSONAL BELONGINGS

- 622** A Residential Treatment Program shall ensure that children/youth have his/her own adequate, clean, and appropriate clothing.
- 623** A Residential Treatment Program shall allow children/youth to bring his/her personal belongings to the program e.g. comfort items, memorabilia.
- 624** Limitations on the quantity of personal items shall be discussed during the referral/admission process.
- 625** Provisions shall be made for the protection of children/youth's personal property.
- 626** Any search of a child/youth's personal belongings for contraband deemed necessary for the safety of the child/youth or others within the program will be conducted in the presence of the child/youth, by same gender staff as the child/youth unless contraindicated and documented.

PERSONAL CARE AND HYGIENE

- 627** A Residential Treatment Program shall ensure children/youth receive guidance in healthy personal care and hygiene habits.

FOOD SERVICES

- 628** A Residential Treatment Program shall ensure that a child/youth are provided at least three nutritional meals, available daily at regular times.
- 629** There shall be no more than 14 hours between the evening meal and breakfast, unless nutritional snacks are offered during the evening.
- 630** No child/youth in a Residential Treatment Program shall be denied a meal for any reason, except by a documented doctor's order.
- 631** No child/youth shall be required to eat anything they do not want to eat, nor will there be consequences for food preferences.

632 Special dietary needs shall be discussed during the referral/intake process and the Residential Treatment Program shall make healthy accommodations for children/youth with special dietary needs.

MEDICAL CARE

633 A Residential Treatment Program shall ensure a routine physical examination by a medical practitioner for each child/youth within 30 days of admission unless the child/youth received such an examination within 12 months prior to admission.

634 A Residential Treatment Program shall have written procedures for staff members to follow in case of medical emergencies, including the administration of first aid.

635 A Residential Treatment Program must ensure that children/youth receive timely, competent routine and emergency medical care when they are ill or injured and that they continue to receive necessary follow-up medical care with parent(s) and custodians' consent.

636 A Residential Treatment Program shall maintain a cumulative record of medical care. This record shall include:

- The name of the resident;
- The reason for the visit;
- Name and contact information for the provider;
- Results of examination, tests and recommendations;
- Medication(s) prescribed;
- The time and date the medication is administered.

DENTAL CARE

637 A Residential Treatment Program shall make reasonable effort to ensure each child/youth has had a dental examination by a dentist within 30 days of the child/youth's admission unless the child/youth has been examined within 6 months prior to admission and the program.

638 Residential Treatment Program shall make reasonable effort to ensure children/youth receive timely, competent routine and emergency dental care and that they continue to receive necessary follow-up dental care.

ADMINISTRATION OF MEDICATION

- 639** A Residential Treatment Program shall have written policies and procedures governing the use and administration of medication to children/youth.
- 640** Policies and procedures governing the use and administration of medication shall be disseminated to all staff responsible for prescribing and administering medication.
- 641** These policies shall specify who can administer medication, under what circumstances and procedures for documenting the administration of medication.
- 642** A Residential Treatment Program shall ascertain all medication a child/youth is taking when coming into care and obtain parental and custodial consent for the administration of medication and any changes in medication(s).
- 643** Medication will be administered as prescribed by a licensed practitioner.
- 644** Medication errors shall be documented on an incident report.

PETS

- 645** A Residential Treatment Program shall have written policies and procedures address the presence and supervision of pets in the program.
- 646** A Residential Treatment Program will ensure that the presence of any pet does not have an adverse effect on any child/youth residing in the program, for example allergies or fear.
- 647** A Residential Treatment Program will maintain a separate record on each pet that includes:
- Identifying information;
 - Owner(s) contact information;
 - Record of vaccinations & Record of registration;
 - Statement of good health from a Veterinarian;
 - Veterinarian's contact information and;
 - Incidents involving the pet, for example if the pet is abused by a child/youth, or if the pet bites a child/youth or staff member.

BEHAVIOR MANAGEMENT

648 A Residential Treatment Program shall prohibit all cruel, severe, unusual or unnecessary practices including, but not limited to:

- Strip searches;
- Body cavity searches;
- Restraints that impede a child/youth's ability to breathe or communicate;
- Chemical restraint;
- Mechanical restraint;
- Pain inducement to obtain compliance;
- Hyperextension of joints;
- Peer restraints;
- Locked buildings, rooms, closets, boxes, recreation areas or other structures from which a child/youth can not readily exit;
- Discipline or punishment which is intended to frighten or humiliate a child/youth;
- Requiring or forcing a child/youth to take an uncomfortable position, such as squatting or bending, or requiring or forcing the child/youth to repeat physical movements;
- Spanking, hitting, shaking, or otherwise engaging in aggressive physical contact (horseplay) with a child/youth;
- Physical exercises such as running laps or performing push-ups;
- Excessive denial of on-grounds program services or denial of any essential program services;
- Depriving a child/youth of meals, water, rest, or opportunity for toileting;
- Denial of shelter, clothing, or bedding;
- Withholding of personal interaction, emotional response or stimulation;
- Exclusion of the child/youth from entry to the residence;
- Any act defined as abuse or neglect by 33 V.S.A., Chapter 28, §4912.

649 A Residential Treatment Program shall ensure that behavior management is not delegated to persons who are not known to the child/youth.

PHYSICAL RESTRAINT

650 A Residential Treatment Program shall not use any form of restraint without prior approval of the Licensing Authority.

651 Restraint shall be used only to ensure that immediate safety of the child/youth or others when no less restrictive intervention has been, or is likely to be, effective in averting danger. Restraint shall be used only as a last resort.

652 Any restraint lasting more than 10 minutes requires supervisory consultation, approval and oversight.

653 Any restraint lasting more than 30 minutes requires clinical/administrative consultation, approval and oversight.

654 Restraint shall never be used for coercion, retaliation, humiliation, as a threat of punishment or a form of discipline, in lieu of adequate staffing, for staff convenience, or for property damage not involving imminent danger.

655 A Residential Treatment Program shall develop and implement written policies and procedure that govern the circumstances in which restraint is used. These policies and procedures shall contain and address the following:

- The threshold for initiating restraint;
- Forms of restraint that are permitted;
- Staff members authorized and qualified to order or apply restraint;
- Procedures for monitoring the child/youth placed in restraint for signs of discomfort and medical issues;
- Time limitations on the use of restraint;
- The immediate and continuous review of the decision to restrain;

- Documentation of the use of restraint;
- Record keeping of incidents of restraint;
- Debriefing with the child/youth;
- Debriefing with all witnesses;
- Debriefing staff;
- Notification of parent(s) and custodian; and
- Administrative review of all restraints.

656 Incidents of restraint shall be reported to the parent(s) and the person legally responsible for the child/youth as soon as possible, and not later than 24 hours.

657 Incidents of restraint which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than 24 hours.

SECLUSION

658 A Residential Treatment Program shall not use any form of seclusion without prior approval of the Licensing Authority.

659 Seclusion shall be used only to ensure that immediate safety of the child/youth or others when no less restrictive intervention has been, or is likely to be, effective in averting danger.

660 Children/youth in seclusion will be provided constant, uninterrupted supervision by qualified staff, employed by the program and familiar to the child/youth.

661 Seclusion lasting more than 10 minutes requires supervisory approval and oversight.

662 Seclusion lasting more than 30 minutes requires clinical/administrative consultation, approval and oversight.

663 Seclusion shall never be used for coercion, retaliation, humiliation, as a threat of punishment or a form of discipline, in lieu of adequate staffing, or for staff convenience.

- 664** A Residential Treatment Program shall develop and implement a written policies and procedures that govern the circumstances in which seclusion is used. These policies and procedures shall contain and address the following:
- Circumstances under which seclusion may be used;
 - Staff members authorized to approve the use of seclusion;
 - Procedures for monitoring children/youth in seclusion;
 - Time limitations on the use of seclusion;
 - The immediate and continuous review of the decision to use seclusion;
 - Documentation of the use of seclusion;
 - Record keeping of incidents of seclusion;
 - Debriefing with the child/youth;
 - Debriefing with all witnesses;
 - Debriefing staff;
 - Notification of parent(s) and custodian; and
 - Administrative review of all restraints and follow up actions taken.
- 665** Incidents of seclusion shall be reported to the parent(s) and person legally responsible for the child/youth as soon as possible, and not later than within 24 hours.
- 666** Incidents of seclusion which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than within 24 hours.

DOCUMENTATION

- 667** Each incident of restraint and seclusion shall be documented separately by staff members directly involved in the intervention as soon as possible, not later than 24 hours.

668 This incident report written by the staff members shall include:

- Name, age, height, weight, gender and race of the child/youth;
- Date, beginning and ending time of occurrence;
- A description of what happened; including what activity the child/youth was engaged in prior to the escalation, the precipitating events;
- Description of de-escalation and less intrusive methods of intervention used and reasons for their use;
- Supervisory, clinical and/or administrative notification and approval;
- Staff involved, including full names, titles, relationship to the child/youth and if a restraint, date of most recent formal de-escalation and restraint training;
- Witnesses to the precipitating incident and subsequent restraint or seclusion;
- Preventative actions that may be taken in the future;
- Name of person making the report;
- Detailed description of any injury to the child/youth;
- Detailed description of any injury to staff members;
- Any action taken by the program as a result of any injury.

669 Incident Reports shall be reviewed and signed by the supervisor/administrator within 8 hours. Documentation of the administrative review must include follow up actions which may include:

- Debriefing with child/youth;
- Debriefing with witnesses;
- Debriefing with staff;
- Medical needs;
- Identified need for additional training; or
- Personnel action (if warranted).

RESTRAINT AND SECLUSION MONITORING

670 A Residential Treatment Program will establish documentation and monitoring systems, enabling all incidents of restraint and seclusion to receive administrative review. The data and management systems will have the potential to monitor staff, individual, and critical programmatic involvement in incidents. The program shall track the following:

- Shift;
- Location;
- Day of the week;
- Time of day/night
- Incident antecedents;
- Length child/youth was held in restraint or seclusion;
- Type of restraint or seclusion;
- Age;
- Gender;
- Ethnicity;
- Number of incidents per child/youth;
- Staff members involved;
- Child/youth injuries requiring medical attention; and
- Staff injuries requiring medical attention.

700 PHYSICAL ENVIRONMENT AND SAFETY

GENERAL

701 A Residential Treatment Program, including all structures and property shall be constructed, furnished, equipped, used and maintained so that the privacy, safety, health and physical comfort of all children/youth are ensured and in compliance with federal, state, local and municipal regulations.

702 A Residential Treatment Program shall pass and maintain documentation of an annual inspection of all buildings utilized by the program by an independent, qualified fire safety inspector.

- 703** A Residential Treatment Program shall have a designated space to allow private discussions and counseling sessions between individual children/youth and their family members, visitors and staff.
- 704** First Aid supplies shall be accessible in each living unit of a Residential Treatment Program.
- 705** A Residential Treatment Program shall keep medication, cleaning supplies and other potentially harmful materials securely locked. Keys to such storage spaces shall be available only to authorized employees.
- 706** A Residential Treatment Program shall ensure that there are sufficient and appropriate storage facilities.
- 707** Each separate living unit within a Residential Treatment Program shall have 24-hour telephone service.
- 708** A Residential Treatment Program shall not permit any firearm or chemical weapon on the property, including program and employee vehicles.
- 709** A Residential Treatment Program shall ensure that children/youth are not exposed to second hand smoke in the facility, on the property or in program vehicles used to transport children/youth.
- 710** Facility and staff vehicles shall be locked while on the property.
- 711** A responsible adult will provide continuous and uninterrupted supervision when children/youth are swimming or otherwise engaged in water sports/activities.
- 712** On-ground pools shall be enclosed and regularly tested to ensure that the pool is free of contamination.
- 713** A Residential Treatment Program shall have written procedures for employees and children/youth to follow in case of emergency or disaster.

- 714** A Residential Treatment Program shall conduct actual or simulated evacuation drills at least monthly and varied by shift.
- A record of such emergency drills shall be maintained including the date and time of the drill and whether evacuation was actual or simulated.
 - All personnel in the building shall participate in emergency drills.
 - The Residential Treatment Program shall make and document special provisions for the evacuation of any developmentally or physically disabled children/youth from the program.
- 715** A Residential Treatment Program shall ensure that children/youth are properly secured and adequately supervised in any vehicle used by the program to transport children/youth.
- 716** A Residential Treatment Program shall maintain, update and share with parent(s), custodians and the Licensing Authority the contact information of a specific individual to contact in the event of the emergency evacuation of children/youth.

SLEEPING AREAS

- 717** A Residential Treatment Program shall ensure that all sleeping areas used by children/youth are of sufficient size to allow for a bed and to afford space for dressing and quiet activities.
- 718** No child/youth's bedroom shall be stripped of its contents and used for seclusion.
- 719** A Residential Treatment Program shall ensure that no room without a window shall be used as a bedroom.
- 720** A Residential Treatment Program shall not permit more than four children/youth to occupy a designated sleeping area or bedroom space.
- 721** A Residential Treatment Program will assign roommates taking into account gender, age, developmental and treatment needs.
- 722** Each child/youth residing in a Residential Treatment Program shall have his/her own bed.

- 723 A Residential Treatment Program shall ensure that there is sufficient space between a mattress and another mattress (bunk bed) or ceiling for each occupant to sit up comfortably in bed.
- 724 A Residential Treatment Program shall provide each child/youth with his/her own dresser or other adequate storage space in his/her bedroom unless there is a documented safety concern.
- 725 The use of open flames shall not be allowed in sleeping areas of a Residential Treatment Program.

TOILET, SHOWER AND BATHING FACILITIES

- 726 A Residential Treatment Program shall have available to children/youth a minimum of one wash basin with hot and cold water, one flush toilet and one bath or shower with hot and cold water for every six children/youth.
- 727 A Residential Treatment Program shall provide toilets and baths or showers which allow for individual privacy unless a child/youth requires assistance.
- 728 A Residential Treatment Program shall have bathrooms with doors which can be opened from both sides.
- 729 A Residential Treatment Program serving a co-ed population shall ensure private toileting, shower and bathing facilities.

KITCHEN/DINING AREA

- 730 A Residential Treatment Program shall have a sufficiently well-equipped kitchen to prepare meals for the children, youth and employees.
- 731 A Residential Treatment Program shall be arranged and equipped so children, youth and employees can have their meals together.

LIVING ROOM

- 732 A Residential Treatment Program shall have a living room / common area where children/youth may gather for reading, study, relaxation, conversation and entertainment.

SECLUSION ROOMS

- 733 A Residential Treatment Program shall ensure all rooms used for seclusion meet all applicable state and local fire and safety codes.
- 734 A Residential Treatment Program shall ensure all rooms used for seclusion are safe, clean, and well-maintained.
- 735 A Residential Treatment Program shall ensure all rooms used for seclusion have adequate light, ventilation and maintain an appropriate room temperature.
- 736 A Residential Treatment Program shall ensure all rooms used for seclusion are designed for continuous supervision.

EMPLOYEE SPACE

- 737 A Residential Treatment Program utilizing live-in employees shall provide adequate and separate living space for these employees.
- 738 Residential Treatment Program shall provide office space which is distinct from children/youth's living areas.

EXEMPTIONS AND ADDITIONAL REGULATIONS FOR SECURE FACILITIES

Secure Facilities shall be exempt from the following regulations.

- 508 A Residential Treatment Program shall accept and serve only those children/youth whose needs can be met by the services provided by the program.
- 622 A Residential Treatment Program shall ensure that children/youth have his/her own adequate, clean, and appropriate clothing.
- 648 A Residential Treatment Program shall prohibit all cruel, severe, unusual or unnecessary practices including, but not limited to:
- Strip searches;
 - Mechanical restraint.
 - Locked buildings, rooms, recreation areas.

Secure Facilities shall follow these additional regulations.

- 901** Orientation and on-going training shall include;
- Security procedures;
 - Trauma informed use of mechanical restraint;
 - Trauma informed execution of strip search.
- 902** During the admission process, a child/youth shall be offered the opportunity to call his/her parent(s).
- 903** Admitting staff shall conduct a search of the child/youth and his/her possessions upon admission. Written policies and procedures regarding searches upon admission shall be consistent with the following provisions:
- All searches shall be of the least intrusive type necessary to satisfy the safety and security needs of the facility or the safety of the child/youth and not as a form of punishment.
 - All searches shall only be conducted by same gender staff of the child/youth.
 - A pat search is the standard method of searching children/youth upon admission.
- 904** Strip searches upon admission are authorized (but not required) when there is reasonable suspicion that a child/youth has on his/her person contraband, weapons, or other items concealed which present a threat to the safety and security of the facility. Reasonable suspicion is determined on an individualized basis and shall be deemed present when:
- Current charges involve a crime of violence; or
 - Current charges involve use of a weapon; or
 - Current charges are drug related; or
 - The child/youth's prior history includes arrest, charges or convictions of the above.
- 905** Mechanical Restraints shall only be used by the program to bring a child/youth into the facility, when exiting the facility, and off the premises while in the custody of the facility.
- 906** A Secure Residential Treatment Program shall ensure that children/youth have clean and appropriate clothing.

EXEMPTIONS AND ADDITIONAL REGULATIONS FOR WILDERNESS PROGRAMS

Wilderness programs shall be exempt from the following regulations.

- 704** First Aid supplies shall be accessible in each living unit of a Residential Treatment Program.
- 714** A Residential Treatment Program shall conduct actual or simulated evacuation drills at least monthly and varied by shift.
- A record of such emergency drills shall be maintained including the date and time of the drill and whether evacuation was actual or simulated.
 - All personnel in the building shall participate in emergency drills.
 - The Residential Treatment Program shall make and document special provisions for the evacuation of any developmentally or physically disabled children/youth from the program.
- 720** A Residential Treatment Program shall not permit more than four children/youth to occupy a designated sleeping area or bedroom space.
- 723** A Residential Treatment Program shall ensure that there is sufficient space between a mattress and another mattress (bunk bed) or ceiling for each occupant to sit up comfortably in bed.
- 724** A Residential Treatment Program shall provide each child/youth with his/her own dresser or other adequate storage space in his/her bedroom unless, there is a documented safety concern.
- 725** A Residential Treatment Program shall have available to children/youth a minimum of one wash basin with hot and cold water, one flush toilet and one bath or shower with hot and cold water for every six children/youth.
- 726** A Residential Treatment Program shall provide toilets and baths or showers which allow for individual privacy unless a child/youth requires assistance.
- 727** A Residential Treatment Program shall have bathrooms with doors which can be opened from both sides.
- 729** A Residential Treatment Program shall have a sufficiently well-equipped kitchen to prepare meals for children, youth, & staff.

731 A Residential Treatment Program shall have a living room/ common area where children/youth may gather for reading, study, relaxation, conversation and entertainment.

Secure Facilities shall follow these additional regulations.

907 A Residential Treatment Program functioning in a wilderness environment shall have a minimum of two field staff members in immediate earshot of all children/youth throughout the night.

908 First Aid supplies shall be available, accessible and in the possession and control of a field staff member at all times.

909 When not locked in storage, medications shall be in the sole, continuous possession of a field staff member who is responsible for their distribution.

910 A Residential Treatment Program functioning in a wilderness environment shall provide a reasonable amount of personal space in group shelters. Sleeping area per person shall be 8' x 4' minimum.

911 A Residential Treatment Program functioning in a wilderness environment shall provide a heat source in winter conditions.

912 A Residential Treatment Program functioning in a wilderness environment shall ensure each child/youth has his/her own gear.

913 A Residential Treatment Program functioning in a wilderness environment shall ensure each child/youth with his/her own storage materials (backpack, duffle bag, etc.) unless, there is a documented safety concern.

914 A Residential Treatment Program functioning in a wilderness environment shall provide a hot shower on a regular basis, at least once a week.

915 A Residential Treatment Program functioning in a wilderness environment shall ensure a system for the disposal of human waste, which may include outhouses, privies, cat holes, etc. and children/youth shall be instructed in their use on the first day in the program. Such systems shall be in accordance with commonly accepted professional practices, such as "*Leave No Trace*".

DEFINITIONS

Behavior Management:

The use of specialized interventions to guide, redirect, modify, or manage behavior of children/youth. Behavior Management includes the entire spectrum of activities from preventative and planned use of the environment, routines, and structure of the particular setting; from less restrictive interventions such as positive reinforcement, verbal interventions, de-escalation techniques, therapeutic activities, loss of privileges; to more restrictive interventions such as time out, restraint, and seclusion.

Child Abuse and Neglect:

Improper treatment of children/youth, as defined by law. Abused or neglected child is a child whose physical health, psychological growth and development or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child's welfare. Also, a child who is sexually abused or at substantial risk of sexual abuse by any person (33 VSA § 4912(2)).

Child Sexual Abuse:

Sexual abuse is any act or acts by any person involving sexual molestation or exploitation of a child including, but not limited to, incest, prostitution, rape, sodomy, or any lewd and lascivious conduct involving a child. Sexual abuse also includes the aiding, abetting, counseling, hiring, or procuring of a child to perform or participate in any photograph, motion picture, exhibition, show, representation, or other presentation which, in whole or in part, depicts a sexual conduct, sexual excitement or sadomasochistic abuse involving a child (33 VSA § 4912(8)).

Case Records:

Are a cohesive, comprehensive collection of information concerning a child/youth receiving services in a Residential Treatment Program.

Contraband:

Illegal or prohibited possessions, for example cigarettes, drugs, alcohol, weapons etc.

Custodian:

Is a person other than a parent or legal custodian to whom legal custody of the child has been given by order of a Vermont family or probate court or a similar court in another jurisdiction.” (33 VSA § 5102(8).

De-escalation Intervention Plan:

(However called), is an individualized plan based on input from the child/youth, parents and custodians, that identifies situations that cause the child/youth to engage in unsafe or disruptive behaviors. This plan identifies interventions that have (and those which have not) been successful in the past and planned interventions for the future.

Escort:

Is the application of physical force by one or more individuals that reduces or restricts the child/youth’s freedom of movement, (see definitions of physical restraint and physical prompt).

Ethics:

Standards for conduct within the organization.

Family:

The parent(s) and sibling(s) of the child/youth, or the person(s) performing the parental and sibling roles. Family may include birth or adoptive parent(s), grandparent(s), foster parent(s), and guardians.

Governing Authority:

The governing authority is the board of directors, ultimately responsible for conducting the affairs of a Residential Treatment Program.

Incident Report:

A standardized form that documents significant and unusual events such as the use of restraint, seclusion, death, injury to child/youth or staff, accidents, elopements, medication errors, emergency evacuation, criminal activity etc.

Informed Consent:

A process of mutual understanding and agreement between the child/youth, parent(s) and custodian and the service provider.

Inventory Search:

A thorough search of a child/youth's clothing or personal property brought into the program at the time of admission, visitation, or activity outside the program.

License:

A written certification of a Residential Treatment Program's authorization to operate under state law together with the conditions of such authorization.

Milieu:

The physical and social environment.

Pat Search:

The clothed, pat down search of a child/youth's body and outer clothing. This type of search is also referred to as a "frisk" search.

Physical Prompt:

A light touch to encourage a response, to provide direction or guidance. A physical prompt allows the child to maintain maximum influence over their own behavior. If the prompt is met with resistance the adult may choose to withdraw physical contact or meet the resistance with an escort depending on the circumstances. A physical prompt does not require documentation or notification.

Plan of Care:

A child/youth specific, comprehensive, time-limited, goal oriented, outcome based, individualized plan for the care, treatment and education of a child/youth while in care of a Residential Treatment Program; developed by program employees in collaboration with the child/youth, parent(s), custodian and local treatment team.

Provider:

Person, program or agency providing service(s).

Residential Treatment Program:

(Formerly called a Residential Child Care Facility) is a place, however named, which provides a planned program aimed at behavioral change, administered by qualified staff, for children in a twenty-four hour residential setting.

Restraint, Chemical:

The administration of medications that may or may not be a standard treatment for the child/youth's medical or psychiatric condition or a part of his/her daily medication regimen, which are used for the primary purpose of temporarily controlling the child/youth's behavior.

Restraint, Mechanical:

The use of any device, article, or garment attached or adjacent to the child/youth's body that restricts freedom of movement.

Restraint, Physical:

The application of physical force by one or more individuals that reduces or restricts the child/youth's freedom of movement, including an escort.

Room Search:

A routine and/or unscheduled search of a child/youth's room to discover contraband and/or destruction of property.

Seclusion:

(However named) is the confinement of a child/youth in a segregated room, for the purpose of preventing harm to self or others, with the child/youth's freedom to leave physically restricted. Seclusion is not a punishment. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the child/youth is considered in seclusion if freedom to leave the segregated room is denied.

Secure Program:

Is a building secure Residential Treatment Program which employs locked or inoperable doors and windows to prevent children/youth from leaving the building i.e. a detention program or hospital.

Sexual Activity:

For the purposes of documentation and reporting as referenced in these regulations "sexual activity" includes sexual contact with another child/youth's breasts and/or genitalia.

Sleeping Area:

Typically a bedroom however it may be a tent, yurt or other comparable structure used in Wilderness Programs.

Strip Search:

A search for contraband that requires the child/youth to remove his/her clothing in order to closely examine the child/youth's clothing and allow for a visual inspection of the child/youth's body.

Time-out:

(However named) is the temporary removal of a child/youth from the current activity until he/she is less agitated or disruptive. Time-out is used to teach children/youth to calm themselves and self regulate. Time-out is not a punishment. It is the opportunity to learn/practice new skills. The duration of a time-out is limited to the amount of time it takes the child/youth to compose him/herself.

Substitute Care:

Any kind of custodial or residential care for a child/youth that is sanctioned by a court or arranged by a parent or guardian in which a child/youth does not continue to live with either of their parents. It can involve family foster care or residential care.

Therapeutic Milieu:

A structured group setting in which the existence of the group is a key force in the outcome of treatment. Using the combined elements of positive peer pressure, trust, safety and repetition, the therapeutic milieu provides an idealized setting for group members to work through their psychological issues.

Wilderness Therapy Program:

Wilderness therapy is an experiential program that takes place in a wilderness or remote outdoor setting. Programs provide counseling, therapy, education, leadership training and primitive living challenges that foster community and group interdependence. The terms wilderness therapy, wilderness program and outdoor behavioral health program are commonly used to describe this type of care.

NOTES

Family Services Division District Offices

Barre: (802) 479-4260

Bennington: (802) 442-8138

Brattleboro: (802) 257-2888

Burlington: (802) 863-7370

Hartford: (802) 295-8840

Middlebury: (802) 388-4660

Morrisville: (802) 888-4576

Newport: (802) 334-6723

Rutland: (802) 786-5817

Springfield: (802) 289-0648

St. Albans: (802) 527-7741

St. Johnsbury: (802) 748-8374

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