# Short-Term Residential Therapeutic Program
# INTERIM LICENSING STANDARDS

## Chapter 7.5

**VERSION 1**

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The Short-Term Residential Treatment Program "Interim Licensing Standards" (ILS) constitute the written instructions authorized by Assembly Bill 403 (Chapter 773, Statutes of 2015) for the California Department of Social Services to implement the Continuum of Care Reform Provisions that govern Short-Term Residential Treatment Programs on and after January 1, 2017.

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# SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM

## Article 1. General

### 87000 GENERAL.

(a) Effective January 1, 2017, a short-term residential therapeutic program, as defined in Health and Safety Code section 1502(a)(18), shall be governed by the interim licensing standards specified in this chapter.

(1) In addition to subsection (a), a short-term residential therapeutic program, except where specified otherwise in this chapter, shall be governed by the provisions in Chapter 1, General Licensing Requirements.

(b) The provisions contained in Subchapter 1 shall apply to short-term residential therapeutic programs that serve pregnant or parenting minors and nonminor dependents.

(c) Short-term residential therapeutic programs shall not accept for placement children who are under the age of six years, unless the facility is licensed for that age group and meets the requirements of Subchapter 2.

(d) Except for the definition of "child" as specified in Section 87001 (c)(3), references to a "child" in Chapters 1 and 7.5 shall include nonminor dependent.

NOTE: Authority cited: Section 1530, Health and Safety Code; and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1501, 1502, 1530, 1530.8, , 1531, and 1562.01, Health and Safety Code; and Section 11467.1, Welfare and Institutions Code.

**87001 DEFINITIONS.**

In addition to Section 80001, and with the exception of (c)(5), the following shall apply:

(a) (1) "Accredited schools, institutions, colleges or universities, means those educational institutions or programs granted public recognition as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.

(2) "Age or developmentally appropriate," means activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical and behavioral capacities that are typical for an age or age group, as defined in Welfare and Institutions Code section 362.05(c)(2).

(3) "Affiliated with licensee" means members of board of directors, executive director, officers and individuals paid by the short-term residential therapeutic program licensee as staff, consultant or contractor used to fulfill the plan of operation.

(4) "Assaultive behavior" means violent, physical actions which are likely to cause immediate physical harm or danger to an individual or others.

(A) Verbal Assault is not considered a form of assaultive behavior.

(b) (1) "Behavior Management Consultant", for the purpose of this Chapter, means a person who designs and/or implements behavior modification intervention services and meets the requirements specified in California Code of Regulations, Title 17, Sections 54342(a)(a13)(1)-(7).

(2) "Business Day," means any calendar day except Sunday or the following business holidays: New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and Christmas Day.

(c) (1) "Certificate holder" means a person who has a current administrator's certificate issued by the Department regardless of whether the person is employed as an administrator in a short-term residential therapeutic program.

(2) "Certified administrator" means an administrator who has been issued a group home or short-term residential therapeutic program certificate by the Department and whose certificate is current.

(3) "Child" means a person who is under 18 years of age placed in a licensed short-term residential therapeutic program by a regional center, a parent or guardian, or a public child placement agency with or without a court order.

(4) "Child and family team" has the same meaning as "child and family team" as defined in Welfare and Institutions Code section 16501(a)(4).

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Welfare and Institutions Code section 16501(a)(4) provides:

> "Child and family team" means a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being.

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(5) "Classroom hour" means fifty (50) to sixty (60) minutes of classroom instruction within a 60-minute period. No credit is given for meal breaks.

(6) "Classroom setting" means a setting, conducive to learning and free from distractions, for which the primary purpose is education, instruction, training, or conference. Participants must be able to simultaneously interact with each other as well as with the instructor.

(7) "Co-locate" means that a vendor applicant is approved for more than one program type, i.e., ARF, RCFE, GH, STRTP, and has received approval to teach specific continuing education courses at the same time and at the same location. Co-location is allowed for Continuing Education Training Program vendors only.

(8) "Complete request" means the vendor applicant has submitted and the Department has received all required information and materials necessary to approve or deny the request for certification program and/or course approval.

(9) "Containment" means a brief physical restraint of a person for the purpose of effectively gaining quick control of a person who is aggressive or agitated or who is a danger to self or others.

(10) "Continuing Education Training Program Vendor" means a vendor approved by the Department to provide Continuing Education training courses to short-term residential therapeutic program administrators and certificate holders to qualify them for renewal of their short-term residential therapeutic program administrator certificate.

(11) "Continuous Quality Improvement" or "CQI" means the process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions to improve the quality of services.

(12) "Core services and supports" has the same meaning as "core services" as defined in Welfare and Institutions Code section 11463(b)(5).

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Welfare and Institutions Code Section 11463(b)(5) provides:

> "Core services, made available to children and nonminor dependents either directly or secured through formal agreements with other agencies, which are trauma informed and culturally relevant and include:
> (A) Specialty mental health services for children who meet medical necessity criteria for specialty mental health services under the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment program, as the criteria are described in Section 1830.210 of Title 9, of the California Code of Regulations.
> (B) Transition support services for children, youth, and families upon initial entry and placement changes and for families who assume permanency through reunification, adoption, or guardianship.
> (C) Educational and physical, behavioral, and mental health supports, including extracurricular activities and social supports.

(D) Activities designed to support transition-age youth and nonminor dependents in achieving a successful adulthood.
(E) Services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or youth, as appropriate.
(F) When serving Indian children, as defined in subdivisions (a) and (b) of Section 224.1, the core services specified in subparagraphs (A) to (E), inclusive, shall be provided to eligible children consistent with active efforts pursuant to Section 361.7.
(G) The core services specified in subparagraphs (A) to (F), inclusive, are not intended to duplicate services already available to foster children in the community, but to support access to those services and supports to the extent already available. Those services and supports may include, but are not limited to, foster youth services available through county offices of education, Indian Health Services, and school-based extracurricular activities."

**HANDBOOK ENDS HERE**

(13) "Course" means either, (1) a quarter-or-semester-long structured sequence of classroom instruction covering a specific subject, or (2) a one-time seminar, workshop or lecture of varying duration.

(14) "Cultural humility" means the ability to maintain an interpersonal stance that is open to another individual in relation to aspects of cultural identity that is most important to that individual.

(15) "Culturally relevant" means program practices, services, and supports provided to children and families that incorporate or embrace their unique cultural characteristics and diverse backgrounds.

(d) (1) "Direct care staff" means an individual employed by a short-term residential therapeutic program to be the primary caregiver of children, who provides direct care and supervision, as well as facilitates activities and provides support services.

(2) "Discipline" means a penalty assessed by the facility against a child for his/her violation of the short-term residential therapeutic program's rules, commitment of illegal actions or damage to property.

(e) (1) "Early intervention" means the use of non-physical, de-escalation interventions to control injurious behavior. Techniques include, but are not limited to, suggesting alternative behavior, crisis communication and evasive techniques.

(2) "Emergency intervention" means the justified use of early interventions and/or otherwise prohibited manual restraints to protect the child or others from harm.

(3) "Emergency intervention plan" means a written plan that addresses how emergency intervention techniques will be implemented by the licensee in compliance with the requirements specified in Section 87095.22.

(4) "Emergency intervention staff training plan" means a written plan which specifies the training provided to short-term residential therapeutic program personnel regarding the use of emergency interventions, as specified in Section 87095.22(g). The emergency intervention staff training plan is a component of the Emergency Intervention Plan.

(f) (1) "Facility manager" has the same meaning as defined in Health and Safety Code section 1522.4(a)(1).

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Health and Safety Code section 1522.4(a)(1) states in part:

> "Facility manager," as used in this section, means a person on the premises with the authority and responsibility necessary to manage and control the day-to-day operation of a community care facility and supervise the clients. The facility manager, licensee, and administrator, or any combination thereof, may be the same person provided he or she meets all applicable requirements. If the administrator is also the facility manager for the same facility, this person shall be limited to the administration and management of only one facility."

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(g) (1) "Gender expression" refers to the ways a person communicates their gender identity through clothing, haircut, behavior and interaction with others.

(2) "Gender identity" means a person's internal identification or self-image as male, female, or other.

(h) (1) "Health care professional" means a physician or an individual who is licensed or certified under Division 2 of the Business and Professions Code to perform the necessary client care procedures prescribed by a physician. Such health care professional include the following: Registered Nurse, Public Health Nurse, Licensed Vocational Nurse, Psychiatric Technician, Physical Therapist, Occupational Therapist and Respiratory Therapist.

(i) (1) "Incident report" means a written report required by the Department to report incidents as specified in Sections 80061 and 87061.

(2) "Initial Certification Training Program Vendor" means a vendor approved by the Department to provide the initial forty (40) hour certification training program to persons who do not possess a valid short-term residential therapeutic program administrator certificate.

(3) "Interagency Placement Committee" (IPC) means a committee established by the county, with a membership that includes at least the county placement agency and a licensed mental health professional from the county department of mental health pursuant to Section 4096(c) of the Welfare and Institutions Code.

(j-k) (Reserved)

(l) (1) "Law enforcement" means any officer, sheriff, or marshal of a city, county, state, or federal law enforcement agency.

(m) (1) "Manual restraint" means the use of a hands-on or other physically applied technique to physically limit the freedom of movement of a child. Techniques include, but are not limited to, forced escorts; holding; prone restraints; or other containment techniques, including protective separation.

(2) "Manual restraint plan" means a written plan which address how manual restraints will or will not be implemented by the licensee in compliance with the requirements specified in Sections 87095.22(e) and (f). The manual restraint plan is a component of the emergency intervention plan.

(3) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

(4) "Mental health program director," means the licensed mental health professional who has been designated by a short-term residential therapeutic center licensee to oversee and implement the overall mental health treatment program.

(n) (1) "Needs and services plan" means a time-limited, goal-oriented written plan, implemented by the licensee, which identifies the specific needs of an individual child, including those items specified in Section 87068.2 and 87068.22; and delineates those services necessary in order to meet the child 's identified needs.

(2) "Nonminor dependent" means a foster child who is at least 18 years of age and not more than 21 years of age or a nonminor former dependent or ward, as defined in Welfare and Institutions Code section 11400.

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Welfare and Institutions Code section 11400(v) provides:

"'Nonminor dependent' means, on and after January 1, 2012, a foster child, as described in Section 675(8)(B) of Title 42 of the United States Code under the federal Social Security Act who is a current dependent child or ward of the juvenile court, or who is a nonminor under the transition jurisdiction of the juvenile court, as described in Section 450, and who satisfies all of the following criteria:
(1) He or she has attained 18 years of age while under an order of foster care placement by the juvenile court, and is not more than 19 years of age on or after January 1, 2012, not more than 20 years of age on or after January 1, 2013, or not more than 21 years of age on or after January 1, 2014, and as described in Section 10103.5.
(2) He or she is in foster care under the placement and care responsibility of the county welfare department, county probation department, Indian tribe, consortium of tribes, or tribal organization that entered into an agreement pursuant to Section 10553.1.

(3) He or she has a transitional independent living case plan pursuant to Section 475(8) of the federal Social Security Act (42 U.S.C. Sec. 675(8)), as contained in the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351), as described in Section 11403."

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(o) (Reserved)

(p) (1) "Peer partner" means an individual who has personal experience in the child welfare, mental health or juvenile justice systems as a consumer and/or as a parent/caregiver.

(2) "Physical restraining device" means any physical or mechanical device, material, or equipment attached or adjacent to a child 's body which the child cannot remove easily and which restricts the child's freedom of movement. Restraining devices include leg restraints, arm restraints, soft ties or vests, wheel chair safety bars and full length bedrails.

(3) "Placement agency" including "placing agency," means as defined in Health and Safety Code section 1536.1.

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Health and Safety Code section 1536.1(a) provides:

"'Placement agency' means a county probation department, county welfare department, county social service department, county mental health department, county public guardian, general acute care hospital discharge planner or coordinator, conservator pursuant to Part 3 (commencing with Section 1800) of Division 4 of the Probate Code, conservator pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code, and regional center for persons with developmental disabilities, that is engaged in finding homes or other places for placement of persons of any age for temporary or permanent care."

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(4) "Pregnant and Parenting Minors and Nonminor Dependent Program" means a program operated by a short-term residential therapeutic program that serves pregnant and parenting minors and nonminor dependents.

(5) "Prone position" is a body position in which one lies flat with the chest down and the back up.

(5) "Protective separation" means the voluntary or involuntary removal of a child for the purpose of protecting the child from injuring himself, herself or others.

(7) "Protective separation room" means an unlocked room specifically designated and designed for the involuntary separation of a child from other children for a limited time period for the purpose of protecting the child from injuring or endangering himself, herself or others.

(q) (Reserved)

(r) (1) "Reasonable and Prudent Parent Standard" means the careful and sensible parental decisions that maintain a child's health, safety, and best interests, as defined in Welfare and Institutions Code section 362.05(c)(1) .

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**HANDBOOK BEGINS HERE**

Welfare and Institutions Code section 362.05(c)(1) provides:

> "Reasonable and prudent parent" or "reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities.

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(2) "Runaway" means a child who absents himself or herself from the facility without permission from facility personnel.

(3) "Runaway plan" means a written plan which addresses how the licensee will respond to runaway situations. The runaway plan is a component of the emergency intervention plan.

(s) (1) "Seriously emotionally disturbed" means as defined in Welfare and Institutions Code section 5600.3 (a)(2).

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**HANDBOOK BEGINS HERE**

Welfare and Institutions Code section 5600.3 (a)(2) provides in part:

"'[S]eriously emotionally disturbed children or adolescents' means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child has been assessed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code and determined to have an emotional disturbance, as defined in paragraph (4) of subdivision (c) of Section 300.8 of Title 34 of the Code of Federal Regulations."

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(2) "Sexual orientation" describes a person's emotional, romantic or sexual attraction to others that is shaped at an early age.

(3) Short-term residential therapeutic program" means a residential facility operated by a public agency or private organization and licensed by the department pursuant to Section 1562.01 that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children. The care and supervision provided by a short-term residential therapeutic program shall be nonmedical, except as otherwise permitted by law. Private short-term residential therapeutic programs shall be organized and operated on a nonprofit basis.

(4) "Social Work Staff" means at least one social worker or other professional person trained in the behavioral sciences who provides, either through employment or alternative means, those services specified in this chapter.

(t) (1) "Transgender" means a person whose gender identity does not correspond with their anatomical sex. A transgender girl or woman is a girl or woman whose birth sex was male but who understands herself to be female. A transgender boy or man is a boy or man whose birth sex was female but who understands himself to be male.

(2) "Transitional independent living plan (TILP)" means the written plan that describes programs, services, and activities in which a child or nonminor dependent participates to prepare for the transition from foster care to independent living.

(3) "Trauma Informed" means program interventions, practices, services, and supports that recognize and respond to the varying impact of traumatic stress on children, nonminor dependents, and their families, certified parents, Resource Families, and those who have contact with the child welfare system.

(u) (Reserved)

(v) (1) "Vendor" means a Department-approved institution, association, individual(s), or other entity that assumes full responsibility or control over a Department-approved Initial Certification Training Program and/or a Continuing Education Training Program.

(2) "Vendor Applicant" means any institution, association, individual(s), or other entity that submits a request for approval of an Initial Certification Training Program and/or a Continuing Education Training Program.

(w-z) (Reserved)

NOTE: Authority cited: Sections 1522.41(j), 1530, 1530.8 and 1530.9, Health and Safety Code; and Section 17730, Welfare and Institutions Code; and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1501, 1502, 1503, 1507, 1507.2, 1522.4, 1522.41, 1522.41(j), 1530.8 and 1531, Health and Safety Code; Sections 362.04(a)(2), 362.05(a), 727(a)(4)(A), 11331.5(d), 11403, 11406(c), 17710, 17731, 17732.1, 17736(a) and 17736(b), Welfare and Institutions Code; and 45 CFR Section 1351.1(k).

**87002 DEFINITIONS - FORMS.**

The following forms which are incorporated by reference, apply to this subchapter and shall be used by short-term residential treatment facilities.

(a) LIC 9165A (1/17), Board of Directors Statement.

(b) PUB 326A (1/17), Facts You Need to Know, Short-Term Residential Therapeutic Program Board of Directors.

(c) Core of Knowledge Guideline (10/16) - Short-Term Residential Treatment Program 40-Hour Initial Certification.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1520.1(b)(1),1520.1(b)(2) and 1522.41(c)(1), Health and Safety Code.

## Article 2. Licensing

### 87009 POSTING OF LICENSE.

(a) The license shall be posted in a prominent, publicly accessible location in the facility.

NOTE: Authority cited: Section 1530, Health and Safety Code, and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015).. Reference: Sections 1501 and 1531, Health and Safety Code.

**87012 FALSE CLAIMS: INELIGIBILITY.**

(a) In addition to Section 80012, the following shall apply.

(b) If a person is determined to have made, disseminated, participated in making, or caused to be made a false or misleading statement pursuant to Section 80012(a), and that statement has resulted in a short-term residential therapeutic program overpayment being assessed then such person shall not be eligible for a new license under Division 6 or Division 12 and shall not be eligible to serve as an officer or employee of a new or subsequent licensee under Division 6 or Division 12 until the overpayment is fully repaid or otherwise discharged.

NOTE: Authority cited: Section 1530, Health and Safety Code, and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Section 1550, Health and Safety Code; and Sections 11466.22 Welfare and Institutions Code.

## Article 3. Application Procedures

### 87018 APPLICATION FOR LICENSE.

(a) In addition to Section 80018, excluding section 80018(b)(13), the following shall apply.

(b) Prior to submitting an application, an applicant shall obtain at least one letter of recommendation in support of its program from a county placing agency.

(1) To obtain a letter of recommendation, an applicant shall submit a copy of its program statement and information as specified in Section 87022, Plan of Operation, to all county placing agencies from which it anticipates receiving placements, including the county in which the facility is located.

(2) Once an applicant receives a letter of recommendation from a county placing agency, the applicant may submit its application to the licensing agency designated to serve the geographical area of service in which the facility is located.

(3) A new letter of recommendation is not required when a short-term residential therapeutic program moves to a new location.

(c) Each applicant shall submit an application and supporting documents that contain the following to the licensing agency:

(1) Disclosure of the applicant's prior or present service as an administrator, general partner, corporate officer, or director of, or as a person who has held or holds a beneficial ownership of 10 percent or more in, any community care facility or in any facility licensed as required by Health and Safety Code section 1520(d).

(2) Disclosure of any revocation or other disciplinary action taken, or in the process of being taken, against a license held or previously held by the entities as required by Health and Safety Code section 1520(e).

(3) The name and residence and mailing addresses of the facility administrator, a description of the administrator's background and qualifications, and documentation verifying required education and administrative certification.

(4) A financial plan of operation on forms provided by the department.

(A) Start-up funds shall be available and shall include funds for the first three months of operation

(1) Start-up funds may be a line of credit.

(B) Start-up funds shall be independent of prospective client fees. In cases of a change of ownership, expected income from clients currently in placement shall be considered.

(C) Start-up funds shall not include funds designated for or used for construction costs.

(D) The licensing agency shall have the authority to require written verification of the availability of the funds specified in (A) above.

(5) Documentation of accreditation or application for accreditation, as required by Health and Safety Code section 1562.01(b)(2).

(6) A letter of recommendation in support of its program from a county placing agency, as required by Health and Safety Code section 1562.01(f).

(A) The letter of recommendation shall include a statement that the county placing agency reviewed a copy of the applicant's program statement.

(B) If the letter of recommendation is not from the county placing agency in which the facility is located, the applicant shall provide a statement that affirms the county in which the facility is located was:

1. Provided a copy of the facility's program statement and had an opportunity to review the program statement.

2. Notified that the facility received a letter of recommendation from another county.

(C) If an application does not contain a letter of recommendation, the department shall cease review of the application. Nothing in this paragraph shall constitute a denial of application for the purposes of Section 1526 or any other law.

**HANDBOOK BEGINS HERE**

Health and Safety Code section 1562.01(f) provides:

> "(1)(A)(i) A short-term residential therapeutic program applicant shall submit an application to the department that includes a letter of recommendation in support of its program from a county placing agency.
> (ii) The letter of recommendation shall include a statement that the county placing agency reviewed a copy of the applicant's program statement.
> (iii) If the letter of recommendation is not from the county in which the facility is located, the short-term residential therapeutic program applicant shall include, with its application, a statement that it provided the county in which the facility is located an opportunity for that county to review the program statement and notified that county that the facility has received a letter of recommendation from another county.
> (B) If the application does not contain a letter of recommendation as described in subparagraph (A), then the department shall cease review of the application. Nothing in this paragraph shall constitute a denial of the application for purposes of Section 1526 or any other law.
> (C) A new letter of recommendation is not required when a short-term residential therapeutic program moves locations.
> (2) A short-term residential therapeutic program shall submit a copy of its program statement to all county placing agencies from which the short-term residential therapeutic program accepts placements, including the county in which the facility is located, for optional review when the short-term residential therapeutic program updates its program statement."

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(7) A written plan of operation as required in Section 87022.

(d) Each corporate applicant shall obtain a signed form, LIC 9165A from each member of the board of directors. A copy of each signed LIC 9165A shall be submitted to the licensing agency with the facility's application.

NOTE: Authority cited: Sections 1501, 1530, and 1531, Health and Safety Code and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1501, 1520, 1520.1, 1522.41, 1531, 1562 and 1562.01, Health and Safety Code.

## 87019 CRIMINAL RECORD CLEARANCE.

(a) In addition to Section 80019, the following shall apply.

(b) A nonminor dependent shall not be subject to criminal record clearance as specified in Health and Safety Code section 1502.7(b)(2).

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Health and Safety Code section 1502.7(b)(2) provides:

> "(b) The regulations shall recognize the status of nonminor dependents as legal adults. At a minimum, the regulations shall provide both of the following…
> (2) That nonminors described in subdivision (a) in a community care facility shall not be subject to criminal background clearances pursuant to Sections 1522 and 1522.1, for the purposes of facility licensing."

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NOTE: Authority cited: Sections 1502.7 and 1530, Health and Safety Code and AB 403, Stats. 2015, Ch. 773, Sec. 123.. Reference: Sections 1502.7, 1522, 1522.1, and 1531, Health and Safety Code.

**87022 PLAN OF OPERATION.**

(a) Section 80022 does not apply.

(b) The licensee shall prepare and maintain a current, written plan of operation that is sufficient to ensure that the facility will operate in compliance with applicable laws and is culturally relevant, trauma-informed, and age and developmentally appropriate for the population(s) being served.

(c) The plan of operation and related materials shall contain the following:

(1) A program statement as specified by Section 87022.1.

(2) A statement of facilities vision and mission.

(3) A description of the administrative organization that includes the following:

(A) Complete job descriptions of all positions, including the number of staff employed, and their respective classifications, qualifications, and duties.

(B) Information regarding lines of authority and staff responsibilities.

(C) The number of hours per week that the administrator shall spend completing required duties as specified by Section 87064 and how the administrator shall accomplish such duties, including the use of personnel.

(D) Capacity around translators, multilingual staff, and multicultural staff to provide services to support the program population.

(E) Organizational chart of the corporate structure, including the parent organization,.

(4) A sketch of the building to be occupied, including a floor plan which describes the capacities of the buildings for the uses intended, room dimensions, and a designation of the rooms to be used for nonambulatory children or nonminor dependents, if any.

(5) A sketch of the grounds showing building, driveways, fences, storage areas, pools, gardens, recreation areas, and other space used by the population(s) served.

(A) The sketch shall include the dimensions of all areas which will be used by the population(s) served.

(6) A plan for the supervision, evaluation, and training of staff. The training plan shall:

(A) Be appropriate to meet the needs of staff and population(s) being served.

(B) Include in-service education of staff.

(C) Organizational strategies to enhance the well-being, retention, and resilience of staff.

(D) Utilization, screening, and training of peer partners, volunteers, and other qualified individuals.

(7) Policies, procedures, or practices that the facility shall maintain to ensure that the facility and its employees and independent contractors do not violate the terms of The Child Abuse and Neglect Reporting Act (CANRA) which include:

(A) A supervisor or administrator shall not impede or inhibit the reporting duties of a mandated reporter.

(B) The facility shall not sanction, punish, or discipline any person for making a report.

(C) The facility shall not direct an employee or independent contractor to allow his or her supervisor to file or process a mandated report on their behalf or require an employee to disclose his or her identity to the employer.

(8) A description of the administrative policies and procedures to be used to implement the facility's plan of operation.

(9) A statement of the admission policies and procedures regarding acceptance of children and nonminor dependents.

(10) A copy of the admission agreement.

(11) A statement of the policies and procedures for transition or transfer of children and nonminor dependents:

(A) After program goals have been reached.

(B) When it is determined program services and supports are no longer needed or proven to be ineffective.

(C) When it is determined that continued placement in the facility is detrimental to the child or nonminor dependent or others in the facility.

(12) A statement of the policies and procedures for rate setting and refunds for children placed by their parents or legal guardian.

(13) A statement whether or not the facility will handle a child's or nonminor dependent's money, personal property, and/or valuables. If money, personal property, and/or valuables will be handled, the method for safeguarding shall ensure compliance with Sections 80025 and 80026.

(14) A list of consultants and community resources to be utilized by the facility as part of its program.

(15) A statement regarding how the facility will engage and coordinate with community resources and partners, which shall include but is not limited to, tribal partners, county placing agencies, and mental health providers.

(A) Community engagement may include:

1. Providing services, including core services and supports, to children, nonminor dependents, and families.
2. Establishing culturally relevant and trauma-informed program practices, services, and supports.
3. Training, coaching , and other supports for staff.

(16) If the licensee intends to admit and/or specialize in care for one or more children or nonminor dependents who have a propensity for behaviors that result in harm to self or others, the facility plan of operation shall include a description of precautions that will be taken to protect that child or nonminor dependents and all others.

(17) If the licensee plans to use delayed egress devices as specified in Health and Safety Code section 1531.1(d), the plan must meet the requirements of Health and Safety Code sections 1531.1(g) and (h).

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Health and Safety Code sections 1531.1(g) and (h) provides in part:

> "(g)The facility shall develop a plan of operation approved by the State Department of Social Services that includes a description of how the facility is to be equipped with egress control devices that are consistent with regulations adopted by the State Fire Marshal pursuant to Section 13143 of the Health and Safety Code."
> (h) The plan shall include, but shall not be limited to, all of the following:
> (1) A description of how the facility will provide training for staff regarding the use and operation of the egress control devices utilized by the facility.
> (2) A description of how the facility will ensure the protection of the residents' personal rights consistent with Sections 4502, 4503, and 4504 of the Welfare and Institutions Code.
> (3) A description of how the facility will manage the person's lack of hazard awareness and impulse control behavior.
> (4) A description of the facility's emergency evacuation procedures."

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(17) For a county licensed to operate a short-term residential therapeutic program, a description of its conflict-of-interest mitigation plan, as set forth in Welfare and Institutions Code section 11462.02(g).

(18) Process for continuous quality improvement as specified in Section 87081.

(d) Any changes in the plan of operation which affect the services to population(s) being served shall be subject to licensing agency approval and shall be reported as specified in Section 87061.

(f) The facility shall operate in accordance with the terms specified in the plan of operation and may be cited for not doing so.

NOTE: Authority: Section 1501, 1530, and 1531, Health and Safety Code; and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1501, 1507, 1512, 1520, 1528, 1531, 1531.1, and 1562.01, Health and Safety Code.

## 87022.1 PROGRAM STATEMENT

(a) A facility shall have and maintain on file a current, written, definitive program statement is culturally relevant, trauma-informed, and age and developmentally appropriate for the population(s) being served.

(1) A program statement that is culturally relevant will include interventions, practices, services and supports that recognize the diverse backgrounds of children, nonminor dependents, and their families

(A) The interventions, practices, services and supports shall be tailored to the unique cultural characteristics of the child or nonminor dependent so that the services are relevant from the child's or nonminor dependent's perspective and appropriate to their needs without denying or delaying placement because of race, color, national origin, or ethnicity.

(2) A program statement that is trauma informed will include interventions, practices, services and supports that recognize the following:

(A) A child or nonminor dependent's need to be respected, informed, connected, and hopeful regarding his or her own experience with trauma.

(B) The interrelationship between trauma and symptoms of trauma including, but not limited to, substance abuse, eating disorders, depression, and anxiety.

(C) The need to work in a collaborative way with a child or nonminor dependent, his or her family and friends, and human services agencies in a manner that will empower the child or nonminor dependent.

(b) The program statement shall contain a description of the following:

(1) Goals of the program.

(2) The population or populations to be served, to include, the age range, sex and the categories of persons to be served.

(A) If the facility plans to serve a specific population, the program statement shall include any details for any specific models or interventions that will be used to tailor their services to their specific population, including how

your facility will serve lesbian, gay, bisexual, transgender, or queer/questioning children, nonminor dependents, and families.

1. The facility shall engage the specific community as well as community based organizations, providers or both who work with their specific population.

(B) If the facility provides vocational training, it shall include the skills taught, goals of the training, hands-on experience received, materials provided, number of hours per day/days per week, and funding

(C) If the facility intends to serve nonminor dependents, it shall include a description of programs or services to be provided consistent with assisting a nonminor dependent in preparing for the transition to independent living.

(3) Ability to support:

(A) The differing needs of children, nonminor dependents, and their families, with short-term, specialized, and intensive treatment and services.

(B) To support children, nonminor dependents, and their families from different backgrounds or experiences, including race, ethnicity, sexual orientation, gender identify, or a child or nonminor dependent who is gender non-conforming.

(4) Emergency response services to be provided by the facility.

(5) Transportation arrangements.

(6) The core services and supports, as specified by Section 87078, to be offered to children, nonminor dependents and their families, as appropriate or as necessary, to include the practices that will be used to ensure all core services and supports are trauma informed and culturally relevant, as necessary.

(7) The trauma-informed interventions, treatment practices, or both, that will be used in serving children, nonminor dependent, and families that are designed to:

(A) Identify trauma-related needs of children, nonminor dependent, and families.

(B) Reduce any potential for re-traumatization to children and nonminor dependents.

(C) Maximize physical and psychological safety for children, and nonminor dependents.

(D) Enhance a child or nonminor dependent's well-being and resilience.

(8) The procedures for the development, review, implementation, and modification of the needs and services plan for children and nonminor dependents served by facility and procedures for collaborating with the child and family team that include a description of the following:

(A) The services to be provided to meet the treatment needs of the child as assessed.

(B) The anticipated duration of treatment, and the timeframe and plan for transitioning the child to a less restrictive family environment.

(C) The procedure to ensure consistency with the case plans as developed by the county placing agency and recommendations by the child and family team.

(D) The procedures to support the reasonable and prudent parent standard.

(E) The procedures for how children and nonminor dependents will be assessed and the frequency of assessment.

(9) A written plan for activities as specified in Sections 87079.

(10) The name, location, and services provided by an agency or agencies that the applicant or licensee has partnered with, either formally or informally, to provide additional supports and services to families and children including nonminor dependents during care and post-permanency.

(11) The plan for participation in child and family teams.

(12) (A) A description of how the facility, in accordance with the child's case plan and the child and family team recommendations, will provide for, arrange for the provision of, or assist in, both of the following:

1. Identification of home-based family settings for a child who no longer needs the level of care and supervision provided by a short-term residential therapeutic program.
2. Continuity of care, services, and treatment as a child moves to home-based family care or to a permanent living situation through reunification, adoption, or guardianship.

(B) This paragraph shall not be interpreted to supersede the placement and care responsibility vested in the county child welfare agency or probation department.

(13) A detailed description of the following policies and procedures:

(A) Complaints and grievance.

(B) Participation and assistance with any county or state initiatives to improve the child welfare system.

(C) Family visitation and other communication with children and nonminor dependents pursuant to Health and Safety Code section 1512.

(D) Evaluation of the short-term residential therapeutic program's outcomes and results, as specified in Section 87078.7.

(E) Personal rights, including privacy.

(F) House rules.

(G) Positive discipline policies and procedures including the type(s) of discipline permitted and rationale, conditions under which each type of discipline will be used, types not permitted, provisions for informing the child's authorized representative(s) of discipline policies. The rationale must include how the type of discipline is trauma informed.

(H) Storage of medications.

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Health and Safety Code section 1512 provides:

"Each residential community care facility shall state, on its client information form or admission agreement, and on its patient's rights form, the facility's policy concerning family visits and other communication with resident clients and shall, except as otherwise provided in this section, promptly post notice of its visiting policy at a location in the facility that is accessible to residents and families. The requirement that a facility post notice of the facility's visiting policy does not apply to any facility serving six or fewer clients.
The community care facility's policy concerning family visits and communication shall be designed to encourage regular family involvement with the resident client and shall provide ample opportunities for family participation in activities at the facility."

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(I) Any other policies or procedures.

(16) Documentation of accreditation, as required by Section 87089.

(17) Documentation of a current mental health program approval, as required by Section 87089.1.

(A) A description of each mental health treatment service the facility will directly provide to children and nonminor dependents, as necessary, which may include:

1. Medication support services.
2. Day treatment intensive.
3. Day rehabilitation.
4. Crisis intervention.
5. Targeted case management.

(B) If a mental health approval has not yet been obtained, the program statement will include a description of how the short-term residential therapeutic program will meet the mental health service needs of children, as required by Section 87089.1

(18) Food and nutritional plan including a sample menus and a schedule for one calendar week indicating the time of day that meals and snacks are to be served.

(19) A written Emergency Intervention Plan, including a Runaway Plan, as specified in Section 87095.24.

(20) Any other information that may be prescribed by the department for the proper administration of this section.

(b) (1) Any changes in the program statement which affect the services to children or nonminor dependents shall be subject to licensing agency approval.

(2) A facility shall submit a copy of its program statement to all county placing agencies from which the facility accepts placements, including the county in which the facility is located, for optional review.

(A) A facility shall submit to the licensing agency a statement of declaration listing all of the county placing agencies its program statement was submitted to pursuant to paragraph (2) above.

(c) The facility shall operate in accordance with the terms specified in the plan of operation.

NOTE: Authority: Section 1501, 1530, and 1531, Health and Safety Code; and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1501, 1507, 1512, 1520, 1528, 1531, 1531.1, and 1562.01, Health and Safety Code.

**87026 SAFEGUARDS FOR CASH RESOURCES, PERSONAL PROPERTY, AND VALUABLES.**

(a) In addition to Section 80026, the following shall apply.

(b) The licensee shall have written policies and procedures meeting the requirements in (c) below approved in advance by the licensing agency.

(c) The licensee shall ensure that a child's cash resources are not taken in the form of fines unless the following requirements are met:

(1) All fines levied shall be recorded and explained in the child's file, including the amount of the fine and the reason for the fine.

(2) Such fines shall be maintained in an account separate from the personal or business accounts of the licensee or facility.

(A) Records shall be maintained accounting for any interest earned and expenditures from the account.

(3) All fines collected shall be used for the benefit of the individual child or all children in placement.

(4) The circumstances under which fines are to be imposed shall be specified in writing.

NOTE: Authority cited: Section 1530, Health and Safety Code and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1501 and 1531, Health and Safety Code.

**87030 PROVISIONAL LICENSE**

(a) Section 80030 shall not apply to a short term residential therapeutic program licensee or applicant.

(b) An applicant who completes an application and who meets the regulatory and statutory requirements shall receive a provisional license for the first twelve months.

(1) After eight months of operation, the licensing agency shall conduct a comprehensive review of the facility for compliance with all applicable laws and regulations and shall assist the applicant to develop a plan of correction, when necessary.

(2) Before the first business day of the thirteenth month of operation, if the licensing agency determines that the facility is in substantial compliance with licensing standards, the licensing agency shall issue a permanent license except as provided in Section 87030(c).

(c) If the licensing agency determines that the facility is in substantial compliance with licensing standards, the licensing agency may extend the provisional license for up to an additional six months for either of the following reasons:

(1) The facility requires additional time to be in full compliance with licensing standards.

(2) After twelve months of operation, the facility is not operating at fifty percent of its licensed capacity.

(d) By no later than the first business day of the seventeenth month of operation, the licensing agency shall conduct an additional review of a facility for which a provisional license is extended pursuant to Section 87030(c), to determine whether a permanent license should be issued.

(e) Under the following conditions, a licensee with a permanent license may apply for a provisional license:

(1) A temporary change in facility location of not more than six months due to unforeseen circumstances beyond the control of the licensee (i.e. flood, earthquake, etc.).

(A) The licensing agency shall have the authority to authorize a temporary facility change following a licensing agency review, a finding of substantial compliance with licensing standards, and the securing of an appropriate fire clearance.

(f) If, during the provisional license period, the licensing agency discovers any serious deficiencies, the licensing agency shall have the authority to institute administrative action, or civil proceedings, or to refer the case for criminal prosecution. As one of the options under the administrative action process, the licensing agency may deny a license application at any time during the term of the provisional license to protect the health and safety of clients. If the licensing agency denies the application, the facility shall cease operation immediately. Continued operation of the facility after the licensing agency denies the application or after the provisional license expires shall constitute unlicensed operation.

(g) A provisional license shall not be renewable and shall terminate on the date specified on the license or upon denial of the application, whichever is earlier.

NOTE: Authority Cited: Section 1530. Health and Safety Code AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1501. 1520, 1520.1, 1524, 1525.5 and 1531, health and Safety code

**87031 ISSUANCE OF A LICENSE.**

(a) Section 80031 shall not apply.

(b) An applicant who completes an application and who meets the regulatory and statutory requirements shall receive a provisional license for the first twelve (12) months of operation and during that period shall be evaluated for a permanent license.

NOTE: Authority cited: Section 1530, Health and Safety Code and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1509, 1520, 1520.1, 1520.5, 1525 and 1531.5, Health and Safety Code.

**87031.1 ISSUANCE OF A PROVISIONAL LICENSE.**

(a) For the time frames of the initial review of the application for completeness, as specified by Section 80027.

(b) Within ninety (90) days of the date that a completed application, as defined in Section 80001(c)(10), has been received, the licensing agency shall give written notice to the applicant of one of the following:

(1) A provisional license has been approved for the first twelve months of operation pending a comprehensive review and final evaluation for a permanent license.

(2) The application has been denied.

(A) The notice of denial shall include the information specified in Section 80040(b)(1).

NOTE: Authority cited: Section 1530, Health and Safety Code and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1509, 1520, 1520.1, 1520.5, 1525, 1526 and 1531.5, Health and Safety Code; and Section 15376, Government Code.

**87031.2 ISSUANCE OF A PERMANENT LICENSE.**

(a) Before the first business day of the thirteenth month after the effective date of the provisional license, as defined in Section 87030, or before the first business day of the nineteenth month if an extension was granted in accordance with Section 87030(c), the licensing agency shall give written notice to the applicant of one of the following:

(1) A permanent license has been approved.

(2) The application has been denied.

(A) The notice of denial shall include the information specified in Section 80040(b)(1).

NOTE: Authority cited: Section 1530, Health and Safety Code and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1509, 1520, 1520.1, 1520.5, 1525, 1526 and 1531.5, Health and Safety Code.

## 87040 DENIAL OF INITIAL LICENSE.

(a) An application for licensure shall be denied when the applicant does not provide an LIC 9165A signed by each member of the board of directors or governing body, that includes the statement specified in Health and Safety Code Section 1520.1(b)(1).

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Health and Safety Code Section 1520.1(b)(1) states in pertinent part:

> (b)(1) ...every member of the group home's board of directors or governing body and every member of a short-term residential therapeutic program's board of directors or governing body shall, prior to becoming a member of the board of directors or governing body sign a statement that he or she understands his or her legal duties and obligations as a member of the board of directors or governing body and that the group home's or short-term residential therapeutic program's operation is governed by laws and regulations that are enforced by the department, as set forth in the booklet. The applicant, provisional licensee, and licensee shall have this statement available for inspection by the department. For members of the board of directors or governing body when the booklet is produced, the licensee shall obtain this statement by the next scheduled meeting of the board of directors or governing body. Compliance with this paragraph shall be a condition of licensure.

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NOTE: Authority cited: Section 1530, Health and Safety Code and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Section 1520.1(b)(1), Health and Safety Code.

## Article 4. Administrative Actions

### 87040 DENIAL OF INITIAL LICENSE.

(a) In addition to Section 80040, the following shall apply.

(b) An application for licensure shall be denied when the applicant does not provide an LIC 9165A signed by each member of the board of directors, that includes the statement specified in Health and Safety Code section 1520.1(b)(1).

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Health and Safety Code section 1520.1(b)(1) states in pertinent part:

> "...[E]very member of a short-term residential treatment center's board of directors or governing body shall, prior to becoming a member of the board of directors or governing body sign a statement that he or she understands his or her legal duties and obligations as a member of the board of directors or governing body and that the group home's or short-term residential treatment center's operation is governed by laws and regulations that are enforced by the department, as set forth in the booklet. The applicant, provisional licensee, and licensee shall have this statement available for inspection by the department. For members of the board of directors or governing body when the booklet is produced, the licensee shall obtain this statement by the next scheduled meeting of the board of directors or governing body. Compliance with this paragraph shall be a condition of licensure."

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NOTE: Authority cited: Section 1530, Health and Safety Code and Sec. 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015).. Reference: Section 1520.1(b)(1), Health and Safety Code.

**87044 INSPECTION AUTHORITY.**

(a) In addition to Section 80044, the following shall apply.

(b) Pursuant to Health and Safety Code section 1562.01 the department shall have the authority to inspect a short-term residential treatment center pursuant to the system of governmental monitoring and oversight developed by the department pursuant to Welfare and Institutions Code section 11462(c).

(c) The department shall have the inspection authority specified in Section 1538.7 of the Health and Safety Code.

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Health and Safety Code section 1562.01(l) provides:

> "The department shall have the authority to inspect a short-term residential treatment center pursuant to the system of governmental monitoring and oversight developed by the department on and after January 1, 2017, pursuant to subdivision (c) of Section 11462 of the Welfare and Institutions Code."

Health and Safety Code section 1538.7 provides:

> "(a) A group home, transitional housing placement provider, community treatment facility, runaway and homeless youth shelter, or short-term residential treatment center shall report to the department's Community Care Licensing Division upon the occurrence of any incident concerning a child in the facility involving contact with law enforcement. At least every six months, the facility shall provide a followup report for each incident, including the type of incident, whether the incident involved an alleged violation of any crime described in Section 602 of the Welfare and Institutions Code by a child residing in the facility; whether staff, children, or both were involved; the gender, race, ethnicity, and age of children involved; and the outcomes, including arrests, removals of children from placement, or termination or suspension of staff.
> (b) (1) If the department determines that, based on the licensed capacity, a facility has reported, pursuant to subdivision (a), a greater than average number of law enforcement contacts involving an alleged violation of any crime described in Section 602 of the Welfare and Institutions Code by a child residing in the facility, the department shall inspect the facility at least once a year.
> (2) An inspection conducted pursuant to paragraph (1) does not constitute an unannounced inspection required pursuant to Section 1534.

(c) If an inspection is required pursuant to subdivision (b), the Community Care Licensing Division shall provide the report to the department's Children and Family Services Division and to any other public agency that has certified the facility's program or any component of the facility's program including, but not limited to, the State Department of Health Care Services, which certifies group homes or short-term residential treatment centers pursuant to Section 4096.5 of the Welfare and Institutions Code."

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NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill403 (Chapter 773, Statutes of 2015). Reference: Sections 1538.7 and 1562.01, Health and Safety Code.

**87045 EVALUATION VISITS.**

(a) In addition to Section 80045, the following shall apply.

(b) The licensee shall maintain licensing reports as specified in Health and Safety Code Section 1538.5(a)(3).

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Health and Safety Code Section 1538.5(a)(3) states in pertinent part:

> "A …short-term residential treatment center shall maintain, at the facility, a copy of all licensing reports for the past three years that would be accessible to the public through the department, for inspection by placement officials, current and prospective facility clients, and these clients' family members who visit the facility."

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NOTE: Authority Cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Section 1538.5, Health and Safety Code.

## Article 5. Enforcement Provisions

### 87051 SERIOUS DEFICIENCIES.

(a) In addition to 80051, a short-term residential therapeutic program that fails to operate according to its plan of operation and program statement, or both, may be cited for a serious deficiency.

NOTE: Authority cited: Section 1501, 1530, and 1531 Health and Safety Code, and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Section 1530.8 Health and Safety Code.

## Article 6. Continuing Requirements

### 87061 REPORTING REQUIREMENTS.

(a) In addition to Section 80061, the following shall apply. Subsections (d) and (h)(7) shall not apply to nonminor dependents.

(b) The licensee shall ensure that the child's authorized representative is notified no later than the next business day if the following circumstances have occurred without the authorized representative's participation:

(1) The child has been placed in the facility under emergency circumstances.

(2) The child has been removed from the facility.

(3) Each time the child has been placed in a manual restraint, to be reported as required in Section 87095.61.

(4) Any unusual absence or failure of a child to return or inform the facility that they are not returning for a specified period of time.

(A) A child identified to be at risk of, or having been commercially sexually exploited who has not informed the facility of an absence should be reported to the authorized representative as soon as is reasonably possible and in no case longer than 24 hours.

(c) The licensee shall ensure that the child's authorized representative is sent prior written notification regarding the need for nonemergency relocation of the child to another facility .

(d) The licensee shall ensure that the child's authorized representative is notified if the child is not enrolled in or regularly attending school.

(e) The licensee shall notify the Department, in writing, within ten (10) days of any change in the facility administrator.

(f) The licensee shall notify the licensing agency in writing within ten business days of acquiring a new member of the board of directors. The notification shall include the following:

(1) Name and mailing address of the new member of the board of directors;

(2) Date he or she joined the board of directors, and

(3) A copy of the LIC 9165A signed by the new member of the board of directors.

(g) The licensee shall notify the Department, in writing, within ten (10) days of the hiring of a new administrator. The notification shall include the following:

(1) Name, and residence and mailing addresses of the new administrator.

(2) Date he/she assumed his/her position.

(3) Description of his/her background and qualifications, including documentation of required education and administrator certification.

(A) A photocopy of the documentation shall be permitted.

(h) Incident Reports must include the following:

(1) Date, time, duration and location of the incident.

(2) A detailed narrative, describing the incident and the events leading up to the incident.

(3) Analysis of the incident:

(A) Other reportable incidents involving the same child in the preceding six months.

(B) Description of other previous incidents.

1. Dates of previous incidents.

2. Types of previous incidents.

3. Action taken by facility personnel in response to previous incidents.

(C) Are there commonalities between this incident and other previous incidents involving the same child in the preceding six months.

(4) Description of the facility's plan for the child, in response to the incident, including modifications to the child's needs and services plan. If the child has been involved in previous incidents, explain what the previous modifications were to the child's needs and services plan.

(5) What action was taken by facility personnel to reintegrate the child with the other children in the facility after the incident.

(6) Incident Reports documenting the use of manual restraints must include the following:

(A) Date and time of other manual restraints involving the same child in the past 24 hours.

(B) A description of the child's behavior that required the use of manual restraints, and description of the precipitating factors which led to the intervention.

(C) Description of what manual restraints were used, and how long the child was restrained.

(D) Description of what non-physical interventions were utilized prior to the restraint; explanation of why more restrictive interventions were necessary.

(E) Description of any injuries sustained by the child or facility personnel. What type of medical treatment was sought and where was child taken. Provide an explanation if medical treatment was not sought for injuries.

(F) Name(s) of facility personnel who conducted the manual restraint.

(G) Name(s) of facility personnel who witnessed the child's behavior and the restraint.

(H) The child's verbal response and physical appearance, including a description of any injuries at the completion of the restraint.

(I) If it is determined by the post incident review, as required in Section 87095.68, that facility personnel did not attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident. What corrective action will be taken or not taken and why.

(J) If law enforcement was involved, a detailed description of the incident.

(K) Documentation that the child's authorized representative has been notified of the incident.

(7) Incident Reports used to report a runaway situation must include the following:

(A) When, how and by whom was the child's absence first noted.

(B) The child's last known activities.

(C) What were the circumstances surrounding the child's absence.

(D) What action did the facility personnel take to discourage the child from leaving; and what interventions were utilized.

(E) What action was taken by facility personnel to locate the child.

(F) If a manual restraint was used, and if it is determined by the post incident review, as required in Section 87095.68, that facility personnel did not attempt to prevent the manual restraint, a description of what action should have been taken by facility personnel to prevent the manual restraint incident. What corrective action will be taken or not taken and why.

(G) If law enforcement was involved in the incident, a detailed description of the incident.

(H) Documentation that the child's authorized representative has been notified of the incident.

(i) The licensee shall submit reports to the Department regarding any incident concerning a child in the facility involving contact with law enforcement.

(1) The licensee shall make an initial report to the Department no later than the next business day following each incident. The initial report shall include all information described in Section 87061(i)(2)(A) through (E) that is known to the licensee at the time the report is made.

(2) Within six months of the incident, the licensee shall provide a follow-up report for each incident that includes the following information:

(A) The type of incident.

(B) Whether the incident involved an alleged violation of any crime, other than an age-based curfew law, by a child residing in the facility.

(C) Whether staff, children, or both were involved in the incident.

(D) The gender, race, ethnicity, and age of children involved in the incident.

(E) The outcome of the incident, if known, including arrests, removals of children from placement, termination or suspension of staff, the filing of a 602 petition for the child, or revocation of or changes to the terms of probation.

(3) The licensee may file the follow-up report at any time within six months of the incident, including with the initial report, if all outcomes and required information are known.

(4) A licensee reporting an incident under this subsection shall not be required to report the same incident under any other provision of this Section, or under Section 80061, so long as all information required to be reported by the other provision is provided.

(5) For the purposes of this subsection, "contact with law enforcement" means contact with police officers, sheriffs and others as defined in Section 87001(l)(1), which does not include a probation officer who is supervising the placement of a child in the facility.

**HANDBOOK BEGINS HERE**

Example: Routine contacts with probation officers do not need to be reported to the Department. However, action taken by a probation officer in response to a reportable incident involving a child in the facility in which law enforcement was called, including, but not limited to, revocation or changes of the terms of probation, should be reported as an outcome as required in Section 87061(i)(2)(E) if known.

**HANDBOOK ENDS HERE**

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1522.41(b)(4), 1531, 1538.7 and 1562, Health and Safety Code.

**87063 ACCOUNTABILITY.**

(a) The board of directors shall be active in ensuring accountability, and shall perform, at a minimum, the following duties:

(1) Establish and approve policies and procedures governing the operation of the short-term residential therapeutic program;

(2) Approve and monitor the corporation's operating budget;

(3) Assess and maintain the level of funds necessary to cover the costs of operating the short-term residential therapeutic program;

(4) Review and approve the facility's emergency intervention plan as specified in Section 87095.22(k);

(5) Employ an administrator who meets the requirements of Section 87064;

(6) Complete a written statement describing the duties delegated to the administrator. Provide a copy of this statement to the administrator and maintain a copy in the facility's file;

(7) Require that the Chief Executive Officer, administrator, or a designee be present at all board of directors meetings during which the operation or the policies of the short-term residential therapeutic program are discussed;

(8) Conduct board of directors meetings at least on a quarterly basis to review and discuss the short-term residential therapeutic program's operation and documents as specified in Health and Safety Code Section 1520.1(f), and based upon the review, ensure that the short-term residential therapeutic program complies with all applicable regulations;

(A) Review and discussion of the short-term residential therapeutic program's operation shall include the incidents concerning a child in the facility involving contact with law enforcement that were reported to the Department as specified in Section 87061(i).

(9) Ensure that minutes are kept for all board of directors meetings and retained as a permanent record. The minutes shall reflect the board's discussion of the documents specified in Health and Safety Code Section 1520.1(f);

(10) Ensure that all minutes of board of directors' meetings are available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Minutes may be removed if necessary for copying. Removal of minutes shall be subject to the following requirements:

(A) Prior to removing any minutes, a licensing representative shall prepare a list of the minutes to be removed, sign and date the list upon removal of the minutes, and leave a copy of the list with the administrator or designee.

(B) Licensing representatives shall return the minutes undamaged and in good order within three business days following the date the minutes were removed.

(11) Submit copies of all corporate documents to the licensing agency at the time documents are submitted to the Secretary of State.

(b) The licensee shall provide each board of directors member with the "Facts You Need To Know, Short-Term Residential Therapeutic Program Board of Directors" (PUB 326A) booklet furnished by the Department.

(c) The licensee shall require that each board of directors member sign and date the form, LIC 9165A) as specified in Section 87018(c). The signed original form shall be maintained in the corporation's principal California office.

(1) The signed form shall be obtained from each board of directors member by the next scheduled board of directors meeting .

(2) A signed form shall be obtained from a prospective board of directors member before joining the board of directors.

(3) A permanent license shall not be issued until all members of the board of directors have signed the form.

(4) The LIC 9165A specified in (c) above shall be made available for review by the Department upon request.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1520.1(f) and 1520.11(c), Health and Safety Code.

**87064 ADMINISTRATOR QUALIFICATIONS AND DUTIES.**

(a) In addition to section 80064, the following shall apply.

(b) All short-term residential therapeutic programs shall have a qualified and currently certified administrator.

(1) The administrator shall be on the premises for a minimum of 20 hours per week to manage and administer the short-term residential therapeutic program in compliance with applicable law and regulation.

(A) The department may issue a waiver or an exception, as specified in Section 80024.

(B) The department may require an administrator to be on the premises more than 20 hours per week.

(2) In the event a certified administrator is not employed within ten (10) days of the departure of the former administrator, a written "Plan of Correction" shall be developed to bring the short-term residential therapeutic program into compliance with the requirements of this section.

(3) In those cases where the individual is both the licensee and the administrator of a short-term residential therapeutic program, the individual shall comply with all of the licensee and certified administrator requirements.

(4) The Department may revoke the license of a short-term residential therapeutic program for failure to comply with all requirements regarding certified administrators.

(5) Unless otherwise provided, a certified administrator may administer more than one licensed children's residential facility upon approval by the Department.

(6) A certified administrator may also be a facility's mental health program director.

(A) In such cases the individual shall comply with all the requirements for a certified administror and a mental health program director.

(B) A certified administrator who is also a facility's mental health program director may not serve as a mental health program director or an administrator of more than one short-term residential therapeutic program.

(c) The administrator shall meet one of the following qualifications:

(1) Have a master's degree in a behavioral science from an accredited college or university, plus two years of employment as a social worker, as defined in section 80001 (s)(4), in an agency serving children or in a residential congregate care program for children.

(2) Have a bachelor's degree from an accredited college or university, plus at least three years administrative experience or supervisory experience over social work, direct care and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(3) Have completed at least two years at an accredited college or university, plus at least five years administrative experience or supervisory experience over social work, direct care and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

(4) Be a qualified and certified group home administrator prior to January 1, 2017.

(d) The administrator shall be responsible for the following duties:

(1) Directing and evaluating the facility within the limits of the functions and policies established by the licensee.

(2) Preparing the facility's budget and managing expenditures according to the facility's budget limitations.

(3) Organizing the work of the facility and delegating responsibilities to staff.

(4) Assessing the facility’s operations and program and reporting to the licensee and making recommendations to address identified problems.

(5) Recruiting, appointing, evaluating, and terminating staff.

(6) Developing a plan for the orientation, development, and training of staff, as specified in Section 87065.1.

(7) Reviewing complaints made by children or their authorized representative(s) as specified in Section 87072.2, and deciding upon the action to be taken to handle the complaint.

(8) Developing the written policies, procedures, and practices for continuous quality improvement, as specified in Section 87081.

(9) Observing and interacting with staff, children, and other individuals, as necessary, to ensure the quality of care for children and program services.

(10) Any other duties that may be necessary to manage and administer the short-term residential therapeutic program.

(e) When the administrator is absent there shall be coverage by a designated substitute who has the following qualifications:

(1) Graduation from high school or equivalent.

(2) One year of administrative or supervisory experience over social work, direct care and/or support staff providing direct services to children in an agency or in a community care facility with a licensed capacity of seven or more.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1522.41(b), 1531 and 1562, Health and Safety Code.

**87064.2 ADMINISTRATOR CERTIFICATION REQUIREMENTS.**

(a) An individual employed on or after January 1, 2017 shall be a short-term residential therapeutic program certificate holder prior to being employed as an administrator of a short-term residential therapeutic program.

(1) A group home administrator and possessing a valid group home certificate issued by the Department, is exempt from completing the forty (40) hours of Initial Certification Training Program classroom instruction and passing the written exam, as described in sections 87064.2(b)(1) and (2) below, provided the individual has completed 12 hours of Department-approved courses provided by a Department-approved vendor in the following:

(A) Three (3) hours of instruction in laws, regulations, and policies and procedural standards that impact the operations of the type of facility for which the applicant will be an administrator.

(B) Three (3) hours of instruction in authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, and storage of medications, and metabolic monitoring of children prescribed psychotropic medications.

(C) Two (2) hours of instruction on resident admission, retention, and assessment procedures, including the right of a foster child to have fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(D) One (1) hour of instruction on the federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, and the best interests of Indian children as including culturally appropriate, child-centered practices that respect Native

American history, culture, retention of tribal membership, and connection to the tribal community and traditions.

(E) One (1) hour of instruction in cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender.

(F) Two (2) hours of instruction in the physical and psychosocial needs of the children, including behavior management, de-escalation techniques, and trauma informed crisis management planning, including the use of emergency interventions.

(b) To receive his/her certificate an applicant shall:

(1) Successfully complete a Department approved Initial Certification Training Program as described in Section 87090(h), except as specified in Section 87064.2(a)(1) above.

(2) Pass a written exam developed and administered by the Department within sixty (60) days of completion of an Initial Certification Training Program and within three (3) attempts, except as specified in Section 87064.2(a)(1) above.

(3) Submit a completed Application for Administrator Certification form LIC 9214 to the Department's Administrator Certification Section within thirty (30) days of being notified of having passed the exam. The application shall contain the following:

(A) The applicant's name, address, e-mail address, phone number(s), and date of birth.

(B) A statement of whether or not the applicant:

1. Held or currently holds a license, certification or other approval as a professional in a specified field and the certificate or license number(s).

2. Held or currently holds a State-issued facility license or was or is employed by a State-licensed care facility and the license number.

3. Was the subject of any legal, administrative or other action involving licensure, certification or other approvals as specified in (i) and (ii) above.

(C) Proof that the applicant has successfully completed a Department approved Initial Certification Training Program or proof of being a group home administrator possessing a valid group home certificate.

(D) Documentation of passing the written exam.

(E) A statement certifying that the information submitted is true and correct.

(F) A completed Criminal Record Statement (LIC 508).

(G) A completed Request for LiveScan Service form LIC 9163, signed and dated by the live scan vendor, to document that the applicant has submitted fingerprints to the Department of Justice at a livescan location, or a statement that the applicant has a current criminal record clearance on file with the Department.

(H) A non-refundable one hundred dollar ($100) processing fee.

(c) The Department shall not issue a certificate until it receives notification from the Department of Justice that the applicant has a criminal record clearance or an exemption pursuant to Health and Safety Code section 1522 or is able to transfer a current criminal record clearance or an exemption pursuant to Health and Safety Code section 1522(b)(1).

(d) No person shall cheat on, subvert, or attempt to subvert, the exam given by the Department, including, but not limited to, engaging in, soliciting, or procuring any of the following:

(1) Any form of communication between one or more examinees and any other person, other than a proctor or exam official, while the exam is in progress.

(2) The taking of all or a part of the exam by a person other than the applicant.

(3) Possession or use at any time during the exam or while the examinee is on the exam premises of any device, material, or document that is not expressly authorized for use by examinees during the exam, including, but not limited to, notes, crib sheets, textbooks, and electronic devices.

(4) Failure to follow any exam instruction or rule related to exam security.

(e) Any applicant caught willfully cheating under this section shall be deemed to have failed that exam and may be denied certification pursuant to Section 87064.4 as a result of the conduct.

(f) It shall be unlawful for any person not certified under this section to misrepresent himself or herself as a certified administrator. Any person willfully making any false representation as being a certified short-term residential therapeutic program administrator is guilty of a misdemeanor.

(g) Certificates issued under this section shall be renewed every two (2) years provided the certificate holder has complied with all renewal requirements.

(h) Certificates shall be valid for a period of two (2) years and expire on either the anniversary date of initial issuance or on the individual's birthday during the second calendar year following certification.

(i) Time deadlines specified in Sections 87064.2 (b)(2) and (3) above may be extended up to sixty (60) days in total for good cause as determined by the Department. Any request for extension of time shall be made in writing to the Administrator Certification Section Manager within sixty (60) days of completing the Initial Certification Training Program and shall contain a statement of all facts the applicant believes constitute good cause to extend time.

(1) Good cause may include death of an immediate family member, required fulfillment of military service or other civic duty, or another unavoidable and verifiable event as determined by the Department. Failure of the exam shall not constitute good cause for an extension.

(2) Absent a good cause extension, the Department shall not process and may deem withdrawn an application that fails to meet the time deadlines specified in Sections 87064.2(b)(2) or (3).

(3) Any applicant who fails to meet the time deadlines specified in Sections 87064.2(b)(2) and (3) must begin the certification process described in Section

87064.2(b) anew, and complete it within the time deadlines specified in Sections 87064.2(b)(2) and (3).

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1520, 1522, 1522.41 and 1550, Health and Safety Code.

**87064.3 ADMINISTRATOR RECERTIFICATION REQUIREMENTS.**

(a) Administrators shall complete at least forty (40) classroom hours of continuing education during each two-year certification period, including:

(1) At least four (4) hours of instruction in laws, regulations, policies, and procedural standards that impact short-term residential therapeutic programs, including but not limited to the regulations contained in this subchapter.

(b) Continuing education hours must be sufficiently related by subject matter and logic to the Core of Knowledge, current and relevant to facility operations and care, and completed through any combination of the following:

(1) Courses approved for short-term residential therapeutic program administrators by the Department.

(2) Certified administrators required to complete continuing education hours required by regulations of the Department of Developmental Services, and approved by the Regional Center, may have up to twenty-four (24) of the required continuing education course hours credited toward the forty (40) hour continuing education requirement.

(A) Community college course hours approved by the Regional Center shall be accepted by the Department for recertification.

(B) Any continuing education course hours in excess of twenty-four (24) hours offered by the Department of Developmental Services and approved by the Regional Center may be credited toward the forty (40) hour requirement provided the courses are not duplicative and relate to the core of knowledge as specified in Section 87090(h)(1).

(c) Courses approved for continuing education credit shall require the physical presence of the certificate holder in a classroom setting as defined in Section 87001(c)(5) except that up to one-half of the required forty (40) hours of continuing education necessary to renew the certification may be satisfied through interactive online courses as specified in Section 87091(i).

(1) The Department will not count toward the continuing education requirements more than ten (10) hours of instruction, in-class and/or online, completed in a single day.

(2) Home study or correspondence-type courses will not be counted toward completion of continuing education requirements as they are not interactive by design.

(3) Completion of an Initial Certification Training Program or component(s) thereof will not be counted toward completion of continuing education requirements as the Program is intended for new administrators.

(4) Any specific continuing education course may only be accepted once per renewal period toward completion of the continuing education requirements.

(d) To apply for recertification prior to the expiration date of the certificate, the certificate holder shall submit to the Department's Administrator Certification Section, post-marked on, or up to ninety (90) days before, the certificate expiration date:

(1) A completed application for Administrator Certification form LIC 9214.

(2) Evidence of completion of forty (40) continuing education hours as specified in Section 87064.3(a) above.

(3) Payment of a non-refundable one hundred dollar ($100) processing fee.

(e) To apply for recertification after the expiration date of the certificate, but within four (4) years of the certificate expiration date, the certificate holder shall submit to the Department's Administrator Certification Section:

(1) A completed application for Administrator Certification form LIC 9214.

(2) Evidence of completion of the required continuing education hours as specified in Section 87064.3(a) above. The total number of hours required for recertification shall be determined by computing the number of continuing education hours the certificate holder would have been required to complete if they had remained certified. The date of computation shall be the date the application for renewal is received by the Department's Administrator Certification Section.

(3) Payment of a non-refundable delinquency fee equal to three times the one hundred dollar ($100) renewal fee, or three hundred dollars ($300).

(f) Certificates not renewed within four (4) years of their expiration date shall not be renewed, restored, reissued or reinstated.

(1) Holders of certificates not renewed within four (4) years of their expiration date must begin anew the certification process specified in Section 87064.2(b).

(g) Certificate holders, as a condition of recertification, shall have a current criminal record clearance or exemption.

(h) A non-refundable processing fee of twenty-five dollars ($25) shall be paid for the replacement of a lost certificate.

(i) A certificate holder shall report any change of mailing address within thirty (30) days to the Department's Administrator Certification Section.

(j) Whenever a certified administrator assumes or relinquishes responsibility for administering a short-term residential therapeutic program, he or she shall provide written notice within ten (10) days to:

(1) The local licensing office(s) responsible for receiving information regarding personnel changes at the licensed facilities with whom the certificate holder is or was associated, and

(2) The Department's Administrator Certification Section.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1522 and 1522.41(a), 1522.41(f) and 1522.41(h), Health and Safety Code.

**87064.4 ADMINISTRATOR CERTIFICATION DENIAL OR REVOCATION.**

(a) The Department may deny or revoke any administrator certificate upon any of the grounds specified in Health and Safety Code section 1550 and/or on any of the following grounds:

(1) The certificate holder or applicant procured or attempted to procure a certificate by fraud, misrepresentation, bribery, or other unlawful behavior.

(2) The certificate holder or applicant knowingly made or gave a false statement or information in conjunction with the application for a certificate.

(3) The Department has issued an exclusion order against the certificate holder pursuant to Health and Safety Code sections 1558, 1568.092, 1569.58 or 1596.8897 after the Department issued the certificate, and:

(A) The certificate holder did not appeal the exclusion order or,

(B) After the appeal, the Department issued a decision and order that upheld the exclusion order.

(4) The certificate holder or applicant does not have a current criminal record clearance or exemption.

(5) The certificate holder fails to comply with certificate renewal requirements.

(A) The Department may reinstate a certificate that has been revoked for failure to comply with certificate renewal requirements provided all conditions for recertification have been satisfied, including payment of all appropriate renewal and delinquency fees.

(b) Any denial or revocation of an administrator certificate may be appealed as provided by Health and Safety Code section 1551.

(c) Unless otherwise ordered by the Department, any application for an administrator certificate submitted after a denial or revocation action shall be processed in accordance with the provisions of Health and Safety Code section 1520.3.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1520.3, 1522, 1522.41(f), 1522.41(g), 1550 and 1551, Health and Safety Code.

**87064.5 ADMINISTRATOR CERTIFICATE FORFEITURE.**

(a) Unless otherwise ordered by the Department, the certificate shall be considered forfeited under any of the following conditions:

(1) The Department has revoked any license held by the certificate holder after the Department issued the certificate.

(2) The Department has issued an exclusion order against the certificate holder pursuant to Health and Safety Code sections 1558, 1568.092, 1569.58 or 1596.8897, after the Department issued the certificate, and:

(A) The certificate holder did not appeal the exclusion order or,

(B) After the appeal, the Department issued a decision and order that upheld the exclusion order.

(b) Unless otherwise ordered by the Department, any application for an administrator certificate submitted after a certificate has been forfeited shall be processed in accordance with the provisions of Health and Safety Code sections 1520.3, 1558(h) and/or 1558.1.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1520.3, 1522, 1522.41(g), 1558(h) and 1558.1, Health and Safety Code.

**87065 PERSONNEL REQUIREMENTS.**

(a) In addition to Section 80065, with the exception of subsection (d), the following shall apply.

(b) The licensee shall employ those administrative, social work, licensed or certified mental health professional, direct care and support staff necessary to perform the assigned duties specified in applicable law and regulation.

(c) The licensee shall ensure provision of the services specified in Section 87065.2(c)(1) through (4), by social work staff as defined in 87001(s)(4).

(1) The licensee shall employ at least one social work staff who has a Master of Social Work degree.

(2) Social work staff hired on or after January 1, 2017 shall meet the following education and experience requirements:

(A) A Master's Degree from an accredited or state approved graduate school, as defined by the Department of Education, in social work or social welfare, marriage, family and child counseling, child psychology, child development, counseling psychology or social psychology.

(B) Social work staff shall be at least 21 years of age.

1. This subparagraph shall not apply to social work staff employed before October 1, 2014 by a short-term residential therapeutic program that was operating as a group home prior to January 1, 2017.

(C) Completion of at least three semester units or 100 days of field practice or experience in a public or private social service agency at the Master's Degree level.

(D) At least nine semester units of coursework related to children and families, or 18 months experience in working with children and families.

(E) At least three semester units in working with minority populations; six months of experience in working with minority population; or six months

in-service training in working with minority populations within the first year of employment as a condition of employment.

(F) At least three semester units in child welfare, or two years experience in a public or private child welfare social services setting.

(3) Social work staff who do not meet the Master's Degree requirements specified in Subsection (c)(2)(A) may apply for an exception provided he/she completes the coursework and field practice or experience requirements specified in Subsection (c)(2)(C).

(4) Group home social work staff who were hired prior to January 1, 2017 by a facility transitioning to a short-term residential therapeutic program shall not be required to meet the requirements of this section in order to remain employed in a short-term residential therapeutic program.

(5) Documentation of the required education and experience requirements shall be maintained in the personnel file.

(d) The licensee shall designate at least one staff member to be onsite at all times to apply the reasonable and prudent parent standard to decisions involving the participation of a child in age or developmentally appropriate activities in accordance with Health and Safety Code section 1522.44(b) and Section 87067.

(1) The designated staff member(s) shall meet the training requirements specified in 87065.1(g).

(e) One employee shall be designated by the administrator to have primary responsibility for planned activities, and shall be given assistance as necessary to ensure that all children participate in accordance with their needs, interests, and abilities.

(1) The designated employee shall develop, organize, implement, and evaluate the facility activity program, and shall possess the following qualifications:

(A) Completion of or enrollment in a related education or training program.

(B) Six months' experience in organizing and providing planned activities.

(f) The licensee shall designate at least one facility manager to be present at the facility at all times when one or more children are present:

(1) The facility manager shall meet one of the following requirements prior to employment:

(A) Have a Bachelor of Arts or Sciences degree.

(B) Two years of full-time experience, or its equivalent, working with the population to be served, or equivalent education or experience, as determined by CDSS.

1. Experience shall be verified as having been performed as a paid or volunteer staff person whose duties required direct supervision and care of the population served.

(C) Two years experience as a member of the social work staff in a group home or short-term residential therapeutic program performing those duties specified in Section 87065.2(c).

(2) Prior to assuming the duties and responsibilities of the facility manager, the individual shall complete a minimum of one hour of training as specified in Section 87065.1(a), in addition to training required in Sections 87065.1(c) and (d).

(3) Any person willfully making any false representation as being a facility manager is guilty of a misdemeanor.

(4) A facility manager shall be at least 21 years of age.

(A) This subparagraph shall not apply to a facility manager employed before October 1, 2014 by a short-term residential therapeutic program that was operating as a group home license prior to January 1, 2017.

(5) A group home facility manager who was hired prior to January 1, 2017 by a facility transitioning to a short-term residential therapeutic program shall not be required to meet the requirements of this section in order to remain employed in a short-term residential therapeutic program.

(6) Documentation of the required education and experience requirements shall be maintained in the personnel file.

(h) The licensee shall employ the number of direct care staff necessary to comply with the staff to child ratios specified in 87065.5, meet the needs of children as specified in 87065.2, and provide adequate care and supervision to children.

(1) Direct care staff shall meet one of the following requirements prior to employment:

(A) Have a Bachelor of Arts or Sciences Degree;

(B) Have a valid Child Development Teaching Permit;

(C) Have completed 12 semester units of Early Childhood Education, Adolescent Development, or Foster and Kinship Care Education and have at least 100 hours of experience working with youth;

(D) Have a valid certificate as an Alcohol Counselor, Drug Counselor or Alcohol and Drug Counselor, and have at least 100 hours of experience working with youth;

(E) Have a valid Vocational Training certificate, credential or documentation demonstrating that the individual is a trade journeyperson who instructs children in vocational skills and have at least 100 hours of experience working with youth; or

(F) Have previously been employed as a staff or volunteer at a group home or short-term residential therapeutic center for at least one year.

(G) Have relevant experience as determined by the department to meet any of the above requirements.

(2) Direct care staff shall be at least 21 years of age.

(A) This subparagraph shall not apply to direct care staff employed before October 1, 2014 by a short-term residential therapeutic program that was operating as a group home license prior to January 1, 2017.

(3) Direct care staff shall meet the training requirements specified in 87065.1(c) and (d).

(4) A group home child care staff who was hired prior to January 1, 2017 by a facility transitioning to a short-term residential therapeutic program shall not be required

to meet the requirements of this section in order to remain employed in a short-term residential therapeutic program as a direct care staff.

(5) Documentation of the required education and experience requirements shall be maintained in the personnel file.

(i) A short-term residential therapeutic program may utilize peer partners who shall be at least 18 years of age.

(1) Peer partners shall not be primarily responsible for the direct supervision of children.

(2) Peer partners shall not be counted in the staff to child ratios specified in 87065.5.

(3) Peer partners shall meet the training requirements specified in 87065.1(e).

(4) Peer partners shall complete a criminal record review and a Child Abuse Center Index check in accordance with applicable law.

(j) A short-term residential therapeutic program may utilize volunteers who shall be at least 18 years of age.

(1) Volunteers shall not be primarily responsible for the direct supervision of children.

(2) Volunteers shall not be counted in the staff to child ratios specified in 87065.5.

(3) Volunteers shall meet the training requirements specified in 87065.1(f).

(4) Volunteers shall complete a criminal record review and a Child Abuse Center Index check in accordance with applicable law.

(k) All employees shall be given a copy of the job description specified in Section 87066(b)(1) which is relevant to their duties, and shall have access to all other job descriptions.

(l) The staff assignment information specified in Section 87066(b)(2) shall be provided to all applicants during interviews for employment; to all staff during orientation or when changes are made which affect job assignments; and upon request to placement agencies.

(m) Upon employment, the short-term residential therapeutic program shall make available for review by all short-term residential therapeutic program personnel, an employee training handbook that shall include the following: facility's program mission, visions

and values; facility's policies and procedures; disaster response procedures; law enforcement contact procedures, lines of authority and communication; Title 22 regulations; and reporting requirements.

(1) The employee training handbook shall be maintained at the facility and updated as needed.

(n) Upon employment, staff shall receive copies of the removal and/or transfer policies and procedures specified in Section 87068.4(a); of the discipline policies and procedures specified in Section 87072.1(a), and of the complaint procedures specified in Section 87072.2(a).

(o) Physician reports from general practitioners or specialists may be required after licensure if the licensing agency has reason to believe that a licensee's or staff member's physical and/or mental health is not adequate to carry out responsibilities under these regulations.

(1) The licensing agency shall provide the licensee with a written explanation of the need for any additional report.

NOTE: Authority cited: Sections 1522.44, 1530, and 1562.01 Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Section 51, Civil Code; Sections 1501, 1522.4, 1531 and 1562, Health and Safety Code; and 16001.9, Welfare and Institutions Code.

**87065.1 TRAINING REQUIREMENTS.**

(a) The licensee shall develop, maintain and implement a written plan for the training of facility managers.

(1) The facility manager training plan shall be incorporated in the short-term residential therapeutic program's program statement.

(2) The training plan shall include the following for each training session:

(A) Course title and subject matter;

(B) Learning objectives and activities;

(C) Number of hours per training session;

(D) Qualifications of the trainer; and

(E) Training evaluation.

1. Each session shall include an evaluation of the trainer and course content to determine if the training is meeting the needs of facility personnel acting as facility managers.

(3) The training plan shall be appropriate for the population and shall consider the training needs and skill level of staff.

(A) The licensee shall amend the training plan, as necessary, to meet the needs of facility personnel acting as facility managers and the population.

(4) Amendments to the staff training plan shall be submitted to the Department within ten days.

(5) Training shall include, but not be limited to, the following. The licensee may determine how much time is spent on each topic:

(A) Interaction with the Department, including inspection authority;

(B) Licensee appeal rights; and

(C) Interaction with placement agencies, neighbors, mental health agencies, law enforcement, medical/emergency personnel, children's family members and child and family teams.

(D) Laws and regulations governing short-term residential therapeutic programs.

(E) Disaster response.

(6) The training requirement may be satisfied by successful completion of course work conducted in a workshop, seminar, or classroom setting, individual or small group setting.

(A) Proof of successful completion of course work shall be limited to official grade slips or transcripts; or certificates or signed documentation issued by colleges, or adult education departments, bona fide educational institutions or organizations, or licensee associations, or courses offered or approved by accredited educational institutions, or qualified individuals who possess the necessary skills, knowledge and experience to train others in a particular subject area.

1. The qualified individual shall meet the requirements specified in Section 87065.1(c)(4)(A)1.

(7) Documentation of successful completion of training shall be maintained in the personnel record for each staff member.

(8) Facility manager training is in addition to first aid and CPR training, and other training as required in Section 87095.65.

(A) Completion of cardiopulmonary resuscitation (CPR) and first aid training shall be demonstrated by current and valid CPR and first aid cards issued by the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority pursuant to Health and Safety Code Section 1797.191, or from an accredited college or university.

(b) The licensee shall develop, maintain, and implement a written plan for the supervision, evaluation, and training of all direct care staff.

(1) The direct care staff training plan, as specified in Sections 87065.1(c) and (d) shall be incorporated in the short-term residential therapeutic program's program statement.

(2) The training plan shall address the initial 24 hour training for newly hired direct care staff.

(A) When the training plan includes job shadowing activities as described in Section 87065.1(c)(1)(C), the following shall be included in the training plan:

1. Specific activities;
2. Job classification of the individual being shadowed;
3. Time spent on each activity; and
4. Skill to be developed through each job shadowing activity.

(3) The training plan shall address the annual training for newly hired and existing direct care staff.

(4) The training plan shall include for each training session the following:

(A) Course title and subject matter;

(B) Learning objectives and activities:

(C) Number of hours per training session;

(D) Qualification of the trainer; and

(E) Training evaluation.

1. Each session shall include an evaluation of the trainer and course content to determine if the training is meeting the needs of direct care staff.

(5) The training plan shall be appropriate for the population and the training needs and skill level of direct care staff.

(A) The licensee shall amend the training plan, when necessary, to meet the needs of direct care staff and the population.

(6) Amendments to the staff training plan shall be submitted to the Department within ten days of the occurrence, and submitted to the placing agency for optional review.

(c) Notwithstanding Sections 80065(f)(1) through (6), new direct care staff shall complete a minimum of 24 hours of initial training comprised of the 8 and 16 hour training as specified in (1) and (2) below:

(1) 8-Hour Training

(A) Training shall be completed before new direct care staff are:

1. left alone with children, and
2. counted in the staff to child ratio required in Sections 87065.5 and 87065.7.

(B) Until the 8 hours of training is completed, new direct care staff shall be visually supervised at all times by direct care staff who meet the training requirements specified in this subsection and (2) below.

(C) A maximum of 4 hours of the training requirement may be satisfied by successful completion of job shadowing.

1. For the purpose of this regulation, job shadowing means a process whereby new direct care staff follow and observe experienced facility personnel performing a specific job. The purpose of job shadowing is to gain information related to a specific job including, materials used, physical demands, necessary skills and knowledge.
2. During shadowing, the experienced facility personnel being shadowed must be performing care and supervision duties and counted in the staff to child ratios, as required in Sections 87065.5 and 87065.7.
3. Job shadowing shall promote the development of specific skills, and shall consist of specific activities for a specific time period.
4. Successful completion of job shadowing shall be verified by a statement completed by the experienced facility personnel being shadowed affirming: a) specific activity observed; b) dates and times of shadowing; and, c) training topic listed in Section

87065.1(c)(3)(A) through (X) that is satisfied by the job shadowing activity.

(D) Within 7 calendar days of completion of the 8 hour training, the administrator or administrator's designee shall assess if each direct care staff understands and can apply the training.

1. The assessment may include observation of performance, post-testing or demonstrated hands-on competency.
2. The assessment shall be documented in each direct care staff personnel record.
3. When the administrator or administrator's designee determines a direct care staff does not understand and cannot apply the training, re-training is required.

(2) Sixteen hours of training shall be completed by new direct care staff within 90 days of hire.

(A) New direct care staff who work a maximum of 20 hours per week shall complete the additional minimum 16 hours of training within 180 days of hire.

(B) Within 30 days of completion of the 16 hour training, the administrator or administrator's designee shall assess if each newly hired direct care staff understands and can apply the training.

1. The assessment may include observation of performance, post-testing or demonstrated hands-on competency.
2. The assessment shall be documented in each direct care staff personnel record.
3. When the administrator or administrator's designee determines a direct care staff does not understand and cannot apply the training, re-training is required.

(3) Training shall include, at a minimum, all of the following topics. The licensee shall determine how much time is spent on each topic, and shall ensure that direct care staff have appropriate skills necessary to supervise the children in care.

(A) Overview of the population served by the short-term residential therapeutic program;

(B) Facility's program and services, including program philosophy, activities and community resources;

(C) Facility's policies and procedures, including reporting requirements to the Department and as a mandated reporter;

(D) Direct care workers' job description, including roles and responsibilities;

(E) Direct care workers' self-awareness;

(F) Role of other facility personnel in service delivery, including case staffing and the designated staff member(s) applying the reasonable and prudent parent standard;

(G) Discipline policies and procedures, positive discipline and the importance of self-esteem;

(H) Disaster response;

(I) Medical emergency response;

(J) Teamwork and interpersonal communication among facility personnel and children, children's family members and child and family team members;

(K) Teamwork and intra-facility communication;

(L) The role of placement workers;

(M) Medication procedures, assistance with medication, universal precautions, recognition of early signs of illness and the need for professional assistance, and other health related issues, including health issues in foster care, such as oversight and monitoring of psychotropic medications and other topics in accordance with the training requirements specified in section 16501.4(d) of Welfare and Institutions Code.

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Welfare and Institutions Code subdivision (d) of Section 16501.4 provides:

> "...the State Department of Social Services shall develop training that may be provided to county child welfare social workers, probation officers, courts hearing cases pursuant to Section 300, 601, or 602, children's attorneys, children's caregivers, court-appointed special advocates, and other relevant staff who work with children under the jurisdiction of the juvenile court that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to access those treatments."

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(N) Short-term residential therapeutic program children's adjustment to congregate care;

(O) California Code of Regulations, Title 22;

(P) Recreation activities and resources;

(Q) The children's personal rights as specified in Welfare and Institutions Code section 16001.9 and Section 87072, including the right to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status;

(R) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility;

(S) Instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual and transgender youth in out-of-home care;

(T) The effects of trauma, including grief and loss, and child abuse and neglect on child development and behavior and methods to behaviorally support children impacted by that trauma or child abuse and neglect;

(U) An overview of the child welfare and probation systems;

(V) Awareness and identification of commercial sexual exploitation and best practices for providing care and supervision to commercially sexually exploited children;

(W) The federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, and the best interests of Indian children, including the role of the caregiver in supporting culturally appropriate child centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions;

(X) Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma-informed crisis management planning, including the use of emergency interventions.

(4) The training requirement shall be satisfied by successful completion of course work conducted in a workshop, seminar, classroom setting, individual or small group setting.

(A) Proof of successful completion of course work shall be limited to official grade slips or transcripts from colleges or adult education departments; or certificates or signed documentation issued by bona fide educational institutions or organizations, or licensee associations, or courses offered or approved by accredited educational institutions, or qualified individuals who possess the necessary skills, knowledge and experience to train others in a particular subject area.

1. A qualified individual shall possess: a) a Master's Degree in a behavioral science from an accredited college or university and one year experience as an administrator, social worker, direct care

staff, or independent contractor providing direct social work activities in a group home or short-term residential therapeutic program; or, b) a master's degree and one year of work experience with the population served or a bachelor's degree and two years of work experience with the population served; or, c) a licensed mental health professional, as defined in California Code of Regulations Title 9, Chapter 12, Section 1901(p) or, d) a certificate or credential from an accredited course of study or educational institution in the subject matter for which the individual will be providing training; e) or, an individual who has provided training to group home or short-term residential therapeutic program direct care staff for three years and has at least three years work experience in the subject matter of the training.

(5) Documentation of successful completion of training shall be maintained in the personnel record for each direct care staff.

(6) The 24 hours of initial training are in addition to first aid and CPR training, and other training as required in Section 87095.65.

(A) Completion of cardiopulmonary resuscitation (CPR) and first aid training shall be demonstrated by current and valid CPR and first aid cards issued by the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority pursuant to Health and Safety Code Section 1797.191, or from an accredited college or university.

(d) Annual Training

(1) Notwithstanding Sections 80065(f)(1) through (6), all direct care staff shall complete a minimum of 40 hours of annual training, except as specified in (2) below.

(A) At least 20 of the 40 hours of annual training shall consist of course work from an entity other than the short-term residential therapeutic program

such as an accredited educational institution, workshops, seminars, or other direct training provided by a qualified individual, who meets the requirements specified in Section 87065.1(c)(4)(A)1, who is not affiliated with the short-term residential therapeutic program licensee.

(2) Notwithstanding Section 80065(f)(1) through (6), newly hired direct care staff shall complete a minimum of 16 hours of annual training within the first 12 months of employment, for a total of 40 hours of initial and annual training. After the first 12 months of employment, direct care staff shall comply with (1) above.

(A) At least 4 hours of the annual training shall consist of course work from an entity other than the short-term residential therapeutic program such as an accredited educational institution, workshops, seminars, or other direct training provided by a qualified individual who meets the requirements specified in Section 87065.1(c)(4)(A)1., who is not affiliated with the short-term residential therapeutic program licensee.

(3) Training must include the following topics:

(A) Child and adolescent development, including sexual orientation, gender identity and gender expression;

(B) Core practice model;

(C) Permanence, well-being, and educational needs of children;

(D) Basic instruction on existing laws and procedures regarding the safety of foster youth at school; and ensuring a harassment and violence free school environment pursuant to Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code;

(E) Best practices for providing care and supervision to nonminor dependents.

(4) Training may also include, but is not limited to, any of the following additional topics:

(A) Neglect/abuse issues;

(B) Attachment issues;

(C) Behavior problems/psychological disorders;

(D) Mental health/behavioral interventions;

(E) Developmental disabilities;

(F) Substance abuse issues;

(G) Cultural diversity;

(H) Child empowerment;

(I) Transfer and emancipation;

(J) Importance of sibling and family relationships;

(K) Placement agencies and the placement process;

(L) Needs and service plan/treatment planning and review;

(M) Employee training handbook; and

(N) Topics listed in Sections 87065.1(c)(3)(A) through (X).

(5) Training topics shall be appropriate for the population and services provided by the facility.

(6) The training requirement may be satisfied by successful completion of course work conducted in a workshop, seminar, or classroom setting, individual or small group setting.

(A) Proof of successful completion of course work shall be limited to official grade slips or transcripts; or, certificates or signed documentation issued by colleges, or adult education departments, bona fide educational institutions or organizations, or licensee associations, or courses offered or approved by accredited educational institutions, or qualified individuals who possess the necessary skills, knowledge and experience to train others in a particular subject area.

1. The qualified individual shall meet the requirements specified in Section 87065.1(c)(4)(A)1.

(7) Documentation of successful completion of training shall be maintained in the personnel record for each direct care staff.

(8) Annual training is in addition to first aid and CPR training, and other training as required in Section87065.

(A) Completion of cardiopulmonary resuscitation (CPR) and first aid training shall be demonstrated by current and valid CPR and first aid cards issued by the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority pursuant to Health and Safety Code Section 1797.191, or from an accredited college or university.

(e) Peer partners shall meet the following training requirements:

(1) Prior to working with youth a peer partner shall be certified in cardiopulmonary resuscitation (CPR) and first aid, which shall be demonstrated by current and valid pediatric CPR and first aid cards issued by the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority pursuant to Health and Safety Code Section 1797.191, or from an accredited college or university, and shall have received 16 hours of training on the following topics:

(A) The confidentiality of information and records relating to children in the short-term residential therapeutic program;

(B) Teamwork and interpersonal communication among facility personnel and children, children's family members and child and family team members;

(C) The children's personal rights as specified in Welfare and Institutions Code section 16001.9 and Section 87072, including the right to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status;

(D) Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma-informed crisis management planning; including the use of emergency interventions.

(E) Child and adolescent development, including sexual orientation, gender identity and gender expression.

(2) Within 90 days of employment, a peer partner shall receive an additional 16 hours of training in the following topics:

(A) An overview of the child welfare and probation systems;

(B) Permanence, well-being, and educational needs of children;

(C) Overview of the population served by the short-term residential therapeutic program;

(D) Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma-informed crisis management planning, including the use of emergency interventions;

(E) The effects of trauma, including grief and loss, and child abuse and neglect on child development and behavior and methods to behaviorally support children impacted by that trauma or child abuse and neglect;

(F) Awareness and identification of commercial sexual exploitation and best practices for providing care and supervision to commercially sexually exploited children;

(f) Volunteers shall meet the following training requirements:

(1) Prior to working with youth a volunteer shall be certified in cardiopulmonary resuscitation (CPR) and first aid, which shall be demonstrated by current and valid pediatric CPR and first aid cards issued by the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority pursuant to Health and Safety Code Section 1797.191, or from an accredited college or university, and shall have received 16 hours of training on the following topics:

(A) The confidentiality of information and records relating to children in the short-term residential therapeutic program;

(B) Teamwork and interpersonal communication among facility personnel and children, children's family members and the child and family team members;

(C) The children's personal rights as specified in Welfare and Institutions Code section 16001.9 and Section 87072, including the right to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status;

(D) Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma-informed crisis management planning, including the use of emergency interventions;

(E) Child and adolescent development, including sexual orientation, gender identity and gender expression.

(2) Within 90 days of employment, a volunteer shall receive an additional 16 hours of training in the following topics:

(A) An overview of the child welfare and probation systems;

(B) Permanence, well-being, and educational needs of children;

(C) Overview of the population served by the short-term residential therapeutic program;

(D) Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma-informed crisis management planning, including the use of emergency interventions;

(E) The effects of trauma, including grief and loss, and child abuse and neglect on child development and behavior and methods to behaviorally support children impacted by that trauma or child abuse and neglect;

(F) Awareness and identification of commercial sexual exploitation and best practices for providing care and supervision to commercially sexually exploited children;

(g) The licensee shall ensure that each employee designated to apply the reasonable and prudent parent standard, as described in Section 87065(d), receives related training as specified in Health and Safety Code section 1522.44(c).

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Health and Safety Code section 1522.44 provides:

"(b) Except for licensed foster family homes and certified family homes, each licensed community care facility that provides care and supervision to children and operates with staff shall designate at least one onsite staff member to apply the reasonable and prudent parent standard to decisions involving the participation of a child who is placed in the facility in age or developmentally appropriate activities in accordance with the requirements of Section 362.05 of the Welfare and Institutions Code, Section 671(a)(10) of Title 42 of the United States Code, and the regulations adopted by the department pursuant to this chapter."

"(c) A licensed and certified foster parent or facility staff member, as described in subdivision (b), shall receive training related to the reasonable and prudent parent standard that is consistent with Section 671(a)(24) of Title 42 of the United States Code. This training shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age or developmentally appropriate activities, including knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child, and knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting one or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities."

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NOTE: Authority cited: Sections 1522.41(j), 1522.44, 1530, and 1562.01, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Section 51, Civil Code; Sections 1501, 1522.4, 1531 and 1562, Health and Safety Code; and

Sections 362.05(a), 16001.9, and 16501.4(d), Welfare and Institutions Code.

**87065.2 PERSONNEL DUTIES.**

(a) The facility manager(s) shall meet the requirements of Health and Safety Code section 1522.4 and be responsible for:

(1) Managing the day-to-day operation of the short-term residential therapeutic program.

(2) Supervising the direct care staff, ensuring appropriate care and supervision is provided to children in accordance with applicable law, licensing regulations, and the facility's policies.

(3) Supervising children, as needed.

(4) Overseeing the planned activities required to be available to children as specified in Section 87079.

(5) Ensuring the general upkeep of the facility.

(6) Reporting to the Administrator and making recommendations to address identified problems.

(7) Any other duties that may be necessary to manage the facility.

(b) Direct care staff shall perform the following duties:

(1) Supervision, protection, and care of children individually and in groups at all times.

(2) Assistance to each child in working with a group and in handling individual problems.

(3) Administration of discipline and setting of limits for behavior.

(4) Notation of the child's progress; identification of the possible need for additional professional services; and communication of such findings to professional staff.

(5) Until they complete the 8 hours of training as required in Section 87065(j)(1), new direct care staff shall perform the duties as defined in Subsections (1) through (4) above while under visual supervision.

(6) Assistance with the provision of or access to core services and supports, daily activities, and emotional and social supports, as necessary.

(7) Reporting to the Facility Manager and making recommendations to address identified problems.

(8) Any other duties that may be necessary to ensure the health and safety of children in the facility.

(c) Social work staff shall complete or assist in the completion of the following for each child:

(1) An intake study, as specified in Section 87068.1.

(2) A needs and services plan, as specified in Sections 87068.2(a) and 87068.3, and updating as needed.

(3) A transfer plan, as specified in Section 87068.4.

(4) Obtaining, developing, and recording of the information necessary for the completion of (1) through (3) above, as specified in Section 87070.

(5) Ensuring provision of or access to core services and supports specified in Section 87078.1.

(d) Support staff shall perform the following duties:

(1) Office work.

(2) Cooking.

(3) Housecleaning.

(4) Laundering.

(5) Maintenance of facility buildings, grounds, fixtures, furniture, equipment and supplies.

(e) Support staff duties shall not be assigned to direct care staff unless such assignments are directly related to the care of the children, and do not interfere with the performance of their regular duties.

(1) Household duties directed towards development of self-help skills may be performed by the children in placement. Participation in these duties shall be voluntary and specified in the needs and service plan.

(2) No household duties shall go undone because a child refuses to participate.

NOTE: Authority cited: Sections 1530 and 1530.8, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1522.4, 1530.8 and 1531, Health and Safety Code.

**87065.5 STAFF/CHILD RATIOS.**

(a) From 7 a.m. to 10 p.m., there shall be one direct care staff person to each 4 children or fraction thereof, present.

(b) From 10 p.m. to 7 a.m., there shall be one awake direct care staff person to each 6 children or fraction thereof, present.

(c) There shall be no less than 2 direct care staff on the premises at all times children are present.

(d) For purposes of determining the appropriate staff to children ratio, children shall include all children present in the facility.

(e) Staff to children ratios shall be maintained while children are participating in planned activities away from the facility.

(f) Staff to children ratios shall be maintained in any vehicle used to transport children.

(g) A facility may count a Certified Administrator, a Facility Manager, or a mental health rehabilitation specialist, as defined by the Department of Healthcare Services, toward the staff to children ratio, provided:

(1) Doing so does not prevent the individual from conducting the specific duties for which he or she is employed.

(2) Appropriate care and supervision is maintained.

(3) He or she has completed a criminal record review and a Child Abuse Center Index check in accordance with applicable law.

(h) In facilities required to have a signal system as specified in Sections 87088(d) through (d)(3), at least one staff person shall be responsible for responding to such system.

(i) If the children require special care and supervision because of age, behavior or other factors, the number of on-duty direct care staff shall be increased.

NOTE: Authority cited: Sections 1530 and 1530.8, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Section 11465, Welfare and Institutions Code; and Sections 1501, 1530.8 and 1531, Health and Safety Code.

**87066 PERSONNEL RECORDS.**

(a) In addition to Section 80066, the following shall apply.

(b) The licensee shall maintain the following personnel records:

(1) Complete job descriptions on all positions within the facility.

(2) A description of all staff assignments, including information regarding lines of authority and staff responsibilities.

(3) A dated employee time schedule developed at least monthly; displayed conveniently for employee reference; and containing the following information for each employee:

(A) Name.

(B) Job title.

(C) Hours of work.

(D) Days off.

(4) Documentation of the completion by each direct care staff person and facility manager of the training specified in Sections 87065.1(a) through (d) inclusive.

(5) Documentation that the administrator has met the certification requirements specified in Section 87064.2.

(6) A record of each work performance evaluation and any correspondence with the employee.

(c) (1) For facility managers and staff members of a short-term residential therapeutic program who provide direct care and supervision to children residing in the facility, each personnel record shall contain a statement signed by the employee that they are at least 21 years of age.

(2) Paragraph (1) shall not apply to a facility manager or staff member employed, before October 1, 2014, at a short-term residential therapeutic program which was operating under a group home license prior to January 1, 2017.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code, and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1522.41, 1531 and 1562, and 1562.01, Health and Safety Code.

## 87067 REASONABLE AND PRUDENT PARENT STANDARD

(a) The facility staff member, designated by the licensee as described in Section 87065(d) shall apply the "Reasonable and Prudent Parent Standard," as defined in Section 87001(r)(1) and specified in Welfare and Institutions Code sections 362.05 and 727, in determining whether to allow a child to participate in age or developmentally appropriate extracurricular, enrichment, cultural and social activities.

(b) When applying the "Reasonable and Prudent Parent Standard," the facility staff member, designated by the licensee as described in Section 87065(d), shall consider:

(1) The child's age, maturity, and developmental level to ensure the overall health and safety of the child is maintained.

(2) The potential risk factors and the appropriateness of the extracurricular, enrichment, cultural and social activity.

(3) The best interest of the child based on information known by the administrator or facility manager, or his or her designee.

(4) The behavioral history of the child and the child's ability to safely participate in the proposed activity.

(5) The importance of encouraging the child's emotional and developmental growth.

(6) The importance of providing the child with the most family-like living experience possible.

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The "Reasonable and Prudent Parent Standard" allows every child in placement the opportunity to participate in age and developmentally-appropriate extracurricular, enrichment, cultural and social activities. The facility staff member, as described in Section 87065(d), is encouraged to consult with social work or treatment staff members who are most familiar with the child.

The facility staff member, as described in Section 87065(d), is encouraged to document the type of activity and steps taken to ensure the appropriateness of the activity. Documentation provides evidence that staff took the necessary precautions to make informed, reasonable, and prudent decisions that ensures the health and safety of the child.

Welfare and Institutions Code section 362.05 provides in part:

"(a)(1) Every child adjudged a dependent child of the juvenile court shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities. No state or local regulation or policy may prevent, or create barriers to, participation in those activities. Each state and local entity shall ensure that private agencies that provide foster care services to dependent children have policies consistent with this section and that those agencies promote and protect the ability of dependent children to participate in age-appropriate extracurricular, enrichment, and social activities. A group home administrator, a facility manager, or his or her responsible designee, and a caregiver, as defined in paragraph (1) of subdivision (a) of Section 362.04, shall use a reasonable and prudent parent standard, as defined in paragraph (2) of subdivision (a) of Section 362.04, in determining whether to give permission or a child residing in foster care to participate in extracurricular, enrichment, and social activities. A group home administrator, a facility manager, or his or her responsible designee, and a caregiver shall take reasonable steps to determine the appropriateness of the activity in consideration of the child's age, maturity, and developmental level.

(2) Training for caregivers shall include knowledge and skills relating to the reasonable and prudent parent standard for the participation of the child in age or developmentally appropriate activities, consistent with this section and Section 671(a)(24) of Title 42 of the United States Code.

(b) A group home administrator or a facility manager, or his or her responsible designee, is encouraged to consult with social work or treatment staff members who are most familiar with the child at the group home in applying and using the reasonable and prudent parent standard."

Welfare and Institutions Code section 727 provides in part:

"(a)(4)(A) Every child adjudged a ward of the juvenile court who is residing in a placement as defined in paragraphs (1) to (3), inclusive, shall be entitled to participate in age-appropriate extracurricular, enrichment, and social activities. No state or local regulation or policy may prevent, or create barriers to, participation in those activities... .

(B) A group home administrator or a facility manager, or his or her responsible designee, is encouraged to consult with social work or treatment staff members who are most familiar with the child at the group home in applying and using the reasonable and prudent parent standard."

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(c) Application of the "Reasonable and Prudent Parent Standard" shall not result in the denial of the rights of a child as specified in Welfare and Institutions Code section 16001.9, or contradict court orders or the needs and services plan of the child.

NOTE: Authority cited: Sections 1501, 1530 and 1531, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Section 1522.44, and 1562.01, Health and Safety Code; Sections 362.04, 362.05, 727 and 16001.9, Welfare and Institutions Code; and Assembly Bill 2096 (Chapter 483 Statutes of 2008).

## 87068.1 INTAKE PROCEDURES

(a) The licensee shall develop, maintain, and implement intake procedures which meet the requirements specified in this section.

(b) A licensed short-term residential therapeutic program, as defined in paragraph (18) of subdivision (a) of Section 1502, may only accept for placement a child who does not require inpatient care in a licensed health facility and who has been assessed pursuant to Section 11462.01 of the Welfare and Institutions Code as meeting the applicable criteria for placement in a short-term residential therapeutic program as specified in Health and Safety Code section 1502.4.

(c) When a child is being considered for nonemergency placement in a short-term residential therapeutic program, the following requirements shall be met prior to the child's placement in the facility.

(1) The information specified in Sections 80070(b)(1) through (5), (7), (8) and (10), and Sections 87070(b)(1) through (10) shall be obtained from the placement agency, if any, or from the child's authorized representative(s).

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Section 80070(b)(1) through (5), (7), (8) and (10):

"(b) Each record must contain information including, but not limited to, the following:
(1) Name of client.
(2) Birthdate.
(3) Sex.
(4) Date of Admission.
(5) Names, addresses, and telephone numbers of the authorized representative.
(7) Name, address and telephone number of physician and dentist, and other medical and mental health providers, if any.
(8) Medical assessment, including ambulatory status, as specified in Section 80069.
(10) Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications."

Section 87070(b)(1) through (10):

"(b) The following information regarding the child shall be obtained and maintained in the child's record:
(1) The name, address, and telephone number of all adults with whom the child was living immediately prior to the current placement.
(2) The name, address, and telephone number of the child's parent(s), if known.
(3) The name, address, and telephone number of the placement worker and placement agency.
(4) Educational records, if available, describing the child's present academic level, including his/her grade or performance level, and any previous school-related problems.
(5) Dental and medical history, if available, including immunization records; and physician's orders for any medically necessary diet as specified in Section 80076(a)(6).
(6) The child's court status, if applicable, including a copy of any custody orders and agreements with parent(s) or person(s) having legal custody.
(7) The placement agency's list of persons who should or should not be allowed to visit.
(8) Medical and dental insurance coverage information, or information regarding the agency or person responsible for medical and dental costs.
(9) Consent forms, completed by the child's authorized representative(s), to permit the facility to authorize medical care.
(10) A copy of any court order or parental authorization form if the child is currently taking psychotropic medication.

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(A) If the information is not completed by a placement agency, the licensee shall make telephone and/or written requests for the information to the child's placement agency and/or authorized representative; and shall record and retain the details of those requests.

(B) If the information is not received within 15 days of the requests specified in (A) above, the licensee shall obtain the information necessary to complete a standard appraisal form from other sources.

(C) When the information is received, social work staff shall complete a standard appraisal for the child on a form approved and/or furnished by the licensing agency.

(2) The needs and services plan shall be completed as specified in Section 87068.2.

(3) The information specified in (1) and (2) above shall be reviewed by the social work staff to determine whether the facility can provide the services necessary to meet the child's needs.

(A) If it is determined that the facility cannot provide necessary services, applicable transfer procedures specified in Sections 87068.4(b), (c), and (e); and 87070(d) through (d)(3) shall be followed.

(4) If the child is accepted for placement, the following requirements shall be met:

(A) An admission agreement shall be completed and signed as specified in Section 80068.

(B) The administrator or his/her designee, and the child and/or his/her authorized representative(s), shall sign copies of the removal and/or transfer policies and procedures specified in Section 87068.4(a); of the discipline policies and procedures specified in Section 87072.1(a); and of the complaint procedures specified in Section 87072.2(a), to verify the receipt of such information.

(C) Information specified in Sections 80070 and 87070 necessary to complete the child's file shall be obtained.

(D) Needs and services plan requirements specified in Section 87068.2 which were not addressed on the standard appraisal form, if used, shall be met.

(E) A copy of any court order authorizing psychotropic medications, if the child is currently taking psychotropic medication, shall be obtained.

(d) Prior to placement in, or immediately after admission to, a short-term residential therapeutic program, a child shall receive an initial crisis management assessment.

(1) The assessment shall include input from the child as well as someone the child requests to be present, such as a family member or social worker. and include the following:

(A) A child’s advance directive regarding de-escalation or the use of seclusion or behavioral restraints.

(B) Identification of early warning signs, triggers, and precipitants that cause a child to escalate, and identification of the earliest precipitant of aggression for children with a known or suspected history of aggressiveness, or children who are currently aggressive.

(C) Techniques, methods, or tools that would help the child control their behavior.

(D) Preexisting medical conditions or any physical disabilities or limitations that would place the child at greater risk during restraint or seclusion.

(F) Any trauma history, including any history of sexual or physical abuse that the child feels is relevant.

(1) The assessment shall include input from the child as well as someone the child requests to be present, such as a family member or social worker.

(2) The assessment shall be used to inform the emergency interventions used on that specific child.

(e) If the child is placed in the facility under emergency circumstances, the licensee shall ensure that the following requirements are met:

(1) Placement of the child in the facility shall not result in the facility exceeding its licensed capacity.

(2) The admission agreement and other procedures specified in (b)(4)(A) and (B) above shall be completed no later than seven days following the emergency placement.

(3) If it is determined, following emergency placement of the child in the facility, that the facility cannot continue to provide necessary services, applicable transfer procedures specified in Sections 87068.4(b), (c) and (e); and 87070(d) through (d)(3) shall be followed.

(4) If the child is continued in placement, the following requirements shall be met no later than 30 days following the emergency placement:

(A) Information specified in Sections 87070(b) and 87068.2 shall be obtained.

(B) The information specified in (A) above, and the needs and services plan specified in Section 87068.2, shall be reviewed by social work staff to determine whether the facility can continue to provide services necessary to meet the child's needs.

(C) The admission agreement shall be modified as specified in Section 80068(d), if necessary.

NOTE: Authority cited: Section 1507.6 and 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

## 87068.11 INTAKE PROCEDURES FOR NONMINOR DEPENDENTS

(a) Sections 80068 and 87068.1 do not apply to nonminor dependents. Except for subsections (b) and (d), Section 80069 shall apply to nonminor dependents.

(b) A licensed short-term residential therapeutic program, as defined in paragraph (18) of subdivision (a) of Section 1502, may only accept for placement a child who does not require inpatient care in a licensed health facility and who has been assessed pursuant to Section 11462.01 of the Welfare and Institutions Code as meeting the applicable criteria for placement in a short-term residential therapeutic program as specified in Health and Safety Code section 1502.4.

(c) A licensee shall develop, maintain, and implement intake procedures that meet the requirements specified in this section.

(d) Prior to the new placement of a nonminor dependent in the facility, the administrator or social work staff shall, jointly with the placement agency, prepare a Pre-Placement Appraisal for the nonminor dependent.

(1) The appraisal shall include:

(A) Confirmation that the nonminor dependent does not pose a threat to children in the facility.

(B) The ability of the licensee to meet the needs of the nonminor dependent.

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The Pre-Placement Appraisal may include the following additional information about a nonminor dependent:
(1) Overall health and health history, including any dietary limitations, currently prescribed medications, and major illnesses, accidents, hospitalizations, or surgeries.
(2) Physical and developmental disabilities.
(3) Mental health and mental conditions.
(4) Social factors, including likes, dislikes, interests, and activities.

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(e) Prior to, or within 30 calendar days of placement of a nonminor dependent, a licensee shall obtain a written medical assessment of the nonminor dependent, including ambulatory status, as specified in Section 80069.

(f) If a nonminor dependent is accepted for nonemergency placement in the facility, the administrator or social work staff shall obtain, request, and complete additional intake information and related documents about the nonminor dependent.

(1) The following intake information shall be obtained from the placement agency:

(A) Name, address, and telephone number of the nonminor dependent's:

1. Placement worker and placement agency.

2. Authorized representative and persons to be contacted in an emergency when the nonminor dependent's authorized representative cannot be contacted.

3. Physician and dentist, and other medical and mental health providers, if any.

4. Current employer, if applicable, with address of employment.

(B) Medical and dental insurance coverage information, including the agency or person responsible for medical and dental costs.

(C) Names of all persons who are prohibited by court order from contacting or visiting the nonminor dependent.

(2) The following intake information shall be requested from the placement agency:

(A) The Health and Education Passport.

1. The placing agency is required to provide the health and education summary within 48 hours of a subsequent placement.

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Welfare and Institutions Code section 10601 provides that:

> "(c)….. For each subsequent placement of a child or nonminor dependent, the child protective agency shall provide the caregiver with a current summary

(health and education) as described in subdivision (a) within 48 hours of the placement…."

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(B) Any Needs and Services Plan.

(C) The Transitional Independent Living Case Plan (or case plan)

(D) The Transitional Independent Living Plan.

(3) The following intake information shall be completed by the administrator or social work staff:

(A) The Needs and Services Plan for the nonminor dependent, which shall be completed as specified in Section 87068.3.

(g) Upon acceptance of a nonminor dependent for nonemergency placement, the administrator or social work staff shall complete an admission agreement for the nonminor dependent.

(h) If a nonminor dependent is placed in the facility under emergency circumstances, a licensee shall ensure the following requirements are met:

(1) Placement of the nonminor dependent in the facility may not result in the facility exceeding its licensed capacity.

(2) No later than 30 days following the emergency placement, the administrator or social work staff shall:

(A) Obtain intake information about the nonminor dependent as specified in subsection (e)(1).

(B) Request intake information about the nonminor dependent as specified in subsection (e)(2).

(C) Complete the Needs and Services Plan for the nonminor dependent as specified in subsection (e)(3).

(i) The administrator or social work staff shall review the information specified in subsection (g)(2) to determine whether the facility can continue to provide the services necessary to meet the needs of the nonminor dependent.

(j) No later than 7 days after emergency placement of a nonminor dependent, the administrator or social work staff shall complete an admission agreement for the nonminor dependent.

(k) The administrator or social work staff shall ensure that intake documents are signed as necessary.

(1) Prior to a nonemergency placement or no later than 7 days after an emergency placement, the admission agreement shall be signed and dated by a nonminor dependent, the nonminor dependent's authorized representative if applicable, and the administrator or social work staff.

(A) Whenever circumstances covered in the admission agreement change, a licensee shall make modifications to the current agreement. Any modifications to the agreement shall be signed as specified in subsection (j)(1).

(2) The Needs and Services Plan shall be signed as specified in Section 87068.3.

(3) The policies and procedures for removal or transfer from the facility shall be signed as specified in Section 87068.4.

(l) The administrator or social work staff shall provide copies of these documents to a nonminor dependent:

(1) Admission agreement and any modifications to this agreement.

(2) Personal rights as specified in Section 87072.

(3) Expectations and consequences for living in the facility as specified in Section 87072.1.

(4) The Needs and Services Plan as specified in Section 87068.3, the Transitional Independent Living Plan, and any modifications to these plans.

(5) Removal or transfer policies and procedures for the facility as specified in Section 87068.4.

(m) If, at any time after a nonminor dependent is placed in the facility, the administrator or social work staff determine that the facility cannot continue to meet the needs of the nonminor dependent, the transfer procedures specified in Section 87068.4 apply.

(n) A licensee shall retain information and related documents in the records for a nonminor dependent as specified in Section 87070.1.

NOTE: Authority cited: Sections 1502.7 and 1530, Health and Safety Code. Reference: Sections 1501, 1501.1, and 1531, Health and Safety Code. Section 16010 Welfare and Institutions Code.

## 87068.2 NEEDS AND SERVICES PLAN

(a) Social work staff shall obtain the information specified in Section 87070, and shall develop an individual needs and services plan, within 30 days of placement, for the child that meets the requirements specified in (b) through (d) below and includes the anticipated duration of the treatment, and the timeframe and plan for transitioning the child to a less restrictive family environment.

(1) A needs and services plan is not required for children who are placed in the facility on an emergency basis and who will remain in placement for less than seven days as documented in the child's record.

(2) Social work staff shall consider recommendations from members of the child and family team to help assess the child's goals, strengths and challenges for use in developing the needs and services plan.

(b) The needs and services plan shall be trauma informed, culturally relevant, and age and developmentally appropriate and shall identify the child's needs in the following areas:

(1) Reason for placement.

(2) Education.

(A) If the information specified in Section 87070(b)(4) is not available, the plan shall specify a method for determining such needs.

(3) Training, including financial literacy, and social, work, and other practical skills that may support transition-age youth and nonminor dependents in achieving success in adulthood.

(4) Personal care and grooming.

(5) Ability to manage his/her own money, including the maximum amount of money the child shall be permitted to have in his/her possession at any one time.

(6) Visitation, including the frequency of and any other limitations on visits to the family residence and other visits inside and outside the facility.

(A) Visitation shall not be canceled or used as a form of punishment if a child is not following his/her program guidelines.

(7) Other specific services, including necessary services to the child's parent(s) or guardian(s).

(c) The needs and services plan shall include the following information regarding services necessary to meet the child's needs, consistent with the case plan prepared by the placing agency, if provided:

(1) Types of services necessary, including the core services specified in 87078.1, supports, physical and mental health, substance abuse services, permanency and transition services.

(2) The facility's ability to provide the necessary services based upon the following information provided in the plan of operation:

(A) The facility's purposes, program methods, and goals.

(B) The facility's admission policies and procedures.

(C) Services to be provided by the facility in cooperation with community resources.

(3) Anticipated duration of treatment and placement, including the transfer plan specified in Section 87068.4(b).

(4) Financial arrangements for provision of services to the child.

(d) The licensee shall ensure that the child, and his/her authorized representative(s), and the child and family team are offered the opportunity to participate in the development of the needs and services plan.

(1) The licensee shall not implement a needs and services plan unless prior written approval of the plan has been obtained from the child's authorized representative(s).

(e) Unless restricted by the case plan adopted by the court or other court order, the licensee shall permit and facilitate connections between the child and the child's family and non-relative extended family members. Nothing in this section shall be interpreted to require a foster care provider to take any action that would impair the health and safety of children in out-of-home placement.

(f) (1) The licensee shall document in the child's needs and services plan when the case plan is received from the county placing agency.

(2) If the case plan is not received from the county placing agency, the licensee shall document the attempts made to obtain the case plan in the child's needs and services plan.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1531, and 1562.01, Health and Safety Code; and Sections 366.1, 366.21, 11462.01, and 16001.9, Welfare and Institutions Code.

**87068.22 NEEDS AND SERVICES PLAN FOR NONMINOR DEPENDENTS**

(a) Section 80068.2 does not apply. Except as specified in this section, Section 87068.2 does not apply.

(b) The administrator or social work staff shall prepare a Needs and Services Plan for a nonminor dependent that is consistent with the Transitional Independent Living Plan of the nonminor dependent.

(1) A nonminor dependent shall be permitted to participate in the development of the Needs and Services Plan.

(2) The Needs and Services Plan shall be completed within 30 calendar days of the date a nonminor dependent is placed in the facility.

(c) The Needs and Services Plan shall contain the following information:

(1) The information specified in Section 87068.2(b)(1) through (b)(6) and (c).

(2) Transfer plan for the nonminor dependent as specified in Section 87068.4

(3) How the facility meets the special needs or well-being of the nonminor dependent.

(4) How the facility will assist the nonminor dependent in his or her transition to independent living; including meeting the goals of the 90-day transition plan when applicable

(5) The treatment strategies that will be used to prepare the nonminor dependent for transfer to a less restrictive and more family-like setting, including a target date for transfer from the facility.

(6) For a nonminor dependent who is under age 19, whether the nonminor dependent must remain in the facility to complete high school.

(7) For a nonminor dependent who either completes high school or has reached age 19, whichever is earlier, a documented medical condition that prevents participation in educational or employment activities as specified in Welfare and Institutions Code section 11403 and permits continuation in the facility, and

confirmation that continuation in the facility functions as a short-term transition to the appropriate system of care.

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Welfare and Institutions Code section 11403(b) provides in part:

> "(b) Effective January 1, 2012, a nonminor former dependent child or ward of the juvenile court who is receiving AFDC-FC benefits pursuant to Section 11405 and who satisfies the criteria set forth in subdivision (a) shall be eligible to continue to receive aid as long as the nonminor is otherwise eligible for AFDC-FC benefits under this subdivision. This subdivision applies when one or more of the following conditions exist:
> (1) The nonminor is completing secondary education or a program leading to an equivalent credential.
> (2) The nonminor is enrolled in an institution which provides postsecondary or vocational education.
> (3) The nonminor is participating in a program or activity designed to promote, or remove barriers to employment.
> (4) The nonminor is employed for at least 80 hours per month.
> (5) The nonminor is incapable of doing any of the activities described in subparagraphs (1) to (4), inclusive, due to a medical condition, and that incapability is supported by regularly updated information in the case plan of the nonminor."

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(d) The Needs and Services Plan shall be signed by a nonminor dependent, the placement agency, and the administrator or social work staff within 30 calendar days of placement of a nonminor dependent in the facility.

(1) Any modifications to the plan, as specified in Section 87068.3, shall also be signed by the nonminor dependent, the placement agency, and the administrator or social work staff.

(2) A copy of the Needs and Services Plan shall be provided to the nonminor dependent as specified in Section 87068.1.

(e) The Needs and Services Plan shall be updated every 30 days.

(f) The original signed Needs and Services Plan shall be maintained in the records for the nonminor dependent as specified in Section 87070.1.

NOTE: Authority cited: Sections 1502.7 and 1530, Health and Safety Code. Reference: Sections 1501, 1530, and 1531, Health and Safety Code; and Sections 11403, 16001.9 and 16501.1, Welfare and Institutions Code.

**87068.3 MODIFICATIONS TO THE NEEDS AND SERVICES PLAN**

(a) The needs and services plan specified in Section 87068.2 shall be updated at least every 30 days to determine the following:

(1) The child's need for continuing services.

(2) The facility's recommendation regarding the feasibility of the child's return to his/her home; placement in a less restrictive family-like setting consistent with the facility's program statement as specified in Section 1562.01(d)(2)(C)(iii) of the Health and Safety Code; or move to independent living.

(3) The need for modification in services.

(4) The progress of the child toward his/her transfer goal.

(b) The licensee shall ensure that the child and his/her authorized representative(s) are offered the opportunity to participate in such modifications.

(1) The licensee shall not implement any plan modifications unless prior written approval of such modifications has been obtained from the child's authorized representative(s).

(2) The licensee shall consider the recommendations of the child and family team while implementing modifications to the needs and services plan.

(c) In order to determine the need to modify the child's needs and services plan, the licensee shall conduct an analysis of each incident reported pursuant to Sections 80061 and 87061 which occurred in the 30 days preceding the review of the needs and services plan.

(1) The analysis shall consist of the following:

(A) If there were multiple incidents:

1. Was it the same situation.

2. Was it a different situation.

3. Did the other incidents involve the same facility personnel.

4. Was it the same resolution.

5. Was it a different resolution.

NOTE: Authority cited: Section 1530, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1501 and 1531, Health and Safety Code.

## 87068.4 REMOVAL AND/OR TRANSFER PROCEDURES

(a) The licensee shall develop, maintain and implement written policies and procedures governing a child's removal and/or transfer from the facility.

(1) Children and their authorized representative(s) shall receive copies of such policies and procedures.

(2) Signed copies of such policies and procedures shall be maintained in the child's record, as specified in Section 87070(c)(2).

(b) The licensee shall ensure that the child, and his/her authorized representative(s) are offered the opportunity to participate in the development of a transfer plan for the child.

(1) The licensee shall not transfer a child unless prior written approval of the transfer has been obtained from the child's authorized representative(s).

(c) If it is determined that the facility cannot meet the needs of the child, the licensee shall notify the authorized representative(s) of the determination and request that the child be placed elsewhere.

(d) Nothing in this section is intended to prevent the child's removal from the facility under emergency circumstances by an authorized person or agency.

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Examples of emergency circumstances include, but are not limited to, removal by law enforcement officers when a child is arrested or when removal is necessary because the health and safety of the child or of other children in the facility is endangered by the child's continued presence in the facility; removal for emergency medical or psychiatric care; or relocation by the child's authorized represenative(s).

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(e) Social work staff shall develop and maintain a written removal or transfer record containing the information specified in Sections 87070(d) through (d)(3).

(f) In addition to the above provisions the following shall apply to nonminor dependents. If a nonminor dependent transfers from a facility for other reasons, a licensee shall:

(1) Provide 7 days written notice to the nonminor dependent that he or she will transfer from the facility. The written notice shall:

(A) State the reason for the transfer of the nonminor dependent, including specific facts about any circumstance or event that resulted in the pending transfer of the nonminor dependent.

(B) Request that the nonminor dependent be placed elsewhere.

(2) Provide a copy of the written notice via e-mail, fax, or overnight mail to theplacement agency on the same day the 7-day notice is provided.

(g) When a nonminor dependent transfers from a facility, the licensee shall distribute the nonminor dependent's records as specified in Section 87070.1.

NOTE: Authority cited: Section 1502.7 and 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1501 and 1531, Health and Safety Code.

## 87069.1 IMMUNIZATIONS

(a) A child for whom vaccination against the following diseases cannot be verified shall receive the first doses of the appropriate vaccines within 30 calendar days of placement in the facility and shall receive follow-up doses as recommended by the physician who administered the first doses.

(1) Poliomyelitis.

(2) Diphtheria.

(3) Pertussis, i.e., whooping cough.

(4) Tetanus.

(5) Measles.

(6) Rubella, i.e., German measles.

(7) Mumps.

(b) Notes from parents, guardians, etc., are not acceptable documentation.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

## 87070 CHILDREN'S RECORDS

(a) In addition to Section 80070 , the following shall apply.

(b) The following information regarding the child shall be obtained and maintained in the child's record:

(1) The name, address, and telephone number of all adults with whom the child was living immediately prior to the current placement.

(2) The name, address, and telephone number of the child's parent(s) or legal guardian, if known.(3) The name, address, and telephone number of the placement worker and placement agency.

(4) Educational records, if available, describing the child's present academic level, including his/her grade or performance level, and any previous school-related problems.

(5) Dental and medical history, if available, including immunization records; and physician's orders for any medically necessary diet as specified in Section 80076(a)(6).

(6) The child's court status, if applicable, including a copy of any custody orders and agreements with parent(s) or person(s) having legal custody.

(7) The placement agency's list of persons who should or should not be allowed to visit.

(8) Medical, psychiatric and psycological reports that identify special needs of children diagnosed as mentally disordered or developmentally disabled.

(9) Medical and dental insurance coverage information, or information regarding the agency or person responsible for medical and dental costs.

(10) Consent forms, completed by the child's authorized representative(s), to permit the facility to authorize medical care.

(11) A copy of any court order or parental authorization form if the child is currently taking psychotropic medication.

(12) A separate log for each psychotropic medication prescribed to a child showing all of the following:

(A) The name of the medication.

(B) The date of the prescription.

(C) The quantity of medication and number of refills initially prescribed.

(D) When applicable, any additional refills prescribed.

(E) The required dosage and directions for use as specified in writing by the physician prescribing the medication, including any changes directed by the physician.

(F) The date and time of each dose taken by the child.

(13) Documentation of all mental health services received by a child, to include the services received, the name of the mental health entity, and the date services were provided.

(14) Documentation of any inability to provide or ensure access to mental health services to a child and the reason why the services were not provided, including the lack of availability of providers, inability to obtain a mental health contract approval or services timely, or the children refuses to participate.

(15) A copy of the standard appraisal form specified in Section 87068.1(b)(1)(C.

(c) If it is determined that the facility can provide the services necessary to meet the child's needs, the following additional information shall be maintained in the child's record:

(1) A copy of the child's original needs and services plan; verification, signed by the child and his/her authorized representative(s), that they were offered the opportunity to participate in plan development; and verification that the authorized representative(s) have approved the plan.

(2) Signed copies of the facility's policies and procedures regarding the child's removal and/or transfer; discipline; and complaints.

(3) Documentation of any vaccinations that have been obtained as specified in Section 87069.1, if immunization records are not available prior to placement.

(4) Records and documentation regarding any fines levied as specified in Sections 87026(c)(1) through (4).

(5) Copies of any modifications to the child's needs and services plan; verification, signed by the child and his/her authorized representative(s), that they were offered the opportunity to participate in any such modifications; and verification that the authorized representative(s) have approved such modifications.

(d) If it is determined that the child is to be removed from or transferred from the facility, the following information shall be maintained in the child's record:

(1) Date the child's authorized representative(s) was notified of the necessity for the child's removal or transfer.

(2) The name, address, and relationship to the child of the person to whom the child was transferred.

(3) Reason for the child's removal or transfer.

(e) When a child transfers from a facility,the licensee shall distribute the child's records as follows:

(1) The child's primary placing agency shall receive originals and any copies of all records.

(2) The child's authorized representative, if applicable, shall receive copies of all records.

(f) A licensee shall retain copies of a child's records for at least three years after the child transfers from the facility.

(g) All information and records regarding a child shall be confidential except as otherwise authorized by law.

(h) A child's record shall be confidential and shall be available only to the licensing agency, placement agency staff, and short-term residential therapeutic program personnel that need access to the information to perform their duties.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1507, 1507.6 and 1531, Health and Safety Code.

**87070.1 NONMINOR DEPENDENT RECORDS**

(a) In addition to Section 80070, and 87070, the following shall apply to nonminor dependents.

(b) When a nonminor dependent transfers from a facility, in addition to distributing the child's records as specified in 87070(e), the licensee shall ensure that the nonminor dependent shall receive copies of all records:

(c) A nonminor dependent shall have access to his or her records in a manner that ensures the confidentiality of other records maintained in the facility. In addition to the requirements specified in 87070(b), nonminor dependent records shall include:

(1) The Transitional Independent Living Case Plan and the Transitional Independent Living Plan for the nonminor dependent, and any modifications to these plans.

(A) For any nonminor dependent who is within 90 days of a planned transfer from foster care into independent living, or reaching the age of 21, this also includes the 90-day Transition Plan as described in Welfare and Institutions Code section 16501.1(g)(16)(B)

(d) Upon the request of a nonminor dependent, a licensee shall assist him or her in obtaining and keeping his or her own records. These records may include:

(1) A certified birth certificate.

(2) A Social Security card.

(3) A California or other state identification card or driver's license.

(4) A proof of citizenship or residency status; or for an alien, evidence of an approved petition for special immigrant juvenile status pursuant to Title 8, C.F.R. Section 204.11.

(5) Death certificates of parents, if applicable.

(6) A proof of county dependency status for education aid applications.

(7) Written information concerning the nonminor dependent's dependency or delinquency case including: information about his or her family history; placement history; the names, phone numbers, and addresses of siblings and other

relatives; and the procedures for inspecting the documents described under Welfare and Institutions Code Section 827.

(8) School records.

(9) Immunization records.

(10) Medical records.

(11) Annual credit reports.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501 and 1531, Health and Safety Code.

**87072 PERSONAL RIGHTS**

(a) Each facility licensed to provide foster care for children shall post a current listing of a foster child's rights.

(b) Each facility shall provide each school age child, who is placed in foster care, and his or her authorized representative with an age and developmentally appropriate orientation that includes an explanation of the rights of the child and addresses the child's questions and concerns.

(c) At admission, each child, and his/her authorized representative, shall be personally advised of and given a copy of the child's rights as specified in subsection (d), below.

(d) The licensee shall ensure that each child, regardless of whether the child is in foster care, is accorded the personal rights specified in Welfare and Institutions Code Section 16001.9, as applicable. In addition, the licensee shall ensure that each child is accorded the following personal rights:

(1) To visit the facility with his/her relatives and/or authorized representative(s) prior to admission.

(2) To file a complaint with the facility, as specified in Section 87072.2.

(3) To have the facility inform his/her authorized representative(s) of his/her progress at the facility.

(4) To have communications to the facility from his/her relatives and/or authorized representative(s) answered promptly and completely.

(5) To have visitors visit privately during waking hours without prior notice, provided that such visitations are not prohibited by the child's needs and services plan; do not infringe upon the rights of other children; do not disrupt planned activities; and are not prohibited by court order or by the child's authorized representative(s).

(A) Rules regarding visitation hours, sign-in rules and visiting rooms can be established but shall apply to all visitors.

(6) To be provided with and allowed to possess and use adequate personal items, consistent with Welfare & Institutions Code section 16001.9(a)(23), which includes their own:

(A) Clothing items, provided the clothes are age-appropriate.

1. Clothing provided for school shall not violate school standards.

(B) Toiletries and personal hygiene products, including enclosed razors used for shaving, as age and developmentally appropriate.

(C) Personal belongings, including items that were a gift to the child unless prohibited by a discipline program.

(7) To possess and use his/her own cash resources except as specified in Section 87026, and to maintain an emancipation bank account and manage personal income consistent with the child's age and developmental level, unless prohibited by the case plan.

(8) To make and receive confidential telephone calls, unless prohibited by court order.

(A) Reasonable restrictions to telephone use may be imposed by the licensee. The licensee shall be permitted to:

1. Restrict the making of long distance calls upon documentation that requested reimbursement for previous long distance calls has not been received;

2. Restrict phone use in accordance with the facility's discipline program;

3. Impose restrictions to ensure that phone use does not infringe on the rights of others or restrict the availability of the phone during emergencies.

(B) All restrictions shall be documented in the child's needs and services plan or the facility's discipline policies, and be signed by the child's authorized representative.

(C) Calls permitted to be restricted by subsections (A)1. and (A)2. above shall not include calls to the child's authorized representative, placement agency, family members (except by court order), social workers, attorneys, Court Appointed Special Advocates (CASA), probation

officers, Community Care Licensing Division of the California Department of Social Services or the State Foster Care Ombudsperson.

(9) To send and receive unopened correspondence unless prohibited by court order and to have access to letter writing material.

(10) To be accorded dignity in his or her personal relationships with staff and other persons.

(11) To be free of physical, sexual, emotional, or other abuse, and from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature including, but not limited to, interference with the daily living functions of eating, sleeping, or toileting, or withholding of shelter, clothing, or aids to physical functioning.

(12) To be informed, and to have his/her authorized representative, if any, informed, by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency, and of information regarding confidentiality.

(13) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, in or outside of the facility, shall be on a completely voluntary basis.

(14) To not be locked in any room, building, or facility premises at any time.

(A) The licensee shall not be prohibited by this provision from locking exterior doors and windows or from establishing house rules for the protection of clients provided the clients are able to exit the facility.

(B) The licensee shall be permitted to utilize means other than those specified in (A) above for securing exterior doors and windows only provided the clients are able to exit the facility and with the prior approval of the licensing agency.

(15) Not to be placed in any restraining device. Postural supports may be used if they are approved in advance by the licensing agency as specified in (A) through (F) below.

(A) Postural supports shall be limited to appliances or devices including braces, spring release trays, or soft ties used to achieve proper body position and balance, to improve a client's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a client from falling out of bed, a chair, etc.

1. Physician-prescribed orthopedic devices such as braces or casts used for support of a weakened body part or correction of body parts are considered postural supports.

(B) All requests to use postural supports shall be in writing and include a written order of a physician indicating the need for such supports. The licensing agency shall be authorized to require other additional documentation in order to evaluate the request.

(C) Approved postural supports shall be fastened or tied in a manner which permits quick release by the child.

(D) The licensing agency shall approve the use of postural supports only after the appropriate fire clearance, as required by Section 80020(a) or (b), has been secured.

(E) The licensing agency shall have the authority to grant conditional and/or limited approvals to use postural supports.

(F) Under no circumstances shall postural supports include tying of, or depriving or limiting the use of, a child's hands or feet.

1. A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed with prior licensing approval. Bed rails that extend the entire length of the bed are prohibited.

(G) Protective devices including, but not limited to, helmets, elbow guards, and mittens which do not prohibit a client's mobility but rather protect the client from self-injurious behavior are not to be considered restraining devices for the purpose of this regulation. Protective devices may be used

if they are approved in advance by the licensing agency as specified below.

1. All requests to use protective devices shall be in writing and include a written order of a physician indicating the need for such devices. The licensing agency shall be authorized to require additional documentation including, but not limited to, the Individual Program Plan (IPP) as specified in Welfare and Institutions Code Section 4646, and the written consent of the authorized representative, in order to evaluate the request.
2. The licensing agency shall have the authority to grant conditional and/or limited approvals to use protective devices.

(H) Under no circumstances shall postural supports or protective devices be used for disciplinary purposes.

(16) To obtain possess and use their own contraception, which may include, but is not limited to: birth control medication, emergency contraception, long acting reversible contraceptives, condoms, and barrier methods.

(17) To receive medical, dental, vision and mental health services.

(A) Medical services may include, but are not limited to, services related to the prevention or treatment of pregnancy, sexual assault or rape; and at 12 years of age or older, the prevention, diagnosis, or treatment of sexually-transmitted diseases.

1. A child may consent personally to these services, as described above in subsection (A), without the knowledge or consent of a parent, guardian, short-term residential therapeutic program staff, social worker, probation officer, judge or authorized representative.
2. A child may obtain these services confidentially, unless prohibited by law.

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The prevention or treatment of pregnancy includes contraception, pregnancy testing and counseling, abortion, and prenatal care.
The prevention or treatment of sexually-transmitted diseases includes pre-exposure prophylaxis (PREP) and post-exposure prophylaxis (PEP).

Family Code section 6928 states in part:

(b) A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault.
(c) The professional person providing medical treatment shall attempt to contact the minor's parent or guardian and shall note in the minor's treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This subdivision does not apply if the professional person reasonably believes that the minor's parent or guardian committed the sexual assault on the minor.

**HANDBOOK ENDS HERE**

(18) To receive an allowance.

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EXAMPLE: Children who are privately placed in a short-term residential therapeutic program should be afforded only those rights that are applicable, and therefore would not be afforded those rights that apply only to a child placed in foster care. For instance, privately placed children would not be involved in the development and review of his or her case plan, and plan for permanent placement.

Welfare and Institutions Code section 16001.9, subsection (a) provides in part:

"(a) It is the policy of the state that all minors and nonminors in foster care shall have the following rights:
(1) To live in a safe, healthy, and comfortable home where he or she is treated with respect.
(2) To be free from physical, sexual, emotional, or other abuse, or corporal punishment.
(3) To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.
(4) To receive medical, dental, vision, and mental health services.
(5) To be free of the administration of medication or chemical substances, unless authorized by a physician.
(6) To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and probation officers.
(7) To visit and contact brothers and sisters, unless prohibited by court order.
(8) To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
(9) To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
(10) To attend religious services and activities of his or her choice.
(11) To maintain an emancipation bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.
(12) To not be locked in a room, building, or facility premises, unless placed in a community treatment facility.
(13) To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and developmental level, with minimal disruptions to school attendance and educational stability.
(14) To work and develop job skills at an age-appropriate level, consistent with state law.
(15) To have social contacts with people outside of the foster care system, including teachers, church members, mentors, and friends.
(16) To attend Independent Living Program classes and activities if he or she meets age requirements.
(17) To attend court hearings and speak to the judge.
(18) To have storage space for private use.
(19) To be involved in the development of his or her own case plan and plan for permanent placement.
(20) To review his or her own case plan and plan for permanent placement, if he or she is 12 years of age or older and in a permanent placement, and to

receive information about his or her out-of-home placement and case plan, including being told of changes to the plan.
(21) To be free from unreasonable searches of personal belongings.
(22) To the confidentiality of all juvenile court records consistent with existing law.
(23) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
(24) To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.
(25) To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
(26) At 16 years of age or older, to have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs, and information regarding financial aid for postsecondary education.
(27) To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.

**HANDBOOK ENDS HERE**

(e) Nothing in this section shall be interpreted to require a licensee or short-term residential therapeutic program staff to take any action that would impair the health and safety of children in out-of-home placement consistent with Welfare & Institutions Code Section 16001.9(b)

**HANDBOOK BEGINS HERE**

Welfare and Institutions Code section 16001.9, subsection (b) provides:

"(b) Nothing in this section shall be interpreted to require a foster care provider to take any action that would impair the health and safety of children in out-of-home placement."

**HANDBOOK ENDS HERE**

Note: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1502, 1530.91, 1531, and 1562.01, Health and Safety Code; Section 16001.9, Welfare and Institutions Code.

## 87072.1 DISCIPLINE POLICIES AND PROCEDURES

(a) The licensee shall develop, maintain and implement written facility discipline policies and procedures meeting the requirements specified in (b) and (c) below.

(1) Staff, children, and authorized representatives shall receive copies of such policies and procedures, as specified in Sections 87065(n) and 87068.1(b)(4)(B).

(2) Signed copies of such policies and procedures shall be maintained in the child's record, as specified in Section 87070(c)(2).

(b) Any form of discipline which violates a child's personal rights as specified in Section 87072 shall be prohibited.

(c) Calls to law enforcement must be made in accordance with the facility's emergency intervention plan as specified in Section 87095.22. Calling or threatening to call law enforcement is prohibited as a form of discipline.

(d) Acceptable forms of discipline shall include the following:

(1) Exclusion in an unlocked living, sleeping, or play area.

(2) Institution of fines as specified in Section 87026(c).

(3) Prohibition against attendance at or participation in planned activities.

(4) Prohibition against use of entertainment devices including but not limited to telephones, televisions, personal computers and other internet-enabled devices, video game consoles, radios, portable media players, and stereo equipment.

(5) Performance of additional duties related to training needs identified in the child's needs and services plan.

(6) Any other form of discipline approved in writing, in advance by the licensing agency.

(e) When a child is subject to a consequence for noncompliance with an expectation of living in the facility, a licensee shall do all of the following:

(1) Inform the child that it is necessary for the licensee to impose a consequence on the child.

(2) Discuss the reason and need for the licensee to impose a consequence on the child and provide the child with the opportunity to participate in choosing the appropriate consequence.

(3) Develop a plan, including time limit, with the child for the nonminor dependent to be subject to and comply with the chosen consequence.

(4) Document the decision to subject the nonminor dependent to the chosen consequence and the steps taken in subjecting the child to the consequence.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1531 and 1538.7, Health and Safety Code.

## 87072.2 COMPLAINT PROCEDURES

(a) The licensee of a short-term residential therapeutic program shall develop, maintain and implement written complaint procedures by which children or their authorized representatives are permitted to file complaints, without fear of retaliation, with the facility administrator regarding facility staff or operations.

(1) Staff, children, and authorized representatives shall receive copies of such procedures, as specified in Sections 87065(o) and 87068.1(b)(4)(B).

(2) Signed copies of such procedures shall be maintained in each child's record, as specified in Section 87070(c)(2).

(3) Such procedures shall be posted in a location in the facility which is accessible to children, their authorized representatives.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

## 87074 TRANSPORTATION

(a) In addition to Section 80074, the following shall apply:

(b) The licensee and his/her staff are prohibited from smoking a tobacco product, or permitting any person from smoking a tobacco product in a motor vehicle that is regularly used to transport children, regardless of when the children are present. This prohibition applies when the motor vehicle is moving or at rest. Smoking has the same meaning as in subdivision (c) of Section 22950.5 of the Business and Professions Code, and tobacco product means a product or device as defined in subdivision (d) of Section 22950.5 of the Business and Professions Code.

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Business and Professions Code 22950.5(c) and (d) provide:

(c) "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. "Smoking" includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking.
(d)(1)"Tobacco product" means any of the following:
(A) A product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.
(B) An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah.
(C) Any component, part, or accessory of a tobacco product, whether or not sold separately.
(2) "Tobacco product" does not include a product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product or for other therapeutic purposes where the product is marketed and sold solely for such an approved purpose.

**HANDBOOK ENDS HERE**

(c) Unless other arrangements are specified in the Needs and Services Plan or the Transitional Independent Living Plan for a child or nonminor dependent, a licensee shall ensure transportation is provided to the following:

(1) Health-related services.

(2) School.

(3) Extracurricular, enrichment, and social activities, provided the transportation to these activities is reasonable.

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When determining if the transportation to an activity for a nonminor dependent is reasonable, the licensee may consider the location, frequency, cost for transportation, and time necessary to provide transportation.

**HANDBOOK ENDS HERE**

(d) If a licensee provides transportation to a child or nonminor dependent, the licensee shall ensure that the vehicle used to transport the nonminor dependent is in safe operating condition.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1530.7, 1562.01, and 118948, Health and Safety Code.

**87075 HEALTH RELATED SERVICES**

(a) In addition to Section 80075, the following shall apply.

(b) The licensee shall ensure that all prescribed medications, with the exception of contraceptives, are centrally stored, as provided in Section 80075.

(1) Licensees shall continue to ensure the health and safety of all children in the facility.

(A) The licensee shall provide the child with a locked container in which to store their contraceptives.

1. There shall be more than one key to the container. One key shall be given to the child and the others shall be kept by short-term residential therapeutic program staff.

(c) Psychotropic medications shall be used only in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court order or parental authorization form.

(d) The licensee shall provide an isolation room or area that shall be used where separation from others is required to prevent the spread of a communicable disease.

(e) For children 12 years of age or older, the licensee shall allow access and assist children in accessing age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections (STIs).

(1) A licensee may direct a child to reliable sources of information.

(2) A licensee shall not require a child to agree to practice abstinence.

(f) A licensee shall ensure that, unless a nonminor dependent refuses such care, the nonminor dependents in the licensee's care receive first aid, medical, dental, vision, and mental health care, and related services, including arrangement for and/or provision of transportation to the nearest available services.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1502.7, 1507, 1507.25, 1507.6 and 1531, Health and Safety Code; Sections 303 and 16001.9, Welfare and Institutions Code.

**87076 FOOD SERVICE**

(a) In addition to Section 80076, the following shall apply.

(b) Written menus shall be posted weekly in an area accessible to the staff and children.

(c) The licensee shall meet the following food supply and storage requirements:

(1) Supplies of staple nonperishable foods for a minimum of one week and fresh perishable foods for a minimum of two days shall be maintained on the premises.

(2) Freezers shall be large enough to accommodate required perishables and shall be maintained at a temperature of zero degrees F (-17.7 degrees C).

(3) Refrigerators shall be large enough to accommodate required perishables and shall maintain a maximum temperature of 45 degrees F (7.2 degrees C).

(4) Freezers and refrigerators shall be kept clean, and food storage shall permit the air circulation necessary to maintain the temperatures specified in (2) and (3) above.

(5) Kitchen appliances and utensils shall be made accessible to a child when he or she is participating in age or developmentally-appropriate activities related to food preparation, cooking, and other related kitchen and dining activities. The administrator or facility manager, or his or her responsible designee, shall:

(A) Apply the "Reasonable and Prudent Parent Standard," as specified in Section 87067, when allowing a child to use kitchen appliances and utensils for food preparation and cooking.

(B) Ensure that the child is properly trained to safely use the kitchen appliances and utensils.

(C) Not require a child to participate in meal preparation.

(6) As agreed upon with a licensee, a child shall have the opportunity to plan meals, grocery shop, and store and prepare food.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015) . Reference: Sections 1501 and 1531, Health and Safety Code; and Sections 361.2(k)(2), 727 and 16001.9, Welfare and Institutions Code.

**87077 PERSONAL SERVICES**

(a) The licensee shall ensure the following:

(1) Provision of basic laundry services, including but not limited to washing, drying, and ironing of children's personal clothing.

(A) Children shall be permitted to participate in the performance of such services provided that the requirements specified in Section 80065(j) are met.

(2) Provision of an allowance to all children no less frequently than once per month. except:

(A) If the child is unable to manage his/her own money because of age or if the authorized representative determines that the child cannot manage his/her own money.

(1) If the authorized representative considers the child incapable of money management, it must be specified in the needs and services plan.

(3) Portions of a child's allowance may be withheld through a fining system as specified in Section 87026.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501 and 1531, Health and Safety Code.

## 87078 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION

(a) In addition to Section 80078, the following shall apply.

(b) The licensee shall provide those services identified in each child's needs and services plan, or Transitional Independent Living Plan, as necessary to meet the child's needs.

(c) The licensee shall ensure each child's attendance at an educational program in accordance with state law.

(d) Upon the request of a child or nonminor dependent, a licensee shall assist a child or nonminor dependent with developing the skills necessary for self-sufficiency. These skills may include, but are not limited to, the following:

(1) Financial literacy.

(2) Nutrition and healthy food choices, grocery shopping, and meal preparation.

(3) Identifying a suitable home and home maintenance.

(4) Child care.

(5) Automotive maintenance.

(6) Educational and career development, including the information specified in Section 87079.

(7) Obtaining medical, dental, vision, and mental health care.

(8) Access to community resources.

(9) Developing and reaching goals.

(10) Self-care, including performing a nonminor dependent's own laundry.

(11) Drug and alcohol abuse awareness and prevention.

(12) Safe sex and reproductive health information.

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## HANDBOOK BEGINS HERE

A licensee may access information that includes, but is not limited to, the following, in providing assistance to a nonminor dependent:
Financial Literacy
(1) Information on financial literacy for young adults can be found online at
(A) https://www.fdic.gov/consumers/consumer/moneysmart/young.html

(B) www.fdic.gov/consumers/consumer/news/cnfall12/Fall2012.pdf
Nutrition and Healthy Food Choices, Grocery Shopping, and Meal Preparation
(Information on healthy eating on a budget and meal planning can be found online at http://www.choosemyplate.gov/
Child Care
(1) Information on finding child care can be found online at http://ccld.ca.gov/PG524.htm
Obtaining Medical, Dental, Vision, and Mental Health Care
(1) Information on obtaining and applying for medical insurance can be found online at
http://www.coveredca.com/
(2) Information on Medi-Cal and applying for Medi-Cal can be found online at http://www.medi-cal.ca.gov/
Drug and Alcohol Abuse Awareness and Prevention
(1) Information about the use of drugs and alcohol can be found online at http://www.drugfreeworld.org/drugfacts/html
Safe Sex and Reproductive Health Information
(1) Information on the Family Planning, Access, Care, and Treatment (Family PACT)
program can be found online at
http://www.dhcs.ca.gov/services/ofp/Pages/OfficeofFamilyPlanning.aspx
(2) Information on the Maternal, Child, and Adolescent Health Program can be found online at http://www.cdph.ca.gov/programs/MCAH/Pages/default.aspx

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(e) Unless restricted by the Needs and Services Plan, Transitional Independent Living Plan, or court order, a licensee shall encourage a child or nonminor dependent to seek, select, and maintain permanent connections between the child or nonminor dependent and their relatives, nonrelative extended family members, and other caring and committed adults.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 11465 and 17731, Welfare and Institutions Code; and Sections 1501 and 1531, Health and Safety Code.

## 87078.1 CORE SERVICES AND SUPPORTS

(a) A short-term residential therapeutic program shall provide core services and supports to children and nonminor dependents as appropriate or necessary that are trauma informed, culturally relevant, age and developmentally appropriate, and include the following:

(1) Medi-Cal specialty mental health services for children who meet medical necessity criteria for specialty mental health services.

(2) Transition support services for children, nonminor dependent, and families upon initial entry and placement changes and for families who assume permanency through reunification, adoption, or guardianship.

(3) Educational and physical, behavioral, and mental health supports, including extracurricular activities and social supports.

(4) Activities designed to support children and nonminor dependents in achieving a successful adulthood.

(5) Services to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or nonminor dependent, as appropriate.

(b) Core services and supports shall be provided directly, secured through agreements with other agencies, or both.

(1) A short-term residential therapeutic program shall ensure all core services secured through agreements with other agencies are trauma informed and culturally relevant.

(2) Documentation of agreements with other agencies shall be maintained by a short-term residential therapeutic program and be available upon request by the licensing agency.

(c) In addition to subsection (a), a short-term residential therapeutic program shall ensure that Indian children receive core services and supports in accordance with the Federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, and the best interests of Indian children as including

culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions.

NOTE: Authority cited: Section 1501, 1530, and 1531, Health and Safety Code; and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1530, 1531, and 1562.01 Health and Safety Code.

## 87079 PLANNED ACTIVITIES

(a) The licensee shall develop, maintain, and implement a written plan to ensure that indoor and outdoor activities which include but are not limited to the following are provided for all children:

(1) Activities that require group interaction.

(2) Physical activities, including but not limited to games, sports and exercise.

(3) Leisure time.

(4) Educational activities, including attendance at an educational program in accordance with state law, and supervision of afterschool study as specified in Section 87078(d).

(5) Activities which meet the training, money management, and personal care and grooming needs identified in the children's needs and services plans, as specified in Section 87068.2(b)(3) through (5).

(b) Each child who is capable shall be given the opportunity to participate in the planning, preparation, conduct, cleanup, and critique of planned activities.

(c) The administrator or facility manager, or his or her designee, shall:

(1) Allow a child to participate in age or developmentally-appropriate extracurricular, enrichment, cultural, and social activities.

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Extracurricular, enrichment, cultural, and social activities may include, but are not limited to, the following:

(1) Worship services and activities of the child's choice.
(2) Community events, including but not limited to, concerts, tours, dances, plays, and celebrations of special events.
(3) Outdoor adventure clubs.
(4) Sports.
(5) School or after-school activities such as band, dances, and field trips.
(6) Leisure time such as bike riding, socializing with friends, shopping, and going to the movies.
(7) Farm and gardening activities.

(8) Overnight activities lasting one or more days such as sleepovers with friends.
(9) Having visitors in the home.
(10) Use of computer equipment.
(A) Computer equipment made available to other children in the household should also be available to a "child" of similar age and maturity.
(B) The caregiver is not required to incur a cost to provide computer availability.
(11) Babysitting.
(12) Dating.
(13) Access to information regarding obtaining a California Driver's License.

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(2) Apply the "Reasonable and Prudent Parent Standard" as specified in Section 87067, when determining whether to allow a child to participate in age-appropriate and developmentally-appropriate extracurricular, enrichment, cultural and social activities.

(d) A schedule of the planned activities shall be posted on at least a weekly basis in a central facility location readily accessible to children, relatives, and representatives of placement and referral agencies.

(1) Copies of schedules shall be retained in the facility's files for at least six months.

(e) For children 16 years of age or older, the licensee shall allow access to existing information regarding available vocational and postsecondary educational options as specified in Welfare and Institutions Code section 16001.9(a)(26). The information may include, but is not limited to:

(1) Admission criteria for universities, community colleges, trade or vocational schools and financial aid information for these schools.

(2) Informational brochures on postsecondary or vocational schools/programs.

(3) Campus tours.

(4) Internet research on postsecondary or vocational schools/programs, sources of financial aid, independent living skills program offerings, and other local resources to assist youth.

(5) School-sponsored events promoting postsecondary or vocational schools/programs.

(6) Financial aid information, including information about federal, state and school-specific aid, state and school-specific scholarships, grants and loans, as well as aid available specifically to current or former foster youth and contact information for the Student Aid Commission.

(f) Upon the request of a child, a licensee shall assist the child in obtaining the following information:

(1) Information specified in Section 87079(e)(1) through (e)(6).

(2) Informational brochures on employment-related programs.

(3) Internet research on trade, vocational, or professional career options.

(4) Community or school-sponsored events promoting volunteerism, internships, or employment.

(5) Career options, requirements, and salary information for trade, vocational, or professional careers.

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A licensee may access information that includes, but is not limited to, the following, in providing assistance to a nonminor dependent:

Attending College
(1) Application for admission.
(A) An application for California community colleges can be found online at http://www.cccapply.org.
(B) An application for California State Universities can be found online at http://www.csumentor.edu.
(C) An application for Universities of California can be found online at http://universityofcalifornia.edu/admissions.
(2) Contact with a Foster Youth Success Initiative (FYSI) Liaison.FYSI liaisons at all California community colleges can be found online at http://extranet.cccco.edu/Divisions/StudentServices/FosterYouthSuccessInitiatives/FYlpc.aspx.
(3) Financial aid.
(A) A Free Application for Federal Student Aid (FAFSA) can be found online at http://www.fafsa.ed.gov/options.htm.

(B) An application for a Board of Governors fee waiver for California community colleges can be found online at http://www.icanaffordcollege.com.
An application for the Chafee Education and Training Voucher grant program for foster youth can be found online at https://www.chafee.csac.ca.gov/default.aspx.
(4) Participation in Extended Opportunity Programs and Services (EOPS) and Disability Support Programs and Services (DSPS).
(5) Placement in college courses.
(6) College orientation and course planning.
(7) Enrollment.
(8) Payment of fees.
(9) Access to miscellaneous higher education resources.
(A) General college planning information can be found online at http://www.college.gov/prepare-for-college.
(B) A listing of California community colleges can be found online at http://californiacommunitycolleges.cccco.edu/maps/alphaList.asp.
(C) Academic support, such as Guardian or Renaissance Scholar programs available to foster youth attending college, can be found online at http://www.cacollegepathways.org/programs.php.
Resources for Foster Youth
(1) College and Career.
(A) Free ACT/SAT preparation assistance and college, career, and job guidance can be found online at www.ifoster.org.
(2) Low-Cost Technology.
(A) nformation about laptops can be found online at http://oneperfosteryouth.org.
(B) Information about cell phones can be found online at www.ifoster.org; https://chronicleofsocialchange.org/news/california-oks-cheap-cell-phone-plans-for-low-income-foster-youths/4936; and https://chronicleofsocialchange.org/analysis/why-calif-s-lifeline-wireless-is-a-big-deal-for-foster-youth/4949
(C) Information about Internet access can be found online at www.ifoster.org.

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NOTE: Authority cited: Section 1530, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Sections 1501, 1531, 1522.44, and 1562.01, Health and Safety Code; Sections 361.2(k)(2), 362.04, 362.05, 727 and 16001.9, Welfare and Institutions Code; and Assembly Bill 2096, (Chapter 483 Statutes of 2008).

## 87080 RESIDENT COUNCILS

(a) Each facility, at the request of a majority of the children or nonminor dependents residing there, shall assist its residents in establishing and maintaining a resident-oriented facility council.

(1) The licensee shall provide space and post notice for meetings, and shall provide assistance in attending council meetings for those residents who request it.

(A) If residents are unable to read the posted notice because of a physical or functional disability, the licensee shall notify the residents in a manner appropriate to that disability including but not limited to verbal announcements.

(2) The licensee shall document notice of meetings, meeting times, and recommendations from council meetings.

(3) In order to permit a free exchange of ideas, at least part of each meeting shall be conducted without the presence of any facility personnel.

(4) Residents shall be encouraged, but shall not be compelled to attend council meetings.

(b) The licensee shall ensure that in providing for resident councils the requirements of Section 1520.2 of the Health and Safety Code are observed.

NOTE: Authority cited: Section 1530, Health and Safety Code Code and Section 123 of Assembly Bill 403 (Chapter 773, Statutes of 2015). Reference: Section 1520.2, and 1562.01, Health and Safety Code.

## 87081 CONTINUOUS QUALITY IMPROVEMENT

(a) A short-term residential therapeutic program shall develop written policies, procedures, and practices concerning the facility's continuous quality improvement (CQI).

(b) A short-term residential therapeutic program's CQI shall be developed based on the overall mission, vision, and values of the facility and the active inclusion and participation of staff at all levels of the facility, children, nonminor dependents, families, and community resources.

(c) A short-term residential therapeutic program's CQI shall:

(1) Adopt specific outcomes, indicators, and practice standards, including outcomes associated with trauma informed and culturally relevant services.

(2) Include collecting qualitative and quantitative data and information related to identified outcomes, indicators, and practice standards. This may include, but is not limited to, the following:

(A) Feedback from children, nonminor dependents, families, and staff at all levels.

(B) Data about staff, including training, workload, and performance.

(C) Peer-review with a short-term residential therapeutic program that serves a similar population or a panel

1. The peer review panel may be formed based on served populations, facility size, location, or any other criteria that can serve the purpose of the peer-review panel.

(3) Include reviewing, analyzing, and interpreting qualitative and quantitative data.

(4) Utilize data review, analyses, and interpretation to inform and improve policies, practices, and programs.

NOTE: Authority cited: Section 1501, 1530, and 1531, Health and Safety Code; and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1530 and 1531, Health and Safety Code.

## Article 7. Physical Environment

### 87087. BUILDINGS AND GROUNDS

(a) In addition to Section 80087, the following shall apply.

(b) Bedrooms shall meet, at a minimum, the following requirements:

(1) Not more than two children shall share a bedroom.

(2) Bedrooms shall be large enough to allow for easy passage and comfortable use of any required assistive devices, including but not limited to wheelchairs, between beds and other items of furniture.

(3) Children of different sexes shall not share a bedroom unless:

(A) A minor parent is sharing a bedroom with the minor parent's child of the opposite sex.

(B) Each child is under five years of age, or

(C) A licensee is permitting a child to share a bedroom consistent with their gender identity regardless of the gender or sex listed on the court or child welfare

(4) No room commonly used for other purposes shall be used as a bedroom.

(A) Such rooms shall include but not be limited to halls, stairways, unfinished attics or basements, garages, storage areas, and sheds or similar detached buildings.

(5) No bedroom shall be used as a public or general passageway to another room, bath or toilet.

(6) If two children have been sharing a bedroom and one of them turns 18 they may continue to share the bedroom as long as they remain compatible and the licensing agency has granted an exception pursuant to Section 80024.

(7) Private bedrooms, separate from the children's bedrooms shall be provided for staff or other adults who sleep at the facility.

(A) Staff bedrooms are to be located near the children's sleeping area.

(8) Subsections (1), (2), (3), (4), (5), and (6) apply to all bedrooms used by all children in the facility including children who are members of the licensee's family, children of staff members and children in placement.

(9) Subsections (4), (5) and (7) apply to all bedrooms used by the licensee(s), staff and any other adults in the facility.

(c) The licensee shall prohibit smoking in the facility and on the grounds of the facility.

(d) Every short-term residential therapeutic program shall have one or more carbon monoxide detectors in the facility that meets the standards established in Health and Safety Code Chapter 8 (commencing with Section 13260) of Part 2 of Division 12.

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Health and Safety Code Section 13260 provides:

"This chapter shall be known and may be cited as the Carbon Monoxide Poisoning Prevention Act of 2010."

Health and Safety Code Section 13261 provides:

"The Legislature finds and declares all of the following:
(a) According to the American Medical Association, carbon monoxide is the leading cause of accidental poisoning deaths in the United States. The federal Centers for Disease Control and Prevention estimate that carbon monoxide kills approximately 500 people each year and injures another 20,000 people nationwide.
(b) According to the United States Environmental Protection Agency, a person cannot see or smell carbon monoxide. At high levels carbon monoxide can kill a person in minutes. Carbon monoxide is produced whenever any fuel, such as gas, oil, kerosene, wood, or charcoal, is burned.
(c) The State Air Resources Board estimates that every year carbon monoxide accounts for between 30 and 40 avoidable deaths, possibly thousands of avoidable illnesses, and between 175 and 700 avoidable emergency room and hospital visits.
(d) There are well-documented chronic health effects of acute carbon monoxide poisoning or prolonged exposure to carbon monoxide, including, but not limited to, lethargy, headaches, concentration problems, amnesia, psychosis, Parkinson's disease, memory impairment, and personality alterations.
(e) Experts estimate that equipping every home with a carbon monoxide device would cut accident-related costs by 93 percent. Eighteen states and a number of large cities have laws mandating the use of carbon monoxide devices.

(f) Carbon monoxide devices provide a vital, highly effective, and low-cost protection against carbon monoxide poisoning and these devices should be made available to every home in California.
(g) The Homeowners' Guide to Environmental Hazards prepared pursuant to Section 10084 of the Business and Professions Code is an important educational tool and should include information regarding carbon monoxide. It is the intent of the Legislature that when the booklet is next updated as existing resources permit, or as private resources are made available, it be updated to include a section on carbon monoxide."

Health and Safety Code Section 13262 provides:

"For purposes of this chapter, the following definitions shall apply:
(a) 'Carbon monoxide device' means a device that meets all of the following requirements:
(1) A device designed to detect carbon monoxide and produce a distinct, audible alarm.
(2) A device that is battery powered, a plug-in device with battery backup, or a device installed as recommended by Standard 720 of the National Fire Protection Association that is either wired into the alternating current power line of the dwelling unit with a secondary battery backup or connected to a system via a panel.
(3) If the device is combined with a smoke detector, the combined device shall comply with all of the following:
(A) The standards that apply to carbon monoxide alarms as described in this chapter.
(B) The standards that apply to smoke detectors, as described in Section 13113.7.
(C) The combined device emits an alarm or voice warning in a manner that clearly differentiates between a carbon monoxide alarm warning and a smoke detector warning.
(4) The device has been tested and certified, pursuant to the requirements of the American National Standards Institute (ANSI) and Underwriters Laboratories Inc. (UL) as set forth in either ANSI/UL 2034 or ANSI/UL 2075, or successor standards, by a nationally recognized testing laboratory listed in the directory of approved testing laboratories established by the Building Materials Listing Program of the Fire Engineering Division of the Office of the State Fire Marshal of the Department of Forestry and Fire Protection.
(b) 'Dwelling unit intended for human occupancy' means a single-family dwelling, factory-built home as defined in Section 19971, duplex, lodging house, dormitory, hotel, motel, condominium, stock cooperative, time-share project, or dwelling unit in a multiple-unit dwelling unit building or buildings. 'Dwelling unit intended for human occupancy' does not mean a property owned or leased by the state, the Regents of the University of California, or a local governmental agency.

(c) 'Fossil fuel' means coal, kerosene, oil, wood, fuel gases, and other petroleum or hydrocarbon products, which emit carbon monoxide as a byproduct of combustion."

Health and Safety Code Section 13263 provides:

"(a) (1) The State Fire Marshal shall develop a certification and decertification process to approve and list carbon monoxide devices and to disapprove and delist previously approved devices, if necessary. The certification and decertification process shall include consideration of effectiveness and reliability of the devices, including, but not limited to, their propensity to record false alarms. The certification and decertification process shall include a review of the manufacturer's instructions and shall ensure their consistency with building standards applicable to new construction for the relevant type of occupancy with respect to number and placement.
(2) The State Fire Marshal shall charge an appropriate fee to the manufacturer of a carbon monoxide device to cover his or her costs associated with the approval and listing of carbon monoxide devices.
(b) A person shall not market, distribute, offer for sale, or sell any carbon monoxide device in this state unless the device and the instructions have been approved and listed by the State Fire Marshal."

**HANDBOOK ENDS HERE**

(e) In every situation where children share a bedroom, the licensee shall document that the bedroom sharing arrangement ensures the health and safety of each child and that the children are compatible. When considering compatibility a licensee shall consult with children in their care, in an age and developmentally appropriate manner, regarding the child's sexual orientation and gender identity and what information the child wishes to disclose and to whom. A licensee shall not disclose information about the child's sexual orientation and/or gender identity against the child's wishes, unless compelled to do so by law or court order. This documentation shall be maintained in the child's record.

(f) A nonminor dependent shall have access to the following items:

(1) Household kitchen knives and appliances for meal preparation.

(2) Medications used by the nonminor dependent for self-administration.

(3) Disinfectants and cleaning solutions for use in household chores.

(g) In permitting a nonminor dependent to have access to the items specified in subsection (f)(1) through (f)(3), a licensee shall ensure the safety of a nonminor dependent and others in the facility is maintained.

NOTE: Authority cited: Sections 1502.8, and 1530, Health and Safety Code. Reference: Sections 1501, 1503.2, 1530.7, 1531, 13260, 13261, 13262, and 13263, Health and Safety Code; and *"The Health Consequences of Involuntary Exposure to Tobacco Smoke": A Report of the Surgeon General (2006)* .

## 87087.2. OUTDOOR ACTIVITY SPACE

(a) Children shall have access to safe outdoor activity space.

(1) Outdoor activity space meeting the requirement of (a) above shall include but not be limited to activity centers and public parks.

(2) A sketch of the physical plant as required in the plan of operation pursuant to Section 80022, shall include the location(s) of outdoor activity space.

(3) The outdoor activity space shall not include any area made inaccessible by fencing pursuant to Section 80087(e).

(4) Where natural or man-made hazards such as canals, cliffs, condemned buildings, creeks, ditches, lakes, ocean fronts, mines, power lines, quarries, rivers, ravines, swamps, watercourses, and areas subject to flooding lie on or adjacent to the facility premises, the outdoor activity space shall be inaccessible to such hazards.

(A) Where a fence or wall is used to make the outdoor activity space inaccessible, the requirements of Section 80087(e)(1) shall be met.

(5) The administrator or facility manager, or his or her responsible designee, shall apply the "Reasonable and Prudent Parent Standard," as specified in Section 87067, when determining whether to allow a "child" to have access to fish ponds, fountains, and similar bodies of water.

(A) The licensee shall ensure safeguards that include but are not limited to; familiarity of the surroundings, and staff trained in water safety as specified in Section 80065(e)(2).

(b) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material which absorbs falls.

(1) Sand, woodchips, peagravel or rubber mats commercially produced for this purpose, shall be permitted.

(2) The use of cushioning material other than that specified in (1) above shall be approved by the licensing agency in advance of installation.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Sections 361.2(k)(2), 362.04, 362.05 and 727, Welfare and Institutions Code.

## 87087.3. INDOOR ACTIVITY SPACE

(a) As a condition of licensure, there shall be common rooms, including a living room, dining room, den or other recreation/activity room, which provide the necessary space and/or separation to promote and facilitate the program of planned activities specified in Section 87079; and to prevent such activities from interfering with other functions.

(1) At least one such room shall be available to children for relaxation and visitation with friends and/or relatives.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

**87088. FIXTURES, FURNITURE, EQUIPMENT, AND SUPPLIES**

(a) In addition to Section 80088, the following shall apply.

(b) As a condition of licensure, toilets, wash basin, bath and shower fixtures shall, at a minimum, meet the following requirements:

(1) There shall be at least one toilet and wash basin maintained for each six persons residing in the facility, including children and personnel.

(2) There shall be at least one shower or bathtub maintained for each ten persons residing in the facility, including children and personnel.

(3) Toilets and bathrooms shall be located so that children do not have to go out-of-doors to have access to such accommodations.

(4) Individual privacy shall be provided in all toilet, bath, and shower areas.

(c) The licensee shall provide and make readily available to each child the following furniture, equipment and supplies necessary for personal care and maintenance of personal hygiene:

(1) An individual bed maintained in good repair; equipped with good springs and a clean mattress; and supplied with pillow(s) which are clean and in good repair.

(A) No short-term residential therapeutic program shall have more beds for children's use than required for the maximum capacity approved by the licensing agency.

1. This requirement shall not apply to bed(s) made available for illness or separation of others in an isolation room or area as specified in Section 87075(c).

(B) Fillings and covers for mattresses and pillows shall be flame retardant.

(C) The use of cots, trundle, or bunk beds shall be prohibited.

(2) Clean linen in good repair, including lightweight, warm blankets and bedspreads; top and bottom bed sheets; pillow cases; mattress pads; and bath towels, hand towels and wash cloths.

(A) The quantity of linen provided shall permit changing the linen at least once each week, or more often when indicated to ensure that clean linen is in use by children at all times.

(B) Use of common towels and wash cloths shall be prohibited.

(3) Items used to maintain basic personal hygiene practices, including but not limited to shampoo, feminine napkins, nonmedicated soap, toilet paper, toothbrush, toothpaste, and comb.

(4) Portable or permanent closets and drawer space in the child's bedroom to accommodate the child's clothing and personal belongings.

(A) A minimum of two drawers or eight cubic feet (.2264 cubic meters) of drawer space, whichever is greater, shall be provided for each child.

(d) The administrator or facility manager, or his or her responsible designee, shall:

(1) Apply the "Reasonable and Prudent Parent Standard," as specified in Section 87067, when determining whether a child should have access to disinfectants and cleaning solutions; and

(2) Ensure that the child is properly trained to safely use disinfectants and cleaning solutions.

(e) The following facilities shall maintain a signal system which meets the requirements specified in (e) and (f) below. Such system shall be used by children to summon staff during an emergency:

(1) All facilities with a licensed capacity of 31 or more children.

(2) All facilities having separate floors and not providing full-time staff on each floor whenever children are present.

(3) All facilities having separate buildings and not providing full-time staff in each building whenever children are present.

(f) The signal system shall have the ability to meet the following requirements:

(1) Operation from each children's living unit.

(2) Transmission of a visual and/or auditory signal to a central location, or production of an auditory signal at the specific children's living unit which is loud enough to summon staff.

(3) Identification of the specific children's living unit from which the signal originates.

(g) Facilities having more than one wing, floor or building shall be allowed to have a separate signal system in each component provided that each such system meets the requirements specified in (e) above.

(h) The licensee shall provide and maintain the supplies, equipment and reading material necessary to implement the planned activities.

(i) The licensee shall provide and make readily available to each child a well-lighted desk or table space and necessary supplies, including reference materials, for school-related study.

(j) Construction or other equipment, including but not limited to incinerators and air conditioning equipment, shall be made inaccessible to children.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code; and Sections 361.2(k)(2),362.04, 362.05 and 727, Welfare and Institutions Code.

## 87088.3. OUTDOOR ACTIVITY EQUIPMENT

(a) Outdoor activity equipment shall be securely anchored to the ground unless it is portable by design.

(1) Equipment shall be maintained in a safe condition free of sharp, loose or pointed parts.

NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501 and 1531, Health and Safety Code.

## Article 8. Accreditation and Mental Health

### 87089 NATIONAL ACCREDITATION

(a) A short-term residential therapeutic program shall obtain national accreditation from an entity identified by the Department.

(b) The short-term residential therapeutic program shall have up to 24 months from the date of licensure to obtain accreditation.

(c) The short-term residential therapeutic program applicant shall submit documentation of accreditation or a copy of its application for accreditation with its application for licensure:

(d) The short-term residential therapeutic program shall provide documentation to the Department reporting its accreditation status at 12 months and 18 months after the date of licensure.

(e) The licensing agency may request additional information from the short-term residential therapeutic program regarding its accreditation status.

(f) A short-term residential therapeutic program shall provide a copy of its final accreditation summary report to the licensing agency within 30 days of its release date.

(g) If a corrective action is required by the accrediting entity in response to the final accreditation summary report, or at any other time following accreditation, a short-term residential therapeutic program shall provide documentation of its corrective action to the licensing agency within 30 days of its completion date.

(h) If a short-term residential therapeutic program is placed on a probationary, suspended or revoked accreditation status, the facility shall notify the licensing agency within 10 business days of receiving notification from the accrediting entity.

NOTE: Authority cited: Section 1501, 1530, and 1531, Health and Safety Code; and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1562.01 Health and Safety Code.

## 87089.1 MENTAL HEALTH

(a) A short-term residential therapeutic program shall demonstrate the ability to meet the mental health service needs of children.

(b) A short-term residential therapeutic program shall have up to 12 months from the date of licensure to obtain in good standing a mental health program approval from the California Department of Health Care Services, or from a delegated county Mental Health Plan, and shall maintain the mental health program approval in good standing during its licensure.

(c) A short-term residential therapeutic program shall provide documentation of the program approval to the licensing agency and shall identify which specialty mental health services the facility is certified and contracted to provide.

(d) A short-term residential therapeutic program shall provide or ensure access to mental health services, including specialty mental health services and mental health supports, as appropriate to the needs of the child or nonminor dependent in its care. This shall include all of the following:

(1) Ensuring the Needs and Services Plan of each child or nonminor dependent reflects any mental health needs identified in the case plan, treatment plan, or any available mental health assessment.

(2) Collaborating with the Child and Family Team, consistent with the case plan.

(3) Ensuring continuity of care, services, and treatment as a child moves from his or her short-term residential therapeutic program placement to home-based family care or to a permanent living situation through reunification, adoption, or guardianship, in accordance with child's case plan or treatment plan.

(4) Documenting the child's ability to access mental health services identified in the Needs and Services Plan, or efforts made by the short term residential therapeutic program to ensure access to identified mental health services, including utilization of any existing grievance processes for accessing services.

(e) A short-term residential therapeutic program without a current mental health program approval shall not directly provide specialty mental health services.

(f) A short-term residential therapeutic program without a current mental health program approval shall provide children in its care access to mental health services, including specialty mental health services and mental health supports, as described in its program statement and as appropriate to the needs of the child and nonminor dependent.

(g) A short-term residential therapeutic program providing and care supervision to children diagnosed by a physician, psychologist, or licensed clinical social worker as mentally disordered shall make provision for at least monthly consultation from a psychiatrist, or clinical psychologist, or licensed clinical social worker regarding the program of services.

(1) The short-term residential therapeutic program shall maintain on file copies of reports signed by any such consultation, noting the types and hours of services provided.

NOTE: Authority cited: Section 1501, 1530, 1531, and 1562.01 Health and Safety Code; and AB 403, Stats. 2015, Ch. 773, Sec. 123. Reference: Sections 1506.1, Health and Safety Code; Section 11462.01, 11463, and 4096.5 Welfare and Institutions Code. .

# Article 9 Administrator Certification Training Programs

## 87090 INITIAL CERTIFICATION TRAINING PROGRAM VENDOR AND PROGRAM APPROVAL REQUIREMENTS

(a) Initial Certification Training Programs shall be approved by the Department prior to being offered to applicants seeking administrator certification.

(b) Any vendor applicant seeking approval of an Initial Certification Training Program shall submit a written request to the Department's Administrator Certification Section using the Request for Course Approval form LIC 9140 and Vendor Application/Renewal form LIC 9141. The request shall be signed by an authorized representative of the vendor applicant certifying that the information submitted is true and correct, and contain the following:

(1) Name, type of entity, physical address, e-mail address and phone number of the vendor applicant requesting approval and the name of the person in charge of the program.

(2) Subject title, classroom hours, proposed dates, duration, time, location and proposed instructor of each component.

(3) Written description and educational objectives for each subject matter component, hourly topical outline, teaching method, and description of course and participant evaluation methods.

(A) The use of videos, videotapes, video clips, or other visual recordings, are permitted as media teaching aids in an Initial Certification Training Program but shall not, in themselves, constitute the Program or any subject matter component thereof.

(4) Qualifications of each proposed instructor as specified in Section 87090(i)(7).

(5) Locality(ies) in which the Training Program will be offered.

(6) A list and the location(s) of records to be maintained pursuant to Section 87090(i)(5) below.

(7) A statement of whether or not the vendor applicant and each proposed instructor held or currently holds a license, certification or other approval as a professional in a specified field and the certificate or license number(s).

(8) A statement of whether or not the vendor applicant and each proposed instructor held or currently holds a State-issued care facility license or was or is employed by a State-licensed care facility and the license number.

(9) A statement of whether or not the vendor applicant and each proposed instructor was the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in (7) and (8) above.

(10) A non-refundable processing fee of one hundred-fifty dollars ($150).

(c) Initial Certification Training Program approval shall expire two (2) years from the date the Initial Certification Program vendorship is approved by the Department.

(d) A written request for renewal of the Initial Certification Training Program shall be submitted to the Department's Administrator Certification Section using the Request for Course Approval form LIC 9140 and Vendor Application/Renewal form LIC 9141 and shall contain the information and processing fee specified in Section 87090(b) above.

(1) A vendor must have a current approved Short-Term Residential Therapeutic Program Initial Certification Training Program in order to renew its Short-Term Residential Therapeutic Program Initial Certification Training Program vendorship.

(e) If a request for approval or renewal of an Initial Certification Training Program is incomplete, the Department shall, within thirty (30) days of receipt, give written notice to the vendor applicant that:

(1) The request is deficient, describing which documents or information are outstanding and/or inadequate, and informing the vendor applicant that the information must be submitted within thirty (30) days of the date of notice.

(f) If the vendor applicant does not submit the requested information within thirty (30) days, the request for approval or renewal shall be deemed withdrawn provided that the department has not denied or taken action to deny the request.

(g) Within thirty (30) days of receipt of a complete request for an approval, the Department shall notify the vendor applicant in writing whether the request has been approved or denied.

(h) The Short-Term Residential Therapeutic Program Initial Certification Training Program shall consist of the following components:

(1) A minimum of forty (40) classroom hours, as defined in Section 84001(c)(4), with the following uniform Core of Knowledge curriculum:

(A) Six (6) hours of instruction in laws, regulations, and policies and procedural standards that impact the operations of the type of facility for which the applicant will be an administrator.

(B) Eight (8) hours of instruction in business operations and management and supervision of staff, including staff training.

(C) Four (4) hours of instruction in the physical and psychosocial needs of the children, including behavior management, de-escalation techniques, and trauma informed crisis management planning.

(D) Two (2) hours of instruction in the permanence, well-being, and educational needs of the children.

(E) Four (4) hours of instruction in the use of community and support services, including accessing local behavioral and mental health supports and interventions, substance use disorder treatments, and culturally relevant services, as appropriate.

(F) Four (4) hours of instruction in understanding the requirements and best practices regarding medications and psychotropic medications, including, but not limited to, court authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, storage, and metabolic monitoring of children prescribed psychotropic medications.

(G) Five (5) hours of instruction on resident admission, retention, and assessment procedures, including the right of a foster child to have fair

and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(H) One (1) hour of instruction on the federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, and the best interests of Indian children as including culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions.

(I) Two (2) hours of instruction in cultural competency and sensitivity and related best practices for providing adequate care for children across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender.

(J) Two (2) hours of instruction on nonviolent emergency intervention and reporting requirements.

(K) Two (2) hours of basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring of a harassment- and violence-free school environment as contained in Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code.

(2) A standardized exam developed and administered by the Department.

(A) Individuals completing an Initial Certification Training Program must pass the exam with a minimum score of seventy percent (70%).

(B) The exam questions shall reflect the hour value of the Core of Knowledge areas specified in Section 87090(h)(1) above.

(i) Initial Certification Training Program vendors shall:

(1) Offer all forty (40) classroom hours required for certification in a classroom setting as defined in Section 84001(c)(5).

(A) A minimum of ten (10) hours of instruction must be provided by an instructor(s) who meets the criteria specified in Section 87090(i)(7)(D).

(B) Where good faith efforts to employ an instructor who meets the criteria specified in (A) are unsuccessful, vendors may apply to the Department's Administrator Certification Section for a waiver of this requirement.

(2) Establish a procedure to allow participants to make up any component necessary to complete the total program hours and content.

(3) Issue certificates of completion to participants who successfully complete the program.

(A) The certificate of completion shall be signed by the vendor or its authorized representative and include the approved vendor's name and vendor number, approved course number, and the date(s), time(s) and location(s) of program classes.

(4) Submit to the Department upon request a Roster of Participants (form LIC 9142A or other document which includes the same information) who completed the program.

(5) Maintain and ensure that records are available for review by Department representatives. Records shall be maintained for three (3) years from the date of vendorship approval, course approval, or course offering, whichever is applicable and most recent. The records shall include the following information:

(A) Course schedules, dates, descriptions and course outlines.

(B) A list of instructors and documentation of qualifications of each, as specified in Section 87090(i)(7).

(C) A Roster of Participants (LIC 9142A or other document which includes the same information) and documentation of who completed the program.

(D) Evaluations by participants of courses and instructors.

(E) Audio-visual recordings of all Initial Certification Training Programs and program components offered outside of California.

(6) Upon request, submit to the Department's Administrator Certification Section a schedule for at least the next calendar quarter specifying the subject title, approved course number, classroom hours, proposed dates, time, duration, location and proposed instructor(s) for each program/component.

(7) Have instructors who have verifiable knowledge and/or experience in the subject matter and content to be taught and who meet at least one of the following criteria:

(A) Hold a bachelor's or higher degree from an accredited institution in a discipline or field related to the subject(s) to be taught, and have at least two (2) years of experience relevant to the subject(s) to be taught, or

(B) Four (4) years of experience relevant to the course to be taught, or

(C) Be a professional, in a field related to the subject(s) to be taught, with a valid license or certification to practice in California and at least two (2) years of related field experience, or

(D) Have at least four (4) years of experience in California as an administrator of a group home and/or Short-Term Residential Therapeutic Program, within the last six (6) years, with a record of administering the facility(ies) in substantial compliance, as defined in Section 80001(s)(7), and have verifiable training in the subject(s) to be taught.

(8) Before adding or replacing an approved instructor, obtain the Department's approval by submitting a completed Request to Add or Replace Instructor form LIC 9140A and supporting documentation to the Department's Administrator Certification Section.

(9) Encourage course instructors to elicit and respond appropriately to participants' questions.

(10) Develop and provide to each course participant an end-of-course evaluation requesting feedback on, at minimum, instructor(s) knowledge of the subject(s),

quality of instruction provided, attainment of learning objectives, and opportunity of participants to ask questions.

(11) Report any changes of the information in 87090(b)(1) within thirty (30) days to the Department's Administrator Certification Section.

(j) Initial Certification Training Program vendors shall allow Department representatives to monitor and inspect training programs.

(1) Any duly authorized Department representative may, upon proper identification and upon stating the purpose of his/her visit, enter, inspect, and monitor Initial Certification Training Programs with or without advance notice. Such representatives may also request information and copies of records in advance of such visits and/or for desk monitoring.

(2) The vendor shall ensure that provisions are made for the private interview of any participant or instructor, and for the examination of any records relating to the program.

(3) The Department shall have the authority to inspect, audit, and copy all program records upon demand. Records may be removed if necessary for copying.

(4) Department representatives shall not remove any current emergency or health related personnel records unless the same information is otherwise readily available in another document or format. Department representatives shall return the records undamaged and in good order within three business days following the date the records were removed.

(k) If, as a result of an investigation or inspection, the Department determines that a deficiency exists, the Department shall issue a notice of deficiency, unless the deficiency is minor and corrected immediately, and shall provide the Initial Certification Training Program Vendor with the notice of deficiency in person or by registered mail.

(1) The notice of deficiency shall be in writing and shall include:

(A) A reference to the statute or regulation upon which the deficiency is premised.

(B) A factual description of the nature of the deficiency fully stating the manner in which the Initial Certification Training Program Vendor failed to comply with the specified statute or regulation.

(C) The amount of penalty pursuant to Section 87092 which shall be assessed if the deficiency is not corrected and the date the penalty begins.

(D) The appeal process as specified in Section 87093.

(2) The Department and the Initial Certification Training Program Vendor shall develop a plan for correcting each deficiency which shall be added to the notice of deficiency.

(3) Absent prior Department approval, all Program deficiencies shall be corrected prior to the next offering of the Initial Certification Training Program, and all other deficiencies (e.g., recordkeeping) shall be corrected within the number of days agreed to in the corrective action plan.

(*l*) Initial Certification Training Program Vendors shall not instruct or "co-locate" more than one program type (e.g., Adult Residential Facility, Group Home, Short-Term Residential Therapeutic Program, Residential Care Facility for the Elderly) at one time.

(m) Initial Certification Training Program Vendors and their instructors who are also seeking administrator certification shall not be permitted to receive credit for attending the vendor's own Initial Certification Training Program.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Section 1 of Assembly Bill (AB) 458 (Chapter 331, Statutes of 2003); Sections 1501, 1522.08, 1522.41 and 1531, Health and Safety Code; Section 16001.9, Welfare and Institutions Code; and Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code.

## 87090.1 DENIAL OF REQUEST FOR APPROVAL OF AN INITIAL CERTIFICATION TRAINING PROGRAM

(a) The Department may deny a request for approval of an Initial Certification Training Program in accordance with Section 1522.41(j)(1) of the Health and Safety Code. The Department shall provide the applicant with a written notice of the denial.

(b) The applicant may appeal the denial of the application in accordance with Section 1551 of the Health and Safety Code.

(c) Any request for approval submitted by a vendor applicant whose application has been previously denied shall be processed by the Department in accordance with the provisions of Health and Safety Code section 1520.3(b).

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1520.3(b), 1522.41(j) and 1551, Health and Safety Code.

## 87090.2 REVOCATION OF AN INITIAL CERTIFICATION TRAINING PROGRAM

(a) The Department may revoke an Initial Certification Training Program approval and remove the vendor from the list of approved vendors if the vendor does not provide training consistent with Section 87090 or:

(1) Is unable to provide training due to lack of staff, funds, or resources, or

(2) Misrepresents or makes false claims regarding the training provided, or

(3) Demonstrates conduct in the administration or instruction of the program that is illegal, inappropriate, or inconsistent with the intent or requirements of the program, or

(4) Misrepresents or knowingly makes false statements in the vendor application or during program instruction, or

(5) Fails to correct deficiencies and/or to pay civil penalties due.

(b) The vendor may appeal the revocation in accordance with Health and Safety Code section 1551.

(c) Any applicant for approval of an Initial Certification Training Program submitted by a vendor applicant whose approval has been previously revoked shall be processed by the Department in accordance with the provisions of Health and Safety Code section 1520.3.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1520.3, 1522.41(j) and 1551, Health and Safety Code.

**87091 CONTINUING EDUCATION TRAINING PROGRAM VENDOR REQUIREMENTS**

(a) Any vendor applicant seeking approval as a vendor of a Continuing Education Training Program shall obtain vendor approval by the Department prior to offering any course to certificate holders.

(b) Any vendor applicant seeking approval to become a vendor of a Continuing Education Training Program shall submit a written request to the Department's Administrator Certification Section using the Vendor Application/Renewal form LIC 9141. The request shall be signed by an authorized representative of the vendor applicant certifying that the information submitted is true and correct, and contain the following:

(1) Name, type of entity, physical address, e-mail address and phone number of the vendor applicant requesting approval and the name of the person in charge of the Program.

(2) A statement of whether or not the vendor applicant held or currently holds a license, certification, or other approval as a professional in a specified field and the license or certificate number.

(3) A statement of whether or not the vendor applicant held or currently holds a State-issued care facility license or was or is employed by a State-licensed care facility and the license number.

(4) A statement of whether or not the vendor applicant was the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in Sections 87091(b)(2) and (3) above.

(5) A non-refundable processing fee of one hundred dollars ($100).

(c) Continuing Education Training Program vendor approval shall expire two (2) years from the date the vendorship is approved by the Department.

(d) A written request for renewal of the Continuing Education Training Program vendorship shall be submitted to the Department's Administrator Certification Section using the Vendor Application/Renewal form LIC 9141 and shall contain the information and processing fee specified in Section 87091(b).

(1) A continuing education vendor must have one or more current approved Short-Term Residential Therapeutic Program continuing education courses in order to renew its Short-Term Residential Therapeutic Program continuing education program vendorship.

(e) If the request for approval or renewal of a Continuing Education Training Program vendorship is incomplete, the Department shall, within thirty (30) days of receipt, give written notice to the vendor applicant that:

(1) The request is deficient, describing which documents or information are outstanding and/or inadequate and informing the vendor applicant that the information must be submitted within thirty (30) days of the date of the notice.

(f) If the vendor applicant does not submit the requested information above within thirty (30) days, the request for approval or renewal shall be deemed withdrawn, provided that the Department has not denied or taken action to deny the request.

(g) Within thirty (30) days of receipt of a complete request for an approval or renewal, the Department shall notify the vendor applicant in writing whether the request has been approved or denied.

(h) Continuing Education Training Program vendors shall:

(1) Issue certificates of completion to participants who successfully complete the program.

(A) The certificate of completion shall be signed by the vendor or its authorized representative and include the approved vendor's name and vendor number, the approved course name and course number, the approved course hours, and the date(s), time(s) and location(s) of the course(s).

(2) Maintain and ensure that records are available for review by Department representatives. Records shall be maintained for three (3) years from the date of vendorship approval, course approval, or course offering, whichever is applicable and most recent. The records shall include the following:

(A) Course schedules, dates, descriptions and course outlines.

(B) Lists of instructors and documentation of qualifications of each, as specified in Section 87091(h)(3).

(C) Rosters of Participants (LIC 9142A or other document which includes the same information) and documentation of who completed the courses.

(D) Evaluations by participants of courses and instructors.

(E) Audio-visual recordings of all Continuing Education Training courses offered outside of California.

(3) Have instructors who have verifiable knowledge and/or experience in the subject matter and content to be taught and who meet at least one of the following criteria:

(A) Hold a bachelor's or higher degree from an accredited institution in a discipline or field related to the subject(s) to be taught, and have at least two (2) years of experience relevant to the subject(s) to be taught, or

(B) Four (4) years of experience relevant to the course to be taught, or

(C) Be a professional, in a field related to the subject(s) to be taught, with a valid license or certification to practice in California and at least two (2) years of related field experience, or

(D) Have at least four (4) years of experience in California as an administrator of a group home or Short-Term Residential Therapeutic Program, within the last six (6) years, with a record of administering the facility(ies) in substantial compliance as defined in Section 80001(s)(7), and have verifiable training in the subject(s) to be taught.

(4) Upon request, submit to the Department's Administrator Certification Section a schedule for at least the next calendar quarter specifying the subject title, approved course number, classroom hours, proposed dates, time, duration, location and proposed instructor for each future course.

(5) Before adding or replacing an approved instructor, obtain the Department's approval by submitting a completed Request to Add or Replace Instructor form

LIC 9140A and supporting documentation to the Department's Administrator Certification Section.

(6) Encourage course instructors to elicit and respond appropriately to participants' questions.

(7) Develop and provide to each course participant an end-of-course evaluation requesting feedback on, at minimum, instructor(s) knowledge of the subject(s), quality of instruction provided, attainment of learning objectives, and opportunity of participants to ask questions.

(8) Report any changes of the information in 87091(b)(1) within thirty (30) days to the Department's Administrator Certification Section.

(i) Courses approved for continuing education credit shall require the physical presence of the certificate holder in a classroom setting, as defined in Section 84001(c)(5) except that:

(1) The Department may approve online courses pursuant to Health and Safety Code section 1522.41(j)(7) where technology permits the interactive participation of the certificate holder and such participation is verifiable. Interactive online training courses require the participant to respond to prompts and receive feedback at various intervals throughout the course in order to progress through the training and to successfully pass a test at the conclusion of the course in order to receive a certificate of completion for the course.

(A) A Webinar or similar type of live broadcast of a training course may be approved by the Department for online continuing education hours pursuant to Health and Safety Code section 1522.41(j)(7) where the technology permits interactive participation of the certificate holder and such participation is verifiable, and where it can be verified that the certificate holder was logged on and interacting throughout the entire length of the Webinar.

(B) All online training courses shall be designed to ensure participation for the actual number of hours approved and to ensure that participants cannot

print a certificate of completion until the approved course hours have been completed.

(j) Any changes to courses previously approved by the Department must be submitted and approved by the Department prior to being offered.

(k) Continuing Education Training Program vendors shall allow Department representatives to monitor and inspect Training Courses and Programs.

(1) Any duly authorized Department representative may, upon proper identification and upon stating the purpose of his/her visit, enter, inspect, and monitor continuing education training courses with or without advance notice. Such representatives may also request information and copies of records in advance of such visits and/or for desk monitoring.

(2) The vendor shall ensure that provisions are made for the private interview of any participant or instructor, and for the examination of any records relating to the program.

(3) The Department shall have the authority to inspect, audit, and copy all program records upon demand. Records may be removed if necessary for copying.

(4) Department representatives shall not remove any current emergency or health related personnel records unless the same information is otherwise readily available in another document or format. Department representatives shall return the records undamaged and in good order within three business days following the date the records were removed.

(l) If, as a result of an investigation or inspection, the Department determines that a deficiency exists, the Department shall issue a notice of deficiency, unless the deficiency is minor and corrected immediately, and shall provide Continuing Education Training Program Vendor with the notice of deficiency in person or by registered mail.

(1) The notice of deficiency shall be in writing and shall include:

(A) A reference to the statute or regulation upon which the deficiency is premised.

(B) A factual description of the nature of the deficiency fully stating the manner in which the Vendor failed to comply with the specified statute or regulation.

(C) The amount of penalty pursuant to Section 87092 which shall be assessed if the deficiency is not corrected and the date the penalty begins.

(D) The appeal process as specified in Section 87093.

(2) The Department and the Vendor shall develop a plan for correcting each deficiency which shall be added to the notice of deficiency.

(3) Absent prior Department approval, all course deficiencies shall be corrected prior to the next offering of the deficient course(s), and all other deficiencies (e.g., recordkeeping) shall be corrected within the number of days agreed to in the corrective action plan.

(m) Continuing Education Training Program vendors who teach courses that the Department has approved for more than one program type (e.g., Adult Residential Facility, Group Home, Short-Term Residential Therapeutic Program, Residential Care Facilities for the Elderly), may provide "multiple crediting," that is, more than one certification for the course, to participants who complete the course satisfactorily.

(n) Continuing Education Training Program vendors that the Department has approved for more than one program type (e.g., Adult Residential Facility, Group Home, Short-Term Residential Therapeutic Program, Residential Care Facilities for the Elderly), may "co-locate" or instruct specified courses for more than one program type.

(1) The approved hours for co-located courses may differ depending on the content pertinent to each program type.

(o) Continuing Education Training Program vendors and their instructors who are also certificate holders shall not be permitted to receive credit for attending the vendor's own Continuing Education Training Program courses.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1522.08, 1522.41(h) and 1522.41(j), Health and Safety Code.

**87091.1 CONTINUING EDUCATION TRAINING PROGRAM COURSE APPROVAL REQUIREMENTS**

(a) Any Continuing Education Training Program course shall be approved by the Department prior to being offered to certificate holders.

(b) Any vendor seeking approval of a Continuing Education Training Program course shall submit a written request to the Department's Administrator Certification Section using the Request for Course Approval form LIC 9140 for each course. The request shall be signed by an authorized representative of the vendor certifying that the information submitted is true and correct, and contain the following:

(1) Subject title, classroom hours, scheduled dates, duration, time, location, and proposed instructor(s).

(2) Written description and educational objectives, teaching methods, hourly topical content outline, and a description of course and participant evaluation methods.

(A) The use of videos, videotapes, video clips, or other visual recordings are permitted as media teaching aids in a continuing education course but shall not, in themselves, constitute the course.

(3) Qualifications of each proposed instructor, as specified in Section 87091(h)(3).

(4) A list and the location(s) of records to be maintained pursuant to Section 87091(h)(2).

(5) A statement of whether or not the proposed instructor held or currently holds a license, certification or other approval as a professional in a specified field and the license or certificate number.

(6) A statement of whether or not the proposed instructor held or currently holds a State-issued care facility license or was or is employed by a State-licensed care facility and the license number.

(7) A statement of whether or not the proposed instructor was the subject of any legal, administrative, or other action involving licensure, certification or other approvals as specified in Sections 87091.1(b)(5) and (6) above.

(c) Course approval shall expire on the expiration date of the vendor's Continuing Education Training Program vendorship approval as provided in Section 87091(c).

(1) To renew a course, the vendor shall submit a written request to the Department's Administrator Certification Section using the Renewal of Continuing Education Course Approval form LIC 9139 and Vendor Application/Renewal form LIC 9141, at least thirty (30) days prior to the course expiration.

(2) Course renewal requests received by the Department after the course expiration date shall be denied, and the vendor is required to resubmit the courses for approval pursuant to Section 87091.1(b).

(3) Course renewal requests received for courses where the content is known to have changed, or needs to be updated, shall be denied. The vendor will need to submit the revised course for approval pursuant to Section 87091.1(b).

(d) If a request for approval or renewal of a Continuing Education Training Program course is incomplete, the Department shall, within thirty (30) days of receipt, given written notice to the vendor applicant that:

(1) The request is deficient, describing which documents or information are outstanding and/or inadequate and informing the vendor applicant that the information must be submitted within thirty (30) days of the date of the notice.

(e) If the vendor applicant does not submit the requested information within thirty (30) days, the request for approval or renewal shall be deemed withdrawn, provided that the Department has not denied or taken action to deny the request.

(f) Within thirty (30) days of receipt of a complete request for an approval or renewal, the Department shall notify the vendor applicant in writing whether the course has been approved or denied.

(g) Any changes to previously approved courses must be submitted to the Department for approval prior to being offered as specified in Section 87091.1(b).

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1522.08 and 1522.41(h) and 1522.41(j), Health and Safety Code.

## 87091.2 ADMINISTRATIVE REVIEW OF DENIAL OR REVOCATION OF A CONTINUING EDUCATION COURSE

(a) A vendor may seek administrative review of the denial or revocation of course approval as follows:

(1) The vendor must request administrative review, in writing to the Department's Administrator Certification Section Manager, within ten (10) days of the receipt of the Department's notice denying or revoking course approval.

(2) The administrative review shall be conducted by a higher-level staff person than the person who denied or revoked course approval.

(3) If the reviewer determines that the denial or revocation of course approval was not issued in accordance with applicable statutes and regulations of the Department, or that other circumstances existed that would have led to a different decision, he/she shall have the authority to amend the denial or revocation of course approval.

(4) The reviewer shall send a written response to the vendor within thirty (30) days of the Section's receiving the request per Section 87091.2(a)(1).

(5) The decision of the higher-level staff person shall be final.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Section 1522.41(j), Health and Safety Code.

## 87091.3 DENIAL OF A REQUEST FOR APPROVAL OF A CONTINUING EDUCATION TRAINING PROGRAM

(a) The Department may deny a request for approval of a Continuing Education Training Program in accordance with Health and Safety Code section 1522.41(j)(1). The Department shall provide the applicant with a written notice of the denial.

(b) The vendor applicant may appeal the denial in accordance with Health and Safety Code section 1551.

(c) Any request for approval submitted by a vendor applicant whose application has been previously denied shall be processed by the Department in accordance with the provisions of Health and Safety Code section 1520.3(b).

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1520.3(b), 1522.41(j)(1) and 1551, Health and Safety Code.

**87091.4 REVOCATION OF A CONTINUING EDUCATION TRAINING PROGRAM**

(a) The Department may revoke a Continuing Education Training Program approval and remove the vendor from the list of approved vendors if the vendor does not provide training consistent with Sections 87091 and 87091.1, or:

(1) Is unable to prove training due to lack of staff, funds, or resources; or

(2) Misrepresents or make false claims regarding the training provided; or

(3) Demonstrates conduct in the administration or instruction of the program that is illegal, inappropriate, or inconsistent with the intent or requirements of the program; or

(4) Misrepresents or knowingly makes false statements in the vendor application or during program instruction, or

(5) Fails to correct deficiencies and/or to pay civil penalties due.

(b) The vendor may appeal the revocation in accordance with Health and Safety Code section 1551.

(c) Any application for approval of an Continuing Education Training Program submitted by a vendor applicant whose approval has been previously revoked shall be processed by the Department in accordance with the provisions of Health and Safety Code section 1520.3.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1520.3, 1522.41(j) and 1551, Health and Safety Code.

**87092 PENALTIES**

(a) A penalty of $50 per day, per cited violation, shall be assessed for all deficiencies that are not corrected as specified in the notice of deficiency.

(b) Unless otherwise ordered by the Department, all penalties are due and payable upon receipt of notice of payment, and shall be paid only by money order or cashier's check made payable to the Department.

(c) The Department shall have authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in (b) above.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Sections 1523.1, 1548 and 1549, Health and Safety Code.

## 87093 APPEAL PROCESS

(a) A vendor may request in writing to the Department's Administrator Certification Section Manager a review of a notice of deficiency or notice of penalty within ten (10) working days of receipt of the notice. This review shall be conducted by a higher level staff person other than the evaluator who issued the notice.

(b) If the reviewer determines that a notice of deficiency or notice of penalty was not issued in accordance with applicable statutes and regulations, the reviewer shall amend or dismiss the notice. In addition, the reviewer may extend the date specified for correction of a deficiency if warranted by the facts or circumstances to support a request for extension.

(c) The reviewer will send a written response to the vendor within thirty (30) days of the Section's receiving a request as described in (a) above.

NOTE: Authority cited: Sections 1522.41(j) and 1530, Health and Safety Code. Reference: Section 1534, Health and Safety Code. .

# Article 10. Emergency Interventions

## Article 10.1. General Requirements

### 87095.00 GENERAL PROVISIONS

(a) An emergency intervention plan as specified in Section 87095.22, is required for all short-term residential therapeutic programs, and must be submitted to, and approved by, the Department prior to use by the short-term residential therapeutic program.

(1) The Department shall review and approve the emergency intervention plan as specified in Sections 87095.22(l) and 87095.22(l)(1).

(b) The licensee must use a continuum of interventions, starting with the least restrictive intervention.

(1) More restrictive interventions may be justified when less restrictive techniques have been attempted and were not effective and the child continues to present an imminent danger for injuring or endangering self or others.

(c) Short-term residential therapeutic program staff may be justified in using restraints as an emergency intervention if all of the following conditions are met:

(1) The restraint is reasonably applied to prevent a child exhibiting assaultive behavior from exposure to immediate injury or danger to self or others;(2) The force used does not exceed that reasonably necessary to avert the injury or danger;

(3) The danger of the force applied does not exceed the danger being averted;

(4) The duration of the restraint ceases as soon as the danger of harm has been averted;

(5) The child receiving the restraint has no known medical or physical condition due to which there is reason to believe that the use of restraint would endanger the child's health and safety or exacerbate the medical condition;

(6) The staff using the restraint has been trained to use the emergency interventions, pursuant to Section 87095.65.

(7) The staff conforms with all requirements specified in this article pertaining to the use of restraints.

(d) All children placed in a short-term residential therapeutic program have the right to be free from the use of restraints imposed as a means of coercion, discipline, convenience, or retaliation by staff.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1522.41(c)(1)(I), 1531, and 1563(c)(4), Health and Safety Code.

## 87095.01 EMERGENCY INTERVENTIONS PROHIBITION

(a) The following emergency interventions techniques must not be used on a child at any time.

(1) A restraint or containment technique that obstructs a child's respiratory airway or circulation, or impairs a child's breathing or respiratory capacity, including:

(A) Techniques in which pressure or weight is placed against the child's torso or back.

(2) Placing blankets, pillows, clothing or other items over the child's head or face; body wraps with sheets or blankets.

(A) Pillows or padding, placed under the head of a thrashing child to prevent injury are permitted.

(3) Any restraint or containment technique that can exacerbate a child's medical or physical condition, including:

(4) Prone restraint if the child is at risk for positional asphyxiation as a result of a risk factor known to the provider unless written authorization has been provided by a physician, made to accommodate a child's stated preference for the prone position. The written authorization may not be a standing order, and shall be evaluated on a case-by-case basis by the physician. Risk factors for prone restraint include, but are not limited to, the following:

(A) Obesity

(B) Pregnancy

(C) Agitated delirium or excited delirium syndromes

(D) Cocaine, methamphetamine, or alcohol intoxication

(E) Exposure to pepper spray

(F) Pre-existing heart condition

(G) Respiratory conditions including emphysema, bronchitis, or asthma

(5) Any restraint or containment technique that places a child in a prone position with his or her hands behind his or her back.

(6) Any restraint or containment technique as an extended procedure.

(7) Mechanical Restraints, except postural supports as specified in Section 80072(a)(8).

(8) Aversive behavior modification interventions including, but not limited to, spanking and corporal punishment, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation and electric shock.

(9) Intentionally producing pain to limit the child's movement, including but not limited to, arm twisting, finger bending, joint extensions and headlocks.

(10) The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of staff to control a child who is exhibiting assaultive behavior.

(11) Techniques that can reasonably be expected to cause serious injuries to the child that require medical treatment provided by a health practitioner, licensed under Division 2 of the Business and Professions Code. A health practitioner would include a physician, surgeon, osteopath, dentist, licensed nurse, optometrist, etc.

(12) Verbal abuse or physical threats by staff.

(13) The isolation of a child in a room which is locked by means of: key lock; deadbolt; security chain; flush, edge or surface bolt; or similar hardware which is inoperable by the child inside the room.

(14) Manual restraints for more than 15 consecutive minutes in a 24-hour period, unless as specified in Section 87095.22.

(15) Manual restraints for more than four (4) cumulative hours in a 24-hour period.

(b) In addition to techniques specified in Section 87095.01(a), any emergency intervention technique not approved for use as part of the licensee's emergency intervention plan must not be used at any time.

(c) Manual restraints must never be used for the following purposes:

(1) Punishment or discipline.

(2) Replacement for on-duty direct-care staff.

(3) Convenience of staff.

(4) As a substitute for, or as part of a treatment program.

(5) As a substitute for, or as part of a behavior modification program.

(6) Harassment or humiliation.

(7) To prevent a child from leaving the facility, except as specified in Section 87095.24

(d) Manual restraints must not be used when a child's medical assessment, as specified in Section 80069, documents that he or she has a medical condition that would contraindicate the use of manual restraints; and when the child's current condition contraindicates the use of manual restraints.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

## Article 10.3. Application Procedures

### 87095.22 EMERGENCY INTERVENTION PLAN

(a) The emergency intervention plan is to be designed and approved, in conjunction with the licensee, by an individual with the qualifications of a behavior management consultant as defined in Section 87001(b)(1).

(1) The plan must be appropriate for the client population served by the short-term residential therapeutic program;

(2) The plan must be appropriate for the staff qualifications and staff emergency intervention training.

(b) The emergency intervention plan is to be included in the program statement for the short-term residential therapeutic program.

(c) In addition to Sections 80022 and 87022, the written emergency intervention plan must be submitted to, and approved by the Department prior to implementation. The plan must include the requirements specified in Sections 87095.22(d) through (h).

(d) General Provisions:

(1) Name(s) of staff trained to use emergency interventions.

(2) A description of the continuum of emergency interventions, beginning with early interventions as defined in Section 87001(e)(1) specifying the emergency intervention techniques to be used. For each type of emergency intervention, the plan must include the following:

(A) A description of each emergency intervention technique, including manual restraints, to be used and in what types of situations they will be used.

(B) Maximum time limits for each emergency intervention technique, not to exceed maximum time limits as specified in Sections 87095.22(f) and 87095.00(d)

(C) In what situations each emergency intervention technique is not to be used.

(D) Expected outcome, benefits to the child.

(3) A statement specifying what emergency interventions will never be used.

(4) A description of the circumstances and the types of behaviors that may require the use of emergency intervention.

(5) Procedures for determining and using age and size appropriate emergency intervention techniques.

(6) A description of how the assessments for each child, required in Section 87068.1(c), will be used to inform the licensee's emergency intervention plan.

(7) Procedures for using emergency interventions if more than one child requires the use of emergency intervention at the same time.

(8) Procedures for ensuring that care and supervision are maintained in the facility when all available staff are required for the use of emergency interventions.

(9) Procedures for re-integrating the child back into the facility routine after an emergency intervention technique has been used.

(10) Criteria for assessing when an emergency intervention plan needs to be modified or terminated, along with the procedures for terminating the plan or making any necessary modifications.

(11) Criteria for assessing when the facility does not have adequate resources to meet the needs of a specific child, along with how the facility will move forward to address those needs.

(e) The manual restraint plan is to be included as a component of the emergency intervention plan. If the facility will not use manual restraints, the plan must include the following:

(1) Procedures for responding to a crisis situation to prevent a child who is exhibiting assaultive behavior from injuring or endangering self or others.

(A) The external community resources to be used to assist staff must be identified and listed in the plan.

(B) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility must be included in the plan.

(C) Nothing in Section 87095.22(e)(1)(A) or (B) shall be interpreted to require a licensee to take, or prevent from taking, any action that would endanger the health and safety of either children in care or staff.

(f) The manual restraint plan is to be included as a component of the emergency intervention plan. If the facility will use, or it is reasonably foreseeable that the facility will use, manual restraints, the plan must include the following:

(1) Procedures for ensuring a child's safety when a manual restraint is being used including, but not limited to, the titles of staff responsible for checking the child's breathing and circulation and the job titles or names of the administrator's designee(s) who will be authorized to extend the restraint time.

(A) Procedures for determining when a medical examination is needed during a manual restraint, as specified in Section 87095.69.

(2) Procedures for ensuring that the amount of time a child is restrained is limited to the amount of time when the child is presenting an immediate danger to himself/herself or others and that the restraints will not cause injury to the child. Such procedures must include provisions that ensure the following:

(A) A child does not remain in a manual restraint for more than 15 consecutive minutes, unless written approval to continue the restraint after the initial 15 minutes is obtained from the administrator or administrator's designee.

1. The individual who approves the continuation of the restraint must be a person other than the individual who restrained the child.

2. The individual who visually checks the child after 15 minutes to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met, must be a person other than the individual restraining the child.

3. After the initial 15 minutes, the indivisual whoapproves the continuation of the manual restraint shall observe the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified.

4. Written approval to continue a manual restraint beyond 15 consecutive minutes must be documented in the child's record.

(B) A child does not remain in a manual restraint for more than 30 consecutive minutes in a 24-hour period unless the child is still presenting a danger to self or others and written approval to continue the restraint after the initial 30 minutes is obtained from the administrator or administrator's designee and the facility social work staff. If facility social work staff are not onsite to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval.

1. The individual who approves the continuation of the restraint must be a person other than the individual who restrained the child.
2. The child is visually checked after the initial 30 minutes, by persons other than the individuals who restrained the child, to ensure the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met.
3. After the initial 30 minutes, the individuals who approve the continuation of the restraint observe the child's behavior while the child is being restrained to determine whether continued use of the manual restraint is justified.
4. Written approval to continue the use of the manual restraint must be documented in the child's record.

(C) After the initial 30 minutes, a child placed in a manual restraint must be visually checked every 15 minutes until the manual restraint is terminated, to ensure the child is not injured, that personal needs, are being met, and that the continued use of the manual restraint is justified.

1. This visual check must be documented in the child's record
2. The person conducting the check must not be the individual who restrained the child.

(D) Manual restraints used in excess of 60 consecutive minutes must be

approved, every 30 minutes, in writing by the administrator or administrator's designee, facility social work staff and the child's authorized representative. If the child's authorized representative is not available to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. The continued use of a manual restraint shall be documented in the child's record.

(E) After the initial 30 minutes, and at 30 minute intervals, if the child is still presenting a danger to self or others, the administrator or administrator's designee and facility social work staff must evaluate whether the facility has adequate resources to meet the child's needs.

(F) Within 48 hours of a manual restraint of 60 cumulative minutes or longer, in a 24-hour period, the child's needs and services plan must be reviewed by the facility administrator or administrator's designee, facility social work staff and the child's authorized representative, and modified as needed.

(G) Manual restraints must not exceed four (4) cumulative hours in a 24-hour period.

1. If a child continues to present an immediate danger of injuring or endangering self or others, the facility must inform the child's authorized representative and contact community emergency services to determine whether or not the child should be removed from the facility.

(H) If a manual restraint exceeds two (2) hours, at regular intervals not exceeding two (2) hours, the child must be allowed to access liquids, meals and toileting and range of motion exercises.

(I) Staff must make provisions for responding promptly and appropriately to a child's request for services and assistance and repositioning the child when appropriate.

(3) Procedures for documenting each use of manual restraints in the child's record.

(4) Procedures for reviewing each use of manual restraints with the child and authorized representative or parent.

(5) Procedures for accessing community emergency services, including, but not limited to, law enforcement if the use of emergency interventions is not effective or appropriate.

(A) The policies and procedures concerning when and how to involve law enforcement in response to an incident at the facility must be included in the plan.

(B) Nothing in Section 87095.22(f)(6)(A) shall be interpreted to require a licensee to take, or prevent from taking, any action that would endanger the health and safety of children in care or staff.

(6) Procedures for requiring a licensed professional, as defined in Section 80001(l)(2), to approve the initiation and continued use of manual restraints, if the licensee chooses to require this authorization.

(g) The Emergency Intervention Staff Training Plan is to be included as a component of the emergency intervention plan. The plan must include the following:

(1) The type, title, and a brief description of the emergency intervention training that all staff have completed.

(2) Training requirements for new personnel.

(3) The ongoing training required for existing personnel.

(4) Training curriculum as specified in Section 87095.65(b).

(5) Training schedule which identifies when staff training will be offered and provided.

(6) The name(s) and qualification(s) of the instructor(s) who will provide the training.

(h) The facility administrator, or the administrator's designee, must conduct a biannual review of the use of emergency interventions and include the procedures for the review in the emergency intervention plan. The biannual review must include at least the following:

(1) Analysis of patterns/trends of use of emergency interventions in the previous six (6) month period, based on a review of all records related to the use of emergency interventions. The analysis must include, but not limited to, the following information:

(A) The types of interventions used, including the use of a protective separation room, and manual restraints as well as the effectiveness, appropriateness and duration of each emergency intervention technique used in each occurence (B) The frequency of emergency interventions in the previous six (6) month period including the time of day the interventions occur.

(C) The staff involved in each emergency intervention as well as the role they played in the intervention including, but not limited to, those functions required to be performed by staff pursuant to subdivision (f) of this Section.

(2) Corrective action plan, if needed.

(3) The biannual review and corrective action plan must be submitted to the Department no later than the fifth (5th) day of the month following the review.

(4) The licensee shall provide a copy of the biannual review and corrective action plan, if applicable, to the authorized representative upon request.

(i) In addition to the requirements in Section 80068, the admission agreement must include a written statement regarding the type(s) of emergency interventions the licensee has been approved to use.

(1) The facility's policy regarding the use of emergency intervention must be reviewed with the child and the authorized representative at the time of admission.

(A) The licensee shall provide a copy of the approved emergency intervention plan to the authorized representative, upon request.

(j) Only trained staff as specified in Section 87095.65 will be allowed to use emergency interventions on children.

(k) Prior to using the emergency intervention plan, the licensee's Board of Directors must approve the plan, and any subsequent amendments. The approval must be documented in the minutes of the Board of Directors meeting. Each board member must receive a copy of the plan prior to its use and any modifications to it.

(l) The Department must review the emergency intervention plan, including any amendments, and notify the licensee within 30 days of the receipt of the plan, whether the plan has been approved or denied or if additional information is needed.

(1) If the plan is disapproved, the licensee may appeal the decision using the procedures specified in Section 80040(d).

(m) If the Department determines that the licensee has not complied with the emergency intervention plan requirements as specified in Sections 87095.22(a) through (k), the licensee must discontinue the use of emergency interventions immediately upon written notice of deficiency by the Department.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

## 87095.23 PROTECTIVE SEPARATION ROOM

(a) In addition to Section 87095.22, any licensee with an approved emergency intervention plan which includes the use of a protective separation room, must comply with the following requirements:

(1) No protective separation room may be used for another purpose, e.g. bedroom, bathroom, storage.

(2) No protective separation room may be used without a fire clearance from the local fire authority.

(A) The request for the fire clearance must be made through and maintained by the Department.

(3) No protective separation room may be used without prior inspection and approval by the Department.

(4) Protective separation rooms must be safe and free of hazards such as objects or fixtures which can be broken or used by a child to inflict injury to self or others.

(5) Procedures regarding the use of the protective separation room must be included in the manual restraint plan component of the emergency intervention plan. These procedures must include the following to ensure a child's safety when placed in a protective separation room:

(A) Staff must maintain direct visual contact with the child at all times, and be free from other responsibilities, to ensure the child's safety while in the room.

1. Staff must remain in the room, when necessary, to prevent injury to the child.

(B) Staff must ensure that there are no objects in the child's possession that could be used to inflict injury to himself/herself or others while in the protective separation room.

(C) No more than one child shall be placed in the protective separation room at any one time.

(D) Physical abuse, corporal punishment, threats or prohibited restraints may not be used as a method for placing a child in the protective separation room.

(6) In addition to Section 87095.22(i), facility social work personnel and the child's authorized representative must indicate, in writing, in the child's needs and services plan if the child may be placed in the protective separation room.

(7) A child placed in a protective separation room may not be deprived of eating, sleeping, toileting or other basic daily living functions.

(8) Exiting from a protective separation room may not be prevented by the use of locking or jamming devices.

(A) The door may be held shut in a manner that allows for immediate release upon removal of a staff member's foot, hand, and/or body.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

**87095.24 RUNAWAY PLAN**

(a) The licensee must develop, maintain and, when necessary, execute a written runaway plan. The runaway plan must describe how staff will respond to the following:

(1) Runaway child(ren).

(2) Child(ren) outside of the facility property without permission, but within view of the staff.

(b) The runaway plan must be appropriate for the age, size, emotional, behavioral and developmental level of the child(ren).

(c) The runaway plan must include the following:

(1) Time frames for determining when a child is absent without permission.

(2) Continuum of interventions, including early interventions to prevent runaways.

(3) Actions for staff to take to locate the child.

(4) Staff training plan, to include non-physical interventions, strategies to de-escalate a situation.

(5) Procedure for involving law enforcement, when appropriate, consistent with the policies and procedures specified in Section 87095.22(e)(1)(B) or Section 84322(f)(6)(A)

(6) Procedure for notifying the child's authorized representative.

(7) Procedure for notifying staff that a child is absent without permission at the change of shift.

(8) Procedure for complying with Reporting Requirements specified in Section 87061(h).

(d) The runaway plan must be included in the program statement for the short-term residential therapeutic program.

(e) The runaway plan described in Section 87095.24(a), must be provided to, and discussed with, each child and their authorized representative at the time of admission.

(1) If, during the discussion, it is determined that the child has a history of running away from placement or is identified as a commercially sexually exploited child, then the following must occur:

(A) The facility social work personnel and the child's authorized representative must develop an individualized plan for that particular child, taking into consideration the recommendation from the child and family team.

(B) The individualized plan must be included in the child's needs and services plan, taking into consideration the recommendations from the child and family team.

(C) The individualized plan must include a plan to prevent and discourage commercially sexually exploited children from running away (if applicable).

(f) Manual restraints must only be used if the facility has an approved manual restraint plan, in accordance with Section 87095.22.

(g) The licensee is prohibited from preventing a child from leaving the facility by locking the child in a room or any part of the facility.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

## Article 10.6. CONTINUING REQUIREMENTS

### 87095.61 DOCUMENTATION AND REPORTING REQUIREMENTS

(a) Each use of manual restraints must be reported to the Department and the child's authorized representative by telephone no later than the next working day following the incident. A written incident report must be submitted to the Department within seven (7) days, as required in Section 80061

(1) If a child is restrained more than once in a 24-hour period, each use of manual restraints must be reported.

(b) Any report of the use of manual restraints must be reviewed, for accuracy and completeness, and signed by the administrator or administrator's designee no later than the next working day following the incident.

(c) A copy of the written incident report must be maintained in the child's record.

(d) The information required in Section 87095.61(a) must be documented immediately following the use of manual restraints or no later than the end of the working shift of the staff member(s) who participated in the manual restraint.

(e) The child's record must be available for review by the Department, as required in Section 80070.

(f) The licensee must maintain a monthly log of each use of manual restraints. The log must include:

(1) Name of each child.

(2) Date and time of the intervention.

(3) Duration of the intervention.

(4) Name(s) of facility staff member(s) who participated in the manual restraint.

(5) Description of the intervention and type used.

(6) Result of licensee review.

(g) The monthly log must be available for review, and subject to reproduction by the Department upon request during normal business hours.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

## 87095.65 EMERGENCY INTERVENTION STAFF TRAINING

(a) No staff shall use emergency intervention techniques on a child until they have obtained written certification from the training instructor for successfully completingthe emergency intervention training required in Section 87095.65(b).

(1) All new and existing staff who use or participate in emergency interventions, as well as the facility administrator and the administrator's designee must complete the training.

(b) The emergency intervention training curriculum must address the following areas:

(1) Techniques of group and individual behavior management, including, but not limited to, crisis prevention, precipitating factors leading to assaultive behavior and crisis intervention.

(2) Methods of de-escalating volatile situations, including non-physical intervention techniques such as crisis communication, evasive techniques, alternative behavior.

(3) Alternative methods of handling aggressive and assaultive behavior.

(4) If the licensee chooses to use manual restraints, the physical techniques of applying manual restraints in a safe and effective manner ranging from the least to most restrictive type(s) of restraints including, but not limited to, escorting, wall restraint, and prone containment.

(5) Techniques for returning the child to the planned activity following completion of the emergency intervention.

(6) The training must include a written and hands-on competency test as part of the training program.

(7) The facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility.

(c) The training must be provided by an individual who holds a valid instructor certificate from a program of managing assaultive behavior that is consistent with article 10 of these regulations.

(d) The licensee must maintain a written record of the facility staff training.

(1) Documentation of training received must be maintained in the personnel record for each staff member and must include:

(A) Dates, hours, and description of the training completed.

(B) Name and training certificate of the instructor who provided the training.

(C) Certification from the instructor that the staff member has successfully completed the competency test.

(2) The staff training record must be made available for review by the Department upon request.

(e) Staff must receive on-going training to maintain certification.

(f) When an inappropriate manual restraint technique is used during an emergency intervention, the licensee must develop a corrective action plan, and as part of the plan may require staff to repeat the appropriate emergency intervention training.

(1) The corrective action plan shall be included in bi-annual review of the emergency intervention plan, pursuant to Section 87095.22(h)(3).

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

## 87095.66 STAFFING REQUIREMENTS

(a) The administrator or administrator's designee must oversee the emergency intervention program and is responsible for ensuring that provisions of Article 10, Sections 87095.00 through 87095.69 are met

(b) All staff who will use emergency interventions must be trained in the appropriate emergency intervention techniques approved to be used by the licensee.

(c) A minimum of two (2) trained staff must be available and responsible for using each manual restraint if the restraint technique requires the use of two people.

(d) Additional staff must be available to supervise the other children in placement when the trained staff are required to use manual restraints as specified in Section 87095.22(d)(8).

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

**87095.68 REVIEW OF MANUAL RESTRAINT USE**

(a) The administrator or administrator's designee must discuss the use of the manual restraints with the staff involved no later than the next working day following the incident.

(b) The administrator or administrator's designee must determine whether the emergency intervention action taken by the staff member(s) was consistent with the emergency intervention plan, and document the findings in the child's record and facility monthly log as specified in Section 87095.61. The manual restraint review must evaluate the following:

(1) Did the staff member(s) attempt to de-escalate the situation? What interventions were used? Did the staff member(s) attempt at least two non-physical interventions?

(A) If the use of any de-escalation technique causes an escalation of the child's behavior, the use of the technique must be evaluated for its effectiveness. De-escalation techniques which are ineffective or counter-productive must not be used.

(2) Were manual restraints used only after less restrictive techniques were used and found to be unsuccessful?

(3) Was the child restrained for the minimum amount of time, limited to when the child is presenting an immediate danger to himself/herself or others?

(c) The administrator or administrator's designee, the child's authorized representative or parent and facility social work staff must assess whether it is necessary to amend the child's needs and services plan.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

## 87095.69 MEDICAL EXAMINATION

(a) The administrator or the social work staff shall be responsible for obtaining a physical examination during or after an incidence of emergency intervention when it is determined that:

(1) There is physical injury to a child, or

(2) There is a suspected injury to a child.

(b) The administrator or the social work supervisor must see and talk with the child before a determination can be made.

(c) If no physical examination is necessary, this decision must be documented in the child's record.

(d) Any post emergency intervention injury or suspected injury observed by staff, or any complaint of injury reported to staff must be reported immediately to the administrator or social work staff.

NOTE: Authority cited: Section 1530, Health and Safety Code and Section 123 of Assembly Bill 403 (Chapter 773 of Statutes of 2015). Reference: Sections 1180.4, 1501, 1502, 1531, and 1563(c)(4), Health and Safety Code.

## Subchapter 1. Minor and Nonminor Dependent Parent Program

**UNDER DEVELOPMENT, TO BE RELEASED ON OR BEFORE DECEMBER 31, 2016**

## Subchapter 2. Care for Children Under the Age of Six Years

**UNDER DEVELOPMENT, TO BE RELEASED ON OR BEFORE DECEMBER 31, 2016**