Office of the Revisor of Statutes
Administrative Rules

TITLE: Adopted Permanent Rules Relating to Governing the Licensure and Certification of Residential Treatment and Detention Facilities and Foster Care of Children

AGENCY: Departments of Corrections and Human Services

MINNESOTA RULES: Chapters 2925; 2930; 2935; 2950; 2960; 9530; 9545

INCORPORATION BY REFERENCE: Part 2960.0460, subpart 7: Evaluation process established by the Certification Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., published in the Case Presentation Method Trainers Manual, copyright 1993, is available at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155.

RULE APPROVED
OFFICE OF ADMINISTRATIVE HEARINGS

July 22, 2003
DATE

Kenneth A. Nickolai
ADMINISTRATIVE LAW JUDGE.

The attached rules are approved for filing with the Secretary of State

Robert P. Kittel
Robert P. Kittel
Assistant Deputy Revisor

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ADMINISTRATIVE HEARINGS

Departments of Corrections and Human Services

Adopted Permanent Rules Relating to Governing the Licensure and Certification of Residential Treatment and Detention Facilities and Foster Care for Children

2960.0010 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** This chapter governs the licensing of providers of residential care and treatment or detention or foster care services for children in out-of-home placement. This chapter contains the licensing requirements for residential facilities and foster care and program certification requirements for program services offered in the licensed facilities.

The purpose of residential care is to provide temporary care or treatment for children in need of out-of-home care or treatment which is determined to meet the child's individual needs and is consistent with the timelines in Minnesota Statutes, section 260C.201, subdivisions 11 and 11a. The license holder must cooperate with and give support to the efforts of the placing agency regarding permanency planning for children in out-of-home placement.

Subp. 2. **Scope.** This chapter applies to any unit of government, individual, corporation, limited liability corporation, partnership, voluntary association, other organization or entity, or controlling individual that operates or applies to operate a facility that provides care, treatment, detention, or rehabilitation service on a 24-hour basis to a resident. Facilities excluded from licensure under Minnesota Statutes, section 245A.03, subdivision 2, are excluded from this chapter.

Subp. 3. **Exemptions from this chapter.**

A. Residential service sites for persons with mental retardation and related conditions that are licensed by the commissioner of the Department of Human Services under Minnesota Statutes, chapter 245B, and by the commissioner of the Department of Health under Minnesota Statutes, chapter 144, are exempt from this chapter.

B. Transitional services programs and shelter care service programs are exempt from parts 2960.0130 to 2960.0220.

Subp. 4. **Exemption from parts 9543.1000 to 9543.1060.** Group residential facilities licensed or certified under parts 2960.0010 to 2960.0710 are exempt from parts 9543.1000 to 9543.1060.

Subp. 5. **Certification.** No entity may be granted a certificate or continue to be certified without a license. A license holder or applicant may seek certification to provide more than one program service.

Subp. 6. **Juvenile sex offender treatment programs.** Juvenile sex offender treatment programs are licensed under parts 2960.0010 to 2960.0220 and certified under parts 2955.0010 to 2955.0170.

Subp. 7. **Statutory authority.** This chapter is adopted according to Laws 1995, chapter 226, article 3, section 60, and Minnesota Statutes, sections 241.021 and 245A.09.

2960.0020 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 2960.0010 to 2960.0710 have the meanings given them in this part.

Subp. 2. **Adolescent.** "Adolescent" means an individual under 18 years of age, defined as a child under Minnesota Statutes, section 260C.007, subdivision 4.

Subp. 3. **Applicant.** "Applicant" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 3, and has completed and signed a license or certificate application form. Applicant includes a current license holder who is seeking relicensure or recertification.

Subp. 4. **Assessment.** "Assessment" means the process used by a qualified person to identify and evaluate the resident's strengths, weaknesses, problems, and needs.

Subp. 5. **Aversive procedure.** "Aversive procedure" has the meaning given in part 9525.2710, subpart 4.

Subp. 6. **Basic services.** "Basic services" means services provided at the licensed facility to meet the resident's basic need for food, shelter, clothing, medical and dental care, personal cleanliness, privacy, spiritual and religious practice, safety, and adult supervision.

Subp. 7. **Caregiver.** "Caregiver" means a person who provides services to a resident according to the resident's case plan in a setting licensed or certified under parts 2960.0010 to 2960.0710.

Subp. 8. **Case manager.** "Case manager" means the supervising agency responsible for developing, implementing, and monitoring the case plan.

Subp. 9. **Case plan.** "Case plan" means a plan of care that is developed and monitored by the placing agency for a resident in a residential facility.

Subp. 10. **Certification.** "Certification" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 3a.

Subp. 11. **Chemical.** "Chemical" means alcohol, solvents, and other mood-altering substances, including controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4.

Subp. 12. **Chemical abuse.** "Chemical abuse" means a pattern of inappropriate and harmful chemical use as defined in subpart 41. Chemical abuse includes inappropriate and harmful patterns of chemical use that are associated with specific situations in an individual's life such as loss of a job, death of a loved one, or sudden change in life circumstances. Chemical abuse does not involve a pattern of pathological use, but it may progress to pathological use.

Subp. 13. **Chemical dependency.** "Chemical dependency" means a pattern of pathological use as defined in subpart 52, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use.

Subp. 14. **Chemical dependency treatment services.** "Chemical dependency treatment services" means therapeutic and treatment services provided to a resident to alter the resident's pattern of harmful chemical use.

Subp. 15. **Chemical irritant.** "Chemical irritant" means any nonlethal chemical compound ~~approved by the Department of Health~~ that is used in an emergency situation to subdue or gain control of a resident who is endangering self, others, or the security of the program.

Subp. 16. **Child in need of protection or services or CHIPS child.** "Child in need of protection or services" or "CHIPS child" has the meaning given in Minnesota Statutes, section 260C.007, subdivision 4.

Subp. 17. **Child with a disability.** "Child with a disability" has the meaning given in Minnesota Statutes, section 125A.02.

Subp. 18. **Child with severe emotional disturbance.** "Child with severe emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 6.

Subp. 19. **Clinical supervision.** "Clinical supervision" means the oversight responsibility for the planning, development, implementation, and evaluation of clinical services, admissions, intake assessment, individual treatment plans, delivery of sex offender treatment services, resident progress in treatment, case management, discharge planning, and staff development and evaluation.

Subp. 20. **Clinical supervisor.** "Clinical supervisor" means the person designated as responsible for clinical supervision.

Subp. 21. **Commissioner.** "Commissioner" means the commissioner of the Department of Corrections or the commissioner of the Department of Human Services.

Subp. 22. **Correctional program services.** "Correctional program services" means any program or activity that uses treatment services, consequences, and discipline to control

or modify behavior. ~~Correctional program services hold residents accountable for their behavior and assume that residents behave in illegal or unacceptable ways as a result of a faulty reasoning process.~~ Correctional program services are provided to residents who are at least ten years old, but younger than 21 years old, and extended jurisdictional juveniles.

Subp. 23. **Criminal sexual behavior.** "Criminal sexual behavior" means any sexual behavior as identified in Minnesota Statutes, sections 609.293 to 609.352, 609.36, 609.365, 609.79, 609.795, and 617.23 to 617.294.

Subp. 24. **Critical incident.** "Critical incident" means an occurrence which involves a resident and requires the program to make a response that is not a part of the program's ordinary daily routine. Examples of critical incidents include, but are not limited to, suicide, attempted suicide, homicide, death of a resident, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a resident, assault of a resident, assault by a resident, client-to-client sexual contact, or other act or situation which would require a response by law enforcement, the fire department, an ambulance, or another emergency response provider.

Subp. 25. **Cultural competence or culturally competent.** "Cultural competence" or "culturally competent" means a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals to work effectively in cross-cultural situations.

Subp. 26. **Deprivation procedure.** "Deprivation procedure" has the meaning given in part 9525.2710, subpart 12.

Subp. 27. **Detention setting.** "Detention setting" means a residential program offering temporary care to the alleged delinquent with new charges or adjudicated delinquent residents with new charges who are at least ten years old, but younger than 21 years old, on a predispositional status.

Subp. 28. **Direct contact.** "Direct contact" means the provision of face-to-face care, training, supervision, counseling, consultation, or medication assistance to a resident.

Subp. 29. **Disability.** "Disability" has the meaning given in Minnesota Statutes, section 363.01, subdivision 13.

Subp. 30. **Disciplinary room time.** "Disciplinary room time" means a penalty or sanction in which the resident of a Department of Corrections licensed program is placed in a room from which the resident is not permitted to exit, and which must be issued according to the facility's due process system as stated in the facility's disciplinary plan.

Subp. 31. **Discipline.** "Discipline" means the use of reasonable, age-appropriate consequences designed to modify and correct behavior according to a rule or system of rules governing conduct.

Subp. 32. **Education.** "Education" means the regular and special education and related services to which school-age residents are entitled as required by applicable law and rule.

Subp. 33. **Eight-day temporary holdover facility.** "Eight-day temporary holdover facility" means a physically restricting and unrestricting facility of not more than eight beds, two rooms of which must be capable of being physically restricting. The maximum period that a juvenile can be detained in this facility is eight days, excluding weekends and holidays.

Subp. 34. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 35. **Extended jurisdiction juvenile or EJJ.** "Extended jurisdiction juvenile" or "EJJ" means a person who has been convicted of a felony and been designated by the court as an extended jurisdiction juvenile according to Minnesota Statutes, section 260B.130, and was subject to a disposition under Minnesota Statutes, section 260B.198.

Subp. 36. **Family or household members.** "Family or household members" has the meaning given in Minnesota Statutes, section 260C.007, subdivision 17.

Subp. 37. **Foster care.** "Foster care" has the meaning given in part 9560.0521, subpart 9.

Subp. 38. **Gender-specific.** "Gender-specific" means a facility's capacity to respond to the needs of residents according to their gender-based psychosocial developmental process.

Subp. 39. **Group residential setting.** "Group residential setting" means a residential program that offers care to residents and extended jurisdiction juveniles in which the license holder does not live at the licensed facility.

Subp. 40. **House parent model.** "House parent model" means a staffing pattern by which the license holder employs staff to act as parents to the residents and those staff are not employed on an hourly or shift basis.

Subp. 41. **Inappropriate and harmful chemical use.** "Inappropriate and harmful chemical use" means use of a chemical that exceeds social or legal standards of acceptability, the outcome of which is characterized by:

A. weekly use to intoxication;

B. inability to function in a social setting without becoming intoxicated;

C. driving after consuming sufficient chemicals to be considered legally impaired under Minnesota Statutes, section 169A.20, whether or not an arrest takes place;

D. excessive spending on chemicals that results in an inability to meet financial obligations;

E. loss of friends due to behavior while intoxicated; or

F. chemical use that prevents the individual from meeting work, school, family, or social obligations.

Subp. 42. **Individual treatment plan.** "Individual treatment plan" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 21.

Subp. 43. **Legal guardian.** "Legal guardian" has the meaning given "guardian" in Minnesota Statutes, section 525.539, subdivision 2, or "custodian" in Minnesota Statutes, section 260C.007, subdivision 10.

Subp. 44. **License.** "License" means written authorization issued by the commissioner allowing the license holder to provide a residential service at a facility for a specified time and in accordance with the terms of the license and the rules of the commissioners of human services and corrections.

Subp. 45. **License holder.** "License holder" means an individual, corporation, partnership, voluntary association, or other organization or entity that is legally responsible for the operation of the facility that has been granted a license by the commissioner of corrections under Minnesota Statutes, section 241.021, or the commissioner of human services under Minnesota Statutes, chapter 245A, and the rules of the commissioners of human services and corrections. The duties of the license holder may be discharged by a person designated by the license holder to act on behalf of the license holder.

Subp. 46. **Mechanical restraint.** "Mechanical restraint" means the restraint of a resident by use of a restraint device to limit body movement.

Subp. 46a. **Medically licensed person.** "Medically licensed person" means a person who is licensed or permitted by a Minnesota health-related board to practice in Minnesota and is practicing within the scope of the person's health-related license.

Subp. 47. **Medication assistance.** "Medication assistance" means assisting residents to take medication and monitoring the effects of medication, but does not include administering injections. For purposes of this subpart, "medication" means a prescribed substance that is used to prevent or treat a condition or disease, to heal, or to relieve pain.

Subp. 48. **Mental health professional.** "Mental health professional" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 27.

Subp. 49. **Mental health treatment services.** "Mental health treatment services" means all of the therapeutic services and activities provided to a resident with emotional disturbance or severe emotional disturbance to care and treat the resident's mental illness.

Subp. 50. **Nighttime hours.** "Nighttime hours" means the time period between 10:00 p.m. and 8:00 a.m.

Subp. 51. **No eject policy.** "No eject policy" means a residential facility may not eject a resident from a facility if the resident meets continued stay criteria.

Subp. 51a. **Parent.** "Parent" means the parent with parental rights or legal guardian of a resident under 18 years of age.

Subp. 52. **Pathological use.** "Pathological use" means the compulsive use of a chemical characterized by three or more of the behaviors in items A to F:

A. daily use required for adequate functioning;

B. an inability to abstain from use;

C. repeated efforts to control or reduce excessive use;

D. binge use, such as remaining intoxicated throughout the day for at least two days at a time;

E. periods of amnesia for events occurring while intoxicated; and

F. continuing use despite a serious physical disorder that the individual knows is exacerbated by continued chemical use.

Subp. 53. **Physical escort.** "Physical escort" means the temporary touching or holding of a resident's hand, wrist, arm, shoulder, or back to induce a resident in need of a behavioral intervention to walk to a safe location.

Subp. 54. **Physical holding.** "Physical holding" means immobilizing or limiting a person's movement by using body contact as the only source of restraint. Physical holding does not include actions used for physical escort.

Subp. 55. **Placement critical.** "Placement critical" means those goals or issues that required a particular out-of-home placement as opposed to nonresidential services.

Subp. 56. **Program completion.** "Program completion" means that the treatment team or supervising agency determined that placement critical goals, as outlined in the resident's treatment or placement plan, were sufficiently achieved.

Subp. 57. **Program director.** "Program director" means an individual who is designated by the license holder to be responsible for overall operations of a ~~rehabilitation or corrections~~ residential program.

Subp. 58. **Psychotropic medication.** "Psychotropic medication" means a medication prescribed to treat mental illness and associated behaviors or to control or alter behavior. The major classes of psychotropic medication are antipsychotic or neuroleptic, antidepressant, antianxiety, antimania, stimulant, and sedative or hypnotic. Other miscellaneous classes of medication are considered to be psychotropic medication when they are specifically prescribed to treat a mental illness or to alter behavior based on a resident's diagnosis.

Subp. 59. **Resident.** "Resident" means a person under 18 years old, or under 19 years old and under juvenile court jurisdiction, who resides in a program licensed or certified by parts 2960.0010 to 2960.0710.

Subp. 60. **Resident district.** "Resident district" has the meaning given in part 3525.0200, subpart 19a.

Subp. 61. **Residential juvenile sex offender treatment program.** "Residential juvenile sex offender treatment program" means a residential program that is certified by the state to provide sex offender treatment to juvenile sex offenders.

Subp. 62. **Residential program.** "Residential program" means a program that provides 24-hour-a-day care, supervision, food, lodging, rehabilitation, training, education, habilitation, or treatment for a resident outside of the resident's home.

Subp. 63. **Restrictive procedure.** "Restrictive procedure" means a procedure used by the license holder to limit the movement of a resident, including disciplinary room time, mechanical restraint, physical escort, physical holding, and seclusion.

Subp. 64. **Screening.** "Screening" means an examination of a resident by means of a test, interview, or observation to determine if the resident is likely to have a condition that requires assessment or treatment.

Subp. 65. **Seclusion.** "Seclusion" means confining a person in a locked room.

Subp. 66. **Secure program.** "Secure program" means a residential program offered in a building or part of a building secured by locks or other physical plant characteristics intended to prevent the resident from leaving the program without authorization.

Subp. 67. **Sex offender.** "Sex offender" means a person who has engaged in, or attempted to engage in, criminal sexual behavior.

Subp. 68. **Sex offender treatment.** "Sex offender treatment" means a comprehensive set of planned and organized services, therapeutic experiences, and interventions that are intended to improve the prognosis, function, or outcome of residents by reducing the risk of sexual reoffense and other aggressive behavior and assist the resident to adjust to, and deal more effectively with, life situations.

Subp. 69. **Sexually abusive behavior.** "Sexually abusive behavior" means any sexual behavior in which:

A. the other person involved does not freely consent to participate;

B. the relationship between the persons is unequal; or

C. manipulation, exploitation, coercion, verbal or physical intimidation, or force is used to gain participation.

Subp. 70. **Shelter care services.** "Shelter care services" means a residential program offering short-term, time-limited placements of 90 days or less to residents who are in a behavioral or situational crisis and need out-of-home placement.

Subp. 71. **Target population.** "Target population" means youth experiencing special problems who have specific ~~characteristics~~ needs that require residential program services.

Subp. 72. **Temporary holdover facility.** "Temporary holdover facility" means a facility licensed for either 24 hours, excluding weekends and holidays, or an eight-day classification, excluding weekends and holidays.

Subp. 73. **Time-out.** "Time-out" means a treatment intervention in which a caregiver trained in time-out procedures removes a resident from an ongoing activity to an unlocked room or other separate living space that is safe and where the resident remains until the precipitating behavior stops.

Subp. 74. **Transitional housing.** "Transitional housing" has the meaning given in Minnesota Statutes, section 256E.115, subdivision 1, paragraph (a), clause (3).

Subp. 75. **Transitional services plan.** "Transitional services plan" means a plan developed by the license holder for a resident who will be discharged from the license holder's facility. The transitional services plan must identify the education, rehabilitation, habilitation, vocational, and treatment the resident will need after discharge and recommend which agency could provide these services.

Subp. 76. **Treatment plan.** "Treatment plan" means a written plan of intervention, treatment, and services for a resident in a family or group residential program that is developed by a license holder on the basis of a resident's screening, assessment, and case plan. The treatment plan identifies goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment goals and objectives, and the entities responsible for providing treatment services to the resident.

Subp. 77. **Twenty-four-hour temporary holdover facility.** "Twenty-four-hour temporary holdover facility" means a physically restricting (secure) or a physically unrestricting (nonsecure) facility licensed for up to 24 hours, excluding weekends and holidays, for the care of one or more children who are being detained.

Subp. 78. **Variance.** "Variance" means written permission from the commissioner of human services under Minnesota Statutes, section 245A.04, subdivision 9, or the commissioner of corrections under Minnesota Statutes, section 241.021, or their designee, for a license holder to depart or disregard a rule standard for a specific period of time.

Subp. 79. **Victim.** "Victim" has the meaning given in Minnesota Statutes, section 611A.01, clause (b).

2960.0030 ADMINISTRATIVE LICENSING.

Subpart 1. **Scope.** The administrative licensing requirements of this part apply to facilities licensed under parts 2960.0010 to 2960.0290 and programs certified under parts 2960.0300 to 2960.0710.

Subp. 2. **Application and license requirements.**

A. Except as provided in Minnesota Statutes, section 241.021 or 245A.03, subdivision 2, a person, corporation, partnership, voluntary association, controlling individual, or other organization may operate a program if it is licensed by the appropriate licensing authority. A license is not transferable to another individual, corporation, partnership, voluntary association, other organization, controlling individual, or another location.

B. An applicant must provide the information in subitems (1) to (7) to the appropriate licensing authority before a license application will be processed.

(1) The applicant must submit a license and certification application, on a form provided by the commissioner of human services or corrections, that includes:

(a) the applicant's name and address;

(b) the name and location of the program;

(c) the geographic area to be served, if applicable;

(d) the type of license or certification being requested;

(e) the requested license capacity; and

(f) the age limits of persons served by the applicant, if applicable.

(2) The applicant must provide the names and addresses of the owners, board members, or controlling individuals, and an organizational chart depicting organizational authority over the program.

(3) A program operating in Minnesota which has headquarters outside of the state must provide the name of the ~~state~~ Minnesota license holder.

(4) The applicant must provide statement of intended use for the facility, a description of the services to be offered, the program's service philosophy, the target population to be served, and program outcomes.

(5) The applicant must:

(a) document approval of the facility by the Department of Health or local health inspector, local building code inspector, and local zoning authority; and

(b) document inspection and approval of the facility according to Minnesota Statutes, section 299F.011, and the Uniform Fire Code by the state fire marshal or a local fire code inspector who is approved by the state fire marshal; or

(c) document that an appropriate waiver has been granted to the inspections and approvals in units (a) and (b).

If the commissioner of human services or corrections has reason to believe that a potentially hazardous condition may exist, or if a license holder seeks to increase the capacity of a licensed program, the commissioner of human services or corrections may

require the license holder to obtain renewed inspections and approvals required under units (a) and (b).

(6) The applicant must perform and document an analysis of the community where the facility will be located. The analysis must include a description of the neighborhood surrounding the applicant's proposed facility, which must describe the relevant neighborhood demographic characteristics. The following nonexclusive list of topics could be analyzed by the applicant: race; socioeconomic characteristics of area residents; crime statistics; vehicle traffic on streets near the proposed facility; proximity of the proposed facility to schools, day care providers, public transportation, public and private recreation facilities, and the type and location of neighborhood religious and spiritual organizations; and information about local business groups, community groups, block clubs, and service organizations.

(7) The license holder must discuss with the county social services agency of the county in which the facility is located, the facility's policy regarding the county's role in screening facility residents. The facility must document the contact with the county and any agreement between the county and the facility regarding the county's role in screening facility residents.

C. An application for licensure is complete when the applicant signs the license application and submits the information required in this subpart.

D. In addition to the requirements in item C, an applicant for Department of Human Services licensure or certification must pay a licensing fee which is calculated according to parts 9545.2000 to 9545.2040.

E. A license holder must meet the management and programming standards requirements of Laws 1995, chapter 226, article 3, section 60, subdivision 2, to obtain a license.

Subp. 3. **Criteria for licensure and certification by Department of Corrections.**

License and certification applicants who meet the criteria in this subpart must submit a completed application to the Department of Corrections Licensing Unit. The applicant must plan to:

A. primarily serve delinquent children who are at least ten years old, but younger than 21 years old, in a residential setting;

B. operate a detention or group residential facility for children alleged to be delinquent;

C. be certified to provide residential program services for residents who need correctional programming; or

D. operate a foster care home and have been licensed as a foster care home by the Department of Corrections under chapter 2925 at the time of the adoption of this chapter.

Subp. 4. **Criteria for licensure and certification by Department of Human Services.** License and certification applicants who meet the criteria in this subpart must submit a completed application to the Department of Human Services Licensing Division according to Minnesota Statutes, section 245A.04. The applicant must plan to:

A. serve children through the age of 19 in a residential setting if the license holder meets the criteria in Minnesota Statutes, section 245A.04, subdivision 11, paragraph (b);

B. operate a group residential program;

C. obtain certification to provide residential program services for residents who need chemical dependency treatment, treatment for severe emotional disturbance, shelter services, or transitional services; or

D. operate a foster home.

Subp. 5. **Multiple program certifications.** If an applicant intends to provide multiple treatment services that are licensed or certified by both the Department of Human

Services and the Department of Corrections, according to subparts 3 and 4, then the Department of Human Services and the Department of Corrections shall determine which commissioner will license or certify the applicant.

Subp. 6. **Variance standards.** An applicant or license or certificate holder may request, in writing, a variance from rule requirements that do not affect the health, safety, or rights of persons receiving services. A variance request must include:

A. the part or parts of the rule for which a variance is sought;

B. the reason why a variance from the specified provision is sought;

C. the period of time for which a variance is requested;

D. written approval from the fire marshal, building inspector, or health authority when the variance request is for a variance from a fire, building, zoning, or health code; and

E. alternative equivalent measures the applicant or license holder will take to ensure the health and safety of residents if the variance is granted.

A variance issued by the Department of Human Services must meet the requirements of Minnesota Statutes, section 245A.04, subdivision 9. A variance issued by the Department of Corrections must meet the requirements of Minnesota Statutes, section 241.021. The decision of the commissioner of human services or corrections to grant or deny a variance request is final and not subject to appeal under Minnesota Statutes, chapter 14.

Subp. 7. **County notification.** Prior to submitting the initial application for licensure or certification to the licensing agency, the applicant shall notify the county board of the county in which an applicant intends to operate a program that the applicant will submit an application form to the commissioner of human services or corrections. The applicant shall include information about the intended use of the applicant's facility in the notice to the county.

Subp. 8. **Denial of application.** The commissioner of human services or corrections shall deny a new license or certificate application if the applicant fails to fully comply with laws or rules governing the program. Failure to fully comply shall be indicated by:

A. documentation of specific facility or program deficiencies that endanger the health or safety of residents;

B. failure to correct a hazardous condition or be approved by fire, building, zoning, or health officials;

C. any other evidence that the applicant is not in compliance with applicable laws or rules governing the program;

D. failure to obtain approval of an on-site school from the Department of Children, Families, and Learning;

E. documentation of a disqualification of the applicant for licensure or relicensure, or the controlling individual regarding a background study which has not been set aside; or

F. failure to submit a completed application.

An applicant whose application was denied by either agency must not be granted a license by either the Department of Corrections or the Department of Human Services for two years following a denial, unless the applicant's subsequent application contains new information which constitutes a substantial change in the conditions that caused the previous denial. A negative determination by one agency is proof of denial for both agencies.

Subp. 9. **Drug or alcohol use prohibited.** An applicant or license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for residents, from abusing prescription medication or being in any manner under the influence of a chemical that impairs or could impair the person's ability to provide services or care for a resident. The license holder must train

employees, subcontractors, and volunteers about the program's drug and alcohol policy.

Subp. 10. **Policy and procedure review.** The license holder must submit the facility's program policies and procedures to the commissioner of human services or corrections for review.

Subp. 11. **License and certification terms.** If the commissioner of human services or corrections determines that the program complies with all applicable rules and laws, the commissioner of human services or corrections shall issue a license. The license must state:

A. the name of the license holder;

B. the address of the program;

C. the effective date and expiration date of the license;

D. the type of license;

E. the maximum number and ages of person that may reside at the program;

F. any special conditions of licensure; and

G. any certification which is granted to the program.

Subp. 12. **Licensing actions.** The Department of Human Services shall take licensing actions according to Minnesota Statutes, chapter 245A. The Department of Corrections shall take licensing actions according to Minnesota Statutes, section 241.021.

2960.0040 STATEMENT OF INTENDED USE.

The license holder must submit a statement of intended use as part of the license application. The statement of intended use must, at a minimum, meet the requirements in items A to F:

A. state the license holder's expertise and qualifications to provide the services noted in the program description;

B. describe the target population to be served with consideration of at least the following characteristics of the residents: cultural background, gender, age, medically fragile condition, and legal status, including children in need of protection or services petition status, delinquency, and whether the resident is in the facility as a voluntary placement or self-referral;

C. state the primary needs of residents that the license holder will meet in the licensed facility;

D. identify those resident services provided within the setting and those services to be provided by programs outside the setting;

E. state how the license holder will involve the resident's cultural or ethnic community to ensure culturally appropriate care; and

F. describe the specific extent and limitations of the program, including whether the license holder would use a restrictive procedure with a resident, under what conditions a restrictive procedure would be used, and what type of restrictive procedures a license holder would use if the license holder was certified to use restrictive procedures.

2960.0050 RESIDENT RIGHTS AND BASIC SERVICES.

Subpart 1. **Basic rights.** A resident has basic rights including, but not limited to, the rights in this subpart. The license holder must ensure that the rights in items A to R are protected:

A. right to reasonable observance of cultural and ethnic practice and religion;

B. right to a reasonable degree of privacy;

C. right to participate in development of the resident's treatment and case plan;

D. right to positive and proactive adult guidance, support, and supervision;

E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation;

F. right to adequate medical care;

G. right to nutritious and sufficient meals and sufficient clothing and housing;

H. right to live in clean, safe surroundings;

I. right to receive a public education;

J. right to reasonable communication and visitation with adults outside the facility, ~~such as~~ which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a case manager in accordance with the resident's case plan;

K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene;

L. right of access to protection and advocacy services, including the appropriate state-appointed ombudsman;

M. right to retain and use a reasonable amount of personal property;

N. right to courteous and respectful treatment;

O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03;

P. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;

Q. right to be informed of and to use a grievance procedure; and

R. right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as it is allowed in the correctional facility's discipline plan.

Subp. 2. **License holder duties.** The license holder must provide basic services to residents and develop operational policies and procedures which correspond to the basic rights in subpart 1.

Subp. 3. **Basic rights information.** The license holder must meet the requirements of this subpart.

A. The license holder must give the resident a written copy of the resident's basic rights information and explain to the resident in a language that the resident can understand, if the resident is incapable of understanding the written basic rights documents, information about the resident's rights related to the resident's care in the licensed facility within 24 hours of admission.

B. The ~~information in item A must be provided to~~ license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.

C. A copy of the resident's rights must be posted in an area of the facility where it can be readily seen by staff and the resident.

D. A copy of the resident's rights must be posted in the staff work station.

E. The license holder must inform residents how to contact the appropriate state-appointed ombudsman and give residents the name, address, and telephone number of the state-appointed ombudsman.

2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT.

Subpart 1. **Statement of program outcomes.** The license holder must have written policies that identify program outcomes and promote the resident's development as a physically and mentally healthy person. The program services offered by the license holder must be consistent with the resident's case plan.

Subp. 2. **Outcome measures.** The license holder must ensure measurement of the outcomes of the license holder's services intended to promote the resident's development as physically and mentally healthy persons. The measurement must note the degree to which the license holder's services provided to the resident or the

resident's family have been successful in achieving the intended outcome of the services offered to the resident and the resident's family. The license holder must measure the success in achieving the outcomes identified in the license holder's policy statement required by subpart 1. The commissioner of human services or corrections may require license holders to measure specific factors related to the outcomes in subpart 1.

Subp. 3. **Program evaluation.**

A. The license holder must annually evaluate strengths and weaknesses of the program using at least the performance indicators in subitems (1) to (7):

(1) accidents;

(2) the use of restrictive procedures;

(3) grievances;

(4) adverse findings, allegations of maltreatment under Minnesota Statutes, section 626.556, citations, and legal actions against the license holder;

(5) results of a resident and family satisfaction survey required in part 2960.0140, subpart 1;

(6) information from subparts 1 and 2; and

(7) critical incidents.

B. The program evaluation in item A must be kept for two licensing periods.

Subp. 4. **Use of findings.** The license holder must use the program evaluation reports and findings in subpart 3 as a basis to make improvements in its programs.

Subp. 5. **Independent program audit.** The license holder must comply and cooperate with independent program audits conducted by the commissioner of human services or corrections and comply with the findings of the audit. The license holder must document the facility's compliance with its operational policies and procedures. The license holder must retain demographic information on a resident and must document

the extent of the resident's program completion on a form designated by the commissioner of human services or corrections.

Subp. 6. **Community involvement.** Each facility must have a board of directors or advisory committee that represents the interests, concerns, and needs of the residents and community being served by the facility. The board of directors or advisory committee must meet at least annually. The license holder must meet at least annually with community leaders representing the area where the facility is located to advise the community leaders about the nature of the program, the types of residents served, the results of the services the program provided to residents, the number of residents served in the past 12 months, and the number of residents likely to be served in the next 12 months.

2960.0070 ADMISSION POLICY AND PROCESS.

Subpart 1. **Exemptions.** Transitional services programs certified under part 2960.0500 are exempt from the requirements of subparts 4 and 5.

Subp. 2. **Admission criteria.** The license holder must have written specific identifiable admission criteria that are consistent with the license holder's statement of intended use in part 2960.0040. The license holder must:

A. have sufficient resources available and qualified staff to respond to the needs of persons with disabilities admitted to the facility;

B. consider the appropriateness of placing female residents in facilities that have few other female residents and whether or not the facility could offer gender-specific program services for female residents;

C. consider the appropriateness of placing male residents in facilities that have few other male residents and whether or not the facility could offer gender-specific program services for male residents; and

D. seek the approval of the commissioner of corrections to serve EJJs who are older than 19 years of age in the same facility with residents who are less than 19 years of age.

Subp. 3. **Resident admission documentation.** Upon or within five working days after admission, the license holder must obtain and document the information in items A and B to the extent permitted by law:

A. legal authority for resident placement; and

B. in collaboration with the placing agency, gather information about the resident in subitems (1) to ~~(11)~~ (12), and place that information in the resident's file:

(1) date and time of admission;

(2) name and nicknames;

(3) last known address and permanent address;

(4) name, address, and telephone number of parents, guardian, and advocate;

(5) gender;

(6) date and place of birth;

(7) race or cultural heritage, languages the resident speaks and writes, and tribal affiliation, if any;

(8) description of presenting problems, including medical problems, circumstances leading to admission, mental health concerns, safety concerns including assaultive behavior, and victimization concerns;

(9) description of assets and strengths of the resident and, if available, related information from the resident, resident's family, and concerned persons in the resident's life;

(10) name, address, and telephone number of the contact person for the last educational program the resident attended, if applicable; ~~and~~

(11) spiritual or religious affiliation of the resident and the resident's family; and

(12) the placing agency's case plan goals for the resident, if available.

Subp. 4. **Inventory and handling of resident property.** The license holder must inventory the resident's personal property, including clothing, and have the resident and the license holder sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The license holder must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's treatment plan.

A. The license holder must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.

B. Whenever the license holder assists a resident with the safekeeping of funds or other property, the license holder must:

(1) document receipt and disbursement of the resident's funds or other property, including the signature of the resident, conservator, or payee; and

(2) return to the resident funds and property in the license holder's possession subject to restrictions in the resident's treatment plan, upon request or as soon as possible but not later than three working days after the date of the resident's request.

C. License holders and program staff must not:

(1) borrow money from a resident;

(2) purchase personal items from a resident;

(3) sell merchandise, except through a canteen-type service, or sell personal services to a resident;

(4) require a resident to buy items for which the license holder is eligible for reimbursement; or

(5) use resident funds in a manner that would violate part 9505.0425, subpart 3.

Subp. 5. **Resident screening.** A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of human services and corrections.

A. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field.

(1) The health screening must note the resident's history of abuse and vulnerability to abuse, potential for self-injury, current medications, and most recent physician's and clinic's name, address, and telephone number.

(2) The mental health screening must be administered.

(3) The education screening must be administered according to Minnesota Statutes, section 125A.52.

(4) The chemical abuse or chemical dependency screening must be administered. The license holder will provide or contact the resident's case manager, if applicable, to arrange a screening to determine if the resident is a chemical abuser.

(5) The screening for sexually abusive behavior must determine if a resident is likely to have sexually abusive behavior. If the screening indicates that the resident is likely to have sexually abusive behavior, the license holder must have written risk management plans to protect the resident, other residents, staff, and the community.

(6) The vulnerability assessment must determine whether the resident may be vulnerable to abuse.

B. The license holder must make an effort to determine the resident's culture and gender-based needs.

(1) Cultural screening must include relevant information about the resident's cultural background that will help the license holder respond to the resident's cultural needs.

(2) Gender-specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff.

C. The license holder must screen or arrange to have a resident screened according to the timelines in subitems (1) to (3).

(1) The health screening in item A, subitem (1), must occur within 24 hours of admission.

(2) The other screenings in item A, subitems (2) to (6), must begin within three working days of admission, and be completed within six working days of admission.

(3) The resident need not be screened if a screening or assessment completed within the last six months is already on file. If there is reason to believe that the resident's condition has changed since the last screening or assessment, a new screening must be completed. If the resident is transferred from another facility, the sending facility's records about the resident must be immediately requested by the receiving facility. The requirements in this item do not apply to residents on detention status for less than six working days in a detention facility.

D. The screenings must include documented inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility. The resident and resident's family response must be documented.

E. The license holder must follow the resident's case plan and cooperate with the case manager to:

(1) take specific steps to meet the needs of the resident identified by screening and, if needed, request authorization to arrange for the resident's assessment, or medical or dental care or treatment needs, based on the information obtained from the resident's screening;

(2) arrange for the resident's transportation to a hospital, if screening indicates the resident's health problems require hospitalization, and the license holder must take the necessary precautions at the facility to ensure the safety of the resident pending transfer to the hospital;

(3) contact the case manager or appropriate agency, if screening indicates that the resident needs mental health services. The resident and the resident's legal guardian must be informed of the reasons for action arising from the mental health screening, unless a mental health professional states that they should not be informed of those reasons; and

(4) contact the resident's case manager and recommend that a chemical use assessment of the resident be done, if screening indicates that a resident is a chemical abuser or is chemically dependent.

2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES.

Subpart 1. **Exemptions.** Transitional services programs certified under part 2960.0500 are exempt from the requirements of subparts 3; 4, items C to E; 5; 6; 8 to 13; and 15.

Subp. 2. **Basic services.** The license holder must provide services that fulfill the basic rights of a resident as identified in part 2960.0050, subpart 1.

A. Basic services provided by the license holder must have stated objectives and measurable outcomes.

B. License holders who do not provide a basic service in the facility must coordinate and ensure that the service is provided by the placement agency or by resources in the community.

C. The license holder must meet the basic needs of the residents served by the facility.

Subp. 3. **Cooperation in treatment and basic service delivery.** The license holder must cooperate with the resident's case manager and other appropriate parties in creating and delivering basic services. In addition, the license holder must:

A. work with the resident, parent, or legal representative, and the resident's case manager and treatment team, if applicable, to implement the resident's case plan during the resident's stay in the facility. The license holder must also coordinate the license

holder's plan for services to the resident with the placing agency's case plan for the resident and work with the placing agency to identify the resident's projected length of stay and conditions under which the family will be reunited, if appropriate, or specify the alternative permanency plan and what the license holder will do to help carry out the plan;

B. identify and share information about the resident's treatment and major treatment outcomes the resident will achieve while in the facility, including attaining developmentally appropriate life skills that the resident needs to have in order to be functional in a family and in the community, with persons who are directly involved in the resident's treatment plan in accordance with the resident's case plan;

C. communicate as necessary with the resident's previous school and the school the resident attends while the resident is in the license holder's facility as indicated in the resident's case plan;

D. report the resident's behaviors and other important information to the placing agency and others as indicated in the resident's case plan;

E. recommend case plan changes to the placing agency; and

F. upon request, unless prohibited by law, share information about the resident, the resident's family, and the license holder's plans and strategies to resolve the resident's identified problems with the placing authority; agencies that are providing services to the resident, resident's therapist, physician, or professional treating the resident; and agencies that must provide services to the resident after discharge from the facility. The records also must be provided to the resident's parent and guardian, if any, and the resident, unless a court or a mental health professional determines that the disclosure would be harmful to the resident. If an authorized person requests a resident's records, or their release is authorized by court order or otherwise provided by law, the license holder must respond to requests for information in three business days.

Subp. 4. **Facility rules and due process system for residents.** The license holder must communicate verbally and in writing to a resident who is capable of understanding the facility's rules and the details of the due process system used in the facility. The rules must address the following topics:

A. which behaviors are considered acceptable and unacceptable and the reasons why;

B. the consequences that will be applied in recognizing and rewarding acceptable behavior and modifying unacceptable behavior;

C. the circumstances, if any, that will result in time-out or the use of a restrictive procedure;

D. the due process system that governs the facility's use of disciplinary consequences; and

E. the relationship of the resident's individual education plan discipline recommendations, if any, to the facility's discipline plan.

Subp. 5. **Discipline policy and procedures required.** The license holder must have discipline policies and procedure that require the resident's abuse history and developmental, cultural, disability, and gender needs be taken into consideration when deciding the disciplinary action to be taken with a resident. The policy must include the requirements in items A to E.

A. The license holder must not subject residents to:

(1) corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects, or spanking;

(2) verbal abuse, including, but not limited to: name calling; derogatory statements about the resident or resident's family, race, gender, disability, sexual

orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the resident;

(3) punishment for lapses in toilet habits, including bed wetting and soiling;

(4) withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a resident who destroys bedding or clothing, or uses these or other items to hurt the resident or others, may be deprived of such articles according to the resident's case plan;

(5) assigning work that is dangerous or not consistent with the resident's case plan;

(6) disciplining one resident for the unrelated behavior or action of another, except for the imposition of restrictions on the resident's peer group as part of a recognized treatment program;

(7) use of restrictive techniques or procedures as punishment, for convenience of staff, to compensate for not having an adequate number of staff, or to substitute for program services;

(8) restrictions on a resident's communications beyond the restrictions specified in the resident's treatment plan or case plan; and

(9) requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.

B. The delegation of authority by the license holder to a resident or group of residents to punish another resident or group of residents is prohibited.

C. The license holder must meet the requirements of part 9525.2700, subpart 2, item G, regarding the use of aversive or deprivation procedures with a resident who has mental retardation or a related condition.

D. The license holder must meet the following requirements for the use of time-out:

(1) time-out must be used as a nonemergency behavior management technique which is used to intervene in a resident's undesirable behavior and to allow the resident to reflect and become calm before returning to ongoing activities at the facility;

(2) time-out must be used under the direction of a mental health professional, the facility director, or the program manager;

(3) the use of time-out must be consistent with the resident's treatment plan;

(4) staff must escort a resident to an unlocked room or other separate living space in the facility that is safe;

(5) staff must assess the resident in time-out at least every 30 minutes and determine when the resident may return to ongoing activity at the facility;

(6) staff must have completed at least the following training before they use time-out with a resident:

(a) the needs and behaviors of residents;

(b) building relationships with residents;

(c) alternatives to time-out;

(d) de-escalation methods;

(e) avoiding power struggles with residents; and

(f) documentation standards for the use of time-out;

(7) the treatment team must include and document the review of the use of time-out for each resident during the review of the resident's treatment plan; and

(8) staff must document the use of time-out in the resident's record and include the information in units (a) to (d):

(a) the factors or circumstances which caused the need for the use of time-out;

(b) the resident's response to the time-out;

(c) the resident's ability to de-escalate during the time-out procedure; and

(d) the resident's ability to maintain acceptable behavior after the time-out.

E. The license holder must be certified to use restrictive procedures according to part 2960.0710 prior to the use of a restrictive procedure with a resident.

Subp. 6. **Daily resident activities.** The license holder must develop a written schedule of daily activities that generally describes the resident's activities for each day of the week. The license holder must know the whereabouts of each resident. The license holder must immediately notify the referring or placing agency if a resident runs away or is missing.

Subp. 7. **Culturally appropriate care.** The license holder must document the provision of culturally appropriate care to each resident that includes:

A. opportunities to associate with culturally and racially similar adults, peers, and role models;

B. opportunities to participate in positive experiences related to the resident's cultural and racial group;

C. culturally appropriate program services that address the needs of all residents in care; and

D. cultural sensitivity, including the provision of interpreters and English language skill development to meet the needs of facility residents as required by Laws 1995, chapter 226, article 3, section 60, subdivision 2, paragraph (2), clause (v).

Subp. 8. **Spirituality services and counseling.**

A. Residents must be given an opportunity to participate in spirituality services, activities, and counseling on a voluntary basis. A resident must not be required to

attend the services or activities. All spirituality services and activities must be held in a location that the residents who do not wish to participate are not exposed to the services or activities. Attendance or lack of attendance at religious services or activities must not be considered as a basis for any right or privilege in the facility.

B. The license holder must arrange with the clergy or spiritual leaders within the area to provide spiritual counseling if requested by a resident. Every effort must be made by the license holder to accommodate a resident or a resident's family's request to meet the resident's spiritual needs, including spiritual needs related to the resident's culture, in the facility. If the resident's or resident's family's request cannot be met, the license holder must document the reason.

C. The license holder shall allow residents who request private interviews or counseling regarding spiritual, personal, or family problems the opportunity to meet with a spiritual or religious person of their choice within reasonable facility rules needed to protect the facility's security and the safety of other residents and staff within the facility.

Subp. 9. **Educational services.** The license holder must ensure that educational services are provided to residents according to items A to D, except where not applicable, due to the age of the resident or the resident's short stay in the facility.

A. The license holder must facilitate the resident's admission to an accredited public school or, if the resident is home-schooled or educated at a private school or school operated by the license holder, the school must meet applicable laws and rules. If the educational services are provided on the grounds of the facility, the license holder must:

(1) arrange for educational programs that provide for instruction on a year-round basis, if required by law;

(2) get the approval of the education services from the Department of Children, Families, and Learning; and

(3) cooperate with the school district.

B. The license holder must facilitate the resident's school attendance and homework activities.

C. The license holder must inquire at least every 90 days to determine whether the resident is receiving the education required by law and the resident's individual education plan that is necessary for the resident to make progress in the appropriate grade level. The license holder must report the resident's educational problems to the case manager or placing agency.

D. The license holder must provide education about chemical health to the resident who has had a problem related to inappropriate chemical use, but who does not have a sufficient chemical use history to refer to treatment. The education must provide the resident with opportunities to examine the problems associated with inappropriate chemical use.

Subp. 10. **Exercise and recreation.** The license holder must develop and implement a plan that offers ~~individualized exercise and~~ appropriate recreation for residents.

Subp. 11. **Health and hygiene services.** The license holder must meet the conditions in items A to F.

A. The license holder must provide a resident with timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services by qualified persons that meet the resident's needs. The license holder's health services plan must include the requirements in subitems (1) to (3).

(1) A pregnant resident must receive ongoing and appropriate prenatal care from a ~~licensed health care provider~~ medically licensed person. The license holder must provide information and resources on prenatal, postnatal, and parenting topics to a pregnant resident.

(2) The license holder must ensure that appropriate medical and dental services

are provided for the resident. The license holder must comply with the requirements of the medical or dental insurance that covers the resident.

(3) The license holder must consider a resident's request for a male or female health care provider. If a female resident requests a female health care provider, and one is not available, the license holder must request permission from the health care provider that an adult female be allowed to be present during the health care procedure. If a male resident requests a male health care provider, and one is not available, the license holder must request permission from the health care provider that an adult male be allowed to be present during the health care procedure.

B. The license holder must maintain a record of the illness reported by the resident, the action taken by the license holder, and the date of the resident's medical, psychological, or dental care.

C. Maintaining stock supplies of prescription drugs at the facility is prohibited.

D. The license holder, in consultation with a medically licensed ~~physician, physician's assistant, registered nurse, nurse practitioner, or pharmacist~~ person, must have a plan for the safe storage and delivery of medicine. The license holder must meet the requirements in subitems (1) to (5).

(1) The license holder must contact a newly admitted resident's prescribing ~~physician or other prescribing medical professional~~ medically licensed person to verify the following information regarding prescribed medication:

(a) instructions about how the medication must be administered;

(b) the symptoms that the medication will alleviate; and

(c) the symptoms that would warrant consultation with the physician.

(2) The license holder must document attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. If permission

is denied and the parent has the legal right to deny permission, then the medication ~~may not be administered until~~ will be discontinued under the supervision of a physician unless a court order to administer the medication is obtained.

(3) The license holder must maintain at the facility a list of the side effects of medication at the facility.

(4) The license holder must document and follow the prescribing physician's directions for monitoring medications used by the resident.

(5) Facility staff responsible for medication assistance, other than a medically licensed ~~nurse or physician~~ person, must have a certificate verifying their successful completion of a trained medication aide program for unlicensed personnel offered through a postsecondary institution, or staff must be trained to provide medication assistance according to a formalized training program offered by the license holder and taught by a registered nurse. The specific medication assistance training provided by the registered nurse to staff must be documented and placed in the unlicensed staff person's personnel records. A medically licensed person must provide consultation and review of the license holder's administration of medications at least ~~weekly~~ monthly.

E. The license holder must keep records for a resident who receives prescription drugs at the facility and note: the quantity initially received from the pharmacy, amount of medication given, dosage, and time when the medication was taken. The license holder must document a resident's refusal to take prescription medication.

F. Prescription medicine belonging to a resident must be given to the resident's parent or legal guardian upon the resident's release or must be disposed of according to a pharmacy-approved plan. The license holder must note the disposition of the resident's medicine in the resident's file. The license holder must give a resident who is 18 years of age or older the prescription medication prescribed for the resident.

Subp. 12. **Food and nutrition.** The license holder must provide:

A. a balanced diet consisting of foods and beverages that are palatable, of adequate quantity and variety, and prepared and served at appropriate temperatures to protect residents from foodborne illness and conserve nutritional value;

B. a diet medically prescribed, if ordered by a resident's physician or, in the case of a pregnant resident, recommended or ordered by a prenatal care provider; and

C. a diet that does not conflict with the resident's religious or cultural dietary regimen.

Subp. 13. **Resident clothing, bedding, and laundry.** The license holder must ensure that a resident has:

A. an adequate amount of clean clothing appropriate for the season;

B. an appropriate sized, clean, fire-retardant mattress; two sheets or one sheet and clean mattress cover; sufficient clean blankets to provide comfort under existing temperature conditions; and one pillow and one pillowcase that is antiallergenic, if required, to meet a resident's health care needs. Existing non-fire-retardant mattresses may continue to be used until they are replaced, provided that the existing mattresses are replaced no later than ten years after the effective date of this rule; and

C. adequate bath towels and washcloths. Clean bedding and linens must be furnished upon each new admission, and bedding and linens must be cleaned once a week or more often as needed to maintain a clean and safe environment. Bedding and linens that are worn out or unfit for further use must not be used.

Subp. 14. **Emergency plan.** The license holder must develop a written emergency plan that specifies actions by staff and residents required for the protection of all persons in the case of an emergency, such as a fire, natural disaster, serious illness, severe weather, disappearance of a resident, or other situation that may require a law enforcement response or other emergency response. The plan must be developed with the advice of the local fire and emergency response authorities. The plan must specify

responsibilities assumed by the license holder for assisting a resident who requires emergency care or special assistance to a resident in emergencies. The license holder must review the plan with staff and residents at least once every six months. The license holder must keep documentation showing compliance with the emergency plan and the semiannual review.

Subp. 15. **Communication and visitation.** The license holder must have a written policy about resident communications and visiting with others inside and outside of the facility that meets the requirements of items A and B.

A. The license holder must have a written policy about the use of the telephone, mail, adaptive communications devices, and other means of communication, compatible with the needs of other residents and the resident's case plan.

B. License holders may not restrict the visiting rights of the parents of a resident beyond the limitations placed on those rights by a court order under Minnesota Statutes, section 260C.201, subdivision 5, or limitations in the resident's case plan. The visiting policy must allow parental visits at times that accommodate the parent's schedule.

Subp. 16. **Resident records.** A license holder must:

A. maintain and make available to the commissioner of human services and corrections sufficient documentation to verify that all requirements of the rules governing the care of the resident have been met;

B. maintain and make available upon request the resident's records according to the requirements of rule and statute;

C. comply with the requirements of the case manager for the release of information about the resident, unless prohibited by law; and

D. use forms approved by the commissioner of human services or corrections and collect demographic information about residents and their families and outcome

measures about the success of services that meet the requirements of Laws 1995, chapter 226, article 3, section 60, subdivision 2, clause (1)(iii).

Subp. 17. **Critical incident and maltreatment reports.** The license holder must report critical incidents and the maltreatment of a resident according to items A to D.

A. The license holder must report critical incidents of a serious nature that involve or endanger the life or safety of the resident or others to the commissioner of human services or corrections within ten days of the occurrence on forms approved by the commissioner of human services or corrections. The license holder must maintain records of all critical incidents on file in the facility.

B. The license holder must meet the reporting requirements of Minnesota Statutes, sections 626.556 and 626.557, if applicable, and other reporting requirements based on the age of the resident.

C. The license holder must develop policies and procedures to follow if maltreatment is suspected.

D. The license holder must review policies and procedures about maltreatment at least annually and revise the policies if the maltreatment laws change or if the license holder's review of incident reports or quality assurance reports indicates that a change in maltreatment policy or procedure is warranted.

Subp. 18. **Resident and family grievance procedures.**

A. The license holder must develop and follow a written grievance procedure that allows a resident, the resident's parent or legal representative, a guardian, or a concerned person in the resident's life to make a formal complaint or suggestion or express a concern about any aspect of the resident's care during the resident's stay in the facility. The license holder and staff must not attempt to influence a resident's statement about the facility in the grievance document or during an investigation resulting from the grievance. The written grievance procedure must require, at a minimum, that:

(1) the license holder must give the person who wants to make a grievance the necessary forms and assistance to file a grievance;

(2) the license holder must identify the person who is authorized to resolve the complaint and to whom an initial resolution of the grievance may be appealed and, upon request, a license holder must carry a grievance forward to the highest level of administration of the facility or placing agency;

(3) a person who reports a grievance must not be subject to adverse action by the license holder as a result of filing the grievance; and

(4) a person filing a grievance must receive a response within five days.

B. If a grievance is filed, the license holder must document the grievance along with the investigation findings and resulting action taken by the license holder. Information regarding the grievance must be kept on file at the facility for two licensing periods.

Subp. 19. **Family involvement.** If family involvement is a goal in a resident's case plan, the license holder must list procedures and program plans which are in accordance with a resident's case plan, that facilitate the involvement of the resident's family or other concerned adult, in the resident's treatment or program activities.

2960.0090 DISCHARGE AND AFTERCARE.

Subpart 1. **Exemption.** Transitional services programs certified under part 2960.0500 are exempt from the requirements of subpart 3.

Subp. 2. **No eject policy.** A license holder must have a written no eject policy. Before discharging a resident who has not reached the resident's case plan goals, or treatment plan goals for a resident who has a treatment plan, the license holder must confer with other interested persons to review the issues involved in the decision. During this review process, which must not exceed five working days, the license holder must determine whether the license holder, treatment team, interested persons, if any, and the

resident can develop additional strategies to resolve the issues leading to the discharge and to permit the resident an opportunity to continue to receive services from the license holder. If the review indicates that the decision to discharge is warranted, the reasons for it and the alternatives considered or attempted must be documented. A resident may be temporarily removed from the facility during the five-day review period. This subpart does not apply to a resident removed by the placing authority or a parent or guardian.

Subp. 3. **Return of resident's property.** The license holder must return all of the resident's personal property to the resident along with a signed receipt upon discharge, unless prohibited to do so by law or case plan. Discrepancies between the resident's inventoried property turned over to the facility at admission and the property returned to the resident at discharge, and the resolution of the discrepancy, must be documented by facility staff.

2960.0100 PERSONNEL POLICIES.

Subpart 1. **Staffing plan.** The license holder must have a staffing plan that:

A. is approved by the commissioner of human services or corrections;

B. identifies the assignments of facility staff; and

C. meets the cultural and ethnic needs of the facility residents to the extent permitted by law.

Subp. 2. **Recruitment of culturally balanced staff.** To the extent permitted by law, it is the license holder's responsibility to actively recruit, hire, and retain full-time staff who are responsive to the diversity of the population served. If the facility staffing plan does not meet the cultural and racial needs of facility residents according to subpart 1, item C, the license holder must document the reasons why and work with cultural or racial communities to meet the needs of residents. In addition, the license holder must contact a cultural or racial community group related to the resident's cultural or racial

minority background and seek information about how to provide opportunities for the resident to associate with adult and peer role models with similar cultural and racial backgrounds on a regular basis. The license holder must maintain annual documentation regarding the license holder's efforts to meet the requirements of this subpart.

Subp. 3. **Orientation and in-service training.** The license holder must provide training for staff that is modified annually to meet the current needs of individual staff persons. The training must be directly related to serving the program's target population and to achieving the program's outcomes. The license holder must ensure that staff who will have direct contact with residents attend and successfully complete orientation training before having unsupervised contact with residents.

A. Orientation training must include at least the subjects in subitems (1) to (6):

(1) emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;

(2) relevant statutes and administrative rules and legal issues, including reporting requirements for abuse and neglect specified in Minnesota Statutes, sections 626.556 and 626.557, and other reporting requirements based on the ages of the residents;

(3) cultural diversity and gender sensitivity, culturally specific services, and information about discrimination and racial bias issues to ensure that caregivers have cultural sensitivity and will be culturally competent to care for residents;

(4) general and special needs, including disability needs, of residents and families served;

(5) operational policies and procedures of the license holder; and

(6) data practices regulations and issues.

B. The license holder must ensure that staff who have direct contact with residents receive ongoing training. Training must help staff meet the needs of residents and must include skills development.

Subp. 4. **Specialized training.** If needed, license holders and staff must have specialized training to develop skills to care for residents. Specialized training must be directly related to serving the program's target population and to meeting the program's certification requirement, if the program has been certified.

Subp. 5. **Documentation of training.** The license holder must document the date and number of hours of orientation and in-service training completed by each staff person in each topic area and the name of the entity that provided the training.

Subp. 6. **License holder and staff qualifications.**

A. The license holder and staff must have the education and experience required to meet the functions and program activities that the license holder declared in the facility statement of intended use according to part 2960.0040. The license holder, or the license holder's representative acting on behalf of the license holder, must be a responsible, mature, healthy adult who is able to carry out the license holder's duties. The license holder and staff must be able to accomplish the license holder's duties to the resident's case plan and treatment plan and meet the resident's needs.

B. Staff ~~who work with female residents~~ must be trained in gender-based needs and issues.

C. The license holder and staff must be at least 21 years old unless stated otherwise in this chapter.

Subp. 7. **Background study.** A license holder and individuals identified in Minnesota Statutes, sections 241.021 and 245A.04, subdivision 3, must submit to a background study.

A. Background checks conducted by the Department of Human Services are conducted according to Minnesota Statutes, section 245A.04, subdivision 3.

B. Background checks conducted by the Department of Corrections are conducted according to Minnesota Statutes, section 241.021, subdivision 6.

2960.0110 PHYSICAL ENVIRONMENT AND EQUIPMENT.

Subpart 1. **Physical environment and equipment.** The facility must be equipped and maintained in a manner that conforms to its statement of intended use.

Subp. 2. **Comfort, privacy, and dignity.** The physical environment must provide for the comfort, privacy, and dignity of residents.

Subp. 3. **Adequate facilities for services.**

A. The license holder must ensure that food services, storage, housekeeping, laundry, and maintenance are operated on a consistent, healthy basis.

B. If food service is contracted to a food service vendor, the food service vendor must meet health code requirements.

C. If the license holder provides educational services on site, the classrooms must provide an atmosphere that is conducive to learning and meets the resident's special physical, sensory, and emotional needs.

D. The license holder must provide adaptive equipment and furnishings to meet the resident's special needs.

Subp. 4. **First aid kits.** A facility must have first aid kits readily available for use by residents and staff. The kits must be sufficient to meet the needs of residents and staff.

2960.0120 PHYSICAL PLANT STANDARDS.

Subpart 1. **Exemptions.** Transitional services programs certified under part 2960.0500 are exempt from the requirements in subpart 2, item C.

Subp. 2. **Code compliance.** A facility must comply with the applicable fire, health, zoning, and building codes and meet the physical plan and equipment requirements in items A to I.

A. A sleeping room must not be used to accommodate more than four residents. Multibed bedrooms must provide a minimum of 60 square feet per resident of useable floor space with three feet between beds placed side by side and one foot between beds placed end to end for ambulatory residents. For nonambulatory residents, the multibed bedrooms must provide 80 square feet per resident of useable floor space.

B. A resident must have adequate space for clothing and personal possessions, with appropriate furnishings to accommodate these items.

C. Facility grounds must provide adequate outdoor space for recreational activities.

D. There must be one shower or bathtub and sink with hot and cold water and one toilet for every eight residents.

E. The heating plant must be of a size and capacity to maintain a comfortable temperature in all resident rooms and other areas of the facility used by residents.

F. The facility must have sufficient electric lighting in combination with natural lighting to provide reasonable light levels for the function of each given area.

G. The facility must have sufficient space provided for indoor quiet and group program activities.

H. The facility providing educational services on site must meet the physical plant and equipment requirements of the Department of Children, Families, and Learning for the provision of educational services.

I. A facility providing intake or admission services must have sufficient space to conduct intake functions in a private, confidential manner or provide the opportunity to conduct private meetings, including intake activities in a separate space.

ADDITIONAL STANDARDS FOR GROUP RESIDENTIAL SETTINGS

2960.0130 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 2960.0130 to 2960.0220 establish the minimum standards that a group residential facility must meet to qualify for licensure by the designated commissioner. A group residential setting license holder must also meet the requirements of parts 2960.0010 to 2960.0120.

Subp. 2. **Applicability.** Parts 2960.0130 to 2960.0220 govern facilities licensed as group residential settings.

Subp. 3. **Certification option.** A program licensed as a group residential setting is not required to obtain a treatment certification.

Subp. 4. **Exemptions.** The exemptions in items A and B apply.

A. Transitional services programs certified under part 2960.0500 are exempt from the requirements of parts 2960.0130 to 2960.0220.

B. Shelter services programs certified under parts 2960.0510 to 2960.0530 are exempt from the requirements of parts 2960.0130 to 2960.0220.

2960.0140 QUALITY ASSURANCE, IMPROVEMENT, AND PROGRAM OUTCOMES.

Subpart 1. **Resident and family satisfaction survey.**

A. The license holder may ask the commissioner of human services or corrections for permission to use a random sample of residents, parents, and guardians. At a minimum, the license holder must attempt to survey each released resident, the resident's parents or legal guardians and custodians, and the referring agency regarding the license holder's satisfaction with the services in subitems (1) to (7):

(1) daily care and support of the resident during the resident's stay, including recreation, food, sleeping accommodations, general care, and emotional support of the resident;

(2) the accuracy, usefulness, and appropriateness of the screening and assessment of the resident's physical and emotional well-being and functioning;

(3) provisions for the resident's safety;

(4) support of the resident's regular and special education, related services, and support for implementing the resident's individual education plan;

(5) support of obtaining needed medical, dental, mental health, and other services identified in the resident's screening and assessments or otherwise observed or reported by staff or other persons involved with the resident's care;

(6) the positive and negative effects on the resident and the resident's family of the treatment offered to the resident, such as mental health, chemical dependency, or sex offender treatment; and

(7) support of family and community reintegration, if appropriate.

B. The results of each resident's survey must be available on file in the facility for review for at least two inspection cycles.

Subp. 2. **Treatment plan compliance.** Following the resident's discharge, the license holder must document the extent to which the resident's stay in the facility met the goals and objectives identified in the resident's treatment plan. Documentation must include at least:

A. the services identified in the resident's treatment plan that were provided to the resident directly by the license holder and the services that were provided by a provider other than the license holder; and

B. the extent to which the services provided to the resident contributed to achieving the goals and objectives identified in the resident's treatment plan.

2960.0150 PERSONNEL POLICIES.

Subpart 1. **Job descriptions.** The license holder must have written job descriptions for all position classifications and post assignments that define the responsibilities, duties, and qualifications staff need to perform those duties. The job descriptions must be readily available to all employees.

Subp. 2. **Professional licensure.** The license holder must keep records showing that staff professional licensure is current.

Subp. 3. **Staffing plan.** The license holder must prepare and obtain approval from the commissioner of human services or corrections of a written staffing plan that shows staffing assignments and meets the needs of the residents in placement. The license holder must use the criteria in items A to J to develop the facility's staffing plan.

A. The license holder must designate a chief administrator of each facility.

B. In the temporary absence of the chief administrator, a staff person must be designated as a person in charge of the facility.

C. The license holder must designate a program director of the facility. A program with more than 24 residents must have a full-time program director.

D. The license holder must not assign staff who supervise residents in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents by requiring staff of the opposite gender to perform the duties in subitems (1) to (4):

(1) strip searches;

(2) witnessing or assisting at internal body searches;

(3) direct visual supervision of residents during showers or lavatory use; and

(4) assisting a resident with a personal hygiene activity if assisting the resident with the hygiene activity would require the staff person to view the resident unclothed or to touch the genitals, buttocks, or breasts of the resident.

E. The written staffing plan must include a contingency plan that ensures an immediate response by on-call staff of the same gender as the resident when:

(1) supervision of a resident by staff of the same gender is required under item D, subitems (1) to (4) ~~and~~;

(2) when necessary to meet the assessed needs of the resident ~~who, according to the official records or documentation, has been victimized by a person of the opposite gender and who has demonstrated anxiety to staff about supervision by staff of the opposite gender.~~ as determined in part 2960.0070, subpart 5, item B, subitem (2); or

(3) when necessary to appropriately care for a resident who was a victim of sexual abuse.

The contingency plan must include requirements which ensure that staff will document and tell other staff about the resident's need for supervision by staff of the same gender as the resident. The contingency plan must also require staff to document the actions taken by staff to implement the contingency plan for supervision of the resident by staff of the same gender.

When the requirements of this item are not fully met, the license holder must document the circumstances and reasons the requirements were not met and document what the license holder will do to prevent a recurrence of the failure to fully meet the requirements of this item. The documentation of failure to meet the requirements of this item and the description of what the license holder will do to prevent a recurrence of the failure must be kept on file at the facility for at least two years or until the next licensing renewal inspection, whichever period is longer.

~~E.~~ F. The license holder may assign medically licensed staff and purchase the services of persons who are medically licensed to care for or treat residents of the opposite sex. However, if a resident asks that a medically licensed person of the same sex perform the procedures in item D, subitem (2), the license holder must provide same sex medically licensed personnel to perform the procedures in item D, subitem (2). Medically licensed personnel must perform the duties in item D, subitem (2).

~~F.~~ G. The minimum number of direct care staff that must be present and awake when residents are present and awake is one staff person per 12 residents. At a

minimum, one staff person per 25 residents must be present and awake at all times in the facility when residents are normally asleep. Programs must meet the requirements of subitems (1) to (3) if they do not have awake staff at times when residents are normally asleep:

(1) the program must be operated according to the houseparent model;

(2) the program must have fewer than ~~seven~~ 11 residents; and

(3) the program must have and follow a policy which explains when it will use awake staff to supervise residents at night. The policy must consider the age and condition and known or suspected behavior characteristics of the residents.

~~G. The license holder must ensure that educational services that meet the educational needs of the residents are provided by qualified teachers certified by the Department of Children, Families, and Learning.~~

H. The license holder must designate one full-time staff person for every 25 residents to coordinate resident treatment and case plans.

I. The license holder must designate a person to coordinate volunteer services, if volunteers are used by the facility. The license holder must have a system for registration and identification of volunteers. Volunteers who have unsupervised contact with residents must have a background check. The license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.

J. The staffing plan must be appropriate for the program services offered to the resident, physical plant features and characteristics of the facility, and condition of the resident. The license holder must consider the factors in subitems (1) to (9) when developing the staffing plan:

(1) the age of the resident being served;

(2) the resident's physical and mental health;

(3) the vulnerability of the resident;

(4) the resident's capacity for self-preservation in the event of any emergency;

(5) the degree to which the resident may be a threat to self or others;

(6) the risk of the resident absconding;

(7) the gender of the resident;

(8) the disability of the resident; and

(9) the number and types of education service programs offered or coordinated for the resident.

Subp. 4. **Personnel training.** The license holder must develop an annual training plan for employees that addresses items A to D.

A. Full-time and part-time direct care staff and volunteers must have sufficient training to accomplish their duties. The license holder must determine the amount of training needed by considering an employee's position description, the tasks to be performed, and the performance indicators for the position. To determine the type and amount of training an employee needs, the license holder must also consider the program's target population, the services the program delivers, and the outcomes expected from the services.

B. Staff who have direct contact with residents must complete at least 24 hours of in-service training per year. One-half of the training must be skill development training. Staff who do not have direct contact and volunteers must complete in-service training requirements consistent with their duties, directly related to the needs of children in their care.

C. The license holder must provide orientation and training to staff and volunteers regarding:

(1) culturally competent care;

(2) racial bias and racism issues;

(3) gender issues, including the psychosocial development of boys and girls;

(4) sexual orientation issues; and

(5) physical, mental, sensory, and health-related disabilities, bias, and discrimination.

D. Part-time direct care staff must receive sufficient training to competently care for residents. The amount of training must be provided at least at a ratio of one hour of training for each 50 hours worked, up to 24 hours of training per part-time employee per year.

2960.0160 ADMISSION POLICIES AND PROCESS.

Subpart 1. **Admission criteria.** A license holder must develop resident admission criteria consistent with the license holder's statement of intended use and program services certifications. The admission criteria must describe the age of the resident to be served, whether both male and female residents are served, whether there are limitations about who the program will serve, and what types of problems and primary needs the program will meet during the resident's stay.

Subp. 2. **Ability to meet resident needs.** Before admission of a resident, the license holder must examine the placement agency's information about the resident and must determine and document whether the program can meet the resident's needs. The license holder must document whether:

A. the resident is a danger to the resident's self or others;

B. the relevant screening and assessment of the resident was completed;

C. the program is able to meet the resident's cultural, emotional, educational, mental health, and physical needs;

D. the resident is a sex offender. The license holder must take special precautions when a resident is considered likely to engage in sexually abusive behavior. The license holder must assess the resident to determine which precautions may be appropriate, such as to give the resident an individual sleeping room, and direct staff to pay special attention to the resident's interactions with others. The license holder's care for a resident likely to engage in sexually abusive behavior must protect the resident, other residents, staff, and the community. The license holder must consider the vulnerability of other residents in the facility when caring for a sex offender; and

E. the resident is a chemical abuser or is chemically dependent. If the resident requires a chemical use assessment, the chemical use assessment must be conducted by an alcohol and drug counselor licensed according to Minnesota Statutes, chapter 148C, or an assessor, as defined in part 9530.6605, subpart 4. Information obtained in the chemical use assessment must be recorded in the resident's record and must include the information required in part 9530.6620, subpart 1. The chemical use assessment must address the resident's:

(1) current state of intoxication and potential for withdrawal problems;

(2) current biomedical condition;

(3) emotional or behavioral problems;

(4) recognition of an alcohol or drug problem and the resulting need for treatment;

(5) likelihood of continued inappropriate use or relapse, including the ability to participate in leisure activities that do not involve chemical use;

(6) work, school, and living environment, including the resident's family relationships and the need for parenting skills education;

(7) susceptibility to abuse or neglect; and

(8) need for additional support services, such as transportation or resident care, in order to participate in the program.

A summary of the assessment results must be written by a chemical dependency counselor or assessor, indicating whether the needs identified in the assessment can be addressed by the license holder while the resident participates in the license holder's program, or whether the resident must be referred to an appropriate treatment setting.

Subp. 3. **Privacy.** All admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident.

Subp. 4. **Information to residents.** The license holder must give residents the information in items A to C.

A. Copies of facility rules must be made available to all residents who can read at the time of admission. The facility rules must include:

(1) rules governing conduct, disciplinary consequences, and appeal procedures;

(2) procedures for obtaining hygiene and other personal items; and

(3) policies and procedures governing visiting, correspondence, bathing, laundry, grievances, clothing, bedding exchange, and other operational procedures.

B. Each resident, within 24 hours of admission, must be provided with a copy of a description of the applicable programs and activities available to residents in the facility.

C. Rules and program information must be read to those residents incapable of understanding written documents or who are unable to read. The license holder must consider the languages the resident understands and the resident's age and ability when presenting information to the resident.

2960.0170 CLASSIFICATION AND SEPARATION OF RESIDENTS.

Subpart 1. **Classification of residents.** The license holder must develop a classification plan and house residents in living units that are consistent with the license

holders's statement of intended use. Resident classification criteria for living unit assignment must include consideration of at least the following factors: age, developmental level, gender, physical assaultiveness, delinquent sophistication, and run risk. The classification plan must be reviewed and approved by the commissioner of human services or corrections.

Subp. 2. **Separation of residents by gender.** There must be complete separation of sleeping and toilet facilities to the extent necessary to ensure a resident's privacy from residents of the opposite gender.

2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES.

Subpart 1. **Policy manuals.** The license holder must submit the facility policy and procedures manuals to the commissioner of human services or corrections for review and make the manuals available to all staff within the facility.

Subp. 2. **Facility programs.** The license holder must prepare written program descriptions and policies and procedures that implement the program described. Measurable program outcomes must also be identified.

A. The minimum program components must include the requirements in subitems (1) to (3).

(1) For group residential facilities offering educational services on site, there must be a 12-month comprehensive and continuous education program for residents that meets the requirements of Laws 1995, chapter 226, article 3, section 60, subdivision 2, clause (2)(ix), and rules of the Department of Children, Families, and Learning.

(2) The license holder must provide or coordinate the delivery of social services that, at a minimum, includes individual, group, and family counseling services.

(3) Policies and procedures must ensure that a trained staff person is available to counsel residents upon request and during times of crisis.

B. Each resident must have a treatment plan.

(1) The license holder must begin to develop a treatment plan within ten days of admission. If the resident's case plan or screening or assessment results indicates that the needs of the resident cannot be met by the license holder, the license holder must document contact with the placement agency and notify the placement agency of the results of the screening or assessment and tell the placement agency that the program is not able to meet the resident's needs.

(2) The license holder must review the resident's case and treatment plans on a monthly basis or, if necessary, more often and recommend changes, if appropriate.

(3) ~~The license holder must develop a transitional services plan for each resident prior to the resident's discharge, with identified measurable outcomes, including applicable education outcomes.~~

~~(4)~~ The license holder must document the involvement of community treatment, education, and care resources related to the case plan or treatment plan.

~~(5)~~ (4) The license holder must assign every resident to a designated staff person to ensure regular face-to-face contact and to monitor and assist the resident to implement the treatment plan.

~~(6)~~ (5) The license holder must make individualized written progress reports available to the resident's parent or legal guardian upon request.

~~(7)~~ (6) The license holder must forward written educational progress reports to the resident's school district of residence, if it is likely that the resident will return to the resident's district of residence, unless prohibited by law.

Subp. 3. **Records and reports.** The license holder must have a record retention schedule. The license holder must:

A. comply with reporting requirements of Minnesota Statutes, section 253C.01;

B. maintain the records in subitems (1) to (11) according to state law:

(1) admission and release records;

(2) resident personal property records;

(3) special occurrence or incident records;

(4) records of staff and volunteer training;

(5) food service records;

(6) daily log records;

(7) records about which services were provided to each resident, outcomes of treatment for each resident, and outcomes for program services and program evaluation reports;

(8) medical and dental records;

(9) disciplinary records and records of appeals;

(10) special and regular education records; and

(11) resident, family, and referring agency satisfaction survey; and

C. store records in an organized, retrievable manner that ensures confidentiality.

Subp. 4. **Audio or visual recording of resident.** Photographs, videotapes, and motion pictures of a resident taken on program premises or by program personnel are considered a resident record. Photographs of a resident for identification and recordings by videotape and audiotape for the purpose of enhancing therapy, staff supervision, or security may be required. A resident must be informed when actions are being recorded, and ~~have~~ has the right to refuse any recording ~~except as~~ unless authorized by law, necessary for program security, or to protect the health and safety of a resident. The use of an audio or visual recording of a resident must comply with data practices laws.

2960.0190 DISCHARGE AND AFTERCARE.

Subpart 1. **Discharge.** The license holder must meet requirements of items A and B.

A. Prior to the resident's release from the program, the license holder, in conjunction with the placing agency, must develop a transition services plan for the resident. The plan must recommend ways to meet the resident's needs and identify resources that are available in the community to address the resident's continuing needs after release from the facility. The plan must consider the environment into which the resident will return, and recommend how the resident may deal with issues and potential challenges within that environment. The plan must be developed with input from the resident, the resident's family members, if appropriate, the providing school district, and the persons who will provide support services to the resident upon release. A copy of the plan must be given to the resident and to the school, or to the residential treatment facility that the resident will attend or is placed in after release.

B. The transition services plan must include at least the elements in subitems (1) to (7):

(1) housing, recreation, and leisure arrangements;

(2) appropriate educational, vocational rehabilitation, or training services;

(3) a budget plan and a description of the resident's financial and employment status;

(4) transportation needs;

(5) treatment services;

(6) health services; and

(7) personal safety needs.

For a resident with a disability, the transition services plan must address the resident's need for transition from secondary education services to postsecondary education and training, employment provider participation, recreation and leisure, and home living according to Minnesota Statutes, section 125A.08.

C. The license holder must give written notice of the resident's projected discharge date to:

(1) the resident;

(2) the resident's case manager and parent, if permitted, or legal guardian;

(3) the providing school district; and

(4) the school district the resident will go to, if known.

Subp. 2. **Treatment plan compliance.** The license holder must document the extent to which the resident's stay in the facility met the goals and objectives of the resident's treatment plans as follows:

A. identify which services, including education, were provided directly or indirectly to the resident and who provided the services; and

B. identify the services, including education, that were recommended in the resident's case plan or treatment plan but were not provided to the resident.

2960.0200 PHYSICAL PLANT AND ENVIRONMENT.

A group residential facility must meet the requirements in items A to D.

A. Buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair.

B. Written policies and procedures must specify the facility's fire prevention protocols, including fire drills, and practices to ensure the safety of staff, residents, and visitors. The policies must include provisions for adequate fire protection service, inspection by local or state fire officials, and placement of fire hoses or extinguishers at appropriate locations throughout the facility.

C. The license holder must have a written maintenance plan that includes policies and procedures for detecting, reporting, and correcting building and equipment deterioration, safety hazards, and unsanitary conditions.

D. The license holder must have a written smoking policy for the facility that applies to staff and residents that complies with Minnesota Statutes, sections 144.411 to 144.417, and Public Law 103-227, title X, section 1043.

2960.0210 FACILITY AND EQUIPMENT CODES.

Subpart 1. **Facility codes.** The facility's location, buildings and grounds, offices, and other structures must conform to applicable health, fire, zoning, and building codes and the requirements of part 2960.0110.

Subp. 2. **Equipment codes.** The facility's food service, plumbing, ventilation, heating, cooling, lighting, elevators, and other fixtures and equipment must conform to applicable health, sanitation, and safety codes and regulations.

Subp. 3. **Safety reports maintained.** The facility must maintain in a permanent file the reports of insurance coverage; occupational safety and health administration reports; incident reports; and reports of health, fire, and other safety inspections.

2960.0220 NEW CONSTRUCTION STANDARDS.

Subpart 1. **New construction standards.** New secure juvenile certified correctional group residential facilities must meet the minimum physical plant construction standards developed by the Department of Corrections.

Subp. 2. **Nonsecure construction standards.** New construction of nonsecure residential facilities must meet state and local building codes and the physical plant requirements in part 2960.0120. Correctional group residential construction plans and schematics must be reviewed and approved by the Department of Corrections before the license holder allows bids for construction.

ADDITIONAL STANDARDS FOR DETENTION SETTINGS

2960.0230 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 2960.0230 to 2960.0290 establish additional minimum standards that facilities providing detention services must meet to qualify for licensure

by the Department of Corrections. The license holder must also meet the requirements of parts 2960.0010 to 2960.0120, except that part 2960.0050, subpart 1, item R, does not apply to detention settings.

Subp. 2. **Applicability.** Parts 2960.0230 to 2960.0290 apply to any unit of government, individual, corporation, limited liability corporation, partnership, voluntary association, other organization, or controlling individual that operates a facility that provides detention services on a 24-hour basis to a juvenile who is alleged to be a delinquent, an adjudicated delinquent, an extended jurisdiction juvenile, or a child in need of protection or services on predispositional status who is at least ten years old but not older than 21 years old. The facility classifications governed by parts 2960.0230 to 2960.0290 are:

A. secure detention facilities;

B. eight-day temporary holdover facilities; and

C. 24-hour temporary holdover facilities.

2960.0240 PERSONNEL POLICIES.

Subpart 1. **Job descriptions and staff qualifications.** Job descriptions and staff qualifications must meet the requirements in items A and B.

A. The license holder must have written job descriptions for all position classifications and post assignments that define responsibilities, duties, and qualifications needed to perform those duties. The job description must be readily accessible to all employees.

B. Staff who supervise residents must be at least 21 years old ~~and provide evidence of at least a high school diploma or general education development degree~~. Persons older than 18 years old but younger than 21 years old may be employed if they are enrolled or have completed course work in a ~~secondary~~ postsecondary education program to pursue a degree in a behavioral science.

Subp. 2. **Professional licensure.** The license holder must maintain documentation showing that licensure is current for staff whose positions require professional licensure.

Subp. 3. **Staffing plan.** The license holder must prepare and obtain approval from the commissioner of corrections of a written staffing plan that shows staff assignments and meets the needs of the residents in placement. The license holder must use the criteria in items A to J to develop the facility's staffing plan.

A. The license holder must designate a chief administrator of each facility.

B. In the temporary absence of the chief administrator, a staff person must be designated as the person in charge of the facility.

C. The license holder must designate a program director of the facility. A program with more than 24 residents must have a full-time program director.

D. The license holder must not assign staff in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents by requiring staff of the opposite sex to perform the duties in subitems (1) to (4):

(1) strip searches;

(2) witnessing or assisting at internal body searches;

(3) direct visual supervision of residents during showers or lavatory use; and

(4) assisting a resident with a personal hygiene activity if assisting the resident with the hygiene activity would require the staff person to view the resident unclothed or to touch the genitals, buttocks, or breasts of the resident.

The written staffing plan must include a contingency plan that ensures an immediate response by on-call staff of the same gender, who must be available when needed, to maintain the resident's privacy in situations described in subitems (1) to (4) and meet the needs of residents during times when the resident feels vulnerable or is deemed by staff to be vulnerable.

The license holder may assign medically licensed staff and purchase the services of persons who are medically licensed to care for or treat residents of the opposite sex. However, if a resident asks that a medically licensed person of the same sex perform the procedures in subitem (2), the license holder must provide same sex medically licensed personnel to perform the procedures in subitem (2). Medically licensed personnel must perform the duties in subitem (2).

When the requirements of this item are not fully met, the license holder must document the circumstances and reasons the requirements were not met and document what the license holder will do to prevent a recurrence of the failure to fully meet the requirements of this item. The documentation of failure to meet the requirements of this item and the description of what the license holder will do to prevent a recurrence of the failure must be kept on file at the facility for at least two years or until the next licensing renewal inspection, whichever period is longer.

E. The minimum number of staff who have direct contact that must be present and awake when residents are present is one staff person per 12 residents. At a minimum, one staff person per 25 residents must be present and awake at all times in the facility when residents are normally asleep.

F. Minimum staffing requirements for temporary holdover facilities are described in subitems (1) to (5).

(1) No person may be housed in a temporary holdover facility without at least one staff person on duty, awake, alert, and capable of responding to the reasonable needs of a resident in the facility.

(2) Staff must not be placed in positions of responsibility for the supervision and welfare of a resident of the opposite gender in circumstances that can be described as an invasion of privacy, degrading, or humiliating to the resident. Male staff must not supervise female residents except in activity areas and only when female staff are on

duty and present in the facility. Female staff may supervise male residents, provided resident privacy is protected and visual and audio monitoring equipment is operating and constantly attended by other staff.

(3) One staff person may supervise up to four juveniles at one time, provided they are all of the same gender. Two staff persons are required to be on duty if five or more juveniles are being detained in a nonsecure temporary holdover facility.

(4) Staff supervising residents in a secure 24-hour temporary holdover facility must remain at their posts at all times. Staff must document residents' behavior at 30-minute intervals.

(5) In eight-day temporary holdover facilities having both secure and nonsecure detention beds, two staff persons must be on duty when five or more residents are being detained. If all detention beds are secure, a minimum of one staff person must be on duty during each shift.

G. The license holder must designate a person to coordinate volunteer services, if volunteers are used by the facility. The license holder must have a system for registration and identification of volunteers. Volunteers who have unsupervised contact with residents must have a background check. The license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.

H. The staffing plan must be appropriate for the program services offered to the resident and the condition of the resident. The license holder must consider the factors in subitems (1) to (9) when developing the staffing plan:

(1) the age of the resident being served;

(2) the resident's physical and mental health;

(3) the vulnerability of the resident;

(4) the resident's capacity for self-preservation in the event of an emergency;

(5) the degree to which the resident may be a threat to self or others;

(6) the risk of the resident absconding;

(7) the gender of the resident;

(8) the disability of the resident; and

(9) the number and types of educational service programs offered or coordinated for the resident.

I. Physical plant features and characteristics must also be considered when approving the program's staffing plan.

J. Staffing plans must be readily available for each licensing inspection.

Subp. 4. **Personnel training.** The license holder must provide staff training.

A. The license holder must develop and implement a training plan for orientation and continuing in-service training programs for all employees and volunteers. The plan must enable personnel to improve their knowledge, skills, and abilities and promote awareness and appreciation of, and sensitivity to, the cultural background and needs of the residents served by the facility. The training and development plan must:

(1) be documented and be descriptive of the course curriculum, methods of instruction, and objectives of instruction;

(2) be reviewed annually and revised according to the facility's assessment of its training needs; and

(3) include specific expectations regarding the amount of training time required for personnel in various positions.

B. The facility must offer orientation for new employees regarding agency objectives, resources, policies, and services. Employees must be oriented to the facility's goals, services, policies, and operational procedures; the cultural diversity of the service

population; and the agency's relationship with the providing school district and other community resources.

(1) Staff employed in a long-term secure detention facility and in an eight-day temporary holdover facility must complete at least 24 hours of orientation training before working alone with residents. Other staff and volunteers must complete orientation consistent with their responsibilities.

(2) Staff employed in a 24-hour temporary holdover facility must complete the 24-hour juvenile care attendant workshop sponsored by the Department of Corrections during their first six months of employment. Volunteers or staff who have not completed the workshop, but have received and completed the required orientation training, may work alone on a shift.

C. Employees of a long-term secure detention facility who have direct contact with residents must complete a minimum of 40 hours of in-service training per year. One-half of the training must be skill development training. Staff of an eight-day temporary holdover facility must complete 24 hours of in-service training. Twenty-four-hour temporary holdover staff and other facility staff and volunteers must complete in-service training consistent with professional licensure requirements and responsibilities and the license holder's annual training plan.

2960.0250 ADMISSION AND RELEASE POLICY AND PROCESS.

Subpart 1. **Personal privacy.** Admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident and the confidentiality of the transaction from unauthorized personnel.

Subp. 2. **Admission criteria.** Detention statutory criteria for admission into a facility must be met prior to any person being admitted into the detention facility.

Subp. 3. **Information to residents.** The license holder must make information available to a resident in a language the resident can understand.

A. A copy of facility rules must be made available to a resident throughout confinement concerning rules governing conduct, the facility's due process system, and disciplinary consequences; procedures for obtaining personal hygiene and canteen items; and policies governing visiting, correspondence, bathing, laundry, and clothing and bedding exchange.

B. The license holder, within 24 hours of admission, must either give a copy to or advise the resident of the facility's rules and activities, the outside resources available, and the addresses and telephone numbers of the state-appointed ombudsman. A juvenile admitted into a 24-hour temporary holdover facility must be provided the information at the time of admission.

C. Items A and B must be explained to a resident who is unable to read or who has questions about facility rules.

D. The license holder must advise the resident upon admission of the resident's legal rights regarding detention or confinement. The resident must be advised of the official charge or legal basis for detention.

E. The license holder must notify the parent or legal custodian or guardian of the resident's admission into detention and the address of the facility, unless notice was given by the referring agency.

Subp. 4. **Search.** Upon admission, personal belongings of a resident must be examined in a manner and in a location that ensures the personal privacy of the resident. Items taken from the resident during the search must be included in the resident's personal property inventory. The search of the resident must be done by a staff person of the same gender as the resident.

Subp. 5. **Resident clothing.** The license holder may determine the type of clothing a resident must wear. However, uniforms are discouraged and the license holder must consider the resident's cultural dress customs when developing resident clothing policies.

Subp. 6. **Discharges and releases.** Discharges and releases must be according to items A and B.

A. No resident must be released in inclement weather without proper clothing to ensure health and safekeeping.

B. A resident must be permitted to make arrangements for transportation prior to release.

Subp. 7. **Transitional services plan.** The license holder must assist the case manager to develop the transitional services plan, if requested by the case manager.

Subp. 8. **Case plan compliance.** The license holder must document the extent to which the requirements of the resident's case plan were addressed while the resident was in the facility, if the resident has a case plan. The license holder must:

A. identify which services were provided directly or indirectly to the resident and who provided the services;

B. identify which services were not provided to the resident, but should have been, and the party who was responsible to provide the services; and

C. document the extent to which the license holder met the expected outcomes identified in the resident's case plan.

2960.0260 CLASSIFICATION~~,~~ AND SEPARATION~~, AND SEGREGATION~~ OF RESIDENTS.

Subpart 1. **Classification of residents.** The license holder must develop a classification plan that is consistent with the license holder's statement of intended use. The license holder must house residents in living units according to the classification plan. Resident classification criteria for living unit assignment must include consideration of at least the following factors: age, developmental level, gender, physical aggressiveness, delinquent sophistication, and abscond risk. The classification plan must be reviewed and approved by the commissioner of corrections.

Subp. 2. **Separation of residents by gender.** There must be complete separation of living and sanitation facilities to the extent necessary to ensure a resident's privacy from residents of the opposite gender. Gender-appropriate program services must be provided to male and female residents separately when possible.

Subp. 3. **Residents who may have sexually abusive behaviors.** The license holder must take special precautions when a resident is considered likely to have sexually abusive behavior. The license holder must screen the resident to determine which precautions may be appropriate, give the resident an individual sleeping room, and direct staff to pay special attention to the resident's interactions with others. The license holder's care for a resident likely to have sexually abusive behavior must protect the resident, other residents, staff, and the community. The license holder must consider the vulnerability of other residents in the facility.

2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS.

Subpart 1. **Administrative structure.** The license holder must designate a single administrator of the facility, and in that person's absence, a staff person must be designated as being in charge. Upon request, the license holder must provide the names and addresses of the owners, board members, or controlling individual, and an organizational chart depicting organizational authority over the program to the commissioner of corrections.

Subp. 2. **Policies and procedures manual.** License holders must have a policy and procedures manual reviewed by the commissioner of corrections that is readily available to staff. The policy manual must contain policies and procedures for all aspects of the facility's operation. The license holder must ensure that the policies and procedures in the manual safeguard residents' rights and require the provision of basic services to residents.

Subp. 3. **Posting of medical, dental, and emergency resources.** A list of medical, dental, and emergency resources must be posted at each staff station in the facility. The list must include the emergency resources' telephone numbers and hours that each resource is available.

Subp. 4. **Medical services.**

A. A facility must provide space, staff, and a procedure for daily sick call to ensure residents the opportunity to report illness and injury and receive appropriate medical services for illness or injury.

B. A resident must be examined by ~~trained medical personnel~~ a medically licensed person within a reasonable time if the resident is visibly ill, chronically ill, or whenever it is suspected that medical attention is necessary. A resident must receive emergency mental health and dental care when needed.

C. If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies, and materials, as determined by the responsible physician, must be provided to deliver primary health care.

D. Staff responsible for the supervision, safety, and well-being of residents must be trained in emergency first aid procedures. At least one person per shift must have training in receiving, screening, basic life support, cardiopulmonary resuscitation, and recognition of symptoms of the illnesses most common to the residents detained in the facility.

E. A facility must have at least one first aid kit located at the facility's control center or primary staff station. The first aid kit must be inspected by a designated staff person regularly to assess the adequacy of first aid supplies. The kit must be adequate to meet the needs of residents and staff.

F. The license holder, in consultation with a ~~physician or~~ medically licensed ~~or registered nurse~~ person, must develop plans and establish procedures and accessories

for the secure storage, delivery, supervision, and control of medications and medical supplies in the facility.

Subp. 5. **Visitation.** A license holder must have a written visitation plan. The plan must include at least the requirements in items A to D.

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

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

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

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

Subp. 6. **Discipline plan.** The license holder must have a discipline plan that includes the requirements in items A to F.

A. A facility must have a resident discipline plan that explains:

(1) the consequences or administrative sanctions for specific behaviors or omissions;

(2) the administrative process for handling major and minor violations;

(3) the right of written notice of major charges made against the resident;

(4) the right to internal review; and

(5) the appeal process.

B. The license holder must include in the disciplinary plan a system of due process that has been reviewed by the commissioner of corrections.

C. The license holder must post and explain the rules of conduct and related consequences to a resident in a way and in a language that the resident will understand.

D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan.

The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours. Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented. A resident placed in disciplinary room time prior to a due process hearing must have a due process hearing within 24 hours, unless documented cause is shown to delay the hearing. Examples of cause for delay of a due process hearing include resident requests for a delay or that a due process hearing is logistically impossible as in the case of mass disturbances.

E. Other limitations on disciplinary actions include the limitations in subitems (1) to (4).

(1) Disciplinary rooms must have the minimum furnishings and space specified in the Department of Corrections construction standards.

(2) When a resident persists in the destruction of clothing or bedding or harms the resident's self with the clothing or bedding while in disciplinary room time, the facility may deprive the resident of clothing and bedding. The decision to deprive

residents of clothing and bedding must be reviewed by the shift supervisor during each eight-hour period, unless specific orders to the contrary have been issued by the facility administrator or a designee or on the advice of a licensed physician or psychologist.

(3) The delegation of authority to a resident or group of residents to punish another resident or group of residents is prohibited.

(4) The license holder must not deprive the resident of the use of materials necessary to maintain an acceptable level of personal hygiene while on disciplinary status.

F. The license holder must keep a record of a resident's disciplinary infractions and the punishment administered. The license holder must retain copies of rule violation reports and reports of the disposition of each infraction and record of any resident's appeals for one licensing period.

Subp. 7. **Education program.** The license holder must provide education programs and services to a resident that are consistent with Department of Children, Families, and Learning rules and statutory requirements governing education of a resident. If the license holder suspects that a resident has a disability, and educational evaluation must be conducted according to applicable rules to determine if the resident has a disability. The license holder must ensure that the appropriate evaluation is completed and must assist a student who has disabilities and needs special education and related services to obtain those services.

Subp. 8. **Exercise and recreation.** The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. At a minimum, the plan must provide for and include:

A. regulations that are reasonable and necessary to protect the facility's security and the residents' welfare;

B. provisions for a minimum of two hours of daily preplanned exercise or activities

supervised and directed by trained staff and recreational activities and leisure time activities, excluding time spent watching television;

C. provisions for indoor space and equipment for active recreation; and

D. provisions for outdoor recreational space, equipment, and support staff for outdoor recreational program services, except that this item does not apply to eight-day and 24-hour temporary holdover facilities.

Subp. 9. **Correspondence and telephone.** The license holder must implement a plan for handling resident mail and resident telephone use that is consistent with established legal rights of juveniles and reasonable and necessary facility regulations to protect the facility's security.

Subp. 10. **Juvenile clothing, bedding, and laundry services.** The license holder must meet the requirements of items A to C.

A. A resident must have neat, clean clothing that is appropriate for the season. The license holder must provide the resident with clothing if the resident does not have clothing.

B. The facility administrator or person in charge may consider it necessary to remove clothing or bedding from a resident if the resident's behavior threatens the safety or security of the resident or others in the facility. Facility staff must take all reasonable steps to ensure the safety and security of the resident and others and the security of the facility without success, prior to removing the resident's clothing or bedding. If bedding or clothing is removed from a resident, a critical incident report must be completed and kept on file at the facility for two licensing periods.

C. Laundry services must meet the resident's clothing, linen, and bedding needs.

Subp. 11. **Emergencies.** The license holder must develop a written emergency plan with procedures for the protection and evacuation of all persons in the case of fire, explosion, flood, tornado, or other emergencies. In addition, the emergency plan must

provide for immediate and effective action in the event of hostage incidents, escape and escape attempts, suicide and attempted suicide, any illness or accident considered an emergency, power failure, major resident disturbances, assaults, and outbreaks or epidemics of contagious disease.

Subp. 12. **Reporting critical incidents.** Critical incidents of an unusual or serious nature that involve, or endanger the lives or safety of, facility staff or residents must be reported to the commissioner of corrections within ten days on a form supplied by the commissioner of corrections.

Subp. 13. **General requirements for food service.** Food service must meet the requirements of items A to F.

A. The goals of food service in a facility must be to provide food and beverages to residents that are nutritionally adequate, palatable, produced in a manner to prevent food-borne illness, of adequate quantity and variety, served at appropriate temperatures, and prepared by methods which conserve nutritional value.

B. Any food service provided in a detention facility must follow the requirements of chapter 4626.

C. When food is catered into the facility, it must be obtained from a source licensed by the Department of Health.

D. A facility housing a resident in need of a medically prescribed therapeutic diet must document that the diet is provided as ordered by the resident's physician.

E. If a resident's religious or spiritual beliefs require adherence to dietary customs, the license holder must make efforts to provide the special diet. If the license holder is unable to meet a resident's religious or spiritual dietary customs, the license holder must document why the resident's dietary customs could not be met.

F. Food must be covered during transport through nondietary areas, but need not be covered when served in a dining area which is contiguous to the food preparation

area. The food service system must be capable of maintaining hot foods at 150 degrees Fahrenheit or higher and maintaining cold foods at 40 degrees Fahrenheit or lower. A dumbwaiter or conveyor that has a cab or carrier used for the transport of soiled linen or soiled dishes must not be used for the transport of food.

Subp. 14. **Housekeeping, sanitation, and plant maintenance.** The license holder must meet the requirements of items A to C.

A. The facility and all buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair and maintained to protect the health, comfort, safety, and well-being of residents and staff.

B. The license holder must have and implement a written plan to inspect and document daily housekeeping, sanitation, and plant maintenance needs in the occupied parts of the facility.

C. The license holder, in cooperation with the facility's governing body, must develop plans, policies, and procedures to detect and correct building and equipment deterioration, safety hazards, and unsanitary conditions in the early stages of their development and provide for their repair, correction, or modification.

Subp. 15. **Physical plant and environment.** The license holder must meet the requirements of this subpart.

A. Building features, space for programs, equipment, and materials must be consistent with the facility's statement of intended use and program objectives. The facility's physical plant features must comply with chapter 2900.

B. The license holder must ask the local health authority and fire marshal to inspect the facility annually for health, sanitation, and fire safety conditions.

C. The Department of Corrections must review and approve all new construction and renovation of detention facilities. The license holder must meet the requirements of chapter 2900 governing the construction of new corrections facilities.

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

(1) be located in a nonsecure area of a public or private building where either law enforcement or emergency services staff are available on a 24-hour-a-day basis and who agree to respond immediately with backup assistance in the event of an emergency;

(2) have a minimum of 120 square feet of floor space for the first resident held and an additional 50 square feet of floor space for each additional resident held;

(3) have provisions for each resident to lie down, sleep, or sit in comfort;

(4) have access to bathroom and shower facilities on the same floor;

(5) have telephone or audio communication equipment with direct access to emergency backup personnel;

(6) have the capability to prepare meals or arrange for meals to be delivered;

(7) have lighting, ventilation, and temperature controls to maintain reasonable comfort;

(8) provide separation between male and female residents to meet the privacy needs of the residents;

(9) have minimum furnishings in the facility, consisting of telephone, radio, television, table, chairs, storage space, bed, lamps, first aid kit, bedding, replacement clothing, personal hygiene items, and leisure activity materials;

(10) comply with all federal, state, and local fire safety requirements and sanitation, safety, and health codes. Furnishings also must comply with these requirements and codes; and

(11) have a storage area that can be locked to store necessary supplies and equipment.

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

(1) comply with all of the minimum standards required of a nonsecure 24-hour facility with the exception that toilet and washbasin facilities must be located within the secure room;

(2) have all fixtures and furnishings in a secure detention room and be of a secure type and be appropriately secured to ensure safety for staff and the juvenile being detained;

(3) have a door to the secure room with an observation window with a cover to afford privacy when necessary and a food-pass feature; and

(4) have secure temporary holdover rooms used to detain juveniles that are single occupancy with a minimum of 70 square feet of floor space.

F. A secure or nonsecure eight-day temporary holdover facility must meet the requirements of subitems (1) to (12).

(1) The facility must not exceed a maximum capacity of eight beds.

(2) The facility must have at least two secure single occupancy detention rooms. Each secure room in the facility must be single occupancy, have a minimum of 70 square feet, and be equipped with toilet and washbasin facilities. Furnishings and fixtures must be of a secure type and room doors must have observation windows with panel covers. Space for day activity areas outside of the detention rooms must be provided with access to natural light. Audio monitoring that allows a resident to communicate with facility staff when in need of assistance must be in each room and day activity area. Visual monitoring cameras must be in the day activity areas if the areas cannot be directly observed from the staff station.

(3) Nonsecure detention rooms in the facility must have a minimum of 70 square feet in single occupancy rooms and a minimum of 60 square feet per juvenile in multiple occupancy rooms.

(4) The facility must have access to natural light in the activity area.

(5) Activity space must be provided to accommodate multiple uses, specifically for dining, school, physical exercise, recreation, leisure, and visiting activities. The space must be no less than 625 square feet.

(6) Separate space must be provided for admission and intake procedures that provides for private and confidential processing.

(7) The facility must provide separation capability between the secure and nonsecure rooms within the facility and for proper separation between male and female residents to afford privacy.

(8) The facility must provide separate bathroom and shower facilities for the secure and nonsecure units of the facility.

(9) The facility must provide the same furnishings as required in the secure and nonsecure 24-hour temporary holdover facilities.

(10) The facility must have the capability to prepare meals or arrange for meals to be delivered.

(11) Functional physical exercise equipment must be readily available for use by juveniles in the secure and nonsecure programs on a daily basis.

(12) The facility and furnishings must comply with federal, state, and local fire safety requirements and sanitation, safety, and health codes.

Subp. 16. **Information reporting required.** The license holder must report information and statistics about program services, outcomes, and data about residents in the license holder's facility to the commissioner of corrections according to Minnesota Statutes, section 241.021, subdivision 1, paragraph (a).

2960.0280 NEW CONSTRUCTION STANDARDS.

A new juvenile detention facility must meet the minimum physical plant construction standards of chapter 2900.

2960.0290 PHYSICAL PLANT AND EQUIPMENT CODES.

Subpart 1. **Equipment codes.** The facility's food service, plumbing, ventilation, heating, cooling, lighting, elevators, and other fixtures and equipment must conform to health, sanitation, and safety codes and regulations.

Subp. 2. **Safety reports maintained.** The facility must maintain in its file the reports of insurance, inspections, occupational safety and health administration reports, incident reports, and reports of health, fire, and other safety inspections.

PROGRAM CERTIFICATION STANDARDS FOR SECURE PROGRAMS

2960.0300 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 2960.0300 to 2960.0420 establish the minimum certification standards that licensed settings must meet for certification as a secure program.

Subp. 2. **Applicability.** Parts 2960.0300 to 2960.0420 govern a license holder who wishes to operate a secure program. Parts 2960.0300 to 2960.0420 do not apply to a locked group residential facility certified to provide treatment to residents with severe emotional disturbance certified under parts 2960.0580 to 2960.0700.

Subp. 3. **License requirements.** A program certified under parts 2960.0300 to 2960.0420 must meet the requirements of parts 2960.0010 to 2960.0120 and be licensed as a group residential setting according to parts 2960.0130 to 2960.0220 or as a detention setting according to parts 2960.0230 to 2960.0290.

2960.0310 STATEMENT OF PROGRAM OBJECTIVES.

The license holder must prepare a written statement of measurable secure program goals and outcomes. The goals and outcomes must be developed with the input of local juvenile justice personnel including judges, probation officers, case managers, social workers, and other persons considered appropriate by the license holder.

2960.0320 PROGRAM SERVICES STANDARDS.

A secure program service must meet the needs of the resident served by the program,

based on the resident's offense history, age, gender, disability, cultural and ethnic heritage, mental health and chemical dependency problems, and other characteristics. Services offered must include at least items A and B:

A. intensive regular and special educational programs, with an individual educational plan for each resident who has a disability and needs special education and related services; and

B. specific educational components that meet the resident's program services needs for the management of anger, nonviolent conflict resolution, mental health, and other program services needs, such as physical abuse, cultural and ethnic heritage, gender, parenting education, and program services to educate sex offenders about sexuality and address issues specific to victims and perpetrators of sexual abuse.

2960.0330 ADMISSION AND CONTINUED STAY.

Subpart 1. **Placement authorized by statute or court order.** A resident may not be placed in a secure facility unless the placement meets the statutory criteria or is approved by the juvenile court.

Subp. 2. **Admission documentation.** No resident may be received by a license holder until the referring agency has produced proper credentials and the placement person signs the placement person's name and title on a form identifying the purpose for placement that will be part of the intake record.

2960.0340 SECURITY STANDARDS.

Subpart 1. **Supervision of nonemployee service personnel.** A person working at the facility, who is not employed by the facility, must be under the general supervision of facility staff, unless that person has been trained in the facility's policies and procedures. No contact by such persons with residents is permitted.

Subp. 2. **Extra duty.** No employee may be scheduled for duty for two consecutive work periods except in a documented emergency, or when unusual circumstances

require reasonable and prudent exception. No employee may work more than 16 hours in each 24-hour period.

Subp. 3. **Continuing need reviewed.** Policies and procedures must be established that include time lines for the review of individual cases to determine the need for continued secure placement. There must be written criteria addressing circumstances under which a resident must be moved to less restrictive parts of the facility if appropriate. When a license holder moves a resident from a secure to a nonsecure space in a facility for programming purposes, the license holder must notify the appropriate juvenile court.

Subp. 4. **Plans for group arrest.** A secure facility providing correctional program services must have written plans governing space arrangements and procedures to follow in the event of a group arrest that exceeds the maximum capacity of the facility. These plans must be reviewed at least annually and updated.

2960.0350 DISCHARGE.

Subpart 1. **Discharge criteria.** The facility must have written discharge criteria that allow discharge according to items A and B, except that detention facilities are exempt from preparing written criteria in item A and must prepare criteria in item C:

A. completion of the resident's facility treatment plan; ~~or~~

B. the resident is ordered to a different placement by the court; or

C. the legal authority to hold the resident expires.

Subp. 2. **Return of property.** When a resident is discharged, the resident's property must be returned to the resident with a receipt, signed by the license holder, listing the property returned, unless the property is held for authorized investigation or litigation.

2960.0360 SECURITY POLICIES AND PROCEDURES.

Subpart 1. **Content of policies and procedures.** A license holder who offers correctional program services must develop security policies and procedures regarding the following:

A. control and recovery of contraband;

B. delivery and service procedures;

C. prohibition of firearms and other weapons in resident areas and measures to ensure that weapons are inaccessible to residents;

D. search procedures;

E. escort of residents outside the secured area; and

F. one-half hour interval well-being checks, when residents are not under direct supervision.

Subp. 2. **Inspection of facility and deliveries to facility.** The facility must be regularly inspected for contraband, evidence of breaches in security, and inoperable security equipment. Materials delivered to or transported from the facility must be inspected for contraband prior to distribution.

Subp. 3. **Chemical irritant use.**

A. The license holder must have written policies approved by the licensing agency governing the use of chemical irritants and related chemicals.

B. The use of chemical irritants is permitted only in secure facilities with correctional program services.

(1) Chemical irritants must not be used except by order of the facility administrator or person in charge to prevent a resident from seriously injuring the resident's self or others or to prevent damage to a substantial amount of property.

(2) Decontamination must occur immediately after all uses of chemical irritant.

(3) The documentation must include a description of what behavior on the part of the resident resulted in the use of chemical irritants, what alternative methods were considered along with a description of these methods, exactly what the decision to use chemical irritants was based on, and any other relevant factors.

(4) Facility personnel authorized to use chemical irritants must have documented annual training in the use of chemical irritants and decontamination procedures.

(5) A documented supervisory review must be conducted after an incident that resulted in the use of chemical irritants.

2960.0370 LOCKS AND KEYS.

Subpart 1. **Storage.**

A. The license holder must ensure that when not in use, keys to security locks are properly tagged and stored in a secure cabinet within a secure area, out of reach of residents or the public. At least one complete set of facility keys must be kept on hand for replacement purposes.

B. The license holder must ensure that keys that serve a critical security purpose must be easily identifiable and never issued except upon order of the facility administrator or person in charge, and according to established procedure. No security keys shall be made available to residents.

Subp. 2. **Inspection.** The license holder must ensure that:

A. all locks to security doors or gates are inspected daily to ensure their efficient operation and the inspections are documented;

B. no lock to a security door or gate is broken, inoperable, or left in an unsuitable condition for any unnecessary period of time; and

C. no residents are placed in a secure room or area that has inoperable locks.

2960.0380 WEAPONS, TOOLS, EQUIPMENT, AND HAZARDOUS SUBSTANCES.

Subpart 1. **Dangerous materials.** Materials that can be deleterious to security, safety, and health must be properly secured, inventoried, and dispensed.

Subp. 2. **Tools.** When not in use, tools must be kept in locked storage areas. Security

precautions must be developed and implemented regarding any tools entering or leaving the facility.

Subp. 3. **Hazardous substances.** A hazardous substance must not be stored in living areas. A cleaning substance that is hazardous must be handled only by staff or residents under direct staff supervision.

2960.0390 COUNT PROCEDURE.

Subpart 1. **Written statement.** A facility must have a written statement specifying the system used to regularly count the number of residents in the facility.

Subp. 2. **Frequency of counts.** There must be a resident count at least once each eight hours.

Subp. 3. **Master count board.** A system for counting must include procedures that account for the total number of residents at any given time. Changes in the number of residents must be documented and reported immediately.

2960.0400 HOSPITALIZATION OF RESIDENTS.

When a resident requires hospitalization, the resident must be supervised on a 24-hour-a-day basis unless the conditions in items A and B have been satisfied:

A. the facility administrator has determined that the resident does not need custody supervision; or

B. the resident is incapacitated in the opinion of the attending physician.

2960.0410 RESTRICTIVE PROCEDURES.

Detention facilities that want to use restrictive procedures may use restrictive procedures according to the program's statement of intended use if the license holder is certified to use restrictive procedures according to part 2960.0710.

2960.0420 SECURE PHYSICAL PLANT STANDARDS.

New secure juvenile facility construction plans must be reviewed and approved by the Department of Corrections.

CHEMICAL DEPENDENCY TREATMENT PROGRAM CERTIFICATION STANDARDS

2960.0430 PURPOSE.

Subpart 1. **Purpose.** Parts 2960.0430 to 2960.0490 establish the minimum standards that residential treatment programs serving residents with chemical abuse or dependency problems must meet to qualify for certification.

Subp. 2. **Outcome.** Compliance with parts 2960.0430 to 2960.0490 requires that services:

A. are provided as specified in an individual treatment plan;

B. are developed with assistance from the resident's family or legal representative in deciding what services are needed and how they are provided;

C. support the resident in gaining the skills necessary to return to the community;

D. support the family in gaining the skills necessary to care for the returning resident; and

E. are provided by qualified staff under the supervision of a licensed alcohol and drug counselor.

Subp. 3. **License requirements.** A program certified under parts 2960.0430 to 2960.0490 must meet the requirements of parts 2960.0010 to 2960.0120 and be licensed as a group residential setting according to parts 2960.0130 to 2960.0220.

2960.0440 APPLICABILITY.

Parts 2960.0430 to 2960.0490 apply to residential programs according to items A and B.

A. A residential program licensed under parts 2960.0010 to 2960.0220 to provide services that address the chemical use problems for persons who are under 19 years of age must be certified under parts 2960.0430 to 2960.0490.

B. A residential program that addresses the chemical use problems of a person older than 15 years of age, and under 21 years of age must either be licensed under parts 2960.0010 to 2960.0220 and certified under parts 2960.0430 to 2960.0490 or be licensed under parts 9530.4100 to 9530.4450.

2960.0450 CHEMICAL DEPENDENCY TREATMENT SERVICES.

Subpart 1. **Description.** Chemical dependency treatment services are services provided by a professional to alter the resident's pattern of chemical use by helping the resident recognize the harmful effects of chemicals on the resident and others, to develop the skills necessary to avoid inappropriate and harmful chemical use, and to identify alternative methods of meeting the needs previously met by chemical use.

Subp. 2. **Required services.** A certificate holder must provide each resident at least 15 hours each week of the type and amount of services specified in each resident's individual treatment plan. The certificate holder must provide the services in items A to C, unless the service is determined to be contrary to the resident's treatment plan by a licensed alcohol and drug counselor. Self-help groups must not be counted in the number of hours of service a program provides. The program must provide:

A. a comprehensive resident evaluation that consists of a compilation of information from the resident, the resident's family, the referral source, and others and meets the requirements for an assessment in parts 2960.0070, subpart 5, items A and B, and 2960.0160, subpart 2, item E;

B. individual and group counseling to help the resident identify and address problems related to chemical use and develop strategies for avoiding inappropriate chemical use after treatment; and

C. resident information concerning chemical health awareness, sexuality, health problems related to chemical use, and the necessary changes in lifestyle to regain and maintain health. Resident education must include information concerning the human

immunodeficiency virus according to Minnesota Statutes, section 245A.19, and tobacco addiction and cessation resources.

Subp. 3. **Additional chemical dependency treatment services.** A certificate holder may provide or arrange for the provision of additional chemical dependency treatment in this subpart as indicated in the resident's individual treatment plan.

A. The program may provide family counseling to assist the resident in identifying the impact of inappropriate chemical use on others and to assist the resident and those closest to the resident in identifying and changing behaviors that contribute to inappropriate chemical use. Family counseling must be provided by a family therapist.

B. The program may provide therapeutic recreation to provide the resident with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.

C. The program may provide health monitoring, stress management, and physical well-being training by a ~~qualified licensed practical nurse or registered nurse~~ medically licensed person or under the supervision of a ~~registered nurse~~ medically licensed person to assist the resident in reaching and maintaining an acceptable level of health, physical fitness, and well-being.

D. The program may provide living skills development to assist the resident in learning basic skills necessary for living in the larger community, including;

(1) employment or educational services to assist the resident in becoming financially independent; and

(2) socialization skills development to assist the resident in living and interacting with others in a positive and productive manner.

Subp. 4. **Counselors to provide chemical dependency treatment services.** Chemical dependency treatment services must be provided by a qualified alcohol and drug

counselor unless the individual is specifically qualified according to the accepted professional standards.

Subp. 5. **Volunteers.** A volunteer or student intern may provide chemical dependency treatment services if under the direct supervision of the license holder or a qualified staff person. A volunteer who has direct contact with residents is subject to a background check if the contact with a resident is not directly supervised by the license holder or staff. The program must provide a volunteer an orientation to the program, its purpose, and the population served.

Subp. 6. **Location of service provision.** The chemical dependency treatment services required in subpart 2 must be provided at the address stated on the certificate. Additionally, at least one-half of all of the required hours of service that a resident receives must be provided at the address on the certificate.

2960.0460 STAFF QUALIFICATIONS.

Subpart 1. **Staff qualifications.** The qualifications in this part are in addition to the qualifications required under part 2960.0100, subpart 6.

Subp. 2. **Qualifications applying to employees with direct resident contact.** An employee working directly with residents must be at least 21 years of age and must, at the time of hiring, document meeting the qualifications in item A or B.

A. A program director, supervisor, counselor, or any other person who has direct resident contact must be free of chemical use problems for at least the two years immediately preceding hiring and freedom from chemical use problems must be maintained during employment.

B. Overnight staff must be free of chemical use problems for at least one year preceding their hiring and maintain freedom from chemical use problems during their employment.

Subp. 3. **Program director qualifications.** In addition to meeting the requirements in

subpart 2, the program director must know and understand the implications of parts 2960.0010 to 2960.0710 and Minnesota Statutes, sections 626.556 and 626.557.

Subp. 4. **Alcohol and drug counselor supervisor qualifications.** In addition to the requirements in subpart 2, the personnel file of an alcohol and drug counselor supervisor must include documentation that the individual meets the criteria in items A to C.

A. The individual is competent in the areas in subpart 6, and the competency is documented according to subpart 7.

B. the individual has three or more years of experience providing individual and group counseling to chemically dependent residents.

C. The individual knows and understands the implications of parts 2960.0010 to 2960.0710 and Minnesota Statutes, sections 626.556 and 626.557.

Subp. 5. **Alcohol and drug counselor qualifications.** In addition to the requirements in subpart 2, the personnel file of an alcohol and drug counselor must include:

A. documentation of the individual's competency in the core functions presented in Minnesota Statutes, chapter 148C;

B. documentation that the individual has had an additional 30 hours of classroom instruction in adolescent development; and

C. documentation that the individual has had at least 150 hours of supervised experience as an adolescent alcohol and drug counselor, either as a student or as an employee.

Subp. 6. **Counselor licensing.** A counselor governed by Minnesota Statutes, chapter 148C, must have a current license according to parts 4747.0010 to 4747.1600. The commissioner of human services shall accept documentation of current licensure as satisfying the requirements in subpart 5.

Subp. 7. **Documentation of alcohol and drug counselor qualifications.** For an alcohol and drug counselor not governed by Minnesota Statutes, chapter 148C, the department must consider a counselor qualified according to subpart 5, item A, if:

A. the individual has at least a baccalaureate degree including 480 hours of alcohol and drug education in which each of the core functions in Minnesota Statutes, chapter 148C, is covered; and has successfully completed 880 hours of supervised experience as an alcohol and drug counselor, either as a student or as an employee;

B. the individual has documented the successful completion of 270 clock hours of alcohol and drug counselor training, 60 hours of which have occurred within the last five years, including completion of 880 hours of supervised experience as an alcohol and drug counselor, either as a student or as an employee. The training must cover the core functions in Minnesota Statutes, chapter 148C; or

C. the individual is certified by the Institute for Chemical Dependency Professionals of Minnesota, Inc., as a chemical dependency counselor or as a chemical dependency counselor reciprocal, through the evaluation process established by the Certification Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., and published in the Case Presentation Method Trainers Manual, copyright 1993. This manual is incorporated by reference. It is available at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, MN 55155. It is not subject to frequent change.

Subp. 8. **Overnight staff.** The personnel file of overnight staff employed by a residential program must include the documentation required in subpart 7 and documentation of the individual's competency in the areas in items A to D:

A. knowledge of resident rights and staff responsibilities as outlined in parts 2960.0050 and 2960.0150;

B. knowledge of and ability to perform basic first aid procedures, including cardiopulmonary resuscitation and first aid for seizures, trauma, and fainting;

C. crisis intervention techniques consistent with the program's protective procedures plan; and

D. ability to notify the off-site, on-call supervisor regarding any unusual resident occurrences.

Overnight staff may not admit, transfer, or discharge residents, but may serve as the person in charge of the facility required in part 2960.0150, subpart 3, item B.

2960.0470 STAFFING REQUIREMENTS.

Subpart 1. **Program director required.** Each certificate holder must have a program director. The program director must be under contract or employed full time by the license holder.

Subp. 2. **Alcohol and drug counselor supervisor requirements.** A rehabilitation program must employ an alcohol and drug counselor supervisor who meets the requirements of part 2960.0460, subpart 4. An individual may be simultaneously employed as the program director, an alcohol and drug counselor supervisor, and a licensed alcohol and drug counselor if the individual meets the qualifications for each position. If a licensed alcohol and drug counselor is simultaneously an alcohol and drug counselor supervisor or program director, that individual must be considered a 0.5 full-time equivalent licensed alcohol and drug counselor for purposes of meeting the staffing requirements under subpart 3.

Subp. 3. **Staffing requirements.** If a chemical dependency treatment service is being provided, the group size must not exceed ten residents per qualified alcohol and drug counselor present. A license holder serving adolescents must have at least one alcohol and drug counselor for each ten or fewer adolescent residents who are chemically abusive or dependent.

2960.0480 ADMISSION AND DISCHARGE POLICIES.

Subpart 1. **Admission policy.** The certificate holder must not admit individuals who

do not meet the admission criteria in the certificate holder's admission policy. The admission policy must also designate which staff are authorized to admit and discharge residents.

Subp. 2. **Individuals not served by program.** A certificate holder has specific responsibilities when denying admission to individuals for reasons of health, behavior, or criminal activity. The certificate holder must have a policy that includes items A and B.

A. The certificate holder must have a protocol for addressing the needs of individuals in need of emergency medical care not provided by the program and individuals who pose a substantial likelihood of harm to themselves or others, if the behavior is beyond the behavior management capabilities of the program and staff. All denials of admission for these reasons that involve a bona fide medical emergency, as provided under Code of Federal Regulations, title 42, section 2.51, must be referred to a medical facility capable of admitting the individual.

B. All denials of admission that involve the commission of a crime against a license holder's property, as provided under Code of Federal Regulations, title 42, section 2.12(c)(5), must be reported to a law enforcement agency with proper jurisdiction.

Subp. 3. **Discharge policies.** A certificate holder must have a written policy that must be followed when a resident is discharged. A client must be discharged by a counselor or the program director. The policy must establish procedures that:

A. are consistent with Minnesota Statutes, section 253B.16, subdivision 2, and that staff must follow when a resident who has been admitted under Minnesota Statutes, chapter 253B, is to be discharged; and

B. staff must follow when a resident leaves against staff or medical advice and when the resident may be dangerous to self or others.

2960.0490 INDIVIDUAL TREATMENT PLAN.

Subpart 1. **Treatment plan required.** The certificate holder must meet the treatment plan requirements of subparts 2 and 3. These treatment plan requirements may be substituted for the requirements of part 2960.0180, subpart 2, item B, if chemical dependency is the only certificate the license holder has been issued.

Subp. 2. **Plan must reflect resident's current condition.** An individual treatment plan for a resident in a certified chemical dependency program must continually evolve based on new information gathered about the resident's condition and whether planned treatment interventions have had the intended effect. The plan must provide for the involvement of the resident's family at the earliest opportunity consistent with the resident's treatment needs. The plan begins on completion of the comprehensive assessment and is subject to amendment until the resident is discharged.

The resident must have an opportunity to have active, direct involvement in selecting the anticipated outcomes of the treatment process and in developing the individual treatment plan. The individual treatment plan must be signed by the resident and a licensed alcohol and drug counselor, and the participation of others must be noted in the plan. The individual treatment plan and documentation related to it must be kept at the facility in the resident's case file and also sent to other professionals as indicated within designated time lines.

Subp. 3. **Plan contents.** An individual treatment plan must include:

A. resources to which the resident is being referred for problems to be addressed concurrently outside the program and why the referral was made;

B. treatment goals in each of the evaluation areas in which a problem has been identified in part 2960.0160, subpart 2, item E;

C. specific objectives to be used to address the problems in item B, including frequency of intervention, and expected outcomes for each goal. The objectives must be appropriate to the resident's language and reading skills and must consider the resident's cultural background and other strengths and assets;

D. specific intervals at which resident progress must be reviewed; and

E. anticipated outcomes that are to be met before the resident is discharged.

Subp. 4. **Progress notes.** Progress notes must be entered in a resident's file at least daily and must indicate the type and amount of each service the resident has received weekly and whether the services have had the desired impact. All entries in resident records must be legible, signed by staff, with title indicated, and dated.

Subp. 5. **Plan reviews.** The individual treatment plan must be reviewed by an alcohol and drug counselor at the intervals identified in subpart 3, item D, and no less frequently than every two weeks, and the specific services changed if expected outcomes are not being achieved. A resident must be notified of the right to access a plan review.

Subp. 6. **Client records.** Client records must be maintained and information released from them only according to Code of Federal Regulations, title 42, subchapter A, sections 2.1 and 2.2.

2960.0500 TRANSITIONAL SERVICES CERTIFICATION.

Subpart 1. **Purpose.** This part establishes the minimum standards that a transitional services program must meet to qualify for certification. A transitional services program provides congregate, scattered site, or cooperative housing for residents considered to be targeted youth according to Minnesota Statutes, section 256E.115, subdivision 1, paragraph (a), clause (1).

Subp. 2. **Applicability.** This part governs a license holder who provides transitional services to residents.

Subp. 3. **License requirements.** A program certified under this part must meet the requirements of parts 2960.0010 to 2960.0120, except as noted in subpart 4.

Subp. 4. **Exemptions.** A transitional services program is exempt from the requirements of parts 2960.0070, subparts 4 and 5; 2960.0080, subparts 3, 4, items C to E,

5, 6, 8 to 13, and 15; 2960.0090, subpart 3; 2960.0120, subpart 2, items A, C, and G; and 2960.0130 to 2960.0220.

Subp. 5. **Description.** A transitional services program serves residents 16 to 21 years old according to the resident's independent living plan. Transitional services program services include housing, independent living skills training, and related supportive services. A transitional services program is designed to prepare a resident to live independently or reintegrate to a community setting following a stay in transitional housing. A resident may be housed in a community setting that includes individual or shared apartments, rental rooms, or other rental housing or in a congregate living program.

Subp. 6. **Statement of program outcomes.** The license holder must have written policies that identify program outcomes and promote the resident's development of independent living skills. The program services offered by the license holder must support the resident's reintegration into the community and be consistent with the resident's independent living plan.

Subp. 7. **Outcome measures.** The license holder must measure, at least quarterly, the outcomes of services provided to the resident by the license holder that were intended to promote the resident's development of independent living skills. The license holder must document the measurement of outcomes. The documentation must note:

A. whether the provided services promoted the development of independent living skills;

B. the extent to which the resident has developed independent living skills; and

C. the license holder's success in achievement of the program outcomes identified according to subpart 6.

The commissioner of human services may require the license holder to measure specific factors related to the outcomes identified in subpart 6, and gather demographic information on residents.

Subp. 8. **Program effectiveness.** The license holder must monitor and annually evaluate the effectiveness of the facility's programs. The license holder must evaluate resident satisfaction with individual program services. The license holder must use the information gathered from the evaluations and program monitoring as a guide to improve program services.

Subp. 9. **Community involvement.** The facility must have a board of directors or advisory committee that represents the interests, concerns, and needs of the residents and community served by the facility. The license holder must meet the requirements of subparts 6 to 9 instead of the requirements of part 2960.0060.

Subp. 10. **Admission.** The license holder may admit persons to a transitional services program who are eligible for admission and meet the criteria in this subpart. The license holder must determine whether a resident meets the criteria in item A, B, or C, and part 2960.0070, subpart 2, prior to admission. The license holder must determine that:

A. the resident must be leaving out-of-home placement, homeless, or at risk of homelessness;

B. the resident must be employed or seeking employment or enrolled in an academic or vocational program; and

C. youth who have the following behaviors will not be admitted to the program:

(1) current drug or alcohol problems;

(2) recent history of violent behavior; and

(3) a mental health disorder or issue that is not being resolved through counseling or treatment.

The license holder must use the admission requirements of this subpart instead of the admission requirements in part 2960.0070, subparts 2 and 3, item B, subitem (8).

Subp. 11. **Criteria for termination of services.** The license holder, in conjunction with

the resident, shall establish a service termination plan for the resident that specifies how services will be terminated and the actions to be performed by the involved agencies, including necessary referrals for other ongoing services.

Subp. 12. **Supervision standards.** The license holder must provide supervision according to items A to C.

A. For a resident living in congregate or cooperative housing arrangements, the license holder must provide at least 12 hours of on-site supervision during weekday evening and early morning hours, to be increased to 16 hours of supervision on weekends.

B. For a resident served by the transitional services program, the license holder must designate an on-call staff person who must be at least available by telephone or pager to respond to requests for assistance from a resident during hours when a staff person is not on site. A resident must be seen by a staff person at least three times per week. Each site where a resident resides must be visited by a staff person at least three times per week.

C. The license holder must develop a supervision plan that is based on the youth served and approved by the licensing agency. Depending upon the assessment of the youth served by the program, the commissioner of human services may require the license holder to provide 24-hour supervision of residents.

Subp. 13. **Services required.** The license holder must provide the services or adequate access to the services in this subpart. The following services must be consistent with the resident's independent living plan:

A. counseling services, to help individual residents and their families;

B. job services, to help residents prepare for or secure employment;

C. living skills training, to help a resident prepare for independent living;

D. education services, to assist a resident to enroll in academic programs if the resident is not currently enrolled in a program; and

E. related supportive services such as assistance in locating housing, budgeting, meal preparation, or other services, to meet the needs of the resident and improve the resident's ability to live independently.

Subp. 14. **Custodial minor parent programs.** In addition to the services in subpart 13, the following services or access to the following services must be available from the license holder for custodial parents:

A. training in child development and parenting skills; and

B. child care services or access to child care services when custodial parents are in school, at work, or otherwise unable to care for their children.

Subp. 15. **Residence.** The place of residence provided to a resident by the license holder must meet the needs of residents, including residents with disabilities.

CERTIFICATION STANDARDS FOR SHELTER CARE SERVICES

2960.0510 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 2960.0510 to 2960.0530 establish additional minimum standards that a facility providing shelter care services must meet to qualify for certification.

Subp. 2. **Applicability.** Parts 2960.0510 to 2960.0530 apply to a unit of government, individual, corporation, limited liability corporation, partnership, voluntary association, other organization, entity, or controlling individual that operates a facility that provides shelter care services to a resident on a 24-hour-a-day basis. Parts 2960.0510 to 2960.0530 do not apply to foster care settings licensed according to parts 2960.3000 to 2960.3340.

Subp. 3. **License requirements.** Programs certified under this part must meet the requirements of parts 2960.0010 to 2960.0120.

2960.0520 SERVICES.

Subpart 1. **General requirements.** A facility that is certified to provide shelter services must meet the requirements of parts 2960.0010 to 2960.0120.

Subp. 2. **Shelter programs.** A shelter program must offer the additional services in items A to C.

A. Instead of the requirements in part 2960.0070, subpart 5, the license holder must:

(1) assess the resident's vulnerability to maltreatment and develop a plan to reduce the resident's risk of maltreatment while in the shelter; and

(2) assess the resident's situation, condition, and immediate needs as a basis for developing a plan to meet the resident's needs for basic services in part 2960.0080, subparts 2 and 3.

B. Instead of the requirements in part 2960.0070, subpart 5, item A, subitem (1), the license holder must, within 24 hours of admitting a resident to shelter services, arrange for a qualified professional according to this item to conduct a basic health screening to determine if a resident needs a physical ~~examination by a physician~~ or dental examination by a ~~dentist~~ medically licensed person. If the need for an examination is determined, the license holder must notify the resident's case manager of the need to make an appointment with a ~~licensed physician or dentist~~ medically licensed person to complete the required examination and document notification of the case manager. A qualified professional is:

(1) a certified pediatric nurse practitioner;

(2) a licensed nurse trained to do child and teen checkups;

(3) a certified family nurse practitioner; or

(4) a registered nurse experienced in the care of children in a shelter facility under the direction of a physician.

C. If a resident remains in a shelter for more than ten days, the license holder must follow the discharge requirements of part 2960.0190, subparts 1, item A; and 2, and must note the name and address of the party the resident was released to following discharge.

Subp. 3. **Plan for immediate needs.** Within 24 hours of admitting a resident, the license holder must develop a plan for meeting the resident's immediate needs. The plan for meeting the immediate needs of a resident in this subpart may be used in lieu of the individual treatment plan. The plan must:

A. identify what is immediately needed to help stabilize or ameliorate the resident's situation, behavior, or condition based on the assessment in subpart 2;

B. specify short-term objectives and methods for meeting the needs identified in item A; and

C. indicate the license holder's responsibilities for meeting the resident's needs identified by the placing agency.

Subp. 4. **Shelter staffing pattern and minimum staff to resident ratio.** Shelter services programs must meet the requirements of this subpart.

A. During normal waking hours, when residents are present, a program certified to provide shelter services to residents must not have a ratio of staff who provide care services to residents less than the requirements of subitems (1) to (4):

(1) at least one staff person to three residents, if the residents are less than six years old;

(2) at least on staff person to four residents, if the residents are six to eight years old;

(3) at least one staff person to six residents, if the residents are nine to 11 years old; and

(4) at least one staff person to eight residents, if the residents are 12 to 18 years old.

B. During normal sleeping hours, a program certified to provide shelter services to residents must maintain a ratio of staff who provide care services to residents which is not less than the requirements of subitems (1) and (2):

(1) at least one staff person to seven residents, if the residents are less than nine years old; or

(2) at least one staff person to 12 residents, if the residents are nine years old or older.

C. The license holder must not assign staff in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents.

The license holder may assign medically licensed staff and purchase the services of persons who are medically licensed to care for or treat residents of the opposite sex.

Subp. 5. **Criteria for emergency use of restrictive procedures.** Shelter facilities that want to use restrictive procedures may use restrictive procedures according to the program's statement of intended use if the license holder is certified to use restrictive procedures according to part 2960.0710.

2960.0530 LIMITATIONS ON LENGTH OF STAY.

Subpart 1. **90-day limit.** A program providing shelter must not retain a resident longer than 90 days. The license holder must apply for a variance to retain a resident in a shelter beyond 90 days.

Subp. 2. **30-day review.** If a resident remains in a shelter program for more than 30 days, the license holder must review the need for the resident to remain in a shelter program and consider alternative placement plans. The written summary of the review of the resident's need to remain in a shelter beyond 30 days must be placed in the resident's file and a copy sent to the placing agency.

CERTIFICATION STANDARDS FOR CORRECTIONAL PROGRAM SERVICES

2960.0540 PURPOSE AND APPLICABILITY.

Subpart 1. **Purpose.** Parts 2960.0540 to 2960.0570 establish program certification requirements that govern facilities providing correctional program services to residents in licensed facilities.

Subp. 2. **Applicability.** Parts 2960.0540 to 2960.0570 apply to a licensed facility providing correctional program services.

Subp. 3. **License requirements.** Programs certified under parts 2960.0540 to 2960.0570 must meet the requirements of parts 2960.0010 to 2960.0120 and be licensed as either a group residential setting according to parts 2960.0130 to 2960.0220 or a family foster setting according to parts 2960.3000 to 2960.3230.

2960.0550 PROGRAM CERTIFICATION APPROVAL.

Subpart 1. **Certification authority.** Correctional program services must be approved and certified by the Department of Corrections.

Subp. 2. **Certification applicability.** Group residential settings and family foster settings may be certified to provide correctional program services according to parts 2960.0540 to 2960.0570.

Subp. 3. **Program certification approval.** A license holder who wishes to be certified to offer correctional program services must apply for certification to the certifying authority on forms approved by the certifying authority. The certifying authority must decide whether to approve the license holder's application for certification based on the information provided on the completed application and on an inspection of the program and facts gathered by the certifying authority. The certification document must state how long the program will care for residents in the program and describe the program content and types and amounts of services offered to residents.

Subp. 4. **Minimum criteria for certification.** The certificate holder must meet the requirements of items A to D.

A. The license holder must identify specific, measurable outcomes that indicate that the license holder will meet the needs of the target population served by the facility's program. The measurable outcomes must be directly related to the program objectives stated in the license holder's correctional program services certification application.

B. The certification applicants must offer at least the services in subitems (1) to (4) in their correctional services program:

(1) social and interpersonal skills development to achieve the outcomes in units (a) to (d):

(a) the resident resolves conflict in an appropriate manner;

(b) the resident develops and maintains supportive relationships;

(c) the resident communicates and interacts appropriately with peers and adults; and

(d) the resident is aware of race and gender bias issues;

(2) chemical use and abuse awareness;

(3) correctional programming to achieve the outcomes in units (a) and (b):

(a) the resident makes reparations for past behavior; and

(b) the resident addresses relationships with the resident's family, community, and school; and

(4) transition and life skills development to achieve the outcomes in units (a) and (b):

(a) the resident practices age appropriate self-care and self-reliance; and

(b) the resident is released with a place to live, a plan for constructive daily activity, a means of financial support, and a system to support continued progress in the community.

C. The license holder must notify the placement agency that the license holder cannot meet the resident's needs if the license holder's program of correctional program services inadequately addresses the resident's needs that were identified through screening or assessment. The license holder must document notification of the placement agency and the action taken by the placement agency in response to notification from the license holder.

D. The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. The plan must include at least the following requirements:

(1) regulations that are reasonable and necessary to protect the facility's security and the resident's welfare;

(2) at least two hours daily of organized and supervised physical exercise and recreational activities and leisure time activities for residents, excluding time spent watching television. Organized and supervised physical exercise and recreational activities include preplanned exercise or activities that are supervised and directed by qualified or trained staff;

(3) provisions for indoor space and equipment for active recreation; and

(4) provisions for outdoor recreational space, equipment, and supportive staff for outdoor recreational program services.

2960.0560 PERSONNEL STANDARDS.

Subpart 1. **Staffing plan approval.** In addition to the staffing plan approval criteria in parts 2960.0100 and 2960.0150, subpart 3, the certifying authority must use the criteria in items A and B to approve a correctional program services staffing plan.

A. A facility having 25 or more residents must have at least one staff person designated to develop, implement, and coordinate recreational programs for the residents. The person designated to develop, implement, and coordinate the recreational programs must have the training or experience needed to perform the duties of the position.

B. In coeducational or female-only programs, female resident housing units must, at a minimum, have one female staff person on duty during night time hours. The license holder must exceed the minimum staff-to-resident ratio if necessary to meet this requirement.

Subp. 2. **Staff qualifications.** In addition to the requirements of parts 2960.0100 and 2960.0150, the license holder must designate an individual as:

A. the administrator, who must have at least a bachelor's degree in the behavioral sciences, public administration, or a related field. The administrator must be responsible for ongoing operation of the facility, and maintenance and upkeep of the facility; and

B. a program director, who must have the qualifications in subitems (1) and (2):

(1) a bachelor's degree in the behavioral sciences or a related field with at least two years of work experience providing correctional services to residents; and

(2) one year of experience or training in program administration and supervision of staff.

Subp. 3. **Supervision of treatment.** The program director must:

A. supervise the development of each resident's individual treatment plan;

B. be involved in the resident's treatment planning process and sign the resident's individual treatment plan;

C. supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress; and

D. document on a biweekly basis a review of all the program services provided for the resident in the preceding week.

Subp. 4. **Initial staff orientation training.** A staff person who provides correctional program services must complete orientation training related to the specific job functions for which the staff person was hired and the needs of the residents the person is serving. During the first 45 calendar days of employment, and before assuming sole responsibility for care of residents, staff who provide correctional program services must complete training in the topics in items A to G:

A. the license holder's policies and procedures related to correctional program services;

B. resident rights;

C. emergency procedures;

D. policies and procedures concerning approved restrictive procedures;

E. rules of conduct and policies and procedures related to discipline of the residents;

F. emergency and crisis services; and

G. problems and needs of residents and their families.

No staff person may participate in the use of physical holding, seclusion, or other restrictive procedures with a resident before completing approved training according to item D.

Subp. 5. **Individual staff development and evaluation plan.** The license holder must ensure that an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers correctional program services. The plan must:

A. be developed within 90 days after the person begins employment and at least annually thereafter;

B. meet the staff development needs specified in the person's annual employee evaluation; and

C. ensure that an employee who provides, supervises, or directly administers program services has sufficient training to be competent to deliver the correctional services assigned to the employee.

2960.0570 FACILITY OPERATIONAL POLICIES AND PROCEDURES.

Subpart 1. **Use of restrictive procedures.** Correctional facilities that want to use restrictive procedures may use restrictive procedures according to the program's statement of intended use if the license holder is certified to use restrictive procedures according to part 2960.0710.

Subp. 2. **Critical incidents.** The certification holder must report critical incidents and the disposition of the critical incidents to the Department of Corrections. Critical incidents that involve or endanger the lives or safety of facility staff or residents must be reported in writing to the certifying authority within ten days on forms approved by the certifying authority.

Subp. 3. **Security policies and procedures.** The license holder must have security policies and procedures that include the topics in items A to K:

A. control and recovery of contraband;

B. delivery and service procedure;

C. prohibition of firearms and other weapons in resident areas;

D. search procedures;

E. escort of residents outside security area;

F. one-half hour interval security inspection routines when residents are not under direct supervision;

G. lock and key procedures;

H. inspection of physical plant procedures;

I. count procedures;

J. weapons, tools, equipment, medications, and hazardous substances; and

K. use of chemical irritants.

Subp. 4. **Information reporting required.** The license holder must report information and statistics about program services, outcomes, and data about residents in the license holder's facility to the commissioner of corrections according to Minnesota Statutes, section 241.021, subdivision 1, paragraph (a).

CERTIFICATION STANDARDS FOR PROGRAMS PROVIDING RESIDENTIAL MENTAL HEALTH TREATMENT FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE

2960.0580 PURPOSE.

Subpart 1. **Purpose.** Parts 2960.0580 to 2960.0700 establish the minimum standards that a residential treatment program serving a resident with severe emotional disturbance must meet to qualify for certification. Parts 2960.0580 to 2960.0700 also implement and must be read in conjunction with Minnesota Statutes, sections 245.487 to 245.4888.

Subp. 2. **Applicability.** Parts 2960.0580 to 2960.0700 govern license holders who provide residential mental health services to children with severe emotional disturbance.

Subp. 3. **Outcomes.** Compliance with the standards and requirements in parts 2960.0580 to 2960.0700 requires that services:

A. are provided as specified in an individual treatment plan based on the clinical needs of the resident;

B. are developed with assistance from the resident's family or legal representative in deciding what services are needed and how they are provided;

C. support the resident in gaining the skills necessary to return to the community;

D. support the family in gaining the skills necessary to care for the returning resident;

E. are provided by qualified people under the clinical supervision of a mental health professional; and

F. meet the quality of services criteria in Minnesota Statutes, section 245.4876, subdivision 1, that are applicable to residential treatment providers.

Subp. 4. **License requirements.** A program certified under parts 2960.0580 to 2960.0700 must meet the requirements of parts 2960.0010 to 2960.0120 and be licensed as a group residential setting according to parts 2960.0130 to 2960.0220.

2960.0590 PROGRAM AND SERVICE STANDARDS.

An applicant or license holder must offer services scheduled at accessible times that are appropriate to the resident's age or level of functioning to support achieving the goals and outcomes in the resident's treatment plan. The license holder must offer the services and achieve the outcomes in items A to I.

A. The license holder must offer individual and group psychotherapy that is designed to achieve the outcomes and meet the specific requirements of the resident's individual treatment plan and, when possible, help the resident reintegrate into the resident's family, the community, and a less restrictive setting than residential treatment. The person providing individual and group psychotherapy must, at a minimum, qualify as a mental health practitioner who is supervised by a mental health professional.

B. The license holder must offer crisis assistance services designed to help the resident and family members recognize factors that precipitate a psychiatric crisis, anticipate behaviors and symptoms, and know the resources to use when crisis is imminent or occurs. The person providing crisis assistance services must, at a minimum, qualify as a mental health practitioner and must be supervised by a mental health professional.

C. The license holder must offer medication education designed to have the resident and family understand:

(1) the role of psychotropic medication in the resident's treatment and the effect the medication may have on the resident's physical and mental health; and

(2) the physical, emotional, or behavioral changes resulting from the resident's use, misuse, or refusal to use psychotropic medications prescribed. The person who provides medication education must be a medically licensed ~~as~~ person, or supervised by, a ~~registered nurse, pharmacist, or physician~~ medically licensed person.

D. The license holder must offer instruction in independent living skills designed to strengthen a resident's ability to function in a less restrictive environment than a residential treatment center. The services must support the resident in carrying out the tasks of daily living, encourage the development of self-esteem, and promote self-sufficiency. The person providing independent living skills services must either qualify as a mental health practitioner or as a staff person with direct contact who is supervised by a mental health practitioner.

E. The license holder must offer recreation, leisure, and play activities designed to achieve the outcomes in subitems (1) and (2):

(1) the resident develops recreational skills; and

(2) the resident and family learn how to plan and participate in recreation and leisure activities. The person providing these services must, at a minimum, qualify as a staff person with direct contact under the supervision of a mental health practitioner or a recreational therapist.

F. The license holder must offer social and interpersonal skills development designed to achieve the outcomes in subitems (1) and (2):

(1) the resident develops and maintains friendships; and

(2) the resident communicates and interacts appropriately with peers and adults.

The person providing these services must, at a minimum, qualify as a staff person with direct contact under the supervision of a mental health practitioner.

G. The license holder must offer vocational skills development services designed to prepare the resident for the world of work by exploring the importance of such areas as use of time, acting responsibly, and working within the goal of an organization. The person providing these services must, at a minimum, qualify as a mental health practitioner or must be a staff person with direct contact supervised by a mental health

practitioner. The license holder may make vocational skills development services available to the resident through the school district either on the facility campus or at a site provided by the school district.

H. The license holder must offer assistance in parenting skills designed to achieve the outcome of parents using therapeutic parenting techniques that address management of specific behaviors or learning issues directly related to or resulting from the resident's emotional disturbance. The person providing parenting skills services must be supervised by a mental health practitioner.

I. The license holder must offer family support services designed to achieve the outcomes in subitems (1) to (3):

(1) family members gain insight into family dynamics and resolving conflicts;

(2) family members have broader family support, family goals, and improved family coping skills; and

(3) the resident is reintegrated into the resident's family and community. The license holder must provide the services in this item at times, including evenings and weekends, that are mutually agreed upon by the resident's family and facility staff. The person providing family support services must, at a minimum, qualify as a mental health practitioner.

2960.0600 DEVELOPING AND REVIEWING INDIVIDUAL TREATMENT PLAN.

Within ten working days of admitting a resident, the license holder must develop an individual treatment plan that supports achieving the outcomes in items A and B.

A. The development and content of the plan are consistent with the requirements in Minnesota Statutes, sections 245.4871, subdivision 21, and 245.4876, subdivision 3.

B. The plan is based on the diagnostic and functional assessments required in Minnesota Statutes, section 245.4885, subdivision 1, and reflects the resident's age or

level of development and any other assessments completed by the license holder or provided by other agencies such as the county, a mental health center or other community agency, and the Minnesota state Departments of Health; Human Services; Children, Families, and Learning; and Corrections.

C. If the resident is placed in a locked setting for mental health treatment, the resident must be screened according to Minnesota Statutes, section 245.4885, and have a diagnostic assessment according to Minnesota Statutes, section 245.4876, subdivision 2.

2960.0610 CRITERIA FOR CONTINUED STAY, DISCHARGE, AND DISCHARGE PLANNING.

At least ten days before discharge, the treatment team must develop a discharge plan consistent with Minnesota Statutes, section 245.4882, subdivisions 3 and 4. For residents who are from a cultural minority group, the plan must be developed with advice from a special mental health consultant or multicultural adviser.

2960.0620 USE OF PSYCHOTROPIC MEDICATIONS.

Subpart 1. **Conditions for use of psychotropic medications.** When psychotropic medications are administered to a resident in a facility certified under parts 2960.0580 to 2960.0700, the license holder is responsible for ensuring that the conditions in items A to C are met.

A. Use of the medication must be included in the resident's individual treatment plan and is based on the prescribing physician's diagnosis and the diagnostic and functional assessments defined in Minnesota Statutes, section 245.4871.

B. The license holder must document subitems (1) and (2) in the resident's individual treatment plan:

(1) a description in observable and measurable terms of the symptoms and behaviors that the psychotropic medication is to alleviate; and

(2) data collection methods the license holder must use to monitor and measure

changes in the symptoms and behaviors that are to be alleviated by the psychotropic medication.

C. Psychotropic medication must not be administered as punishment, for staff convenience, as a substitute for a behavioral or therapeutic program, or in quantities that interfere with learning or other goals of the individual treatment plan.

Subp. 2. **Monitoring side effects.** The license holder must monitor for side effects if a resident is prescribed a psychotropic medication and must have the prescribing physician or a pharmacist list possible side effects. The license holder, under the direction of a ~~registered nurse or physician~~ medically licensed person, must document and check for side effects at least weekly for the first six weeks after a resident begins taking a new psychotropic medication or a significantly increased or decreased dose of a currently used psychotropic medication, and at least quarterly thereafter. Minor increases or decreases in the dose of a currently used psychotropic medication need not be monitored as frequently as a new medication or a significant increase or decrease of a currently used psychotropic medication. In addition to appropriate physical or laboratory assessments as determined by the ~~physician~~ medically licensed person, standardized checklists or rating scales, or scales developed for a specific drug or drug class, must be used as monitoring tools. The license holder must provide the assessments to the ~~physician~~ medically licensed person for review.

Subp. 3. **Monitoring for tardive dyskinesia.** The license holder, under the direction of a medically licensed ~~nurse or physician~~ person, must monitor for tardive dyskinesia at least every three months if a resident is prescribed antipsychotic medication or amoxapine and must document the monitoring. A resident prescribed antipsychotic medication or amoxapine for more than 90 days must be checked for tardive dyskinesia at least 30 and 60 days after discontinuation of the antipsychotic medication or amoxapine. Monitoring must include use of a standardized rating scale and examination procedure. The license holder must provide the assessments to the physician for review if the results meet criteria that require physician review.

Subp. 4. **Training required to administer psychotropic medications.** An employee other than a ~~physician, registered nurse, or~~ medically licensed ~~practical nurse~~ person who is responsible for medication assistance must provide a certificate verifying successful completion of a trained medication aide program for unlicensed personnel. The program must be offered through a postsecondary institution or the medication aide must be trained according to a formalized training program offered by the license holder that must be taught and supervised by a ~~registered nurse~~ medically licensed person to provide medication assistance. The specific medication administration training provided by a ~~registered nurse~~ medically licensed person to unlicensed personnel must be documented and placed in the unlicensed employee's personnel records. A ~~registered nurse, physician, or pharmacist~~ medically licensed person must provide consultation and review of the license holder's administration of medications at least weekly. The consultation must review the license holder's compliance with subparts 5 and 6.

Subp. 5. **Psychotropic medication review.** If a resident is prescribed a psychotropic medication, the license holder must conduct and document a psychotropic medication review as frequently as required by the physician, but at least monthly for the first six months and at least quarterly thereafter. The license holder must consider and document items A to D at the quarterly review and provide the information to the physician for review:

A. targeted symptoms and behaviors of concern;

B. data collected since the last review;

C. side effects observed and actions taken; and

D. status of the resident's goals in the individual treatment plan.

Subp. 6. **Informed consent.** The license holder must obtain informed consent before any nonemergency administration of psychotropic medication. To the extent possible, the resident must be informed and involved in the decision making.

A. Informed consent is required either orally or in writing before the nonemergency administration of psychotropic medication, except that for antipsychotic or neuroleptic medication, informed consent must be in writing. If oral informed consent is obtained for a nonantipsychotic medication, subitems (1) to (4) must be followed:

(1) an explanation why written informed consent could not be initially obtained;

(2) documentation that the oral consent was witnessed and the name of the witness;

(3) oral and written communication of all items required in subpart 7; and

(4) an explanation that written informed consent material is immediately being sent by the license holder to the resident's parent or legal representative, that the oral consent expires in one month, and that the medication must be discontinued one month from the date of the telephone consent if written consent is not received.

B. Informed consent for any psychotropic medication must be renewed in writing at least yearly.

C. Informed consent must be obtained from an individual authorized to give consent. An individual authorized to give consent is specified in subitems (1) to (4).

(1) If the resident has a legal representative or conservator authorized by a court to give consent for the resident, consent is required from the legal representative or conservator.

(2) If subitem (1) does not apply, consent is required from at least one of the resident's parents. If the parents are divorced or legally separated, the consent of a parent with legal custody is required, unless the separation or marriage dissolution decree otherwise delegates authority to give consent for the resident.

(3) If the commissioner of human services is the resident's legal representative,

consent is required from the county representative designated to act as legal representative on behalf of the commissioner of human services.

(4) If the resident is an emancipated minor according to Minnesota Statutes, section 144.341, or the resident has been married or borne a child, the resident may give consent under Minnesota Statutes, section 144.432.

D. Informed consent is not necessary in an emergency situation where the physician determines that the psychotropic medication is needed to prevent serious and immediate physical harm to the individual or others. In the event of the emergency use of psychotropic medication, the license holder must:

(1) inform and document that the individual authorized to give consent was informed orally and in writing within 24 hours or on the first working day after the emergency use of the medication;

(2) document the specific behaviors constituting the emergency, the circumstances of the emergency behaviors, the alternatives considered and attempted, and the results of the use of the emergency psychotropic medication; and

(3) arrange for an interdisciplinary team review of the individual treatment plan within seven days of the emergency to determine what actions, if any, are required in light of the emergency. If a psychotropic medication continues to be required, the license holder must seek a court order according to Minnesota Statutes, section 253B.092, subdivision 3.

E. Informed consent must be obtained by the license holder within 30 days to continue the use of psychotropic medication for a resident admitted with prescribed psychotropic medication.

Subp. 7. **Information communicated in obtaining consent.** The information in this subpart must be provided both orally and in writing in nontechnical language to the resident's parent, the resident's legal representative, and, to the extent possible, the resident. The information must include:

A. the diagnosis and level of severity of the symptoms and behaviors for which the psychotropic medication is prescribed;

B. the expected benefits of the medication, including the level to which the medication is to change the symptoms and behavior and an indication of the method used to determine the expected benefits;

C. the pharmacological and nonpharmacological treatment options available and the course of the condition with and without the treatment options;

D. specific information about the psychotropic medication to be used, including the generic and commonly known brand name, the route of administration, the estimated duration of therapy, and the proposed dose with the possible dosage range or maximum dose;

E. the more frequent and less frequent or rare but serious risks and side effects of the psychotropic medication, including how the risks and possible side effects must be managed;

F. an explanation that consent may be refused or withdrawn at any time and that the consent is time-limited and automatically expires as described in subpart 6; and

G. the names, addresses, and telephone numbers of appropriate professionals to contact if questions or concerns arise.

Subp. 8. **Refusal to consent to routine administration of psychotropic medication.** If the authorized person refuses consent for a routine administration of psychotropic medication, the conditions in items A to C apply.

A. The psychotropic medication must not be administered or, if the refusal involves a renewal of consent, the psychotropic medication for which consent had previously been given must be discontinued according to a written plan as expediently as possible, taking into account withdrawal side effects.

B. A court order must be obtained to override the refusal.

C. Refusal to consent to use of a specific psychotropic medication is not grounds for discharge of a resident. A decision to discharge a resident must be reached only after the alternatives to the specific psychotropic medication have been attempted and only after an administrative review of the proposed discharge has occurred. If the refusal to consent to the routine administration of a psychotropic medication results in an emergency situation, then the requirements of subpart 6, item D, must be met when psychotropic medication will be administered to a resident.

2960.0630 CLINICAL SUPERVISION BY MENTAL HEALTH PROFESSIONAL.

Subpart 1. **Mental health professional consultation.** The license holder must ensure that the residential program employs or contracts with a mental health professional to provide consultation relating to the planning, development, implementation, and evaluation of program services.

Subp. 2. **Supervision of staff.** A mental health professional must provide at least weekly face-to-face clinical supervision to staff providing program services to a resident. The mental health professional:

A. must provide clinical supervision of staff either individually or as a group;

B. must document the clinical supervision of staff;

C. must advise the facility director about the planning, development, and implementation of staff development and evaluation; and

D. may provide consultation instead of clinical supervision to other mental health professionals under contract or employed by the license holder to provide program services to a resident.

Subp. 3. **Supervision of treatment.** A mental health professional must:

A. supervise the diagnostic assessment of each resident in the facility and the development of each resident's individual treatment plan;

B. document involvement in the treatment planning process by signing the individual treatment plan;

C. supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress, including the quarterly progress review; and

D. document on a biweekly basis a review of all the program services provided for the resident in the preceding ~~week~~ weeks.

The license holder must ensure that the mental health professional can be reached for consultation about a mental health emergency, at least by telephone, within 30 minutes.

2960.0640 STAFF QUALIFICATIONS.

Subpart 1. **General qualifications.** The general staff qualifications of parts 2960.0100 and 2960.0150 apply to the staff described in this part.

Subp. 2. **Administrator.** The license holder must designate an individual as administrator. The administrator must have at least a bachelor's degree in the behavioral sciences, health administration, public administration, or a related field such as special education or education administration. The administrator must be responsible for the ongoing operation of the facility and maintenance and upkeep of the facility.

Subp. 3. **Program director.** The license holder must designate an individual as program director. The license holder must have at least one program director for every 50 residents receiving program services. The positions of program director and administrator may be filled by the same person if the person meets the qualifications in items A and B. The program director must have the qualifications in items A and B:

A. a master's degree in the behavioral sciences or a related field with at least two years of work experience providing services to residents with severe emotional disturbance or have a bachelor's degree in the behavioral sciences or a related field with a minimum of four years of work experience providing services to residents with severe emotional disturbance; and

B. one year of experience or training in program administration and supervision of staff.

2960.0650 STAFF ORIENTATION.

Subpart 1. **Initial orientation training for staff who provide program services.** A staff person who provides program services must complete orientation training related to the specific job functions for which the person was hired and that meets the needs of the residents the person is serving. During the first 45 calendar days of employment, and before assuming sole responsibility for the care of residents, staff who provide program services must complete training in:

A. the Maltreatment of Minors Act, Minnesota Statutes, section 626.556, and the license holder's policies and procedures related to this statute;

B. residents' rights;

C. emergency procedures;

D. policies and procedures concerning approved physical holding and seclusion techniques, de-escalation techniques, and physical and nonphysical intervention techniques;

E. rules of conduct and policies and procedures related to discipline of residents served;

F. psychiatric emergencies and crisis services; and

G. problems and needs of residents with severe emotional disturbance and their families.

A staff person must not participate in the use of physical holding, seclusion, or other restrictive procedures with a resident before completing approved training according to item D.

Subp. 2. **Orientation training for staff who do not provide program services.** Facility

staff who do not provide program services must receive orientation training according to subpart 1, items A to C and G.

2960.0660 INDIVIDUAL STAFF DEVELOPMENT.

Subpart 1. **Individual staff development and evaluation plan.** The license holder must ensure than an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers program services. The plan must:

A. be developed within 90 days after the person begins employment, and at least annually thereafter;

B. meet the staff development needs specified in the person's annual employee evaluation; and

C. address training relevant to specific age, developmental, cultural, and mental health needs of the residents the person serves.

Subp. 2. **Amount of annual training.** The license holder must ensure that staff who provide, supervise, or directly administer program services have sufficient training to be competent to deliver the mental health services assigned to the staff person.

2960.0670 ADMISSION.

Subpart 1. **Admission requirements.** The admission of a resident for residential mental health treatment must meet the requirements of parts 2960.0070 and 2960.0160 and the conditions of subpart 2.

Subp. 2. **Conditions governing admission.** A license holder may admit a resident only if the resident meets the conditions in items A to G.

A. The person must meet the age requirements of a resident as defined in part 2960.0020, subpart 59, at the time of admission.

B. If public funds are used to pay for the services, the resident must be screened by

the referring county before admission, as required by Minnesota Statutes, section 245.4885, subdivision 1.

C. If public funds are not used to pay for the services, the resident must be screened by a mental health professional using a screening process that is equivalent to that required by Minnesota Statutes, section 245.4885, subdivision 1, before admission.

D. The prior-to-admission screening in item B or C must determine that the residential treatment proposed is necessary and appropriate for the resident's treatment needs, provides a length of stay as short as possible consistent with the resident's need for treatment, and could not be effectively provided in the resident's home.

E. The resident must not be in need of primary chemical abuse treatment or detoxification at the time of admission, unless the license holder is certified to provide primary chemical abuse treatment under parts 2960.0430 to 2960.0490 or licensed to provide detoxification services.

F. The developmental and mental health needs of the resident can be met by the license holder's program.

G. The license holder must ensure that residents admitted on an emergency basis, or for the purpose of short-term assessment, diagnosis, and evaluation, must complete the screening required by Minnesota Statutes, section 245.4885, subdivision 1, and have a preliminary diagnosis and treatment plan established within ten working days as required in part 2960.0600. In addition to determining a resident's basic needs, programs that offer mental health diagnostic and evaluation services must:

(1) perform a diagnostic assessment of a resident that meets the requirements of Minnesota Statutes, section 245.4871, subdivision 11; and

(2) have a mental health professional interpret diagnostic and evaluation tests given to residents.

2960.0680 STANDARDS GOVERNING USE OF RESTRICTIVE PROCEDURES.

Facilities that provide treatment for children with severe emotional disturbance that want to use restrictive procedures may use restrictive procedures according the program's statement of intended use if the license holder is certified to use restrictive procedures according to part 2960.0710.

2960.0690 STAFFING PATTERN AND MINIMUM STAFF-TO-RESIDENT RATIO.

Subpart 1. **Sufficient staff.** The license holder must provide enough appropriately trained staff to ensure that a resident will have the treatment needs identified in the resident's individual treatment plan met during the resident's stay in the facility. A facility providing treatment in a locked setting according to part 2960.0700 must meet the staff-to-resident ratio of part 2960.0700, subpart 3.

Subp. 2. **Awake hours.** During normal waking hours, when residents are present, a facility certified to provide mental health treatment to residents with severe emotional disturbance according to parts 2960.0580 to 2960.0700 must not have a ratio of staff who provide care services to residents of less than:

A. at least one staff person to three residents, if the residents are less than six years old;

B. at least one staff person to four residents, if the residents are six to eight years old;

C. at least one staff person to six residents, if the residents are nine to 11 years old; and

D. at least one staff person to eight residents, if the residents are 12 to 18 years old.

Subp. 3. **Sleeping hours.** During normal sleeping hours, a license holder caring for residents younger than nine years old must provide at least one staff person for every seven residents present. During normal sleeping hours, a license holder caring for residents nine years old or older must provide at least one staff person for every 12 residents.

2960.0700 STANDARDS FOR TREATMENT IN LOCKED SETTING.

Subpart 1. **Limitations on admissions to residential mental health program offering treatment in locked setting.** A residential mental health program offering treatment in a locked setting must address the use of a locked setting in its statement of intended use. Before accepting a resident for admission to a locked setting in a residential mental health program, the license holder must meet the criteria in items A and B.

A. The resident's record must include a written statement that a diagnostic assessment conducted according to Minnesota Statutes, section 245.4871, subdivision 11, has established that a persistent pattern of the resident's mental health presents a likely threat of harm to the resident's self or others that would best be treated in a locked setting.

B. The resident has an individual treatment plan that:

(1) meets the requirements of part 2960.0600;

(2) identifies the need for treatment in a locked setting;

(3) identifies the relationship of treatment within a locked setting to the resident's overall treatment goals;

(4) identifies the treatment goals the resident must meet to have access to increased freedom of movement or be placed in a less restrictive appropriate treatment setting;

(5) includes a plan for discharge from treatment in a locked setting to a less restrictive treatment environment when it is consistent with the resident's ability to be in a less restrictive environment; and

(6) is reviewed weekly by the program director to determine the level of treatment needed, unless the resident's individual treatment plan specifically states that the resident's prognosis or court-imposed conditions merit review of the individual

treatment plan at less frequent intervals. In any case, the interval for the review of the individual treatment plan may not exceed 90 days.

Subp. 2. **Prohibited placements.** The license holder must not admit a child for treatment in a locked setting as a disposition resulting from adjudication of an offense under the juvenile code without meeting the diagnostic assessment requirements of subpart 1, item A, nor transfer a resident from an unlocked part of a residential facility to a locked part of the same facility solely as a disciplinary measure for violating the rules of conduct of the treatment facility.

Subp. 3. **Staff ratio.** During waking hours, the part of the facility providing treatment in a locked setting must provide at least a ratio of one treatment staff person to three residents. The staff-to-resident ratio for treatment in a locked facility does not apply during waking hours when residents are attending school out of that part of the facility. During sleeping hours, the part of the facility providing treatment in a locked setting must provide at least two treatment staff persons to nine residents. At least one of the two treatment staff persons required during sleeping hours must be awake and present in that part of the facility. If the required second staff person is not awake and present in the locked setting, the program must ensure that the second staff person is in the immediate vicinity and may be readily contacted either by telephone, radio, or alarm to come to the immediate assistance of the staff person in the locked part of the facility.

Subp. 4. **Additional staff training.** In addition to the training required in part 2960.0660, staff providing treatment in a locked setting must have at least eight hours of additional training annually in subjects that will improve the staff's ability to deal with residents who present a risk of harm to themselves or others.

Subp. 5. **Compliance with codes.** A facility must, prior to offering mental health treatment in a locked setting, comply with additional health, fire, or building code requirements that the commissioner of human services, state fire marshal, or Department of Health requires.

Subp. 6. **Limitations on use of rooms for seclusion.** The license holder must ensure that the requirements of part 2960.0680 are met if a resident is locked in a room in the part of the facility offering mental health treatment in a locked setting.

CERTIFICATION STANDARDS FOR PROGRAMS WHICH INTEND TO USE RESTRICTIVE PROCEDURES WITH RESIDENTS

2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION.

Subpart 1. **Certification required.** A license holder who wishes to use a restrictive procedure with a resident must meet the requirements of this part to be certified to use restrictive procedures with a resident.

Subp. 2. **Restrictive procedures plan required.** The license holder must have a restrictive procedures plan for residents that is approved by the commissioner of human services or corrections, and the plan must provide at least the following:

A. the plan must list the restrictive procedures and describe the physical holding techniques which will be used by the program;

B. how the license holder will monitor and control the emergency use of restrictive procedures;

C. a description of the training that staff who use restrictive procedures must have prior to staff implementing the emergency use of restrictive procedures, which includes at least the following:

(1) the needs and behaviors of residents;

(2) relationship building;

(3) alternatives to restrictive procedures;

(4) de-escalation methods;

(5) avoiding power struggles;

(6) documentation standards for the use of restrictive procedures;

(7) how to obtain emergency medical assistance;

(8) time limits for restrictive procedures;

(9) obtaining approval for use of restrictive procedures;

(10) requirement for updated training at least every other year; and

(11) the proper use of the restrictive techniques approved for the facility;

D. the license holder must prepare a written review of the use of restrictive procedures in the facility at least annually; and

E. the license holder must ensure that the resident receives treatment for any injury caused by the use of a restrictive procedure.

Subp. 3. **Department of Human Services licensed facilities.** License holders who are licensed by the Department of Human Services and certified by the Department of Human Services to provide residential treatment for children with a severe emotional disturbance and children in need of shelter care may seek certification to use one or more of the following restrictive procedures:

A. physical escort;

B. physical holding;

C. seclusion; and

D. the limited use of mechanical restraint only for transporting a resident.

Subp. 4. **Department of Corrections licensed facilities.** License holders who are licensed by the Department of Corrections may seek certification to use one or more of the following restrictive procedures:

A. physical escort;

B. physical holding;

C. seclusion;

D. mechanical restraints; and

E. disciplinary room time. Disciplinary room time may be secure or nonsecure. Disciplinary room time may be used as a consequence for resident behavior as permitted in the facility's restrictive procedures plan. If disciplinary room time is used at the facility, the facility restrictive procedures plan must:

(1) provide for a system of due process for residents who violate facility rules;

(2) contain a written set of facility rules of conduct which includes a description of the consequences or penalties for infractions of facility rules; and

(3) require that the written facility rules must be given to each resident and explained and made available to each resident at the time of admission. The facility rules must be explained to a resident in a language that the resident understands.

Subp. 5. **Physical escort requirements.** The physical escort of a resident is intended to be a behavior management technique that is minimally intrusive to the resident. It is to be used to control a resident who is being guided to a place where the resident will be safe and to help de-escalate interactions between the resident and others. A license holder who uses physical escort with a resident must meet the following requirements:

A. staff must be trained according to subpart 2, item C;

B. staff must document the use of physical escort and note the technique used, the time of day, and the name of the staff person and resident involved; and

C. the use of physical escort must be consistent with the resident's case plan or treatment plan.

Subp. 6. **Use of physical holding or seclusion.** Physical holding and seclusion are behavior management techniques which are used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective. The emergency use of physical holding or seclusion must meet the conditions of items A to M:

A. an immediate intervention is necessary to protect the resident or others from physical harm;

B. the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency;

C. the use of physical holding or seclusion must end when the threat of harm ends;

D. the resident must be constantly and directly observed by staff during the use of physical holding or seclusion;

E. the use of physical holding or seclusion must be used under the supervision of a mental health professional or the facility's program director;

F. physical holding and seclusion may be used only as permitted in the resident's treatment plan;

G. staff must contact the mental health professional or facility's program director to inform the program director about the use of physical holding or seclusion and to ask for permission to use physical holding or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding or seclusion;

H. before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 regarding the use of physical holding and seclusion at the facility;

I. when the need for the use of physical holding or seclusion ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility;

J. staff must treat the resident respectfully throughout the procedure;

K. the staff person who implemented the emergency use of physical holding or seclusion must document its use immediately after the incident concludes. The documentation must include at least the following information:

(1) a detailed description of the incident which led to the emergency use of physical holding or seclusion;

(2) an explanation of why the procedure chosen needed to be used to prevent or stop an immediate threat to the physical safety of the resident or others;

(3) why less restrictive measures failed or were found to be inappropriate;

(4) the time the physical hold or seclusion began and the time the resident was released;

(5) in at least 15-minute intervals during the use of physical holding or seclusion, documentation of the resident's behavioral change and change in physical status that resulted from the use of the procedure; and

(6) the names of all persons involved in the use of the procedure and the names of all witnesses to the use of the procedure;

L. the room used for seclusion must be well lighted, well ventilated, clean, have an observation window which allows staff to directly monitor a resident in seclusion, fixtures that are tamperproof, with electrical switches located immediately outside the door, and doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and

M. objects that may be used by a resident to injure the resident's self or others must be removed from the resident and the seclusion room before the resident is placed in seclusion.

Subp. 7. **Use of mechanical restraints.** Mechanical restraints are a behavior management device which may be used only when transporting a resident or in an emergency as a response to imminent danger to a resident or others and when less restrictive interventions are determined to be ineffective. A facility that uses mechanical restraints must include mechanical restraints in its restrictive procedures plan. The emergency use of mechanical restraints must meet the conditions of items A to J:

A. an immediate intervention is necessary to protect the resident or others from physical harm;

B. the mechanical restraint used is the least intrusive intervention that will effectively react to the emergency;

C. the use of mechanical restraint must end when the threat of harm ends;

D. the resident must be constantly and directly observed by staff during the use of mechanical restraint;

E. the use of mechanical restraint must be supervised by the program director or the program director's designee;

F. mechanical restraint may be used only as permitted in the resident's treatment plan;

G. as soon as it may safely be done, but no later than 60 minutes after initiating the use of a mechanical restraint, staff must contact the facility's program director or the program director's designee to inform the program director about the use of a mechanical restraint and to ask for permission to use the mechanical restraint;

H. before staff uses a mechanical restraint with a resident, staff must complete training in the use of the types of mechanical restraints used at the facility;

I. when the need for the use of mechanical restraint ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; and

J. the staff person who used mechanical restraint must document its use immediately after the incident concludes. The documentation must include at least the following information:

(1) a detailed description of the incident or situation which led to the use of the mechanical restraint;

(2) an explanation of why the mechanical restraint chosen was needed to prevent an immediate threat to the physical safety of the resident or others;

(3) why less restrictive measures failed or were found to be inappropriate;

(4) the time when the use of mechanical restraint began and the time when the resident was released from the mechanical restraint;

(5) in at least 15-minute intervals during the use of mechanical restraints, documentation of the observed behavior change and physical status of the resident that resulted from the use of mechanical restraint; and

(6) the names of all the persons involved in the use of mechanical restraint and the names of all witnesses to the use of mechanical restraint.

Subp. 8. **Disciplinary room time use.** Disciplinary room time must be used only for major violations and be used according to the facility's restrictive procedures plan. In addition to the restrictive procedures plan requirements in subpart 2, the license holder who uses disciplinary room time must meet the following requirements:

A. the license holder must give the resident written notice of an alleged violation of a facility rule;

B. the license holder must tell the resident that the resident has a right to be heard by an impartial person regarding the alleged violation of facility rules; and

C. the license holder must tell the resident that the resident has the right to appeal the determination made by the impartial person in item B internally to a higher authority at the facility.

Subp. 9. **Training for staff using physical holding or seclusion.** In addition to the training in subpart 2, item C, staff who use physical holding or seclusion must have the following training before using physical holding or seclusion with a resident:

A. documentation standards for physical holding and seclusion;

B. thresholds for employing physical holding or seclusion;

C. the physiological and psychological impact of physical holding and seclusion;

D. how to monitor and respond to the resident's physical signs of distress;

E. symptoms and interventions for positional asphyxia; and

F. time limits and procedures for obtaining approval of the use of physical holding and seclusion.

Training must be updated at least once every two years.

Subp. 10. **Administrative review.** The license holder must complete an administrative review of the use of a restrictive procedure within three working days after the use of the restrictive procedure. The administrative review must be conducted by someone other than the person who decided to impose the restrictive procedure, or that person's immediate supervisor. The resident or the resident's representative must have an opportunity to present evidence and argument to the reviewer about why the procedure was unwarranted. The record of the administrative review of the use of a restrictive procedure must state whether:

A. the required documentation was recorded;

B. the restrictive procedure was used in accordance with the treatment plan;

C. the rule standards governing the use of restrictive procedures were met; and

D. the staff who implemented the restrictive procedure were properly trained.

Subp. 11. **Review of patterns of use of restrictive procedures.** At least quarterly, the license holder must review the patterns of the use of restrictive procedures. The review must be done by the license holder or the facility's advisory committee. The review must consider:

A. any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of restrictive procedures;

B. any injuries resulting from the use of restrictive procedures;

C. actions needed to correct deficiencies in the program's implementation of restrictive procedures;

D. an assessment of opportunities missed to avoid the use of restrictive procedures; and

E. proposed actions to be taken to minimize the use of physical holding and seclusion.

REQUIREMENTS FOR FOSTER FAMILY SETTINGS, FOSTER RESIDENCE SETTINGS, AND ADDITIONAL REQUIREMENTS FOR TREATMENT FOSTER CARE

2960.3000 FOSTER FAMILY SETTINGS.

Subpart 1. **Purpose and applicability.** Parts 2960.3000 to 2960.3100 establish the minimum standards that a foster family setting must meet to qualify for licensure. Parts 2960.3200 to 2960.3230 contain requirements for foster residence settings. Additional licensing requirements for foster family settings that offer treatment foster care are in parts 2960.3300 to 2960.3340.

Subp. 2. **Outcomes.** One of the goals of foster care must be that the foster child will experience a safe and healthy family life. The license holder must also promote the child's development as a physically and mentally healthy person. To accomplish these outcomes, the license holder must:

A. actively participate with the agency placing the child, to implement the case plan and meet the needs of the child; and

B. as much as possible, considering the child's age, the child's needs, and the case plan, include the child in the daily life of the family, including eating meals with the family and participating in recreational activities.

Subp. 3. **Community interests.** The license holder must rely on the advice and

counsel of the advisory board or board of directors of the licensing agency regarding community interests and the needs of the community served by the foster home. A license holder, who is supervised by a county, may rely on the advice and counsel of the supervising county and its employees regarding community interests and the needs of the clients and community. The requirements of this subpart do not apply to foster homes licensed by the Department of Corrections.

Subp. 4. **Statement of intended use.** The license holder must work with the licensing agency to develop a statement of intended use. The statement of intended use must specify:

A. the number of children the foster home is licensed for, the age range of children to be placed in the home, and any limitations affecting the placement of children in the home;

B. whether or not the home will serve as an emergency shelter home, a treatment foster care home, or a home for medically fragile children; and

C. circumstances when the ratio of one adult to five children does not need to be maintained.

The statement of intended use must be approved by the licensing agency, but may be modified at any time by agreement between the licensing agency and the license holder to reflect changes that affect the placement of children in the home.

Subp. 5. **Program outcomes.** The license holder must cooperate with the licensing agency's attempt to determine the outcomes of a child's foster care placement. The outcome information must be shared with the license holder and incorporated into the evaluation process outlined in part 2960.3100, subpart 1, item G.

2960.3010 DEFINITIONS.

Subpart 1. **Scope.** The terms used in parts 2960.3000 to 2960.3340 have the meanings given them in this part.

Subp. 2. **Applicant.** "Applicant" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 3, and a person who has completed and signed an application form. Applicant includes a current license holder who is seeking relicensure or recertification.

Subp. 3. **Assessment.** "Assessment" means the process used by a qualified person to identify and evaluate the child's strengths, weaknesses, problems, and needs.

Subp. 4. **Aversive procedure.** "Aversive procedure" has the meaning given in part 9525.2710, subpart 4.

Subp. 5. **Basic services.** "Basic services" means services provided at the foster home to the foster child that meets the foster child's basic need for food, shelter, clothing, medical and dental care, personal cleanliness, privacy, spiritual and religious practice, safety, and adult supervision.

Subp. 6. **Caregiver.** "Caregiver" means a person who provides services to a child according to the child's case plan in a setting licensed or certified under parts 2960.0010 to 2960.3340.

Subp. 7. **Case manager.** "Case manager" means the supervising agency responsible for developing, implementing, and monitoring the case plan.

Subp. 8. **Case plan.** "Case plan" means a plan of care for a foster child that is developed by the supervising agency with the child's parents and license holder and monitored by the placing agency.

Subp. 9. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, section 152.01, subdivision 4.

Subp. 10. **Chemical dependency.** "Chemical dependency" means a pattern of pathological use accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use.

Subp. 11. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner of the Department of Corrections.

Subp. 12. **Cultural competence or culturally competent.** "Cultural competence" or "culturally competent" means a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals to work effectively in cross-cultural situations.

Subp. 13. **Deprivation procedure.** "Deprivation procedure" has the meaning given in part 9525.2710, subpart 12.

Subp. 14. **Direct contact.** "Direct contact" means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to a child.

Subp. 15. **Disability.** "Disability" has the meaning given in Minnesota Statutes, section 363.01, subdivision 13.

Subp. 16. **Discipline.** "Discipline" means the use of reasonable, age-appropriate consequences designed to modify and correct behavior according to a rule or system of rules governing conduct.

Subp. 17. **Education.** "Education" means the regular and special education and related services to which school-age children are entitled as required by applicable law and rule.

Subp. 18. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15.

Subp. 19. **Family.** "Family" means persons related to the child by blood, marriage, or adoption, or an individual who is an important friend with whom the child has resided or had significant contact.

Subp. 20. **Foster care.** "Foster care" has the meaning given in part 9560.0521, subpart 9.

Subp. 21. **Foster child.** "Foster child" means a person under 18 years of age, a person

in special education, or a juvenile under the jurisdiction of a juvenile court who is under 22 years of age and is placed in a foster home.

Subp. 22. **Foster family or household members.** "Foster family or household members" means persons related by blood, marriage, or adoption and unrelated persons who are presently residing together.

Subp. 23. **Foster family setting.** "Foster family setting" means the foster home in which the license holder resides.

Subp. 24. **Foster home.** "Foster home" means the dwelling unit used by the license holder to provide foster care to the foster child.

Subp. 25. **Foster parent.** "Foster parent" means an individual licensed under Minnesota Statutes to provide foster care.

Subp. 26. **Foster residence setting.** "Foster residence setting" means a foster home in which the license holder does not reside.

Subp. 27. **License.** "License" means written authorization issued by the commissioner of human services or corrections allowing the license holder to provide foster care service at a foster home for a specified time and in accordance with the terms of the license and the rules of the commissioner of human services or corrections.

Subp. 28. **License holder.** "License holder" means an individual, corporation, partnership, voluntary association, or other organization or entity that is legally responsible for the operation of the foster home that has been granted a license by the commissioner of human services under Minnesota Rules and Minnesota Statutes, chapter 245A, or the commissioner of corrections under Minnesota Statutes, section 241.021, subdivision 2. The duties of the license holder may be discharged by a person designated by the license holder to act on behalf of the license holder.

Subp. 29. **Licensed professional.** "Licensed professional" means a person qualified to complete a diagnostic evaluation, including a physician licensed under Minnesota

Statutes, chapter 147, or a qualified mental health professional licensed under Minnesota Statutes, section 148B.18, subdivision 10, or a person defined as a "mental health professional" in Minnesota Statutes, section 245.4871, subdivision 27.

Subp. 30. **Licensing agency.** "Licensing agency" means a county, individual, corporation, partnership, voluntary association, the Department of Corrections, or other organization or entity that recommends licensure of an applicant for a license or license renewal to the state according to parts 9543.0010 to 9543.0150.

Subp. 31. **Medication assistance.** "Medication assistance" means helping children take medication and monitoring the effects of medication but does not include administering injections. For purposes of this subpart, "medication" means a prescribed substance that is used to prevent or treat a condition or disease, to heal, or to relieve pain.

Subp. 32. **Person assisted by medical technology.** "Person assisted by medical technology" means a person who has a chronic or acute health condition which requires the routine use of a medical device to assist or maintain a life-sustaining body function and requires ongoing care or monitoring by trained personnel on at least a daily basis.

Subp. 33. **Placing agency.** "Placing agency" means a private agency licensed according to parts 9545.0755 to 9545.0845 or a county agency that places a child according to parts 9560.0500 to 9560.0670.

Subp. 34. **Psychotropic medication.** "Psychotropic medication" means a medication prescribed to treat mental illness and associated behaviors or to control or alter behavior. The major classes of psychotropic medication are antipsychotic or neuroleptic, antidepressant, antianxiety, antimania, stimulant, and sedative or hypnotic. Other miscellaneous classes of medication are considered to be psychotropic medication when they are specifically prescribed to treat a mental illness or to alter behavior based on a foster child's diagnosis.

Subp. 35. **Residential program.** "Residential program" means a program that provides 24-hour-a-day care, supervision, food, lodging, rehabilitation, training, education, habilitation, or treatment for a child outside of the child's home pursuant to Minnesota Statutes, chapter 245A.

Subp. 36. **Respite care.** "Respite care" means temporary care of foster children in a licensed foster home other than the foster home the child was placed in.

Subp. 37. **Screening.** "Screening" means an examination of a child by means of a test, interview, or observation to determine if the child is likely to have a condition that requires assessment or treatment.

Subp. 38. **Seclusion.** "Seclusion" means confining a person in a locked room.

Subp. 39. **Shelter care or emergency shelter care.** "Shelter care" or "emergency shelter care" means a residential program offering short-term, time-limited placements of 90 days or less to children who are in a behavioral or situational crisis, need out-of-home placement in a protective environment, and have an immediate need for services.

Subp. 40. **Staff.** "Staff" means a person who works for a foster residence setting license holder and is employed to work as an hourly employee, shift-staff employee, or houseparent.

Subp. 41. **Substitute care.** "Substitute care" means temporary care of foster children inside the foster home by someone other than the foster parent for overnight or longer.

Subp. 42. **Time-out.** "Time-out" means a treatment intervention in which a caregiver trained in time-out procedures removes a child from an ongoing activity to an unlocked room or area commonly used as a living space that is safe and where the child remains until the precipitating behavior abates or stops.

Subp. 43. **Treatment foster care.** "Treatment foster care" means a culturally relevant, community-based and family-based method by which planned, integrated treatment services are provided to foster children and their parents by foster parents who are

qualified to deliver treatment services. Treatment service may be provided to children with severe emotional disturbance, developmental disabilities, serious medical conditions, or serious behavioral problems, including, but not limited to, criminal sexual conduct, assaultiveness, or substance abuse.

Subp. 44. **Treatment plan.** "Treatment plan" means a written plan of intervention, treatment, and services for a child in a foster setting that is developed by a license holder or placing agency on the basis of a child's screening, assessment, and case plan. The treatment plan, which is developed with the child and the child's parents, identifies goals and objectives of treatment, treatment strategy, a schedule for accomplishing treatment goals and objectives, and the entities responsible for providing treatment services to the child.

Subp. 45. **Variance.** "Variance" means written permission from the commissioner of human services or corrections for a license holder to depart from a rule standard for a specific period of time pursuant to Minnesota Statutes, section 245A.04, subdivision 9.

2960.3020 LICENSING PROCESS.

Subpart 1. **License required.** An individual, corporation, partnership, voluntary association, other organization, or controlling individual must not provide foster care without a license from the commissioner of human services or corrections unless an exclusion specified in this chapter or Minnesota Statutes, section 245A.03, subdivision 2, applies.

Subp. 2. **Application.** Application for a license must be made to the county agency in the county where the applicant resides or to a Minnesota-licensed child placing agency on a form approved by the commissioner of human services. Group foster homes licensed by the Department of Corrections under chapter 2925 and Minnesota Statutes, section 241.021, subdivision 2, as of the adoption of this chapter, may apply to the Department of Corrections for a foster care license according to subpart 12. An

application for licensure is complete when the applicant signs the license application and submits all of the information required in this subpart.

Subp. 3. **License does not guarantee placement.** Licensure under parts 2960.3000 to 2960.3340 is not an entitlement, a right, or a guarantee that children will be placed in the foster home. The agency responsible for the child retains the right to choose which licensed foster home is best suited for an individual child in need of foster care placement.

Subp. 4. **License not transferable.** A license under parts 2960.3000 to 2960.3340 is not transferable to another person, entity, or site.

Subp. 5. **Commissioner's right of access.** The commissioner of human services' right of access must be according to Minnesota Statutes, section 245A.04, subdivision 5. The commissioner of corrections must have access to a Department of Corrections licensed foster home according to Minnesota Statutes, section 241.021.

Subp. 6. **Limited licensure.** A license holder may be licensed through only one Minnesota-licensed child placing agency or county social services agency at a time. A license holder must not be licensed at the same time by both the Department of Human Services and the Department of Corrections. A license holder must not simultaneously hold a relative foster care emergency license issued according to Minnesota Statutes, section 245A.035, and a separate foster family setting license issued under this chapter.

Subp. 7. **Notice of changes in household conditions.** The license holder must immediately notify the licensing agency of foster home and foster family or household member changes that effect the terms of the license or the ability of the license holder to provide care to children.

Subp. 8. **Roomers and boarders.** A license holder must not have adult roomers or boarders in the foster home without the licensing agency's approval. Roomers or boarders are subject to an applicant background study according to part 2960.3060, subpart 2.

Subp. 9. **Variance standards.** A license applicant or license holder may request, in writing, a variance from rule requirements that do not affect the health, safety, or rights of the child or others. The commissioner of human services or corrections may grant variances according to Minnesota Statutes, section 245A.04, subdivision 9. A variance request must include:

A. the part or parts of the rule for which a variance is sought;

B. the reason why a variance from the specified provision is sought;

C. the period of time for which a variance is requested;

D. written approval from the fire marshal, building inspector, or health authority when the variance request is for a variance from a fire, building, or health code; and

E. alternative equivalent measures the foster care applicant or license holder will take to ensure the health and safety of children if the variance is granted.

The decision of the commissioner of human services or corrections to grant or deny a variance request is final and not subject to appeal under Minnesota Statutes, chapter 14.

Subp. 10. **Other licenses.** A license holder cannot concurrently hold a license for family child care or adult family foster care without a variance from the licensing agency.

Subp. 11. **Denial of license.** The commissioner of human services or corrections shall deny a license if the applicant fails to fully comply with laws or rules governing the program or fails to cooperate with a placing or licensing agency. Failure to fully comply shall be indicated by:

A. documentation of specific foster home deficiencies that may endanger the health or safety of children;

B. failure to be approved by fire, building, zoning, or health officials;

C. documentation of a disqualification of the applicant for licensure or relicensure,

or the controlling individual regarding a background study which has not been set aside; or

D. any other evidence that the applicant is not in compliance with applicable laws or rules governing the program.

Subp. 12. **Department of Corrections licensed foster homes.** Foster homes licensed by the Department of Corrections under chapter 2925 and Minnesota Statutes, section 241.021, subdivision 2, at the time of the adoption of this chapter, may continue to be licensed as foster homes by the Department of Corrections, acting as the licensing agency. Foster homes that are licensed by the Department of Corrections must meet the standards in parts 2960.3000 to 2960.3340. The Department of Corrections will use the standards in this part to issue or deny a foster care license.

2960.3030 CAPACITY LIMITS.

Subpart 1. **Maximum foster children allowed.** A foster home must have no more than six foster children. The maximum number of children allowed in a home is eight, including a foster parent's own children. The license holder must maintain a ratio of one adult for each five children.

Subp. 2. **Capacity limits.** The capacity limits in items A to C apply to foster homes.

A. A foster home must have no more than three children who are under two years of age or who are nonambulatory, unless the license holder maintains a ratio of at least one adult present when children are present for every three children under two years of age or children who are nonambulatory.

B. A foster home must have no more than four foster children at one time if any of the children have severe or profound mental retardation, have severe emotional disturbance, or is a person assisted by medical technology.

C. The number of foster children a foster home may accept must be limited based on the factors in subitems (1) to (5):

(1) the license holder's ability to supervise, considering the adult-to-child ratio in the home;

(2) the license holder's training, experience, and skills related to child care;

(3) the structural characteristics of the home;

(4) the license holder's ability to assist children in the home during emergencies; and

(5) the characteristics of the foster children, including age, disability, and emotional problems.

Subp. 3. **Exceptions to capacity limits.** A variance may be granted to allow up to eight foster children in addition to the license holder's own children if the conditions in items A to E are met:

A. placement is necessary to keep a sibling group together, to keep a child in the child's home community, or is necessary because the foster child was formerly living in the home and it would be in the child's best interest to be placed there again;

B. there is no risk of harm to the children currently in the home;

C. the structural characteristics of the home, including sleeping space, can accommodate the additional foster children;

D. the home remains in compliance with applicable zoning, health, fire, and building codes; and

E. the statement of intended use states the conditions for the exception to capacity limits and explains how the license holder will maintain a ratio of adults to children which ensures the safety and appropriate supervision of all the children in the foster home.

A foster home licensed by the Department of Corrections need not meet the requirement in item A.

2960.3040 FOSTER HOME PHYSICAL ENVIRONMENT.

Subpart 1. **Fire, health, building, and zoning codes.** The foster home must comply with applicable fire, health, building, and zoning codes.

Subp. 2. **Sleeping space.** A foster child must be provided with a separate bed suitably sized for the child, except that two siblings of the same sex may share a double bed. A foster child must not be assigned sleeping space in a building, apartment, trailer, or other structure that is separate from the foster family home or in an unfinished attic, an unfinished basement, or a hall or any other room normally used for purposes other than sleeping. Bedrooms that are used by foster children must have two exits.

Subp. 3. **Space for belongings.** A foster child must have an identified space for clothing and personal possessions with cabinets, closets, shelves, or hanging space sufficient to accommodate clothing and personal possessions.

Subp. 4. **Dining area.** The dining area must be able to accommodate, at one time, all persons residing in the home.

Subp. 5. **Construction or remodeling.** Changes in a foster home resulting from construction or remodeling must meet applicable building codes. The license holder must notify the licensing agency of changes to the licensed setting resulting from construction if those changes affect a licensing requirement.

2960.3050 FOSTER HOME SAFETY.

Subpart 1. **Inspection by licensing agency.** Prior to licensure, the foster home must be inspected by a licensing agency employee using the home safety checklist from the commissioner of human services. The applicant must correct deficiencies in the foster home which were identified by the agency. The licensing agency may require a health inspection if the foster home's condition could present a risk to the health of a foster child.

Subp. 2. ~~**Additional**~~ **Fire code inspections required.** If one of the conditions in items

A to E exist, the foster home must document inspection and approval of the foster home according to Minnesota Statutes, section 299F.011, and the Uniform Fire Code by the state fire marshal or a local fire code inspector who is approved by the state fire marshal ~~and document approval of the foster home by the Department of Health or local health inspector, local building code inspector, and local zoning authority, or document that an appropriate waiver has been granted to the inspections and approvals~~:

A. the foster home contains a freestanding solid fuel heating appliance;

B. the foster home is a manufactured home as defined in Minnesota Statutes, section 327B.01, subdivision 13, and was manufactured before June 15, 1976;

C. the licensing agency identifies a potential hazard in a single-family detached home, or a mixed or multiple-occupancy building;

D. the home is to be licensed for four or more foster children; or

E. the foster home has a foster child sleeping in a room that is 50 percent or more below ground level.

Subp. 3. **Emergency procedures.** The license holder must give the licensing agency a floor plan of the foster home showing emergency evacuation routes. Emergency procedures must include a plan for care of children, evacuation, temporary shelter, and gathering at a meeting place to determine if anyone is missing. The plan must specifically address the needs of children whose behavior increases the risk of having a fire. The foster parent must give the emergency procedures to the agency, and the foster parent and licensing agency must review the emergency procedures during relicensure.

Subp. 4. **Pets.** A foster home serving children less than six years of age must not keep reptiles, chickens, or ducks as pets. A foster home serving children six years of age and older that keeps reptiles, chickens, or ducks as pets must require a thorough hand washing following the handling of the animal, its food, and anything the animal has touched. Pets in family residences must be immunized and maintained as required by local ordinances and state law.

2960.3060 LICENSE HOLDER QUALIFICATIONS.

Subpart 1. **Experience.** The prospective license holder must agree to cooperate with the licensing agency and:

A. have at least the equivalent of two years of full-time experience caring for or working with the issues presented by the children they will care for, whether they are the license holder's own children or other children;

B. agree to receive training in child care and development as needed in order to meet the individual needs of the children placed in the foster home;

C. be related to the child needing foster care; or

D. be an important friend with whom the child has resided or had significant contact.

Subp. 2. **Background study.** A license holder and individuals identified in Minnesota Statutes, sections 241.021 and 245A.04, subdivision 3, must submit to a background study.

A. Background checks conducted by the Department of Human Services must be conducted according to Minnesota Statutes, section 245A.04, subdivision 3.

B. Background checks conducted by the Department of Corrections must be conducted according to Minnesota Statutes, section 241.021, subdivision 6.

Subp. 3. **Personal characteristics of applicants.** The applicant must comply with the requirements of items A to G.

A. The applicant must be at least 21 years old at the time of application.

B. The applicant and household members must provide a signed statement which indicates that they are receiving all necessary medical care, do not pose a risk to the child's health, and are physically able to care for foster children and indicate any limitations the applicant and household members may have.

C. The applicant and adult household members must sign a statement that they have been free of chemical use problems for the past two years.

D. The applicant must help the licensing agency obtain at least three letters of reference that provide information about the license holder's support system, the observed license holder's interactions with children, and the ability of the license holder and foster family to accept different points of view.

E. The applicant must help the licensing agency get previous foster care studies completed on the applicant by any other agency to which the applicant has applied for foster care licensure.

F. The licensing agency must make a determination as to whether a prospective license holder and foster parent can provide appropriate structure and is suitable to be licensed if a prospective license holder or foster parent has had either of the following:

(1) a child for whom the applicant is legally responsible was removed from the applicant's home and placed in foster care, a correctional facility, or a residential treatment center for severe emotional disturbance under Minnesota Statutes, chapter 260C, within one year prior to the date of application; or

(2) the applicant has a child in voluntary foster care under Minnesota Statutes, section 260C.212, subdivision 8, 260C.193, 260C.201, or 260C.205.

G. The licensing agency may consult with a specialist in such areas as health, mental health, or chemical dependency to evaluate the abilities of the applicant to provide a safe environment for foster children. The licensing agency and the specialist must evaluate each applicant individually. The licensing agency must request a release of information from the applicant prior to assigning the specialist to evaluate the applicant. The licensing agency must tell the applicant why it is using a specialist to evaluate the applicant.

Subp. 4. **Home study of applicant.** The applicant must cooperate with a home study

conducted by the licensing agency. At a minimum, there must be one in-home interview and documented interviews with all household members over seven years of age. The home study must be completed using the commissioner of human services' designated format. The applicant must demonstrate the ability to:

A. provide consistent supervision, positive and constructive discipline, and care and training to contribute to the foster child's well-being;

B. understand the licensing agency's programs and goals;

C. work within agency and state policies;

D. share responsibility for the foster child's well-being with the foster child's social worker, school, and legal parents;

E. actively support the foster child's racial or ethnic background, culture, and religion, and respect the child's sexual orientation;

F. accept the foster child's relationship with the child's family and relatives and to support visitation and family reunification efforts;

G. have a current network of support that may include extended family, and neighborhood, cultural, and community ties that the applicant can use to strengthen the applicant's abilities, and for support and help;

H. meet the foster child's special needs, if any, including medical needs, disabilities, or emotional disturbance;

I. deal with anger, sorrow, frustration, conflict, and other emotions in a manner that will build positive interpersonal relationships rather than in a way that could be emotionally or physically destructive to other persons; and

J. nurture children, be mature and demonstrate an ability to comply with the foster child's care plan, and meet the needs of foster children in the applicant's care.

2960.3070 FOSTER PARENT TRAINING.

Subpart 1. **Orientation.** A nonrelative foster parent must complete a minimum of six hours of orientation before admitting a foster child. Orientation is required for relative foster parents who will be licensed as a child's foster parents. Orientation for relatives must be completed within 30 days following the initial placement. The foster parent's orientation must include items A to E:

A. emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of alarms and equipment;

B. relevant laws and rules, including, but not limited to, chapter 9560; Minnesota Statutes, chapters 245A, 260, and 260C; and Minnesota Statutes, section 626.556; and legal issues and reporting requirements;

C. cultural diversity, gender sensitivity, culturally specific services, cultural competence, and information about discrimination and racial bias issues to ensure that caregivers will be culturally competent to care for foster children according to Minnesota Statutes, section 260C.212, subdivision 11;

D. information about the role and responsibilities of the foster parent in the development and implementation of the case plan and in court and administrative reviews of the child's placement; and

E. requirements of the licensing agency.

Subp. 2. **In-service training.** Each foster parent must complete a minimum of 12 hours of training per year in one or more of the areas in this subpart or in other areas as agreed upon by the licensing agency and the foster parent. If the foster parent has not completed the required annual training at the time of relicensure and does not show good cause why the training was not completed, the foster parent may not accept new foster children until the training is completed. The nonexclusive list of topics in items A to Z provides examples of in-service training topics that could be useful to a foster parent:

A. cultural competence and transcultural placements;

B. adoption and permanency;

C. crisis intervention, including suicide prevention;

D. sexual offender behaviors;

E. children's psychological, spiritual, cultural, sexual, emotional, intellectual, and social development;

F. legal issues including liability;

G. foster family relationships with placing agencies and other service providers;

H. first aid and life-sustaining treatment such as cardiopulmonary resuscitation;

I. preparing foster children for independent living;

J. parenting children who suffered physical, emotional, or sexual abuse or domestic violence;

K. chemical dependency, and signs or symptoms of alcohol and drug abuse;

L. mental health and emotional disturbance issues;

M. Americans with Disabilities Act and Individuals With Disabilities Education Act;

N. caring for children with disabilities and disability-related issues regarding developmental disabilities, emotional and behavioral disorders, and specific learning disabilities;

O. privacy issues of foster children;

P. physical and nonphysical behavior guidance, crisis de-escalation, and discipline techniques, including how to handle aggression for specific age groups and specific issues such as developmental disabilities, chemical dependency, emotional disturbances, learning disabilities, and past abuse;

Q. birth families and reunification;

R. effects of foster care on foster families;

S. home safety;

T. emergency procedures;

U. child and family wellness;

V. sexual orientation;

W. disability bias and discrimination;

X. management of sexual perpetration, violence, bullying, and exploitative behaviors;

Y. medical technology-dependent or medically fragile conditions; and

Z. separation, loss, and attachment.

Subp. 3. **Medical equipment training.** Foster parents who care for children who rely on medical equipment to sustain life or monitor a medical condition must meet the requirements of Minnesota Statutes, section 245A.155.

2960.3080 PLACEMENT, CONTINUED STAY, AND DISCHARGE.

Subpart 1. **Placement criteria.** Foster care placement is governed by the statement of intended use developed by the licensing agency and the license holder. The license holder may decline to accept a foster child without a stated reason. The requirements of parts 2960.0510 to 2960.0530 do not apply if the foster home serves as an emergency shelter home.

Subp. 2. **Screening.** The license holder must cooperate with the placing agency to ensure that the child's needs are identified and addressed.

Subp. 3. **Child's property.** The foster child must be allowed to bring personal possessions, as agreed upon between the child, the child's parent, the placing agency, and the license holder, to the foster home and must be allowed to accumulate

possessions to the extent the home is able to accommodate them. ~~The license holder must make a written inventory of the foster child's personal property, including clothing, at admission and at discharge. The license holder and the foster child, if capable, must sign the inventory.~~

Subp. 4. **Information about foster children.** Before placement or within five days following placement, the placing agency shall give the license holder written information in items A to K about the child:

A. the child's placement history summary;

B. name and nicknames;

C. date of birth;

D. gender;

E. name, address, and telephone number of the child's parents, guardian, and advocate;

F. race or cultural heritage of the child, including tribal affiliation, if any;

G. description of the child's presenting problems, including medical problems, circumstances leading to placement, mental health concerns, safety concerns including assaultive behavior, and victimization concerns;

H. description of assets and strengths of the child and, if available, related information from the child, child's family, including siblings, and concerned persons in the child's life;

I. name, address, and telephone number of the contact person for the last educational program the child attended, if applicable;

J. spiritual or religious affiliation of the child and the child's family; and

K. information about the child's medication and diet needs and the identities of the child's recent health care providers.

The child's placing agency shall update the information in items A to K as new information becomes available.

Subp. 5. **Cooperation required.** The license holder must cooperate with the child's placing agency according to items A and B.

A. The license holder must provide basic services to the child.

B. The license holder must cooperate with the child's case manager and other appropriate parties to develop and implement the child's case plan during the child's stay in the foster home. The license holder shall cooperate in ~~at least~~ the following areas:

(1) identify and share information, if appropriate, with persons who are directly involved in the child's treatment plan and tell those persons about major treatment outcomes the child will achieve while in the home, including attaining developmentally appropriate life skills that the child needs to become functional in the community;

(2) report the child's behaviors and other important information to the placing agency and others as indicated in the child's case plan;

(3) recommend changes in the child's case plan to the case manager if needed;

(4) give the placing agency additional significant information about the foster child as it becomes known;

(5) facilitate the child's school attendance and enroll the child in a local school district or, if appropriate, the child's district of residence;

(6) provide a child with timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services by qualified persons; and

(7) maintain a record of illness reported by the child, action taken by the foster parent, and the date of the child's medical, psychological, or dental care.

Subp. 6. **Foster child services.** The license holder must:

A. work with the child's placing agency and child's parents to develop a plan to

identify and meet a foster child's immediate needs. The license holder must collaborate with the placing agency to provide the basic services to the child;

B. encourage age-appropriate activities, exercise, and recreation for the foster child;

C. seek consultation or direction from the placing agency if issues arise that cannot be resolved between the license holder and the foster child;

D. explain house rules and tell the foster child about the license holder's expectations about behavior, the care of household items, and the treatment of others; and

E. know the whereabouts of the child in the license holder's care. The license holder must be guided by the case plan or court order in determining how closely to supervise the child. The license holder must immediately notify the placing agency if the child runs away or is missing.

Subp. 7. **Foster child diet.** A foster child must be provided food and beverages that are palatable, of adequate quantity and variety, served at appropriate temperatures, and have sufficient nutritional value to promote the child's health. If the child has a medically prescribed diet, then the license holder must provide the diet as ordered by a physician or other licensed health care provider.

Subp. 8. **Discipline.** The license holder must consider the child's abuse history and developmental, cultural, disability, and gender needs when deciding the disciplinary action to be taken with the child. Disciplinary action must be in keeping with the license holder's discipline policy. The discipline policy must include the requirements in items A and B.

A. Children must not be subjected to:

(1) corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects at the child, or spanking;

(2) verbal abuse, including, but not limited to: name calling; derogatory statements about the child or child's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the child;

(3) punishment for lapses in toilet habits, including bed wetting or soiling;

(4) withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a child who destroys bedding or clothing, or uses these or other items to hurt the child's self or others, may be deprived of such articles according to the child's case plan;

(5) assigning work that is dangerous or not consistent with the child's case plan;

(6) disciplining one child for the unrelated behavior or action of another, except for the imposition of restrictions on the child's peer group as part of a recognized treatment program;

(7) restrictions on a child's communications beyond the restrictions specified in the child's treatment plan or case plan, unless the restriction is approved by the child's case manager; and

(8) requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.

B. The license holder:

(1) must not require a child to punish other children;

(2) must follow the child's case plan regarding discipline;

(3) must not use mechanical restraints or seclusion, as defined in part 2960.3010, subpart 38, with a foster child;

(4) must ensure that the duration of time-out is appropriate to the age of the child; and

(5) must meet the requirements of part 9525.2700, subpart 2, item F, regarding the use of aversive or deprivation procedures with a foster child who has mental retardation or a related condition.

Subp. 9. **Visitation and communication.** The license holder must follow the visitation and communication plan in a foster child's case plan, which was developed by the placing agency and child's parents, or required by court order. In the absence of a case plan or court order regarding visitation, the license holder must work with the placing agency and the child's parents to jointly develop a visitation plan.

Subp. 10. **Complaints and grievances.** The license holder must work with the licensing agency to develop written complaint and grievance procedures for foster children. The procedures must meet at least the following requirements:

A. the agency or license holder must tell the child and the child's parent or legal representative about the complaint and grievance procedures and upon request give the child or the child's parent or legal representative a copy of the procedures and any forms needed to complain or grieve;

B. the license holder must notify the placing and licensing agency about a written complaint or grievance and the resolution of the complaint or grievance; and

C. a license holder's response to a complaint or grievance that alleges abuse or neglect must meet the requirements of the Maltreatment of Minors Act, Minnesota Statutes, section 626.556.

Subp. 11. **Discharge.** The license holder must work with the child's placing agency to ensure a planned discharge and compliance with Minnesota Statutes, section 260C.212, subdivision 3. Before an unplanned discharge, the license holder must confer with other interested persons to review the issues involved in the decision. During this review

process, which must not exceed 30 days, the license holder must determine whether the license holder, treatment team, if any, interested persons, and the child can develop additional strategies to resolve the issues leading to the discharge and to permit the child an opportunity to continue to receive services from the license holder. If the review indicates that the decision to discharge is warranted, the reasons for it and the alternatives considered or attempted must be documented. A child may be temporarily removed from the foster home during the review period if the child is a danger to self or others. This subpart does not apply to a child removed by the placing authority or a parent or guardian.

2960.3090 RESPITE AND SUBSTITUTE CARE FOR FAMILY SETTINGS.

Subpart 1. **Notice requirements.** In nonemergency situations, the license holder, parent, and placing agency must agree on respite care and substitute care arrangements within ten working days prior to the use of respite care or substitute care or must agree on respite care according to an ongoing written agreement. In an emergency that may require the use of respite or substitute care, the license holder must notify the placing agency of the emergency as soon as possible. The license holder must notify the placing agency when respite care or long-term substitute care is being provided.

Subp. 2. **Qualifications of long-term substitute caregiver.** A substitute caregiver must:

A. be at least 18 years of age;

B. have completed a background study within the past 12 months;

C. have no statutory or rule disqualification;

D. if providing more than 30 cumulative days of substitute care in a 12-month period:

(1) submit a signed statement attesting to good health and being physically able to care for foster children; and

(2) have at least six hours of training or 20 hours of experience in caring for children with the particular needs of the foster children to be cared for; and

E. provide documentation of medical equipment training on the equipment used to care for the foster child from an appropriate training source.

Subp. 3. **Short-term substitute caregiver.** As used in parts 2960.3000 to 2960.3340, "short-term substitute care" means less than 72 hours of continuous care for a child. A short-term substitute caregiver does not have to meet the requirements of subpart 2. However, the foster parent and the placing agency must agree that the short-term substitute caregiver is able to meet the needs of the foster child. The short-term substitute caregiver must provide documentation of medical equipment training on the equipment used to care for the foster child from an appropriate training source.

Subp. 4. **Information to respite caregiver.** The license holder must give a respite care provider the information in items A to D related to the foster child's health, safety, and welfare:

A. information about the foster child's emotional, behavioral, medical, and physical condition;

B. any medication the foster child takes;

C. the foster child's daily routine and schedule; and

D. the names and telephone numbers of individuals to contact in case of emergency and information about medical providers and how to obtain medical care for the child.

Subp. 5. **Information to substitute caregivers.** The license holder must give a substitute care provider the information in subpart 4, and in items A to D:

A. the location of a fire extinguisher and first aid supplies;

B. emergency and fire evacuation plans;

C. information about child abuse and mandatory reporting laws; and

D. if an emergency occurs which involves the foster child, the substitute caregiver must notify the placing agency as soon as possible about the emergency.

Subp. 6. **Overnights and short trips.** The license holder must seek direction from the placing agency about whether or not the foster child may go on overnights or short trips outside the supervision of the license holder.

Subp. 7. **Foster residence settings.** Foster residence settings may not use respite caregivers, long-term substitute caregivers, and short-term substitute caregivers. Subparts 1 to 6 do not apply to foster residence settings.

2960.3100 RECORDS.

Subpart 1. **Foster care license records.** The license holder must cooperate with the licensing agency to ensure the agency has the following records:

A. a copy of the application for licensure signed by the applicant;

B. a license holder agreement form supplied by the Department of Human Services which is signed by the applicant and the agency;

C. reports and signed statements from specialists, and signed statements from the license holder, the license holder's children, and other household members concerning the physical health of the license holder, the license holder's children, and other household members;

D. a current completed commissioner's home safety checklist (D.S.-644) plus a written report from the fire marshal on any specific fire hazards, if required;

E. the prelicensing home study and supporting documentation;

F. references obtained through the licensing process;

G. a documented annual evaluation of the licensed foster home, conducted jointly by the license holder and the licensing agency, including, at a minimum:

(1) a review of all foster placements in the past year and an assessment of the impact and outcomes of the placement on the child, child's family, license holder, and development and implementation of the case plan;

(2) a review of any comments, suggestions, or concerns raised by placing agencies and an assessment of implications for training and foster home policies or procedures;

(3) a review of any grievances, their outcomes, and an assessment of implications for training and foster home policies or procedures;

(4) a review of the ability of the license holder to care for children; and

(5) the development of a plan for the next year's foster care training and development;

H. documentation for any rule variance from this chapter; and

I. a record of training received by the license holder and staff, if any, and foster parents, including a list of training on medical equipment used to sustain life or monitor a medical condition.

Subp. 2. **Foster child records.** The license holder must keep a record for each foster child in care. The record must include ~~the initial inventory of the child's belongings at admission;~~ the child's medical records, which includes records of illnesses and medical care provided to the child; grievance records, including documentation of the grievance resolution; and other documentation as required by the child's case plan.

ADDITIONAL REQUIREMENTS FOR FOSTER RESIDENCE SETTINGS

2960.3200 ADDITIONAL REQUIREMENTS FOR FOSTER RESIDENCE SETTING LICENSE HOLDERS.

Subpart 1. **Scope.** Parts 2960.3200 to 2960.3230 apply to foster homes which are foster residence settings.

Subp. 2. **Purpose and applicability.** Parts 2960.3200 to 2960.3230 apply to foster homes in which the license holder does not reside at the licensed foster home. The foster residence setting license holder must meet the requirements of parts 2960.3200 to 2960.3230, in addition to the requirements of parts 2960.3000 to 2960.3100.

Subp. 3. **Exemption.** The training and orientation requirements of part 2960.3070 do not apply to foster residence settings.

2960.3210 STAFF TRAINING REQUIREMENTS.

Subpart 1. **Orientation.** The license holder must ensure that all staff attend and successfully complete at least six hours of orientation training before having unsupervised contact with foster children. The number of hours of orientation training are not counted as part of the hours of annual training. Orientation training must include at least the topics in items A to F:

A. emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;

B. relevant statutes and administrative rules and legal issues, including reporting requirements for abuse and neglect specified in Minnesota Statutes, sections 626.556 and 626.557, and other reporting requirements based on the ages of the children;

C. cultural diversity and gender sensitivity, culturally specific services, and information about discrimination and racial bias issues to ensure that caregivers have cultural sensitivity and will be culturally competent to care for children according to Minnesota Statutes, section 260C.212, subdivision 11;

D. general and special needs, including disability needs, of children and families served;

E. operational policies and procedures of the license holder; and

F. data practices regulations and issues.

Subp. 2. **Personnel training.** The license holder must provide training for staff that is modified annually to meet the current needs of individual staff persons. The license holder must develop an annual training plan for employees that addresses items A to C.

A. Full-time and part-time direct care staff and volunteers must have sufficient training to accomplish their duties. To determine the type and amount of training an employee needs, the license holder must consider the foster care program's target population, services the program delivers, and outcomes expected from the services, as well as the employee's position description, tasks to be performed, and the performance indicators for the position. The license holder and staff who care for children who rely on medical equipment to sustain life or monitor a medical condition must meet the requirements of Minnesota Statutes, section 245A.155.

B. Full-time staff who have direct contact with children must complete at least 18 hours of in-service training per year. One-half of the training must be skill development training. Other foster home staff and volunteers must complete in-service training requirements consistent with their duties.

C. Part-time direct care staff must receive sufficient training to competently care for children. The amount of training must be provided at least at a ratio of one hour of training for each 60 hours worked, up to 18 hours of training per part-time employee per year.

Subp. 3. **Documentation of training.** The license holder must document the date and number of hours of orientation and in-service training completed by each staff person in each topic area and the name of the entity that provided the training.

2960.3220 STAFFING PATTERNS AND PERSONNEL POLICIES.

Subpart 1. **Job descriptions.** The license holder must have written job descriptions for all position classifications and post assignments that define the responsibilities, duties, and qualifications staff need to perform those duties. The job descriptions must be readily available to all staff.

Subp. 2. **Recruitment of culturally balanced staff.** To the extent permitted by law, it is the license holder's responsibility to actively recruit, hire, and retain staff who are responsive to the diversity of the population served. If the license holder's staffing plan does not meet the cultural and racial needs of the child, the license holder must document the reasons why and work with cultural or racial communities to meet the needs of the child. In addition, the license holder must contact a cultural or racial community group related to the child's racial or cultural minority background and seek information about how to provide opportunities for the child to associate with adult and peer role models with similar cultural and racial backgrounds on a regular basis.

Subp. 3. **Professional licensure.** The license holder must keep records showing that staff's professional licensure which is related to staff's foster care duties is current.

Subp. 4. **Staffing plan.** The license holder must prepare and obtain approval from the licensing agency of a written staffing plan that shows staff assignments and meets the needs of the children in care. The license holder must use the criteria in items A to D to develop the foster home's staffing plan.

A. The license holder must designate a person in charge at each facility.

B. In the temporary absence of the person designated as the person in charge at the facility, a different staff person must be designated as the person in charge of the facility.

C. The license holder must designate a person to coordinate volunteer services, if volunteers are used by the facility. The license holder must have a system for registration and identification of volunteers. Volunteers who have unsupervised contact with children must have a background check. The license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.

D. The staffing plan must be appropriate for the program services offered to the children, the physical plant features and characteristics of the facility, and the condition

of the children in care. The license holder must consider the factors in subitems (1) to (8) when developing the staffing plan:

(1) the age of the children served;

(2) the children's physical and mental health;

(3) the vulnerability of the children;

(4) the children's capacity for self-preservation in the event of an emergency;

(5) the degree to which the children may be a threat to self or others;

(6) the gender of the children;

(7) disabilities of the children; and

(8) the number and types of service programs offered or coordinated for the children.

Subp. 5. **License holder and staff qualifications.** The license holder and staff must have the education and experience required to meet the functions and program activities that the license holder declared in the foster home's statement of intended use according to part 2960.3000, subpart 4. The license holder must be a responsible, mature, healthy adult who is able to carry out the license holder's duties. The license holder must be able to accomplish the license holder's duties and meet the child's needs as stated in the child's case plan. Staff must be at least 21 years of age.

Subp. 6. **Drug and alcohol use prohibited.** The license holder must have a policy regarding use of illegal drugs or alcohol by staff, volunteers, and contract employees while staff, volunteers, and contract employees care for or have contact with foster children. The license handler's policy must prohibit the use of illegal drugs and use of alcohol by staff and others while caring for foster children, and require that staff and others who use illegal drugs or use alcohol while caring for foster children are subject to dismissal.

Subp. 7. **Medication administration.** The license holder must have a policy on medication administration by staff. The license holder's medication administration policy must, at a minimum, require that staff document medication administration errors.

2960.3230 COMMUNICATIONS AND DOCUMENTATION.

Subpart 1. **Communication plan.** The license holder must have a communication plan that ensures that all important information about a child is communicated to the license holder and staff. At a minimum, the communication plan must ensure that:

A. updated information about the child's needs, condition, care plan changes, medications, incidents, and other information which affects the health and safety of the child is documented and made available to staff and other persons who care for the child; and

B. staff who help the child meet care plan and treatment plan goals are given the information needed to carry out the staff's duties to help the child attain care plan and treatment plan goals.

Subp. 2. **Documentation.** A license holder must:

A. maintain and make available to the commissioner of human services or corrections sufficient documentation to verify that all requirements of the rules governing the care of the child have been met;

B. keep and share the child's records according to the requirements of statute; and

C. collect demographic information about children and their families and outcome measures about the success of services that meet the requirements of Laws 1995, chapter 226, article 3, section 60, subdivision 2, clause (1)(iii).

ADDITIONAL REQUIREMENTS FOR FOSTER CARE SETTINGS THAT OFFER TREATMENT FOSTER CARE SERVICES

2960.3300 ADDITIONAL REQUIREMENTS.

A foster family setting license holder, who offers treatment foster care services, must meet the requirements of parts 2960.3300 to 2960.3340 in addition to the requirements of parts 2960.3000 to 2960.3100.

2960.3310 ADMISSION, TREATMENT, AND DISCHARGE.

Subpart 1. **Generally.** Treatment foster care serves children and youth whose special needs would place them at risk of placement in more restrictive residential settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs.

Subp. 2. **Admission.** Admission to a treatment foster care home must meet the requirements of items A and B.

A. Admission to a treatment foster care program is based on the recommendation of a licensed professional who is qualified to direct treatment and is familiar with the child's individual needs. The recommendation must be based on a diagnostic evaluation and recognize the reasons the child is at risk for placement in more restrictive residential settings. The recommendation must identify behavioral concerns to be addressed in a treatment plan.

B. Upon admission to a treatment foster care placement, a treatment team must be established for the child. Members of the treatment team are parents, treatment foster parents, county case manager, licensed professional directing treatment, treatment foster care social worker, and other persons identified by the team who are needed to develop and execute a comprehensive treatment plan.

Subp. 3. **Treatment.** The child's treatment plan must be developed within ten days of admission and meet the requirements in items A to D.

A. The treatment goals in the treatment plan must address the child's needs as determined by a licensed professional directing treatment. The treatment plan must be consistent with the placement plans in Minnesota Statutes, section 260C.212, the case

plan in Minnesota Statutes, section 260B.198, subdivision 5, or service plan in Minnesota Statutes, section 256B.092. The child's treatment goals must be measurable and identify desired treatment outcomes. Treatment foster parents shall document daily observations of the desired treatment outcomes.

B. The treatment plan must identify treatment strategies to be used with the child by the treatment foster parents.

C. The plan must identify specific supports and services the treatment foster parents will use with the child. Substitute and respite care services must be addressed in the plan.

D. The treatment team must develop the treatment plan and meet the requirements in subitems (1) to (3).

(1) The treatment foster care social worker shall lead the development and documentation of the treatment plan.

(2) The treatment plan must be reviewed and evaluated every 30 days by the treatment foster parent and the treatment foster care social worker.

(3) The treatment team must reassess the treatment plan every 90 days. The treatment team must report the child's progress in attaining treatment goals and update the treatment goals as appropriate. A licensed professional directing the treatment, who must be familiar with the child's individual needs, must review the child's treatment plan and consider the child's progress toward meeting treatment goals, and provide recommendations about the treatment plan to the treatment team.

Subp. 4. **Discharge.** The treatment plan must define outcomes and goals that the child needs to meet for discharge from treatment foster care. The unplanned discharge of a child must follow part 2960.3080, subpart 11. If an unplanned discharge is by the request of the treatment foster parents, the treatment foster care licensing agency shall document the review and evaluation of the treatment foster parent's skills to determine if the treatment foster parents had the appropriate skills to care for the discharged child.

2960.3320 TREATMENT FOSTER CARE REQUIREMENTS.

Subpart 1. **Treatment foster care provider qualifications.** In addition to the qualifications in parts 2960.3000 to ~~2960.3230~~ 2960.3100, treatment foster parents must:

A. have previously been licensed as a foster parent for at least two years or have equivalent experience;

B. be able to carry out the treatment plan in the foster home;

C. ensure that the foster family is willing to accept children who need this level of service and are able to accept the increased involvement and supervision of treatment foster care;

D. ensure that the foster family is able to work as part of a treatment team to implement in-home treatment strategies and document the child's progress, as defined by the treatment plan and treatment team; and

E. have the commitment to work with the child, parents, and treatment team to set and implement strategies, which define outcomes that enable the child to live in the treatment foster home.

Subp. 2. **Intended use.** The statement of intended use required by part 2960.3000, subpart 4, must indicate that the foster home will be used as a treatment foster care home. The licensing agency must deem the foster home to be a treatment foster care home and consider information from the license holder's statement of intended use in the home study.

2960.3330 TREATMENT FOSTER CARE TRAINING.

Subpart 1. **Initial training required.** Each treatment foster parent must complete the training requirements in items A ~~to C~~ and B.

A. The treatment foster care social worker, in partnership with the treatment foster parents, shall write a professional development plan for the treatment foster parent which is based on the training needs of the treatment parents and the child's individual treatment plan requirements.

B. Each treatment foster care parent must complete 30 hours of primary skill development training prior to accepting a treatment foster care placement. The content of this training must be about at least the following topics: grief and loss, attachment, behavioral intervention, child development, discipline, dynamics of child abuse, children's mental health, substance abuse, cultural competency, treatment plan development and documentation, relationship building with primary families, and the role of medication in treatment.

~~C. Maintain first aid and cardiopulmonary resuscitation certification.~~

Subp. 2. **Annual training required.** Each treatment foster parent must complete 18 hours of annual training.

A. Annual training must be competency-based and emphasize skill development needed by the foster parent to care for the individual child placed in the home.

B. The training may be in various formats, including in-home training provided by treatment professionals, group presentations, or in-service training approved by the placing or licensing agency.

Subp. 3. **Exemption.** Foster parents who provide treatment foster care and meet the training requirements of this part are exempt from the training requirements of parts 2960.3070 and 2960.3210.

2960.3340 TREATMENT FOSTER HOME CAPACITY.

Subpart 1. **Treatment foster home capacity.** The total number of treatment foster care children placed in one home shall not exceed two unless a variance is granted under subpart 3 for special circumstances. At no time shall a foster home exceed the capacity limits in part 2960.3030.

Subp. 2. **Continuing care.** A treatment foster home may continue to provide care for a child after the child has attained the child's treatment goals to support the permanency goals in the child's case plan.

Subp. 3. **Capacity limit variance.** The capacity variance conditions must ensure that the foster home will meet the individual treatment needs of the children in care and address specific vulnerabilities that may occur when children are placed together. The variance must identify added support services that will be offered to the treatment foster family to meet the needs of each child in the home and tell how the additional support services can be obtained. A variance granted to treatment foster care parents must also meet the requirements in part 2960.3020, subpart 9. A variance may be granted to allow the capacity of a treatment foster home to exceed two children, if one of the following special circumstances applies:

A. there is a need to place a sibling group together in the foster home; or

B. ~~to keep the child in the child's home community; or~~

~~C.~~ to place a child with foster parents with which the child had been previously placed.

REPEALER. (a) Minnesota Rules, parts 2925.0100; 2925.0200; 2925.0500; 2925.0600; 2925.0800; 2925.1000; 2925.1200; 2925.1400; 2925.1500; 2925.1600; 2925.1800; 2925.1900; 2925.2000; 2925.2100; 2925.2200; 2925.2300; 2925.2400; 2925.2500; 2925.2600; 2925.2700; 2925.2800; 2925.2900; 2925.2950; 2925.3100; 2925.3300; 2925.3500; 2925.3600; 2925.3700; 2925.3800; 2925.3900; 2925.4000; 2925.4100; ~~2930.0100; 2930.0200; 2930.0300; 2930.0400; 2930.0500; 2930.0600; 2930.0700; 2930.0800; 2930.0900; 2930.1000; 2930.1100; 2930.1200; 2930.1300; 2930.1400; 2930.1500; 2930.1600; 2930.1700; 2930.1800; 2930.1900; 2930.2000; 2930.2100; 2930.2200; 2930.2300; 2930.2400; 2930.2500; 2930.2600; 2930.2700; 2930.2800; 2930.2900; 2930.3000; 2930.3100; 2930.3200; 2930.3300; 2930.3400; 2930.3500; 2930.3600; 2930.3700; 2930.3800; 2930.3900; 2930.4000; 2930.4100; 2930.4200; 2930.4300; 2930.4400; 2930.4500; 2930.4600; 2930.4700; 2930.4800; 2930.4900; 2930.5000; 2930.5100; 2930.5200; 2930.5300; 2930.5400; 2930.5500; 2930.5600; 2930.5700; 2930.5800; 2930.5900; 2930.6000; 2930.6100; 2930.6200; 2930.6300; 2930.6400; 2930.6500; 2930.6600; 2930.6700; 2930.6800;~~

~~2930.6900; 2930.7000; 2930.7100; 2930.7200; 2930.7300; 2930.7400; 2930.7500; 2930.7600; 2930.7700; 2930.7800; 2930.7900; 2930.8000; 2930.8100; 2930.8200; 2930.8300; 2930.8400; 2930.8500; 2930.8600; 2930.8700; 2930.8800; 2930.8900; 2930.9000; 2930.9100; 2930.9200; 2930.9300; 2930.9400; 2930.9500; 2930.9600; 2930.9700; 2930.9800; 2930.9900; 2935.0100; 2935.0200; 2935.0300; 2935.0400; 2935.0410; 2935.0500; 2935.0600; 2935.0700; 2935.0800; 2935.0900; 2935.1000; 2935.1100; 2935.1200; 2935.1300; 2935.1400; 2935.1500; 2935.1600; 2935.1700; 2935.1800; 2935.1900; 2935.2000; 2935.2100; 2935.2200; 2935.2300; 2935.2400; 2935.2500; 2935.2600; 2935.2700; 2935.2800; 2935.2900; 2935.3000; 2935.3100; 2935.3200; 2935.3300; 2935.3400; 2935.3500; 2935.3600; 2935.3700; 2935.3800; 2935.3900; 2935.4000; 2935.4100; 2935.4200; 2935.4300; 2935.4310; 2935.4320; 2935.4330; 2935.4400; 2935.4500; 2935.4600; 2935.4700; 2935.4800; 2935.4900; 2935.5000; 2935.5100; 2935.5200; 2935.5300; 2935.5400; 2935.5500; 2935.5600; 2935.5700; 2935.5800; 2935.5900; 2935.6000; 2935.6100; 2935.6200; 2935.6300; 2935.6400; 2935.6500; 2935.6600; 2935.6700; 2935.6800; 2935.6900; 2935.7000; 2935.7100; 2950.0100; 2950.0110; 2950.0120; 2950.0130; 2950.0135; 2950.0140; 2950.0150; 2950.0160; 2950.0200; 2950.0300; 2950.0310; 2950.0320; 2950.0330; 2950.0400; 2950.0500; 2950.0510; 2950.0600; 2950.0610; 2950.0620; 2950.0700; 2950.0720; 2950.0800; 2950.0810; 2950.0820; 2950.0840; 2950.0850; 2950.0860; 2950.0870; 2950.0880; 2950.0890; 2950.0895; 2950.0900; 2950.0910; 2950.0920; 2950.0930; 2950.0940; 2950.0950; 2950.0960; 2950.1000; 2950.1100; 2950.1200; 2950.1300; 2950.1400; 2950.1500; 2950.1600; 2950.1700; 2950.1800; 2950.1900; 9530.4450;~~ 9545.0010; 9545.0020; 9545.0030; 9545.0040; 9545.0050; 9545.0060; 9545.0070; 9545.0080; 9545.0090; 9545.0100; 9545.0110; 9545.0120; 9545.0130; 9545.0140; 9545.0150; 9545.0160; 9545.0170; 9545.0180; 9545.0190; 9545.0200; 9545.0210; 9545.0220; 9545.0230; 9545.0240; 9545.0250; and 9545.0260~~; 9545.0905; 9545.0915; 9545.0925; 9545.0935; 9545.0945; 9545.0955; 9545.0965; 9545.0975; 9545.0985; 9545.0995; 9545.1005; 9545.1015; 9545.1025; 9545.1035; 9545.1045; 9545.1055; 9545.1065; 9545.1075; 9545.1085; 9545.1095; 9545.1105; 9545.1115; 9545.1125; 9545.1200; 9545.1210; 9545.1220; 9545.1230; 9545.1240; 9545.1250; 9545.1260; 9545.1270; 9545.1280; 9545.1290; 9545.1300;~~

~~9545.1310; 9545.1320; 9545.1400; 9545.1410; 9545.1420; 9545.1430; 9545.1440; 9545.1450; 9545.1460; 9545.1470; and 9545.1480~~, are repealed effective January 1, 2004.

(b) Minnesota Rules, parts 2930.0100; 2930.0200; 2930.0300; 2930.0400; 2930.0500; 2930.0600; 2930.0700; 2930.0800; 2930.0900; 2930.1000; 2930.1100; 2930.1200; 2930.1300; 2930.1400; 2930.1500; 2930.1600; 2930.1700; 2930.1800; 2930.1900; 2930.2000; 2930.2100; 2930.2200; 2930.2300; 2930.2400; 2930.2500; 2930.2600; 2930.2700; 2930.2800; 2930.2900; 2930.3000; 2930.3100; 2930.3200; 2930.3300; 2930.3400; 2930.3500; 2930.3600; 2930.3700; 2930.3800; 2930.3900; 2930.4000; 2930.4100; 2930.4200; 2930.4300; 2930.4400; 2930.4500; 2930.4600; 2930.4700; 2930.4800; 2930.4900; 2930.5000; 2930.5100; 2930.5200; 2930.5300; 2930.5400; 2930.5500; 2930.5600; 2930.5700; 2930.5800; 2930.5900; 2930.6000; 2930.6100; 2930.6200; 2930.6300; 2930.6400; 2930.6500; 2930.6600; 2930.6700; 2930.6800; 2930.6900; 2930.7000; 2930.7100; 2930.7200; 2930.7300; 2930.7400; 2930.7500; 2930.7600; 2930.7700; 2930.7800; 2930.7900; 2930.8000; 2930.8100; 2930.8200; 2930.8300; 2930.8400; 2930.8500; 2930.8600; 2930.8700; 2930.8800; 2930.8900; 2930.9000; 2930.9100; 2930.9200; 2930.9300; 2930.9400; 2930.9500; 2930.9600; 2930.9700; 2930.9800; 2930.9900; 2935.0100; 2935.0200; 2935.0300; 2935.0400; 2935.0410; 2935.0500; 2935.0600; 2935.0700; 2935.0800; 2935.0900; 2935.1000; 2935.1100; 2935.1200; 2935.1300; 2935.1400; 2935.1500; 2935.1600; 2935.1700; 2935.1800; 2935.1900; 2935.2000; 2935.2100; 2935.2200; 2935.2300; 2935.2400; 2935.2500; 2935.2600; 2935.2700; 2935.2800; 2935.2900; 2935.3000; 2935.3100; 2935.3200; 2935.3300; 2935.3400; 2935.3500; 2935.3600; 2935.3700; 2935.3800; 2935.3900; 2935.4000; 2935.4100; 2935.4200; 2935.4300; 2935.4310; 2935.4320; 2935.4330; 2935.4400; 2935.4500; 2935.4600; 2935.4700; 2935.4800; 2935.4900; 2935.5000; 2935.5100; 2935.5200; 2935.5300; 2935.5400; 2935.5500; 2935.5600; 2935.5700; 2935.5800; 2935.5900; 2935.6000; 2935.6100; 2935.6200; 2935.6300; 2935.6400; 2935.6500; 2935.6600; 2935.6700; 2935.6800; 2935.6900; 2935.7000; 2935.7100; 2950.0100; 2950.0110; 2950.0120; 2950.0130; 2950.0135; 2950.0140; 2950.0150; 2950.0160; 2950.0200; 2950.0300; 2950.0310; 2950.0320; 2950.0330; 2950.0400; 2950.0500; 2950.0510; 2950.0600; 2950.0610; 2950.0620; 2950.0700; 2950.0720; 2950.0800; 2950.0810;

2950.0820; 2950.0840; 2950.0850; 2950.0860; 2950.0870; 2950.0880; 2950.0890; 2950.0895; 2950.0900; 2950.0910; 2950.0920; 2950.0930; 2950.0940; 2950.0950; 2950.0960; 2950.1000; 2950.1100; 2950.1200; 2950.1300; 2950.1400; 2950.1500; 2950.1600; 2950.1700; 2950.1800; 2950.1900; 9530.4450; 9545.0905; 9545.0915; 9545.0925; 9545.0935; 9545.0945; 9545.0955; 9545.0965; 9545.0975; 9545.0985; 9545.0995; 9545.1005; 9545.1015; 9545.1025; 9545.1035; 9545.1045; 9545.1055; 9545.1065; 9545.1075; 9545.1085; 9545.1095; 9545.1105; 9545.1115; 9545.1125; 9545.1200; 9545.1210; 9545.1220; 9545.1230; 9545.1240; 9545.1250; 9545.1260; 9545.1270; 9545.1280; 9545.1290; 9545.1300; 9545.1310; 9545.1320; 9545.1400; 9545.1410; 9545.1420; 9545.1430; 9545.1440; 9545.1450; 9545.1460; 9545.1470; and 9545.1480, are repealed effective July 1, 2005.

EFFECTIVE DATE. (a) Minnesota Rules, parts ~~2960.0010~~ 2960.3000 to 2960.3340, are effective January 1, 2004.

(b) Minnesota Rules, parts 2960.0010 to 2960.0710, are effective July 1, 2005.