



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

**Bureau of
Human
Services Licensing**

REGULATORY **C**OMPLIANCE **G**UIDE

**A Tool for Child Residential
Regulators, Operators, and
Stakeholders**

Standard Edition

55 Pa. Code Chapter 3800

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Introduction

The purpose of 55 Pa.Code Ch. 3800 (relating to child residential and day treatment facilities) is to protect the health, safety and well-being of children receiving care in a child residential facility. These regulations govern the operation of child residential and day treatment facilities in the Commonwealth of Pennsylvania. In most cases, the regulations speak for themselves. There are, however, some regulations that require additional clarification. Even when the meaning of a regulation is very clear, the purpose and intent of the regulation may not be. There are also different ways to measure regulatory compliance, and both operators and inspectors need to know how compliance will be determined. The Regulatory Compliance Guide, or RCG, is meant to help operators and inspectors better understand the regulations.

This guide is a companion piece to Chapter 3800; it should be used along with the regulations, not instead of them. The explanatory material in this guide is not meant to be “new regulations” or to extend meaning of the regulations beyond their original intent. The guide has been developed to provide clearer explanations of the regulatory requirements of Chapter 3800 to help operators provide safe environments for children through regulatory compliance, and to help regulators protect children by conducting consistent and comprehensive inspections. It provides a detailed explanation of each regulatory requirement, including expectations for compliance, guidelines for measuring compliance, and the primary purpose for the requirement.

Chapter 3800 sets forth the minimum standards for child residential and day treatment facilities. While facilities may be subject to additional requirements beyond the regulatory minimum for funding or accreditation purposes, the Bureau of Human Services Licensing measures compliance with only Chapter 3800 to ensure that facilities meet minimum health and safety requirements. As such, the RCG’s clarifications and explanatory material are limited solely to requirements and best practices in licensing. Programmatic or funding requirements are not addressed, save where it is necessary to draw a distinction between a regulatory requirement or a programmatic/funding one.

Chapter 3800 addresses seven specialized types of settings: child residential facilities, outdoor programs, mobile programs, secure care settings, secure detention centers, day treatment centers, and transitional living residences. Some Chapter 3800 regulations are applied in all setting types; others are unique to a particular type of setting. To simplify and streamline the regulatory process, the RCG has been modified such that each setting type has its own RCG.

How to Use the Regulatory Compliance Guide

Chapter 3800 is divided into different “Section Heads” that each address a particular subject, such as “Physical Site” or “Staff Health.” While regulations in these sections do relate to the same subject, this type of categorization is inconsistent with the order and manner in which compliance with the regulations is measured. For example, regulations grouped under the “Physical Site” section head may require direct observation, a review of documents and records, or interviews with children and staff. Therefore, these regulations will not be measured sequentially: the regulations that require review of documentation will be measured during the portion of the inspection where all documents – including child records and facility policy – are being reviewed. Regulations that require direct observation will be measured while walking through the facility. Physical site regulations that require interviews with staff or children will be measured concurrently with other, non-physical-site-related regulations that are also measured by and through the interview process.

The RCG is designed to correspond more to the inspection process than the groupings established by the rulemaking process. While the language and meaning of each individual regulation has not been changed, the order in which the regulation appears in RCG has been changed. Every Chapter 3800 regulation that can be measured during an inspection falls into one of seven inspection categories:

- Policy and Facility Records (PFR)
- Staff Records (SR)
- Child Records (CR)
- Environmental Maintenance (EM)
- Medications (M)
- Rights, Treatment, and Prohibitions (RTP)
- Contingent Regulations (CReg)

A regulation appears in the RCG based on its inspection category. This arrangement can be somewhat confusing to persons accustomed to the “traditional” listing of regulations. The following table lists the regulations in the order in which they appear in Chapter 3800, and the page number on which these regulations can be found:

3800 Section Head	Regulation	RCG Group	Page Number
GENERAL REQUIREMENTS	3800.11. Licensure or approval of facilities.	----	----
	3800.12. Appeals.	----	----
	3800.13. Maximum capacity.	PFR	11
	3800.14. Fire safety approval.	PFR	11
	3800.15. Child abuse.	PFR	13
	3800.16. Reportable incidents.	PFR	14
	3800.17. Recordable incidents.	CR	45

3800 Section Head	Regulation	RCG Group	Page Number
GENERAL REQUIREMENTS (cont.)	3800.18. Child funds.	PFR RTP	16 89
	3800.19. Consent to treatment.	CR	55
	3800.20. Confidentiality of records.	RTP	90
	3800.21. Applicable health and safety laws.	CReg	98
	3800.22. Waivers.	----	----
CHILD RIGHTS	3800.31. Notification of rights and grievance procedures.	PFR CR	17 47
	3800.32. Specific rights.	RTP	88, 89, 91
	3800.33. Prohibition against deprivation of rights.	----	----
STAFFING	3800.51. Child abuse and criminal history checks.	SR	32, 34, 35
	3800.52. Staff hiring, retention and utilization.	SR	32, 34, 35
	3800.53. Director.	SR	32
	3800.54. Child care supervisor.	PFR SR	17 34
	3800.55. Child care worker.	PFR SR	17 35
	3800.56. Exceptions for staff qualifications.	----	----
	3800.57. Supervision.	PFR	18
	3800.58. Staff training.	SR	32, 34, 35, 43
PHYSICAL SITE	3800.81. Physical accommodations and equipment.	CReg	98
	3800.82. Poisons.	EM	64
	3800.83. Heat sources.	EM	65
	3800.84. Sanitation.	EM	66, 67
	3800.85. Ventilation.	EM	68
	3800.86. Lighting.	EM	68
	3800.87. Surfaces.	PFR EM CReg	20 71 98
	3800.88. Water.	PFR EM	21 71
	3800.89. Temperature.	EM	72
	3800.90. Communication system.	EM	72
	3800.91. Emergency telephone numbers.	EM	72
	3800.92. Screens.	EM	73





3800 Section Head	Regulation	RCG Group	Page Number
PHYSICAL SITE (cont.)	3800.93. Handrails and railings.	EM	73
	3800.94. Landings and stairs.	EM	73
	3800.95. Furniture and equipment.	EM	74, 77
	3800.96. First aid supplies.	EM	78
	3800.97. Elevators.	PFR	21
	3800.98. Indoor activity space.	EM	74
	3800.99. Recreation space.	EM	74
	3800.100. Exterior conditions.	EM	62
	3800.101. Firearms and weapons.	CReg	99
	3800.102. Child bedrooms.	EM	74, 75
	3800.103. Bathrooms.	EM	79
	3800.104. Kitchen areas.	EM	80
	3800.105. Laundry.	EM	82
	3800.106. Swimming.	PFR SR EM	17 40 82
FIRE SAFETY	3800.121. Unobstructed egress.	EM	62
	3800.122. Exits.	EM	62
	3800.123. Evacuation procedures.	PFR	22
	3800.124. Notification of local fire officials.	PFR	23
	3800.125. Flammable and combustible materials.	EM	64
	3800.126. Furnaces.	PFR	24
	3800.127. Portable space heaters.	EM	65
	3800.128. Wood and coal burning stoves.	EM	65
	3800.129. Fireplaces.	PFR EM	24 65
	3800.130. Smoke detectors and fire alarms.	PFR EM CReg	25 69 99
	3800.131. Fire extinguishers.	EM	70, 80
	3800.132. Fire drills.	PFR	25
CHILD HEALTH	3800.141. Child health and safety assessment.	CR	48
	3800.142. Health and safety plan.	CR	48

3800 Section Head	Regulation	RCG Group	Page Number
CHILD HEALTH (cont.)	3800.143. Child health examination.	CR	50
	3800.144. Dental care.	CR	52
	3800.145. Vision care.	CR	53
	3800.146. Hearing care.	CR	54
	3800.147. Use of tobacco.	PFR CReg	29 100
	3800.148. Health and behavioral health services.	RTP	91
	3800.149. Emergency medical plan.	PFR CR CReg	30 47 100
STAFF HEALTH	3800.151. Staff health statement.	SR	39
	3800.152. Serious communicable diseases.	SR	39
NUTRITION	3800.161. Three meals a day.	EM	81
	3800.162. Quantity of food.	EM	81
	3800.163. Food groups and alternative diets.	EM CReg	81 100
	3800.164. Withholding or forcing of food prohibited.	RTP	88
TRANSPORTATION	3800.171. Safe transportation.	PFR SR CReg	17 40 101
MEDICATIONS	3800.181. Storage of medications.	M	83-85
	3800.182. Labeling of medications.	M	84
	3800.183. Use of prescription medications.	M	85
	3800.184. Medication log.	M	86
	3800.185. Medication errors.	M	86
	3800.186. Adverse reaction.	CReg	101
	3800.187. Administration.	M	85, 87
	3800.188. Medications administration training.	SR	41, 44
	3800.188a. Medications administration training— statement of policy.	SR	41
	3800.189. Self-administration of medications.	M	87
	3800.201. Restrictive procedure.	----	----

3800 Section Head	Regulation	RCG Group	Page Number
RESTRICTIVE PROCEDURES	3800.202. Appropriate use of restrictive procedures.	RTP	92
	3800.203. Restrictive procedure plan.	CR RTP	59 95
	3800.204. Unanticipated use.	----	----
	3800.205. Staff training.	SR	43
	3800.206. Seclusion.	RTP	88, 96
	3800.207. Aversive conditioning.	RTP	88
	3800.208. Pressure points.	RTP	88
	3800.209. Chemical restraints.	RTP	88, 92, 94
	3800.210. Mechanical restraints.	RTP	88, 93
	3800.211. Manual restraints.	RTP	88, 92, 93
	3800.211a. Prone position manual restraint—statement of policy.	----	----
	3800.212. Exclusion.	----	----
	3800.213. Restrictive procedure records.	CR	60
SERVICES	3800.221. Description of services.	PFR	31
	3800.222. Admission.	CR	56
	3800.223. Placement process.	CR	56
	3800.224. Development of the ISP.	CR	57
	3800.225. Review and revision of the ISP.	CR	57
	3800.226. Content of the ISP.	CR	57
	3800.227. Implementation of the ISP.	CR	57
	3800.228. Copies of the ISP.	CR	57
	3800.229. Education.	RTP	91
	3800.230. Transfer or discharge.	CR	61
CHILD RECORDS	3800.241. Emergency information.	CR	47
	3800.242. Child records.	CR	46
	3800.243. Content of records.	CR	46
	3800.244. Record retention.	CR	60
	3800.245. Locked records.	CR	45

3800 Section Head	Regulation	RCG Group	Page Number
NINE OR MORE CHILDREN	3800.251. Additional requirements.	----	----
	3800.252. Sewage system approval.	PFR	21
	3800.253. Evacuation procedures.	EM	63
	3800.254. Exit signs.	EM	63
	3800.255. Laundry.	EM	82
	3800.256. Dishwashing.	EM	81
	3800.257. Bedrooms.	EM	77

Each regulation that can be measured during an inspection is included in the RCG and is accompanied by clarifying information. The illustration below shows how regulations are presented, and how inspectors and facilities can effectively use the RCG.

This area lists the regulation exactly as it appears in Chapter 3800.		13b	3800.13(b) - The maximum capacity specified on the certificate of compliance may not be exceeded.
The "Inspection Procedures" section describes how inspectors may measure compliance with the regulation.		Inspection Procedures: 1. Verify the total number of children served in the facility at any point during the inspection period. 2. Compare number to maximum capacity listed on license.	
The "Discussion" section provides information about applying the regulation, including referencing other regulations and applicable laws.		Discussion: "Maximum capacity" means the total number of children that the facility is permitted to serve, as specified on the license.	
The "Primary Benefit" section explains how the regulation protects children's health, safety, and well-being.		Primary Benefit: Protects from overcrowding, and ensures that the number of children served in the facility does not exceed toilet, bathing or hand-washing facilities necessary to maintain sanitary conditions.	

In some cases, different regulations must be measured in conjunction with one another to determine if compliance exists. When this occurs, the regulations are presented in a single grouping.

"Recommended"

Throughout the RCG, you will repeatedly see the words "recommended" or "strongly recommended." These words indicate that the what you are reading is a suggestion based on

best practices, not a regulatory requirement. Failure to follow a recommendation will not result in a regulatory violation.

Inspection Procedures

Please note that the “inspection procedures” are guidelines, and the specific means of measuring compliance with a regulation may differ depending on circumstances specific to the facility and the nature of the regulatory violation.

PART I

Policies and Facility Records

To measure compliance with this section...

...you will need the following facility records...	...to measure compliance with § 3800.	...which is located on page...
1. Certificate of Occupancy	14(a)-(c)	11
2. Child Abuse Reporting Policies	15(a)-(b)	13
3. Reportable Incident Policies	16(b)-(h)	14
4. Recordable Incident Log	17	45
5. Financial Management Records	18(c)-(e)	16
6. Grievance Procedures	31(f)	17
7. Staff Training Record	58(h)	43
8. Lead Paint Test Results	87(b)	20
9. Documentation of Water Testing	88(c)	21
10. Written Approval for Sewerage System	252	21
12. Elevator Certificate(s)	97	21
13. Emergency Evacuation Procedures	123	22
14. Notification to Fire Officials	124	23
15. Furnace Inspection and Cleaning Documentation	126	24
16. Fireplace Cleaning Documentation	129(c)	24
17. Inoperable Smoke Detector / Fire Alarm Procedures	130(h)	25
18. Fire Drill Log for Past 12 Months	132(a)-(j)	25
19. Fire-Safety Procedures for Smoking	147(c)	29
20. Emergency Medical Plan	149(a)	30
21. Medication Error Log	185(a)-(b)	86
22. Description of Services	221	31

Capacity and Certificates of Occupancy

13b	3800.13(b) - The maximum capacity specified on the certificate of compliance may not be exceeded.
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Inspection Procedures:

1. Verify the total number of children served in the facility at any point during the inspection period.
2. Compare number to maximum capacity listed on license.

Discussion:

"Maximum capacity" means the total number of children that the facility is permitted to serve, as specified on the license.

Primary Benefit:

Protects from overcrowding, and ensures that the number of children served in the facility does not exceed toilet, bathing or hand-washing facilities necessary to maintain sanitary conditions.

14a	3800.14(a) - If a fire safety approval is required in accordance with State law or regulations, a valid fire safety approval from the appropriate authority, listing the type of occupancy, is required prior to receiving a certificate of compliance under this chapter.
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14b	3800.14(b) - If the fire safety approval is withdrawn or restricted, the facility shall notify the Department orally within 24 hours and in writing within 48 hours of the withdrawal or restriction.
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14c	3800.14(c) - If a building is structurally renovated or altered after the initial fire safety approval is issued, the facility shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority.
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Inspection Procedures:

1. Review and obtain a copy of the facility's certificate of occupancy (CO), or documentation that a CO is not required.
2. Determine if the facility has undergone renovations or repairs as described below since the CO was issued.
3. Interview the director and maintenance staff to determine if the facility's CO has been withdrawn or restricted within the past year or if it is currently restricted.

Discussion:

For the purposes of licensing, the terms "fire safety approval" and "certificate of occupancy" are equivalent. A certificate of occupancy is a document verifying that a building is in compliance with building codes and other laws and is safe for human occupation.

Most facilities licensed under Chapter 3800 must have a certificate of occupancy. If a facility does not have a certificate of occupancy and is unsure if they need one, the facility should contact its local building code authority or the Department of Labor and Industry for guidance. If a certificate of occupancy is not required, it is strongly recommended that facilities obtain written verification of such from the local building code authority or the Department of Labor and Industry.

Maximum Capacity - Each facility's maximum capacity (also known as licensed capacity) is listed on the facility's license to operate. The maximum capacity is determined by the square footage, showers, sinks, and toilets. it.

Occasionally, the facility's certificate of occupancy will dictate the maximum number of persons who can be served in the facility based on the building's construction; for example, facilities classified as C-3 may not serve more than 8 persons. "Maximum capacity" and "Certificate of Occupancy capacity" are not the same things! The former is determined by the Department by compliance with licensing measurements, the latter is determined by the building authority based on the facility's construction. Since both are legal limitations on the number of persons who may be served, facilities must always consider the lower of the two capacities the total number of children who may be served in the facility.

A certificate of occupancy may be withdrawn or restricted due to damage, physical site modifications not approved by the local building authority, and the like. Withdrawal or restriction will be issued in writing; this written

documentation should be provided to the Department with the notification required by this regulation.

The Uniform Construction Code (UCC) requires a new certificate of occupancy for major structural, electrical, mechanical, and plumbing changes. In the event that a new certificate of occupancy is not required, it is recommended that a statement from the local building authority or the Department of Labor and Industry indicating that a new certificate of occupancy is not required be obtained.

When a New Certificate of Occupancy is Required – A new UCC approval is required for structural, electrical, mechanical and plumbing changes, as well as for changes relating to fire safety.

According to § 403.42 of the UCC, plumbing changes that do not require a new Occupancy Permit include: stopping leaks in a drain and a water, soil, waste or vent pipe, clearing stoppages or repairing leaks in pipes, valves or fixtures, and the removal and installation of water closets, faucets and lavatories if the valves or pipes are not replaced or rearranged. The UCC does apply and a new Certificate of Occupancy is required if a concealed trap, drainpipe, water, soil, waste or vent pipe becomes defective and is removed and replaced with new material.

According to § 403.42 of the UCC, electrical changes that do not require a new Certificate of Occupancy include: minor repair and maintenance work that includes the replacement of lamps or the connection of approved portable electrical equipment to approved permanently installed receptacles, electrical equipment used for radio and television transmissions, and the installation of a temporary system for the testing or servicing of electrical equipment or apparatus. The UCC does apply and a new Certificate of Occupancy is required for new equipment/wiring for power supply and the installation of towers and antennas.

Ordinary repairs do not require new Certificates of Occupancy. The following are examples of ordinary repairs, and do not require a new Certificate of Occupancy:

- Fences that are not over 6 feet high.
- Retaining walls (that are not over 4 feet in height measured from the lowest level of grade to the top of the wall, unless it is supporting a surcharge or impounding Class I, II, or III-A liquids).
- Water tanks (supported directly upon grade if the capacity does not exceed 5,000 gallons and the ratio of height to diameter or width does not exceed 2 to 1).
- Sidewalks and driveways not more than 30 inches above grade that are not located over a basement or story below it and which are not part of an accessible route.
- Painting, papering, tiling, carpeting, cabinets, countertops and similar finishing work.
- Window replacement without structural change.

The following are not ordinary repairs, and do require a new Certificate of Occupancy:

- Cutting away a wall, partition, or portion of a wall.
- The removal or cutting of any structural beam or load-bearing support.
- The removal or change of any means of egress, or rearrangement of parts of a structure affecting the egress requirements, including the direction of a door swing.
- The addition to, alteration of, replacement, or relocation of any standpipe, water supply, sewer drainage, drain leader, gas, soil, waste, vent or similar piping, electric wiring or mechanical.

If a facility has a question regarding whether they need a new Certificate of Occupancy and it is a unique situation that is not described above, the facility should contact its local building code authority or the Department of Labor and Industry for guidance.

Primary Benefit:

Ensures the facility is appropriately constructed to serve individuals in a residential or day treatment setting, and that child health and safety is not compromised by failure to meet or maintain construction standards.

Child Abuse Reporting

15a	3800.15(a) - The facility shall immediately report suspected abuse of a child in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
15b	3800.15(b) - If there is an allegation of child abuse involving facility staff persons, the facility shall submit and implement a plan of supervision in accordance with 23 Pa.C.S. § 6368 (relating to investigation of reports) and § 3490.56 (relating to county agency investigation of suspected child abuse perpetrated by persons employed or supervised by child care services and residential facilities).

Inspection Procedures:

1. Review the facility's child abuse reporting procedures (these are not required by regulation, but it is operationally impossible for a facility to comply with this regulation without procedures).
2. Review the facility's responses to actual reports of abuse or suspected abuse.

Discussion:

Chapter 3490 defines "Child Abuse" as any one of the following:

- Any recent act or failure to act by a perpetrator which causes non-accidental serious physical injury to a child.
- An act or failure to act by a perpetrator which causes non-accidental serious mental injury to or sexual abuse or exploitation of a child.
- A recent act, failure to act or series of the acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or exploitation of a child.
- Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.

It is important to remember that the facility must respond to allegations of abuse as though the allegation were true, even if the report seems far-fetched or unlikely. Failure to take appropriate action in response to an abuse report, even if the abuse did not occur, could result in a regulatory violation.

The Child Protective Services Law and Chapter 3490 require facilities to take the following steps in cases of suspected abuse:

1. Immediately make an oral report to ChildLine. ChildLine is available 24 hours a day to receive reports of suspected child abuse.
2. If the report involves a staff person, immediately implement a plan of supervision or alternative arrangements to ensure the safety of the child and other children. The plan of supervision or alternative arrangements must be in writing and approved by the Child Protective Services investigating agency.
3. Contact the Child Protective Services investigating agency to determine if an internal investigation should be initiated.
4. Make a written report to the Child Protective Services investigating agency within 48 hours from the time the facility became aware of the suspected abuse. The written report must be completed on a form provided by the Department of Public Welfare, Office of Children, Youth, and Families.

Primary Benefit:

Ensures that abuse or suspected abuse is appropriately reported and investigated.

Reportable Incidents

16b	3800.16(b) - The facility shall develop written policies and procedures on the prevention, reporting, investigation and management of reportable incidents.
16c	3800.16(c) - The facility shall complete a written reportable incident report, on a form prescribed by the Department, and send it to the appropriate Departmental regional office and the contracting agency, within 24 hours.
16d	3800.16(d) - The facility shall orally report to the appropriate Departmental regional office and the contracting agency within 12 hours, a fire requiring the relocation of children, an unexpected death of a child and a child who is missing from the facility if police have been notified.
16e	3800.16(e) - The facility shall initiate an investigation of a reportable incident immediately following the report of the incident and shall complete the investigation within a reasonable time.
16f	3800.16(f) - The facility shall submit a final reportable incident report to the agencies specified in subsection (c) immediately following the conclusion of the investigation.
16g	3800.16(g) - A copy of reportable incident reports shall be kept.
16h	3800.16(h) - The facility shall notify the child's parent and, if applicable, a guardian or custodian, immediately following a reportable incident relating to a specific child, unless restricted by applicable confidentiality statutes, regulations or an individual child's court order.

Inspection Procedures:

1. Review the facility's incident policies to ensure that the content required by 16(b) is present.
2. Review the facility's incident reporting practices during the year prior to the date of inspection, including:
 - Whether incident reporting occurs within the 24-hour timeframe
 - The facility's investigations of reportable incidents and submission of final reports
 - The facility's method of notifying parents/guardians of reportable incidents
3. Review the facility's method for keeping copies of incident reports.

Discussion:

There is no requirement for the content of the policies and procedures beyond what is addressed in § 3800.16(c)-(h). However, it is recommended that the facility include the following information:

- Prevention – How will the facility identify and keep each type of incident from happening?
 - Prevention methods will vary by incident type; it is recommended that prevention policies are developed for each type of incident. Prevention policies for incidents with similar prevention methods may be combined.
- Reporting - How will incidents be reported to the director? Who is responsible for reporting to the Department and applicable agencies, and what is the method by which they will make the report.
- Investigation – What is the method and who is the person responsible for investigating the incident?
- Management – How will the reportable incident be recorded and stored, and how trends will be tracked?

When it comes to reportable incidents, the more specific information a facility can provide about the incident, including a timeline of events, actions taken by the facility in response to the event, and the facility's plans to prevent similar incidents in the future, demonstrates the facility's commitment to regulatory compliance and may reduce the need for the Department to pursue additional information.

Facilities should never downplay or minimize the details in an incident report. There have been instances where incidents with scant details proved to be quite serious, which may suggest a deliberate attempt to withhold information – which is usually not the case!

Facilities frequently ask whether a certain type of event or specific situation needs to be reported. It is recommended that facilities follow the "when in doubt, send it out" rule: if you have to ask, you should probably complete the report. There is no violation for reporting incidents or conditions beyond what is required. However, some events do not need to be reported. Please see Appendix A for a list of reportable incidents, and the events that do not need to be reported.

It is recommended that a facility report any *allegation* of a reportable incident in with the timeframes and reporting procedures under § 3800.16. This will ensure that if the facility's internal investigation determines that the incident did in fact occur, it was reported timely in accordance with § 3800.16(c).

All reportable incidents should be reported using the Commonwealth's Home and Community Services Information System (HCSIS). After each report is entered into HCSIS, the facility should send an email to the Department at RA-pwarlheadquarters@pa.gov. The subject line of the email should include the HCSIS identification number; no other information is required. For assistance with HCSIS, please contact the HCSIS Help Desk.

Oral Reports - All reportable incidents requiring an oral report must be reported to the Bureau of Human Services Licensing headquarters office. Telephone reports must include all of the information required on the written report. Oral notification of these incidents is in addition to the requirement for written notification described in § 3800.16(c).

Investigations - Investigation of incidents should be completed in compliance with the facility's reportable incident policy required by § 3800.16(b). A "reasonable time" depends on the circumstances surrounding nature of the incident and initial investigatory findings. Generally, facilities should complete the investigation as efficiently as possible, while still maintaining the integrity of the investigation. A final report is required when the incident or condition described in the initial report requires additional investigation by the facility, or if the facility did not have enough information to submit a comprehensive report when the incident initially occurred.

Notification - It is recommended that the facility include an explanation of who was notified or why the notification was not made with the copy of the reportable incident required by § 2600.16(g). A written report or documented telephone call meets this requirement. If the actual report is provided, the identities of other children must be protected through redaction of any identifying information in accordance with § 3800.20.

Copies of all reports must be retained in either paper and/or electronic form. Retention of the incidents in a child's record is required in accordance with § 3800.248(8) and may be electronically stored. See § 3800.242(a) for further discussion regarding electronic records.

Primary Benefit:

Robust policies and procedures ensures that the facility is accurately managing reportable incidents, tracking patterns of incidents, and taking steps to prevent future incidents. Reporting incidents –and doing so within the required timeframes - allows the Department to respond promptly to serious situations, and offers facilities the opportunity to provide information that may reduce the need for the Department to pursue additional information. Investigation of incidents by the facility ensures that the causes of the incident are understood and that corrective actions have been taken. Notifying parents, guardians, and custodians ensures that they are notified of the incident and the steps the facility has taken to prevent future incidents from occurring.

Financial Management

18c	3800.18(c) - The facility shall maintain a separate accounting system for child funds, including the dates and amounts of deposits and withdrawals. Commingling of child and facility funds is not permitted.
18d	3800.18(d) - Except for children expected to be in the facility for fewer than 30 days, the facility shall maintain an interest-bearing account for child funds, with interest earned tracked and applied for each child.
18e	3800.18(e) - Money in the child's account shall be returned to the child upon discharge or transfer.

Inspection Procedures:

1. Review accounting system for funds to make sure the required content is present, that funds are not comingled, and that interest-bearing accounts are being opened and managed.
2. Review record of cash disbursements for children who have left the facility.

Discussion:

These regulations require an accounting system and opening interest-bearing accounts, and prohibit comingling of children's funds with facility funds.

Accounting System - The facility must develop a system to keep record of each deposit and withdrawal. This includes cash deposits and cash withdrawals of any amount. "Withdrawals" includes purchases of any amount made by the facility with the child's money on behalf of a child. It is recommended that receipts for purchases made on behalf of a child are retained in the child's financial record to verify that the item(s) purchased accurately reflect the amount withdrawn from the child's funds.

No Commingling - Child funds and facility funds may not be in the same account. Facilities may manage a single account for all children's funds, provided that a means to track each child's initial deposit and earnings is maintained.

Interest-Bearing Accounts - Facilities are exempt from this requirement if the child has less than \$200 in funds.

Returning Money - A child's money and any accrued interest is expected to be distributed to the child (or persons legally responsible for the child) on the day the child leaves the facility. If the child is not in the facility when a decision to discharge or transfer was made (e.g., due to hospitalization, incarceration, etc.), the facility should return the child's funds when other personal belongings are returned to the child, or as soon as can reasonably be accomplished.

Primary Benefit:

A transaction record ensures that children's funds are not misused, and protects the facility from accusations of misuse of children's funds. Separating funds prevents the inadvertent use of child funds for the facility's business purposes, and ensures that child funds are available for child use. An interest-bearing account allows children the opportunity to earn money, and prompt returning of funds ensures that children have immediate access to their money upon departure.

Grievance Procedures

31f	3800.31(f) - The facility shall develop and implement written grievance procedures for the child, the child's family and staff persons to assure the investigation and resolution of grievances regarding an alleged violation of a child's rights.
Inspection Procedures: <ol style="list-style-type: none"> 1. Review the facility's grievance procedures to ensure that the content required by 31(f) is present. 2. If grievances have been filed, review a sample of them to ensure that the procedures were implemented as written. 	
Discussion: <p>There is no requirement for the content of these procedures beyond what is described in the regulation. However, it is recommended that the facility include the following information:</p> <ul style="list-style-type: none"> • The methods by which a child, family, or staff person should lodge a grievance. • The notification made to the child's responsible parties. • The assistance that will be provided to a child if (s)he indicates that (s)he wishes to make a written grievance, but needs assistance in doing so. • The methods and person responsible for investigating the grievance. • How the facility will communicate the resolution to the individual filing the grievance. It is recommended that a written decision explaining the facility's investigation findings and the action the facility plans to take to resolve the grievance be provided to the individual filing the grievance. • The time frames in which the above will be completed. 	
Primary Benefit: <p>Provides children, families, and staff with a mechanism to freely file grievances. Ensures that facilities respond to concerns.</p>	

Staff Ratios and Supervision

54a	3800.54(a) - There shall be one child care supervisor available either onsite or by telephone at all times children are at the facility.
54b	3800.54(b) - For facilities serving 16 or more children, whenever 16 or more children are present at the facility, there shall be at least one child care supervisor present at the facility.
55a	3800.55(a) - There shall be one child care worker present with the children for every eight children who are 6 years of age or older, during awake hours.
55b	3800.55(b) - There shall be one child care worker present with the children for every 16 children who are 6 years of age and older, during sleeping hours.
55c	3800.55(c) - There shall be one child care worker present with the children for every four children who are under 6 years of age, during awake hours.
55d	3800.55(d) - There shall be one child care worker present with the children for every eight children who are under 6 years of age, during sleeping hours.
55e	3800.55(e) - If there are children who are under 6 years of age and 6 years of age and older in the same group, the ratios specified in subsections (c) and (d) apply.
55h	3800.55(h) - A child care worker who is counted in the worker to child ratio shall be 18 years of age or older if all the children served in the facility are under 18 years of age. A child care worker who is counted in the worker to child ratio shall be 21 years of age or older if one or more children served in the facility are 18 years of age or older.
106c	3800.106(c) - A certified lifeguard shall be present with the children at all times while children are swimming.
106d	3800.106(d) - The certified lifeguard specified in subsection (c) may not be counted in the staff to child ratios specified in § 3800.54 and 3800.55 (relating to child care supervisor; and child care worker).
171(1)	3800.171(1) - If the facility staff persons or facility volunteers provide transportation for the children, the child care worker to child ratios specified in § 3800.55 (relating to child care worker) apply.

57a	3800.57(a) - While children are at the facility, children shall be supervised during awake and sleeping hours by conducting observational checks of each child at least every hour.
57b	3800.57(b) - Observational checks of children specified in subsection (a) shall include actual viewing of each child.
57c	3800.57(c) - Staff persons may not sleep while being counted in the staff to child ratios.

Inspection Procedures:

1. Obtain a staff schedule for the calendar month preceding the month in which the inspection is being conducted.
2. Select a sample of days from the schedule.
3. Using the tables below, verify that the number of child care supervisors were present or accessible and that child care workers were present on the sampled days.
4. Review payroll records, observe staff ratios during the inspection, and interview staff and children to verify that these requirements are met, as appropriate.
5. Verify that there are sufficient staff on duty at any time to meet special needs identified in children's safety or individual service plan.
6. Verify that the ages of child care workers properly correspond to the ages of the children served at the facility.

Discussion:

"Present at the facility" means physically present on the premises of each licensed facility. For example, if 3 facilities on the same grounds serve 16 or more children, then a child care supervisor must be present in each facility whenever there are 16 or more children present.

"Present with the children" usually means "within visual or auditory range." In general, staff that are unable to see and/or hear children while on break or while performing ancillary duties may not be counted in the staff-to-child ratios.

"Sleeping hours" are 11 PM – 6:59 AM, unless otherwise specified in writing by the facility.

If all of the children served at the facility are under 18 years of age, the minimum age for all child care workers is 18. If ONE of the children served at the facility is 18 years of age or older, the minimum age for ALL child care workers is 21.

The tables below show the number of child care workers based on age and time of day.

Children Ages 0-5.99 Years Old		
Number of Children	Awake Hours (6 AM – 10:59 PM)	Sleeping Hours (11 PM – 6:59 AM)
1-4	1	1
5-8	2	1
9-12	3	2
13-16	4	2
17-20	5	3
21-24	6	3
25-28	7	4
29-32	8	4
33-36	9	5
37-40	10	5
41-44	11	6
45-48	12	6

Children Ages 6 Years and Older		
Number of Children	Awake Hours (6 AM – 10:59 PM)	Sleeping Hours (11 PM – 6:59 AM)
1-8	1	1
9-16	2	1
17-24	3	2
25-32	4	2
33-40	5	3
41-48	6	3
49-56	7	4
57-64	8	4
65-72	9	5
73-80	10	5
81-88	11	6
89-96	12	6

When calculating ratios...

- SUBTRACT any child care workers who sleep on duty from the total number of available workers
- SUBTRACT any child care worker who serves as a certified lifeguard when measuring ratios during swimming periods
- If the facility serves children who are between 0 and 5.99 years old AND children who are 6 years or older, use the "Children Ages 6 Years and Older" table, but COUNT EVERY CHILD BETWEEN 0 AND 5.99 YEARS OLD TWICE. For example, if a facility serves 5 children who are five years old, and 8 children who are 9 years old, you would apply the ratios for "17-24" children ($5 \times 2 = 10$, $10+8 = 18$).

Remember:

- If one or more children are in the facility, these ratios apply.
- If no children are present in the facility but may return at any time, a staff person(s) must be present.
- If no children are present in the facility and will not return until an appointed time (for example, if all children attend public school), a child care worker does not need to be physically present in the facility, but sufficient staffing must be immediately available at any time the children return to the facility. If this scenario may occur in a facility, it is recommended that the facility develop a plan to staff the facility in the event of a child's unexpected return.
- Hourly observational checks must be conducted in-person; video or remote monitoring is not sufficient for regulatory compliance.

"Sleeping hour" hourly checks are not required if:

- The facility serves 12 or fewer children, AND
- Each of the children has lived at any facility within the legal entity for at least 6 months and each child's health and safety assessment indicates there are no high risk behaviors during sleeping hours, OR
- There are live-in staff persons at the facility.

There are no requirements that specific children be "assigned" to specific staff for checking or supervising, or that hourly checks be documented. However, facilities must have a system in place to ensure that all children are accounted for and to verify that the checks actually occur.

The staffing requirements required by the above regulations are the minimum allowable staff ratios for regulatory compliance. Additional staff may need to be provided or additional checks may need to be completed based on the needs identified in a child's safety plan or individual service plan. Examples of needs that may necessitate additional staffing include:

- Hands-on assistance to ambulate or evacuate from one or more persons
- 24-hour direct supervision
- An acute medical condition that requires special treatment or observation

Primary Benefit: Ensures that sufficient staff are present to supervise and protect children in care.

Lead Paint Tests

87b

3800.87(b) - If the facility was constructed before 1978 and serves one or more children who are 2 years of age or younger or who are likely to ingest inedible substances, the facility shall test all layers of interior paint in the facility and exterior paint and soil accessible in the play and recreation areas, for lead content. If lead content exceeds .06% in wet paint, .5% in a paint chip sample or 400 ppm in the soil, lead remediation activity is required based on recommendations of the Department of Health. Documentation of lead testing, results and corrections made shall be kept.

Inspection Procedures:

1. Determine the year of the building's construction by reviewing the facility's documentation of construction year.
2. Determine if any children who are 2 years of age or younger are served by the facility.
3. Determine if any children who are served by the facility have a history of ingesting inedible substances.
4. If children who meet the criteria of 2 and/or 3 are served by the home, verify that lead testing has been completed.

Discussion:

Facilities constructed prior to 1978 are more likely to contain lead paint. Exposure to lead in young children can have a wide range of effects on a child's development and behavior including hyperactivity, learning disabilities, delayed growth, and hearing loss.

This regulation is only applicable if the facility (or any part of it) was constructed prior to 1978, and ONE OR BOTH of the following conditions are met:

- 1) The facility has served one or more children 2 years of age or younger since the previous inspection.
- 2) The facility has served one or more children of any age who are likely to ingest inedible substances due to a behavioral disorder or mental illness since the previous inspection.

Primary Benefit:

A facility free of lead paint protects children from health and developmental issues.

Non-Public Water Systems

88c	3800.88(c) - A facility that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is safe for drinking. Documentation of the certification shall be kept.
252	3800.252 - A facility that is not connected to a public sewer system shall have a written sanitation approval for its sewage system by the sewage enforcement official of the municipality in which the facility is located.

Inspection Procedures:

1. Determine if the facility has non-public water (i.e, well water and a septic tank).
2. Determine the facility has a capacity of 9 or more children.
3. If the facility has non-public water but has a capacity of 8 or less, verify that coliform water tests have been performed every three months since the last inspection by a certified laboratory.
4. If the facility has non-public water and has a capacity of 9 or more, verify that coliform water tests have been performed every three months since the last inspection by a certified laboratory, AND that the facility has written approval for its sanitation system.

Discussion:

This applies to facilities on private wells, even if the facilities use bottled water for drinking or have purification systems.

If 252 applies, the duration, frequency, and content of the sanitation approval are governed by the municipal authority, not by the Department.

It is possible that a facility's local sewage enforcement official will not give written approval for a sewage system that was installed without his/her participation in the construction and testing. In this case, it is important for the facility to work closely with the sewage enforcement official and the Department of Environmental Protection to establish a plan for coming into compliance with this regulation. Facilities are encouraged to contact the Department for guidance as well.

Primary Benefit:

Ensures that water in facilities with private water sources is safe for use, and, if applicable, that the sewage system is properly designed and installed so as to minimize the spread of disease and damage to the environment or to the facility.

Elevators

97	3800.97 - Each elevator shall have a valid certificate of operation from the Department of Labor and Industry.
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Inspection Procedures:

1. If there is an elevator in the facility, verify that a certificate of operation is present and in good standing.

Discussion:

Self-explanatory.

Primary Benefit:

Reduces risk of injury to children, staff, and visitors by ensuring that elevators are safe and free of hazards.

Emergency Evacuation Procedures

123	3800.123 - There shall be written emergency evacuation procedures that include staff responsibilities, means of transportation and emergency location.
Inspection Procedures: 1. Verify that all of the content required by 123 is present.	
Discussion: If the facility has different procedures for different types of emergencies (such as fires, floods, tornadoes, bomb threat, hostage event, terror events, and so on), the "staff responsibilities" must reflect what staff will do in each of the different scenarios. The facility should take into consideration the different responses necessary to address emergencies affecting only the facility and emergencies affecting the entire community or region. It is recommended that the emergency evacuation procedures also include the following: <ul style="list-style-type: none">• Procedures for contacting each child's responsible parties in the event of an emergency.• Procedures for ensuring each child's emergency medical information and prescribed medications are available at an emergency housing site.• Telephone numbers for the local emergency management agency, the Pennsylvania Emergency Management Agency, and the emergency housing site. Primary Benefit: Ensures that the facility is prepared to respond to localized and general emergencies.	

Notification to Fire Officials

124	3800.124 - The facility shall notify local fire officials in writing of the address of the facility, location of bedrooms and assistance needed to evacuate in an emergency. The notification shall be kept current.
Inspection Procedures:	
1. Verify that all of the content required by 124 has been transmitted to the local fire officials. Evidence of receipt by the fire officials is recommended, but not required.	
Discussion: <p>It is strongly recommended that the facility contact the local fire department before sending this information. Explain this requirement and ask how the information should be presented and whether additional information is required (i.e., a list of names, specific bedroom numbers, etc).</p> <p>The notification should include the following information, at a minimum:</p> <ul style="list-style-type: none">• The total capacity of the facility.• A description of the general layout of the facility (number of floors, wings, etc). A diagram or blueprint of the facility is acceptable.• A general description of the needs of the children served. This need not be child-specific; a description of the mobility needs of children the facility is willing to serve will suffice. <p>This information needs to be sent when the facility begins operation (either as new construction or when under new ownership). It should be updated when any of the information that appears above (or is requested by the fire department) changes.</p> <p>It is recommended that written notification be sent by certified mail or facsimile to ensure documentation of receipt of the information by the fire company.</p> Primary Benefit: <p>In the event of a fire or other emergency, the local fire department will usually arrive within a matter of minutes. Having advance knowledge of the layout of the facility and the needs of the children will help the fire department evacuate children quickly.</p>	

Furnace Inspection and Cleaning

126	3800.126 - Furnaces shall be inspected and cleaned at least annually by a professional furnace cleaning company or trained maintenance staff persons. Documentation of the inspection and cleaning shall be kept.
Inspection Procedures:	
1. Verify that the home's heating source has been inspected and cleaned within the past 12 months of the inspection.	
Discussion: "Furnace" means the primary heating device used to warm the facility. Examples of a "trained maintenance staff person" include a person who has been trained by the company that installed the furnace or by a professional cleaning company. It is strongly recommended that facilities install carbon monoxide alarms unless they are operated solely by electric power (that is, if they do not have a furnace). Alarms should be placed at least 5 feet above the floor, or on the ceiling near each bedroom area, and approximately 5 feet from each fuel burning appliance. Fuel burning appliances include non-electric powered furnaces, cloth dryers, and stoves. Carbon monoxide alarms must be approved by the Underwriters Laboratories, and bear the label "UL2034." Manufacturer's directions must be followed regarding the proper installation and maintenance of the device. Primary Benefit: Ensures that the facility's furnace will produce heat and that children are protected from carbon monoxide poisoning.	

Fireplace Cleaning

129c	3800.129(c) - A fireplace chimney and flue shall be cleaned when there is an accumulation of creosote. Written documentation of the cleaning shall be kept.
Inspection Procedures:	
1. Determine if the facility has one or more fireplaces that are used. 2. If fireplaces are present and used, review written documentation of cleaning.	
Discussion: This regulation does not specify who must complete the cleaning, so the cleaning may be performed by anyone the facility wishes to do so. However, if the cleaning is performed improperly by an unqualified person and a child is harmed as a result, the facility may be subject to regulatory violations. It is recommended that this cleaning be conducted at least annually to prevent the build-up of creosote. This requirement does not apply if the fireplace is not used. Primary Benefit: Creosote accumulation is the leading cause of structure fires that begin in a fireplace. This required cleaning reduces the risk of fire.	

Inoperable Smoke Detector / Fire Alarm

130h	3800.130(h) - There shall be a written procedure for fire safety monitoring if the smoke detector or fire alarm becomes inoperative.
Inspection Procedures:	
1. Review the facility's procedures for inoperative detectors and alarms.	
Discussion:	
It is recommended that a fire-safety expert assist the facility in developing these procedures, or that the facility adopt Fire Watch procedures as defined by the National Fire Protection Agency.	
Primary Benefit:	
A malfunctioning smoke detector will not protect children from injury or death in the event of a fire. Fire Watch is a temporary alternative to a smoke detector.	

Fire Drills and Evacuation

132a	3800.132(a) - An unannounced fire drill shall be held at least once a month.
132b	3800.132(b) - Fire drills shall be held during normal staffing conditions and not when additional staff persons are present.
132c	3800.132(c) - A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, the number of children in the facility at the time of the drill, problems encountered and whether the fire alarm or smoke detector was operative.
132d	3800.132(d) - Children shall be able to evacuate the entire building into a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within 2 1/2 minutes or within the period of time specified in writing within the past year by a fire safety expert. The fire safety expert may not be an employee of the facility.
132e	3800.132(e) - A fire drill shall be held during sleeping hours at least every 6 months.
132f	3800.132(f) - Alternate exit routes shall be used during fire drills.
132g	3800.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night and on different staffing shifts.
132h	3800.132(h) - Children shall evacuate to a designated meeting place outside the building or within the fire-safe area during each fire drill.
132i	3800.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.
132j	3800.132(j) - Elevators may not be used during a fire drill or a fire.

Inspection Procedures:

1. Obtain the facility's fire drill log for the past year.
2. Verify that the drill log contains all of the content required by 132c.
3. Verify that a drill has been held during each calendar month within the past year.
4. Verify that at least one fire drill has been conducted during sleeping hours every six months.
5. Verify that children have evacuated to the designated meeting place outside of the building or in designated fire-safe area(s) within the maximum allowable evacuation time during each drill.
6. Verify that alternate exit routes have been used during each drill.
7. Verify that the fire alarm/smoke detector has been set off during each drill.
8. Verify that elevators are not used during fire drills.

Staff, children, and third-party sources may be interviewed if the fire drill log is inadequate to measure compliance or if the information recorded on the log is suspected to be inaccurate.

Discussion:

See narrative below.

Primary Benefits:

Unannounced drills ensure that staff and children will be prepared to evacuate without hesitation in the event of a real fire, especially during times of minimal staffing, to prevent fire-related death and injury. Recording fire drill information helps facilities ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation. Practicing response to an alarm and evacuation during sleeping hours ensures safe evacuation even when waking from sleep, when response time is reduced. Varying the location of the fire and the exit routes used ensures that staff and children are prepared to respond to different fire scenarios. Staggering drill dates and times ensures that staff and children are prepared to respond to different fire scenarios, and that staff on all shifts are properly trained in evacuation procedures. Designated meeting places ensure that children are accounted for during actual fires to ensure total evacuation and prevent death or injury. Sounding the alarm during drills simulates what would happen in an actual fire. Elevators may not be used during drills, as they may be inoperative during fires, causing people to become trapped in the building.

Narrative – Fire Drills and Evacuation

Conducting fire drills is very important. If drills are not practiced regularly and accurately, injuries and fatalities may result if an actual fire occurs. There are four key points to remember about fire drills:

1. It's very important that children and staff take treat every alarm as if it was a real fire, because it *may well be real*. Assuming that an alarm is sounding because of a drill or malfunction can be a deadly mistake. It is for this reason that fire drills must be unannounced. If people know in advance that a drill will be held, they will:
 - Be prepared to take action, when in a real fire they would not be ready to act.
 - Evacuate more slowly than they would in the event of a real fire
 - Be tempted to ignore the alarm, which they would certainly not do in a real fire.
2. It is critical that facilities know the maximum amount of time that staff and children have to evacuate. Each facility will have a different maximum evacuation time based on its design, construction, staffing, and operation.
 - Some facilities are constructed to be extremely fireproof – they have special walls and ceilings and fire suppression systems. Fire will spread quickly in other homes because of how the home is designed.
 - Some facilities have many staff that can help children evacuate, while others have few staff on duty on certain shifts.
 - If children do not evacuate within the maximum evacuation time, they could be injured or killed in a real fire.
 - Neither providers nor agents of the Department are qualified to determine the maximum evacuation time (in fact, facilities are prohibited from doing so by regulation). For this reason, a fire-safety expert must establish maximum evacuation times above 2 minutes and 30 seconds.
3. A fire can start at any time of the day or night. As a result, facilities must know that staff and children can evacuate under the worst possible conditions. While it may seem unkind to conduct fire drills during inclement weather or in the middle of the night, practicing under such conditions is the best test of a facility's ability to safely evacuate children – and offers the peace of mind that comes with knowing that the home has taken every possible step to protect children's lives.
4. No two fires are alike. Fires can start in bedrooms, attics, kitchens, basements, or outside the facility. When practicing evacuation during fire drills, facilities must vary the location of the fire and the exit routes used to ensure that staff and children are prepared to respond to different fire scenarios.

Scheduling the Drill - In order to be "unannounced," fire drills must be held without any notice to the children or to staff persons, other than the staff person responsible for setting off the alarm/detector and recording the results and the administrator. The Department recommends that the director develop a schedule of monthly drills for the training year to help ensure the drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Only the person(s) responsible for setting off the alarm/detector and recording the results should be informed of the drill; the drill is no longer "unannounced" if staff responsible for evacuating residents know that a drill will occur or is occurring. If the facility is equipped with an alarm that is connected to the local fire department or 24-hour monitoring service, remember to put the system on "test" or otherwise inform first responders that a drill will be held. When planning drills, facilities should consider what human resources would be

available in the event of a real fire at any given time, and the requirements of the facility's evacuation plan. For example, if staff from a neighboring facility assist in drills, then the same staff must be available to assist in evacuating children during an actual fire emergency. Additionally, adding staff during fire drills to accomplish a successful evacuation not only makes the drill a worthless exercise, it puts children at risk if a real fire occurs. In other words, facilities may not practice evacuating children using resources that won't be available in a real fire.

Evacuation – § 3800.132(d) can be confusing primarily because it contains two elements – the time allotted for evacuation and the location in which children are evacuated to.

Evacuation Time: If a facility can safely evacuate all children during each fire drill or actual emergency within 2 1/2 minutes or less, there is no need for documentation from a fire safety expert regarding the evacuation time. If a documented evacuation time by a fire safety expert is required, the facility must be able to evacuate all children within that specified evacuation time and must obtain the documentation from a fire safety expert each year. Evacuation time is measured in minutes and seconds from the time the alarm sounds to the time when the last child enters the fire safe area(s) or exits the outside door.

Evacuation Location: If a facility evacuates all children to the exterior of the building during each fire drill and actual emergency, there is no need for documentation from a fire safety expert regarding the evacuation location. If a facility evacuates children to the interior of the building, "fire safe areas" must be designated in writing by the fire safety expert.

A facility must have newly updated written documentation each year from a fire safety expert, even if no physical modifications have been made to the building, and must be able to demonstrate that the person completing the documentation is a fire-safety expert.

Conducting the Drill: A drill is conducted by placing a "simulated fire" somewhere in the facility, sounding the alarm, and evacuating children. In order to practice using alternate routes, the facility should vary the location of the hypothetical fire during each drill. This may be done by simulating a blocked door or egress path (placing a large display/poster of a hypothetical fire in an exit path) and practicing to evacuate through an alternate path of egress.

If the facility has internal fire-safe areas, it is recommended that the hypothetical fire should be located in each fire-safe area at least once every two calendar years.

The way children will evacuate depends on the maximum evacuation time, the location of the simulated fire, and whether fire-safe areas exist in the facility. Remember that all children must participate in each fire drill, meaning that all children must respond to the alarm and evacuate outside the building or to the nearest fire safe area within the maximum evacuation time.

The different types of evacuation processes are described below:

1. Complete External Evacuation – There are no fire-safe areas in the facility. All children evacuate outside of the building to a designated meeting place during each drill.
2. Partial External Evacuation – There are some fire-safe areas in the facility, but not enough to accommodate all children. Some children evacuate outside of the building to a designated meeting place during each drill, and some evacuate to fire-safe areas.
3. Complete Internal Evacuation – There are fire-safe areas in the facility sufficient to accommodate all children. All children evacuate to fire-safe areas during each drill, although evacuation outside is possible.

During partial or complete internal evacuations, some children may already be in fire-safe areas. For example, if a single-story facility has three wings, and each wing is a fire-safe area, staff and children in the two wings where the "simulated fire" is not occurring are already in fire-safe areas. However, this does not mean that the staff and children in these areas do not need to take action. Staff should immediately assure that the fire safe area is sealed/secured (all doors closed) and then alert children to be awake and ready to evacuate from the fire safe area if necessary should the fire spread or should fire officials recommend evacuation. This must include children moving to the designated meeting place within the fire safe area .

§ 3800.132(h) intends that the facility designate one meeting place so that staff persons and emergency personnel can quickly check to determine if all children have been evacuated. However, if it is absolutely necessary due to exit paths and physical disabilities of children to have multiple external meetings places, both meeting places must be able to be checked by staff within 30 seconds (in person or through electronic communication such as cell phones or walkie-talkies) to ensure that children's supervision needs are met.

There may be more than one internal designated meeting place if the facility is equipped with more than one fire-safe area, in that each area will have a designated meeting place within the fire-safe area. Remember that a sufficient number of staff must be present on each shift at all times to allow facilities to account for and supervise the number of children in each area. This is also important during drills to verify that evacuations are completed within the time specified by a fire-safety expert. Equipping staff with communication devices is recommended in the fire safe areas to be able to immediately talk with staff in all of the other fire safe areas to ensure that all children in the facility are accounted for. Each staff person must be trained to know to which fire safe area (s)he is to be present in if a fire or fire drill occurs.

Timing the Drill - The fire drill time begins when the alarm is sounded, and ends when the last child enters the fire safe area(s) or exits the outside door. The best way to record this is by using two stopwatches, as follows:

1. When the alarm sounds, start both stopwatches.
2. When you believe that all children have exited the building or arrived in a fire-safe area, stop one of the stopwatches.
3. Check the facility to ensure that all children have evacuated. If you discover that one or more children have not evacuated, assist the children out of the building or to a fire-safe area. Once all of the children have been evacuated, stop the second stopwatch.

If when checking the home you discover that all children have evacuated, the time recorded by the first stopwatch is the official fire drill time. If, on the other hand, you discover that one or more children did not evacuate, the time recorded by the second stopwatch is the official fire drill time. In the latter case, it is recommended that both times be recorded on the fire drill log to demonstrate that most children were able to evacuate in time, since the scope of the problem is related to developing an acceptable plan of correction.

Recording Drill Data - § 3800.132(c) requires that specific information about fire drills be recorded, as follows:

- Date. This means the month, day and year in which the fire drill was conducted.
- Time. This means the time of day, including designation of AM / PM or 24-Hour time format.
- The amount of time it took for evacuation. See "Timing the Drill" above.
- The exit route used. This means all exit routes used except for the route that is "blocked" by the simulated fire.
- The number of children in the home at the time of the drill. This means the number of children physically present in the facility at the time of the drill, not the total census. For example, if 20 children "live" at the facility, but three are away from the facility at the time of the drill, the number of children in the home at the time of the drill is 17.
- Problems encountered. This can include children who refuse to evacuate, a staff person who failed to accurately perform his/her duties, or any other events that impacted the evacuation. Problems should be recorded in detail, as awareness of problems will allow the home to remedy them.
- Whether the fire alarm or smoke detector was operative.

"Sleeping Hours" – Sleeping hours are between 11:00 PM and 6:59 AM, unless the facility has established sleeping hours in its rules. It is strongly recommended that the sleeping-hour drill be held between 2:00 AM and 4:00 AM.

Actual Fire Events

- Any fire drill conducted must be recorded on the log. This is true even if a drill is stopped mid-evacuation because it is clear that evacuation will not be successful or may be dangerous. Remember that documenting an unsuccessful drill is not evidence of non-compliance; documenting the steps taken to correct the problem that made the drill unsuccessful combined with documentation of subsequent successful drills is evidence of corrective action.
- Actual fire events do not need to be recorded on the fire drill log. However, if the facility is able to capture all of the required information during an actual fire event, the home may use the fire as the drill for that month.
- Facilities must follow their evacuation plans unless emergency responders arrive in scene and direct otherwise. Facilities that follow the direction of first responders will not be cited for failure to follow their evacuation plan.

Tobacco Use

147c	<p>3800.147(c) - If staff persons use tobacco products outside but on the premises of the facility, the following apply:</p> <ol style="list-style-type: none"> (1) The facility shall have written fire safety procedures. Procedures shall include extinguishing procedures and requirements that smoking shall occur only a safe distance from the facility and from flammable or combustible materials or structures. (2) Written safety procedures shall be followed. (3) Use of tobacco products shall be out of the sight of the children.
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Inspection Procedures:

1. Determine if the facility permits tobacco use on the premises.
2. If tobacco use is permitted, verify that fire-safety procedures exist and that they contain the content required by 147c1.
3. Verify that staff smoking areas are out of the sight of children.

Discussion:

This regulation does not apply if staff are not permitted to smoke anywhere on the facility's premises.

For the purposes of applying this regulation, "safe distance" means far enough away to prevent a fire in an area where a staff person is smoking from igniting combustible or flammable materials or the facility itself.

It is recommended that if the facility permits its staff to smoke on the premises, that the facility establish a designated smoking area that meets the above requirements as to decrease the possibility that an individual staff person might violate this regulation and put children's safety at risk.

In addition to the required elements, it is recommended that the policy also include:

- The specific areas that staff are permitted to smoke.
- Fireproof receptacles and ashtrays in areas staff are permitted to smoke.
- Fire-resistant furniture in smoking areas. Furniture is considered fire-resistant if it is made of solid wood construction, with no cushions or upholstery, or is made of hard plastic or resin-like substances. It is recommended that facilities do not use table umbrellas unless they are a reasonable distance from fireproof receptacles and ashtrays or are made of a fire resistant material.
- How staff must respond to a fire in a designated smoking area, including evacuation and the location of the designated area's closest fire extinguisher.

The Clean Indoor Air Act - Facilities are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus are subject to those regulations as well. According to the Act, facilities must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or "No Smoking." The international "No Smoking" symbol is also permitted.

Primary Benefit:

Greatly reduces the risk of fire associated with unsafe smoking and ensures that children are not aware of staff smoking or influenced by it.

Emergency Medical Plan

149a

3800.149(a) - The facility shall have a written emergency medical plan listing the following:

- (1) The hospital or source of health care that will be used in an emergency.
- (2) The method of transportation to be used.
- (3) An emergency staffing plan.
- (4) Medical and behavior health conditions or situations under which emergency medical care and treatment are warranted.

Inspection Procedures:

1. Verify that the facility's emergency medical plan includes all of the content required by this regulation.

Discussion:

Many facilities report confusion regarding this regulation. The requirement for these procedures is specific to *medical* emergencies, not emergencies related to evacuation that are required under § 3800.123. It is strongly recommended that a facility's plan work in conjunction with the requirements at § 3800.241. For example, the facility's plan can address how the facility will ensure that emergency medical information for each child is accessible and how that information will be provided to the treating hospital or transporting EMT.

An emergency staffing plan should address the facility's plan to maintain adequate staffing levels in the event that one or more staff persons must leave the facility for a medical emergency involving a child or themselves.

Primary Benefit:

The Emergency Medical Plan is a plan that ensures immediate and direct access to medical care and treatment for serious injury, illness or both. Having a thorough, informative Emergency Medical Plan is essential to provide emergency medical care of children.

Description of Services

221	3800.221 - The facility shall have a written description of services that the facility provides to include the following: (1) The scope and general description of the services provided by the facility. (2) The ages, needs and any special characteristics of the children the facility serves. (3) Specific activities and programs provided by the facility.
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Inspection Procedures:

1. Verify that the facility's written description of services contains all of the content required by this regulation.

Discussion:

Compliance with this regulation is critical to ensuring that facilities serve only those children whose needs can be met in the facility. Facilities must be very careful about admitting children who have dangerous behaviors, who need extensive medical care, or who have personal care/supervision needs that require additional staffing.

Remember that a facility is obligated to provide the services, activities, and programs described in the written description, so descriptions should be very specific.

"The ages, needs and any special characteristics of the children" means the physical, social, and behavioral needs that the facility can and cannot meet. These criteria are among the most important standards a facility can develop, as facilities who admit children that cannot be safely served frequently struggle with regulatory compliance. This does not prohibit a facility from admitting a child with specific needs that can be met solely by outside sources.

Remember – the Department will review the facility's description of services as part of any investigation of insufficient care or negligence.

Primary Benefit:

A comprehensive, specific Description of Services plan defers families, placing agencies, and other referral sources from seeking admission to a facility that cannot meet the need of the child, and protects facilities from admitting a child who the facility cannot serve safely. It also clarifies exactly what the facility will and will not do which limits disputes about the facility's responsibilities in the event of discharge or denied admission.

PART II

Staff Records

To measure compliance with this section you will need the following staff records:

1. The Director's Record.
2. All Child Care Supervisors' Records.
3. A 10% sample of Child Care Workers' Records, including at least one record of a person hired within the previous 12 months.

Staff Qualifications and Training Director

53a	3800.53(a) - There shall be one director responsible for the facility. A director may be responsible for more than one facility.
53b	3800.53(b) - The director shall be responsible for administration and management of the facility, including the safety and protection of the children, implementation of policies and procedures and compliance with this chapter.
51	3800.51 - Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
52	3800.52 - Staff hiring retention and utilization shall be in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
53c	3800.53(c) - A director of a facility shall have one of the following: <ol style="list-style-type: none"> (1) A master's degree from an accredited college or university and 2 years work experience in administration or human services. (2) A bachelor's degree from an accredited college or university and 4 years work experience in administration or human services.
58a	3800.58(a) - Prior to working with children, each staff person who will have regular and significant direct contact with children, including part-time and temporary staff persons and volunteers, shall have an orientation to the person's specific duties and responsibilities and the policies and procedures of the facility, including reportable incident reporting, discipline, care and management of children, medication administration and use of restrictive procedures.
58b	3800.58(b) - Prior to working alone with children and within 120 calendar days after the date of hire, the director and each full-time, part-time and temporary staff person who will have regular and significant direct contact with children, shall have at least 30 hours of training to include at least the following areas: <ol style="list-style-type: none"> (1) The requirements of this chapter. (2) 23 Pa.C.S. § § 6301—6385 (relating to child protective services law) and Chapter 3490 (relating to protective services). (3) Fire safety. (4) First aid, Heimlich techniques, cardiopulmonary resuscitation and universal precautions. (5) Crisis intervention, behavior management and suicide prevention. (6) Health and other special issues affecting the population.
58d	3800.58(d) - After initial training, the director and each full-time, part-time and temporary staff person, who will have regular and significant direct contact with children, shall have at least 40 hours of training annually relating to the care and management of children. This requirement for annual training does not apply for the initial year of employment.
58e	3800.58(e) - Each staff person who will have regular and significant direct contact with children, shall complete training in first aid, Heimlich techniques and cardiopulmonary resuscitation at least every year. If a staff person has a formal certification from a recognized health care organization which is valid for more than 1 year, retraining is not required until expiration of the certification.
58g	3800.58(g) - Training in fire safety shall be completed by a fire safety expert or, in facilities serving 20 or fewer children, by a staff person trained by a fire safety expert. Video tapes prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Inspection Procedures:

1. Verify the director's identity.
2. Obtain the director's record.
3. Verify that the director:
 - a. Has the necessary child abuse and criminal history checks
 - b. Meets the educational requirements at 53c
 - c. Received the initial training requirements at 58a-b
 - d. Received the annual training requirements at 58d-g

Discussion:

See "Background Checks, Qualifications, and Training" narrative below.

Primary Benefit:

Ensures that the facility has one person responsible for the daily operations of the facility who is able to provide supervision and oversight to staff, implement and supervise provision of services, and who has the knowledge, skills, and abilities to properly do so. Ensures that the director has the necessary education and experience to successfully perform the duties and responsibilities required of the position.

Child Care Supervisor

54c	3800.54(c) - The child care supervisor shall be responsible for developing and implementing the program and schedule for the children and for supervision of child care workers.
54d	3800.54(d) - The child care supervisor shall have one of the following: (1) A bachelor's degree from an accredited college or university and 1 year work experience with children. (2) An associate's degree or 60 credit hours from an accredited college or university and 3 years work experience with children.
51	3800.51 - Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
52	3800.52 - Staff hiring retention and utilization shall be in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
58a	3800.58(a) - Prior to working with children, each staff person who will have regular and significant direct contact with children, including part-time and temporary staff persons and volunteers, shall have an orientation to the person's specific duties and responsibilities and the policies and procedures of the facility, including reportable incident reporting, discipline, care and management of children, medication administration and use of restrictive procedures.
58b	3800.58(b) - Prior to working alone with children and within 120 calendar days after the date of hire, the director and each full-time, part-time and temporary staff person who will have regular and significant direct contact with children, shall have at least 30 hours of training to include at least the following areas: (1) The requirements of this chapter. (2) 23 Pa.C.S. § § 6301—6385 (relating to child protective services law) and Chapter 3490 (relating to protective services). (3) Fire safety. (4) First aid, Heimlich techniques, cardiopulmonary resuscitation and universal precautions. (5) Crisis intervention, behavior management and suicide prevention. (6) Health and other special issues affecting the population.
58d	3800.58(d) - After initial training, the director and each full-time, part-time and temporary staff person, who will have regular and significant direct contact with children, shall have at least 40 hours of training annually relating to the care and management of children. This requirement for annual training does not apply for the initial year of employment.
58e	3800.58(e) - Each staff person who will have regular and significant direct contact with children, shall complete training in first aid, Heimlich techniques and cardiopulmonary resuscitation at least every year. If a staff person has a formal certification from a recognized health care organization which is valid for more than 1 year, retraining is not required until expiration of the certification.
58g	3800.58(g) - Training in fire safety shall be completed by a fire safety expert or, in facilities serving 20 or fewer children, by a staff person trained by a fire safety expert. Video tapes prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Inspection Procedures:

1. Obtain the supervisor's record.
2. Verify that the supervisor:
 - a. Has the necessary child abuse and criminal history checks
 - b. Meets the educational requirements at 54d
 - c. Received the initial training requirements at 58a-b
 - d. Received the annual training requirements at 58d-g

Discussion:

See "Background Checks, Qualifications, and Training" narrative below.

Primary Benefit:

Ensures that the facility has supervisors that oversee the daily implementation of program and provide direct supervision to the child care workers and that these duties are completed by a person that has the knowledge, skills, and abilities to properly do so. Ensures that the child care supervisors have the necessary education and experience to successfully perform the duties and responsibilities required of the position.

Child Care Worker

55f	3800.55(f) - The child care worker shall be responsible for implementing daily activities and for supervision of the children.
55g	3800.55(g) - The child care worker shall have a high school diploma or general education development certificate.
51	3800.51 - Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
52	3800.52 - Staff hiring retention and utilization shall be in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).
58a	3800.58(a) - Prior to working with children, each staff person who will have regular and significant direct contact with children, including part-time and temporary staff persons and volunteers, shall have an orientation to the person's specific duties and responsibilities and the policies and procedures of the facility, including reportable incident reporting, discipline, care and management of children, medication administration and use of restrictive procedures.
58b	3800.58(b) - Prior to working alone with children and within 120 calendar days after the date of hire, the director and each full-time, part-time and temporary staff person who will have regular and significant direct contact with children, shall have at least 30 hours of training to include at least the following areas: (1) The requirements of this chapter. (2) 23 Pa.C.S. § § 6301—6385 (relating to child protective services law) and Chapter 3490 (relating to protective services). (3) Fire safety. (4) First aid, Heimlich techniques, cardiopulmonary resuscitation and universal precautions. (5) Crisis intervention, behavior management and suicide prevention. (6) Health and other special issues affecting the population.
58d	3800.58(d) - After initial training, the director and each full-time, part-time and temporary staff person, who will have regular and significant direct contact with children, shall have at least 40 hours of training annually relating to the care and management of children. This requirement for annual training does not apply for the initial year of employment.
58e	3800.58(e) - Each staff person who will have regular and significant direct contact with children, shall complete training in first aid, Heimlich techniques and cardiopulmonary resuscitation at least every year. If a staff person has a formal certification from a recognized health care organization which is valid for more than 1 year, retraining is not required until expiration of the certification.
58g	3800.58(g) - Training in fire safety shall be completed by a fire safety expert or, in facilities serving 20 or fewer children, by a staff person trained by a fire safety expert. Video tapes prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Inspection Procedures:

1. Obtain the child care worker's record.
2. Verify that the worker:
 - a. Has the necessary child abuse and criminal history checks
 - b. Meets the educational requirements at 55g
 - c. Received the initial training requirements at 58a-b

Discussion:

See "Background Checks, Qualifications, and Training" narrative below.

Primary Benefit:

Defines the responsibility of each child care worker and ensure that children are receiving the programming and supervision needed to meet their needs. Ensures that child care workers have the required education to perform job duties specified by the facility.

Background Checks, Qualifications, and Training

Background Checks

Anyone who works in or wishes to work in a child residential or day treatment facility must have three types of background checks: a Pennsylvania Child Abuse History Clearance, a Pennsylvania State Police (PSP) Criminal Background Check, and an Federal Bureau of Investigations (FBI) Criminal Background Check. The table below shows the requirements and conditions of employment for each type of check:

Type	Documented On:	Due By:	Hire Prohibited If:
Pennsylvania Child Abuse History Clearance	On or Before March 31, 2013 - Form CY 113 12/99 On or After April 1, 2012 - Form CY 113 (UF) 6/11	See "Provisional Hiring" below.	Applicant is named in the Statewide Central Register as the perpetrator of a founded report of child abuse committed within 5 years or less prior to the request for verification.
PSP Criminal Background Check	Form STD-164 OR E-PATCH Report	See "Provisional Hiring" below.	Applicant has prior criminal conviction of any disposition for any of the offences listed below, or conviction of attempt, solicitation or conspiracy to commit any of the offenses listed below. OR Applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within 5 years or less prior to the request for verification.
FBI Criminal Background Check*	Form letter issued from DPW	See "Provisional Hiring" below.	

*Employees and providers of facilities who are residents of Pennsylvania and have served in either capacity prior to July 1, 2008 do not need FBI clearances as long as they have worked continuously in that capacity in one or more facilities.

Offenses that Prohibit Employment in a Child Residential or Day Treatment Facility

Chapter 25 (relating to criminal homicide). Section 2702 (relating to aggravated assault). Section 2709.1 (relating to stalking). Section 2901 (relating to kidnapping). Section 2902 (relating to unlawful restraint). Section 3121 (relating to rape). Section 3122.1 (relating to statutory sexual assault). Section 3123 (relating to involuntary deviate sexual intercourse). Section 3124.1 (relating to sexual assault). Section 3125 (relating to aggravated indecent assault). Section 3126 (relating to indecent assault).	Section 3127 (relating to indecent exposure). Section 4302 (relating to incest). Section 4303 (relating to concealing death of child). Section 4304 (relating to endangering welfare of children). Section 4305 (relating to dealing in infant children). A felony offense under section 5902(b) (relating to prostitution and related offenses). Section 5903(c) or (d) (relating to obscene and other sexual materials and performances). Section 6301 (relating to corruption of minors). Section 6312 (relating to sexual abuse of children).
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Provisional Hiring

Pursuant to 55 Pa.Code § 3490.127 (relating to information relating to prospective child care personnel), employees may be hired on a provisional basis pending receipt of the required clearances if the following conditions are met:

1. The provisional hiring period does not exceed 30 days for Pennsylvania residents or 90 days for non-Pennsylvania residents.
2. The facility has no knowledge or information that would disqualify the applicant from employment (e.g., the facility does not know of any prior convictions or naming as a perpetrator of abuse).

3. Requests for all three types of clearances have been submitted, and copies of the completed request forms are retained and on file at the facility*.
4. The applicant has sworn or affirmed in writing that (s)he was not disqualified from employment under section 6344 of the CPSL or an equivalent out-of-State crime.
5. The provisionally-hired employee does not work alone with children and works within visual or auditory range of a permanent employee.
6. The provisional employee is immediately dismissed from employment if any of the required checks show that (s)he is disqualified from employment under section 6344 of the CPSL.

*If the provisional employee does not submit the required clearances within 30- or 90-calendar days of employment, whichever is applicable, the facility must do one of the following:

- Dismiss the provisional employee until the required clearances are received.
- Lay off or place the provisional employee on leave with or without pay until the clearances are received.
- Retain and reassign the provisional employee to a position that does not involve direct contact with children.

Qualifications

Directors, Supervisors, or Child care workers hired on or after October 26, 1999 must meet at least one of the requirements specified by the applicable regulations before employment in the given capacity.

Directors, Supervisors, or Child care workers hired before October 26, 1999 do not need to meet the required educational qualifications and experience required by the applicable regulations if (s)he has worked in a child residential or day treatment facility since the date of hire with no more than a one-year break in service. The Department will review documentation of this exception during the inspection. Such documentation includes:

- A list of job duties as of October 26, 1999
- Dates and location(s) of employment in the given capacity

A person may have held a position in more than one facility, as long as there was no more than a one-year break in service after October 26, 1999.

Training

It is very important for all staff persons who work in the facility, including management, administrative staff, child care staff, contract staff, ancillary staff, and volunteers that will have regular contact with children to be trained in the areas required by § 3800.58(b) in order to ensure the safety of the children.

This training must be included before any staff person can be alone with children, meaning that staff person must work within visual or auditory range of an employee who has received the necessary training.

The training must include all topics required by 58(b), but can include other topics as well to reach the minimum of 30 hours. Training in topics other than first aid, Heimlich techniques, cardiopulmonary resuscitation, and fire safety should be provided by an experienced staff person who has been properly trained.

Training in first aid, Heimlich techniques and cardiopulmonary resuscitation must be completed by an individual certified as a trainer by a hospital or other recognized health care organization. "Recognized health care organization" includes but is not limited to:

- The American Red Cross
- The American Heart Association
- The American Safety and Health Institute

A staff person who has been certified as a trainer by a hospital or other recognized health care organization may train and certify other staff.

Training that is conducted online with no hands-on practice does not provide the necessary training to ensure the staff person is able to properly perform CPR, first aid, or Heimlich techniques and will not be considered when measuring compliance.

Training in fire safety must be completed by a fire safety expert or, in facilities serving 20 or fewer children, by a staff person trained by a fire safety expert. Video tapes prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert. A fire safety expert is a local fire department, fire protection engineer, Commonwealth certified fire protection instructor, college instructor in fire science, county or Commonwealth fire school, volunteer person trained and certified by a county or Commonwealth fire school or an insurance company loss control representative.

If a staff person has completed the required training within 12 months prior to the staff person's date of hire, the requirement for this training does not apply. It is recommended that training in fire safety and health and other special issues affecting the population be provided to all staff persons even if they have had this training elsewhere within the past 12 months. These topics are specific to the facility, as each facility has different fire-safety procedures and serves different populations.

The annual training requirements as § 3800.58(d) apply to all staff persons who have direct contact with children including contract staff, volunteers, and part time staff persons.

The facility is encouraged to provide training on a variety of topics to enhance the staff person's job knowledge and skills. In addition to training provided by the facility, the following types of training also apply:

- Any course from an accredited college or university related to care and management of children.
- Up to 6 hours of medication administration training, medication administration train-the-trainer course or train-the-trainer recertification required by § 3800.188(a).
- 50% of the hours spent in the diabetes education required by § 3800.188(b).
- Up to 4 hours of first aid, Heimlich techniques, and cardiopulmonary resuscitation required by § 3800.58(e).

The Training Year

The facility may select the staff training year for calculation of the 40-hour training requirement. The year may be the calendar year, the facilities fiscal year, the staff person's anniversary date, or another 12-month period as determined by the facility. The facility must be able to verify the training year used.

Staff Health

151	3800.151 - A staff person or volunteer who comes into direct contact with the children or who prepares or serves food, shall have a statement signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant, within 12 months prior to working with children or food service and every 2 years thereafter, stating that the person is free of serious communicable disease that may be spread through casual contact or that the staff person has a serious communicable disease that may be spread through casual contact but is able to work in the facility if specific precautions are taken that will prevent the spread of the disease to children.
152	3800.152 - (a) If a staff person or volunteer has a serious communicable disease that may be spread through casual contact, written authorization from a licensed physician, certified nurse practitioner or licensed physician's assistant is required for the person to be present at the facility. (b) Written authorization from a licensed physician, certified nurse practitioner or licensed physician's assistant shall include a statement that the person will not pose a serious threat to the health of the children and specific instructions and precautions to be taken for the protection of the children. (c) The written instructions and precautions specified in subsection (b) shall be followed.

Inspection Procedures:

1. Review signed statements to verify that health statements are present and were completed within the required timeframes.
2. For ALL staff who have a serious communicable disease, verify that the requirements at § 3800.152 are present and being followed as ordered.

Discussion:

"Serious communicable diseases" include:

Animal bite	Leprosy (Hansen's disease)
AIDS	Leptospirosis
Amebiasis	Listeriosis
Anthrax	Lyme disease
Arboviruses	Lymphogranuloma venereum
Botulism	Measles (rubella)
Brucellosis	Malaria
CD4 T-lymphocyte test result with a count of less than 200 cells/ μ L or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002)	Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis)
Campylobacteriosis	Meningococcal invasive disease
Cancer	Mumps
Chancroid	Pertussis (whooping cough)
Chickenpox (varicella) (effective January 26, 2005)	Plague
Chlamydia trachomatis infections	Poliomyelitis
Creutzfeldt-Jakob Disease	Psittacosis (ornithosis)
Cholera	Rabies
Cryptosporidiosis	Rickettsial diseases
Diphtheria	Rubella (German measles) and congenital rubella syndrome
Encephalitis	Salmonellosis
Enterohemorrhagic E coli	Shigellosis
Food poisoning outbreak	Smallpox
Giardiasis	Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease
Gonococcal infections	Streptococcal invasive disease (group A)
Granuloma inguinale	Streptococcus pneumoniae, drug-resistant invasive disease
Guillain-Barre syndrome	Syphilis (all stages)
Haemophilus influenzae invasive disease	Tetanus
Hantavirus pulmonary syndrome	Toxic shock syndrome
Hemorrhagic fever	Toxoplasmosis
Hepatitis, viral, acute and chronic cases	Trichinosis
HIV (Human Immunodeficiency Virus)	Tuberculosis, suspected or confirmed active disease
Histoplasmosis	

Influenza
Lead poisoning
Legionellosis

Tularemia
Typhoid fever

Primary Benefit:

Prevents children from contracting a serious communicable disease.

Swimming Areas

If the facility operates a swimming area and an employee of the facility serves as a certified lifeguard, review the employee's record for compliance with § 3800.106(c).

106c

3800.106(c) - A certified lifeguard shall be present with the children at all times while children are swimming.

Inspection Procedures:

1. Review documentation showing that all lifeguards are certified.
2. Observe pool activities, if able, to ensure lifeguards are present with the children at all times

Discussion:

Lifeguards must be certified by the American Lifeguard Association. The certified lifeguard may be an employee of the facility or an employee contracted through another agency.

Primary Benefit:

Minimizes the risk of death from accidental drowning.

Transportation

If the facility provides transportation services and an employee of the facility transports children, review the employee's record for compliance with § 3800.171(4).

171(4)

3800.171(4) – If the facility staff persons or facility volunteers provide transportation for the children, the driver of a vehicle shall be 21 years of age or older.

Inspection Procedures:

1. View the driver's licenses of employees who provide transportation.

Discussion:

While there is no regulatory requirement for drivers to have a driver's license, transporting children without a valid driver's license will be considered a violation of § 3800.21 (relating to applicable health and safety laws).

Primary Benefit:

Ensures that children will be transported by a person of appropriate age and driving experience.

Medication Administration

If the facility provides medication administration services, review the employee's record for compliance with § 3800.188(a)-(c).

188a	3800.188(a) - A staff person who has completed and passed a Department-approved medications administration course within the past 2 years is permitted to administer oral, topical and eye and ear drop prescription medications and epinephrine injections for insect bites.
188b	3800.188(b) - A staff person who has completed and passed a Department-approved medications administration course and who has completed and passed a diabetes patient education program within the past 12 months that meets the Standards for Diabetes Patient Education Programs of the Pennsylvania Department of Health is permitted to administer insulin injections.

Inspection Procedures:

1. Review specific staff training records to determine if non-medically licensed staff persons who administer medications have complied with the above requirements.
2. Review the certificate of the trainer to ensure the trainer has passed the identified course and the trainer's certificate was valid at the time the training was conducted.
3. Review the training records for non-medically licensed staff persons who administer insulin injections to determine if they have successfully completed an approved diabetes patient education program within the past 12 months AND the training required by § 3800.188(a).

Discussion:

The Department's approved medications administration course is the Office of Developmental Program's "Train-the-Trainer" course. The course is designed such that once people complete the course offered by the Department, they can train other people to safely administer medications. People who attend the course are taught how to provide initial training and how to complete an "annual practicum".

A person who wishes to attend the Train-the-Trainer course may not attend the course until (s)he has successfully completed a medication administration training by an individual who has completed the Department-approved Train-the-Trainer course. After successful completion of the medication administration course, an individual is then permitted to attend the Train-the-Trainer course. In other words, a person must be trained by a trainer before (s)he can take the Train-the-Trainer course.

Trainers (those that took the Trainer-the-Trainer course) are required to monitor the trained (the people who they train) by observing the trained staff administer medications. The number depends on how much time the person has been giving medications and how much time since the person took the original course. The trainer must also review some MARs using a standard rubric. This also depends on which year post initial training a person is in. This constitutes the annual practicum. Trainers that administer medication as well as provide training are required to do the same thing as the students; this can be done by another trainer or by a practicum observer. Trainers are required to take a recertification class every three years.

In order to meet this requirement, as well as § 3800.188(b), a staff member who passed the medication administration course initially must complete the annual practicum as defined by the course every year. The medication administration course/test does not have to be completed every two years.

Licensed facilities are eligible to send an employee to training. Persons who attend the Trainer-the-Trainer course must be an employee of a licensed facility in Pennsylvania.

Individuals who completed the Train-the-Trainer course for the Office of Developmental Programs (formerly the Office of Mental Retardation [OMR]) after fall 2004 are permitted to train facility staff if they have completed the new Train-the-Trainer course. Anyone who has completed the Train-the-Trainer course prior to Fall 2004 must take the new course before providing any training.

A non-medically licensed staff person is permitted to administer medications by nebulizer treatment or by insertion of suppositories following successful completion of the medication administration training in § 3800.188, as well as specific training conducted by a local clinician. A local clinician includes:

- A doctor
- An RN

- An LPN
- A pharmacist who is familiar with the child's needs
- A licensed respiratory therapist

Training in the administration of suppositories and nebulizer treatments should be individualized for each child; however, if the same administration technique is being taught, group training is acceptable.

A staff person who has successfully completed the educational and training requirements as defined in § 3800.188(a) and § 3800.188(b) may administer epinephrine or insulin injections only. This regulation strictly limits staff to being able to administer these 2 kinds of injections only.

A non-medically licensed staff person is permitted to administer liquid narcotics, following successful completion of the medication administration training in § 3800.188. The medication administration training teaches staff how to keep a log with a count of the medications for controlled substances.

A facility is not required to have its own trainer. A facility may work with other licensed facilities, personal care homes, or community homes for individuals with intellectual disabilities to secure a qualified trainer.

An education program that meets the Standards for Diabetes Patient Education Programs of the Pennsylvania Department of Health is one provided by an individual who is a certified diabetes instructor who has been trained by the National Certification Board for Diabetic Educators. The diabetic education program will include training on drawing up and administering insulin.

Certified Diabetes Educators can be found through the following sources:

- The Education Department of local hospitals
- The American Association of Diabetes Educators
- The American Diabetes Association (ADA)
- The Department of Health's local diabetes consultants
- The Joslin Diabetes Center with West Penn Hospital (Western Region Only)

Nurse Practitioners with an Advanced Diabetes Management Certification are also permitted to provide the diabetes patient education program.

Primary Benefit:

Staff persons will be trained in the proper procedures to safely and correctly administer medications to children. Ensures that staff who administer insulin do so in a safe manner.

Restrictive Procedures

205a	3800.205(a) - If restrictive procedures are used, each staff person who administers a restrictive procedure shall have completed training within the past year in the use of restrictive procedures.
205b	3800.205(b) - Training shall include: <ul style="list-style-type: none"> (1) Using de-escalation techniques and alternative nonrestrictive strategies and addressing the child's feelings after use of a restrictive procedure. (2) Child development principles appropriate for the age of the children served, to understand normal behavior reactions to stress at various ages. (3) The proper use of the specific techniques or procedures that may be used. (4) Techniques and procedures appropriate for the age and weight of the children served. (5) Experience of use of the specific procedures directly on each staff person and demonstration of use of the procedure by each staff person. (6) Health risks for the child associated with use of specific procedures. (7) A testing process to demonstrate understanding of and ability to apply specific procedures.
205c	3800.205(c) - A record of the training including the person trained, the date, source, name of trainer and length of training shall be kept.

Inspection Procedures:

1. If the staff person applies restrictive procedures, review specific staff training records to determine if the timeframe and content requirements of these regulations are met.

Discussion:

There is no requirement for the content of the training beyond what is set forth in 205b, but a facility must be able to demonstrate how its training program meets each of the 7 required elements if the program's literature is not immediately clear.

Primary Benefit:

Reduces chance of child injury or death by improper restrictive procedure use.

Record of Training

58h	3800.58(h) - A record of training including the person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.
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Inspection Procedures:

1. Review the facility's training record to ensure that the content required by § 3800.58(h) is present.

Discussion:

Self-explanatory.

Primary Benefit:

Allows the director to track each staff person's training progress throughout the year and provides evidence of successful training completion.

Medication Administration Training Record

188c

3800.188(c) - A record of the training shall be kept including the person trained, the date, source, name of trainer, content and length of training.

Inspection Procedures:

1. See § 3800.188(a) and (b).

Discussion:

This regulation includes documentation of both § 3800.188(a) and (b).

Primary Benefit:

Allows the facility to track medication and diabetes training to ensure all staff who administer medications and/or insulin have received the necessary training.

PART III

Child Records

To measure compliance with this section you will need a 15% sample of Child Records, including:

- At least one record of a child who has been discharged within the last 12 months
- At least one record of a child who has a restrictive procedure plan
- At least one record of a child who has a health and safety plan

Locked Records

245	3800.245 - A child's record shall be kept in a locked location when unattended.
Inspection Procedures:	
1. Verify that child records are kept locked at all times when unattended.	
Discussion: A record is "unattended" when it is not in direct use or direct eye-sight of a staff person. This regulation applies to any document that contains child-specific information.	
Primary Benefit: Storing child records in a secure manner helps to protect the security and privacy of a child's health information.	

Recordable Incidents

17	3800.17 - The facility shall maintain a record of the following: (1) All seizures. (2) Suicidal gestures. (3) Any incidence of intentionally striking or physically injuring a child. (4) Property damage of more than \$500. (5) A child absence from the premises without the approval of staff persons, that does not meet the definition of reportable incident in § 3800.16(a) (relating to reportable incidents). (6) Injuries, traumas and illnesses of children that do not meet the definition of reportable incident in § 3800.16(a), which occur at the facility.
Inspection Procedures:	
1. Review child records for the above; corroborate with staff and child interviews are needed.	
Discussion: Documentation of these incidents may be in each separate child's record or in a facility-wide log or record. Recordable incidents may be recorded using the Commonwealth's Home and Community Services Information System (HCSIS). Entry of recordable incidents into HCSIS is optional.	
Primary Benefit: Recording incidents allows the facility to identify patterns of behavior and document critical events and the facility's responses to those events.	

Individual Record Contents

242a	3800.242(a) - A separate record shall be kept for each child.
242b	3800.242(b) - Entries in a child's record shall be legible, dated and signed by the person making the entry.
243	<p>3800.243 - Each child's record shall include:</p> <ul style="list-style-type: none"> (1) Personal information including: <ul style="list-style-type: none"> (i) The name, sex, admission date, birth date and Social Security Number. (ii) The race, height, weight, color of hair, color of eyes and identifying marks. (iii) The dated photograph of the child taken within the past year. (iv) Language or means of communication spoken and understood by the child and the primary language used by the child's family, if other than English. (v) Religious affiliation. (vi) The name, address and telephone number of the person to be contacted in the event of an emergency. (2) Health records. (3) Dental, vision and hearing records. (4) Health and safety assessments. (5) ISPs. (6) Restrictive procedure plans. (7) Restrictive procedure records relating to the child. (8) Reports of reportable incidents. (9) Consent to treatment, as specified in § 3800.19 (relating to consent to treatment). (10) Court order, if applicable. (11) Admission and placement information specified in § § 3800.222 and 3800.223 (relating to description of services; and admission). (12) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 3800.31 (relating to notification of rights). (13) Service records of the contracting agency. (14) Education records.

Inspection Procedures:

1. Verify that each child has his or her own record.
2. Verify that child records are appropriately recorded in accordance with § 3800.242b.
3. Verify that the record contains all of the information required by § 3800.243.

Discussion:

Electronic documents are acceptable instead of paper copies if all of the following conditions are met:

- Documents stored are in PDF format or some other permanent storage to prevent alteration of the document.
- Printed copies of electronic records are promptly available to licensing staff.
- Documents that existed originally in paper form are scanned to make an electronic record and the original paper record shall be available for one licensing cycle.
- Electronic database is reasonably secure and accessible by password.

The entries referred to in 242b include all of the items at § 3800.243, progress notes, and any other written documentation relating to a child.

It is recommended that entries into a child records be "permanent", such that they cannot be erased or covered with correction fluid/tape. A line should be drawn through errors or changes such that the original entry is still legible.

Staff initials are permitted if there is a key that includes the full name, title, and signature of the staff person.

Primary Benefit:

Separate records for each child ensures that services and care for each child is child-specific and easily accessible. Making entries in a child's record that are legible, dated, and signed by the staff person making the entry helps to ensure that information stored in the child's record is detailed, accurate, and unaltered. Having a complete record for each child gives the facility the best possible picture of who the child is, what the child's history is, and what services or needs the child may have.

Rights, Grievance Procedures, Consent to Treatment, and Emergency Medical Plans

31a	3800.31(a) - Upon admission, each child and available parent and, if applicable, an available guardian or custodian, unless court-ordered otherwise, shall be informed of the child's rights, the right to lodge grievances without fear of retaliation and applicable consent to treatment protections specified in § 3800.19 (relating to consent to treatment).
31b	3800.31(b) - Each child and parent and, if applicable, the child's guardian or custodian, shall be informed of the child's rights, the right to lodge grievances as specified in subsection (a), and applicable consent to treatment protections specified in § 3800.19 (relating to consent to treatment), in an easily understood manner, and in the primary language or mode of communication of the child, the child's parent and, if applicable, the child's guardian or custodian.
31c	3800.31(c) - A copy of the child's rights, the grievance procedures, and applicable consent to treatment protections shall be posted and given to the child, the child's parent and, if applicable, the child's guardian or custodian, upon admission.
31d	3800.31(d) - A statement signed by the child, the child's parent and, if applicable, the child's guardian or custodian, acknowledging receipt of a copy of the information specified in subsection (a), or documentation of efforts made to obtain the signature, shall be kept.
241a	3800.241(a) - Emergency information for children shall be easily accessible at the facility.
241b	3800.241(b) - Emergency information for each child shall include the following: (1) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency. (2) The name, address and telephone number of the child's physician or source of health care and health insurance information. (3) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable. (4) A copy of the child's most recent health examination.
149b	3800.149(b) - The child's parent and, if applicable, the child's guardian or custodian, shall be given a copy of the emergency medical plan upon admission.

Inspection Procedures:

1. Review child's record to verify that signed statements are present.
2. Review record to ensure that emergency information is present and includes all of the elements at 241b. Verify that a means to readily access the information, including in an emergency situation, exist.
3. Review posted rights and grievance procedures to ensure that they are in an accessible area.

Discussion:

A grievance is any oral or written criticism, dispute, or objection raised by or on behalf of a child of the facility, without regard to whom the grievance is directed. Retaliation includes any negative sanction against the child. The language or mode of communication used (including sign language) to communicate this information must be clearly understood by the child and other applicable parties. Interpreters must be used if necessary. To meet the intention of these regulations, the items should be posted in an area that is accessible to children and their responsible parties. A copy of the signed statement or documentation to obtain the signatures must be kept in the child's record pursuant to § 3800.243(12).

Primary Benefit:

Protects children's rights by verifying that children and their responsible parties have been informed of the child's rights, procedures for filing a grievance, and consent for treatment protections. Ensures that children and their responsible parties have ready access to the above information. Emergency medical plans provide a child's parent or legal custodian with up-front information on how the facility will handle an emergency situation involving their child.

Health and Safety Assessments and Plans

141a	3800.141(a) - A child shall have a written health and safety assessment within 24 hours of admission.
141b	3800.141(b) - The assessment shall be completed or coordinated, signed and dated by medical personnel or staff persons trained by medical personnel.
141c	3800.141(c) - The assessment shall include the following: (1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs. (2) Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide. (3) Known incidents of aggressive or violent behavior. (4) Substance abuse history. (5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.
141d	3800.141(d) - A copy of the assessment shall be kept in the child's record.
142	3800.142 - If the health and safety assessment in § 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment is completed.

Inspection Procedures:

1. Review child's record to verify that the assessment is present, and was:
 - Completed within the required timeframe
 - Completed by medical personnel or staff trained by medical personnel
 - Contains all of the information required by 141c
2. If applicable, verify that a health and safety plan was completed properly and within the timeframe required by § 3800.142.

Discussion:

If the health and safety assessment is not completed on the same day of admission, the facility should document the child's admission date *and time* as well as the date *and time* the health and safety assessment was completed.

If a child is transferring to a facility from another facility that is operated by the same legal entity, a new health and safety assessment is not required, as long as the medical personnel described in § 3800.141(b) reviews the most recent health and safety assessment to ensure it is still accurate. The medical personnel should sign and date the health and safety assessment after review.

The health and safety assessment should be a "living document" and must be kept accurate throughout the child's stay at the facility. If a child develops a new behavior or medical condition, or has a history of a behavior or medical condition that becomes known to the facility, the health and safety assessment must be revised to include this accurate information.

"Medical personnel" means persons who hold professional license in a medical field with the Pennsylvania Department of State. If the staff person conducting the assessment is not medical personnel, the facility must have documentation of the training by medical personnel that was provided to that staff person.

Obtaining accurate medical information and completing a comprehensive health and safety assessment is critical to ensure a child's safety once he/she has been admitted to the facility. Facilities are encouraged to use all resources available to collect information on a child's past medical or behavioral needs. In most cases, this information will be collected prior to admission in order to assure that the service needs of the child can be met at the facility in accordance with § 3800.223. Even if the information is collected prior to admission, a facility is required to ensure that this information is still accurate by completing a health and safety assessment within 24 hours of admission.

The facility must be able to demonstrate that each of these areas were assessed.

A health and safety plan must be completed, if applicable, within 24 hours after the initial health and safety assessment or within 24 hours of any subsequent or updated health and safety assessments as described in

§ 3800.141(a). It is recommended for the protection of the child and other children that the health and safety plan be developed immediately after the identification of any health or safety risk.

If a health and safety plan is in place and the child continues to have a specific behavioral issue, the health and safety plan must be updated to include further actions that will be taken by the facility to keep the child free from harm.

Primary Benefit:

Identifies high-risk behavior and important medical information upon admission. Serves as the basis for a plan to meet any identified needs. Ensures that the initial information collected on a child is done so by a qualified professional or staff person trained by a qualified professional. Health and safety plans ensure that each child's immediate needs are met, and that accountability for meeting those needs is conclusively established.

Child Health Examinations

143a	3800.143(a) - A child shall have a health examination within 15 days after admission and annually thereafter, or more frequently as specified at specific ages in the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision," available from 141 Northwest Point Boulevard, Post Office Box 927, Elk Grove Village, Illinois, 60009-0927.
143b	3800.143(b) - If the child had a health examination prior to admission that meets the requirements of subsection (e) within the periodicity schedule specified in subsection (a), and there is written documentation of the examination, an initial examination within 15 days after admission is not required. The next examination shall be required within the periodicity schedule specified in subsection (a).
143c	3800.143(c) - If the child will participate in a program that requires significant physical exertion, a health examination shall be completed before the child participates in the physical exertion portion of the program.
143d	3800.143(d) - The health examination shall be completed, signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant. Written verification of completion of each health examination, date and results of the examination, the name and address of the examining practitioner and follow-up recommendations made, including each component, shall be kept in the child's record.
143e	<p>3800.143(e) - The health examination shall include:</p> <ol style="list-style-type: none"> (1) A comprehensive health and developmental history, including both physical and behavioral health development. (2) A comprehensive, unclothed physical examination. (3) Immunizations, screening tests and laboratory tests as recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision." (4) Blood lead level assessments for children 5 years of age or younger, unless the examining practitioner determines that the testing is unnecessary, after reviewing the results of previously conducted blood lead testing, which review and conclusion is documented in the child's medical record. (5) Sickle cell screening for children who are African-American unless the examining practitioner determines that the testing is unnecessary, after reviewing the results of previously conducted sickle cell testing, which review and conclusion is documented in the child's medical record. (6) A gynecological examination including a breast examination and a Pap test if recommended by medical personnel. (7) Communicable disease detection if recommended by medical personnel based on the child's health status and with required written consent in accordance with applicable laws. (8) Specific precautions to be taken if the child has a communicable disease, to prevent spread of the disease to other children. (9) An assessment of the child's health maintenance needs, medication regimen and the need for blood work at recommended intervals. (10) Special health or dietary needs of the child. (11) Allergies or contraindicated medications. (12) Medical information pertinent to diagnosis and treatment in case of an emergency. (13) Physical or mental disabilities of the child, if any. (14) Health education, including anticipatory guidance. (15) Recommendations for follow-up physical and behavioral health services, examinations and treatment.

Inspection Procedures:

1. Review child's record to verify that the examination records are present, and were:
 - Completed within the required timeframes
 - Completed by a licensed physician, certified registered nurse practitioner or licensed physician's assistant
 - Contains all of the information required by § 3800.143e

Discussion:

It is important to remember that the primary focus of the requirements of § 3800.143(a)-(f) is the need for a child to have a comprehensive health examination by a medical professional upon admission and on a regular basis thereafter – NOT that a form be properly completed.

A copy of the periodicity schedule recommended by the American Academy of Pediatrics (AAP), "Guidelines for Health Supervision," can be obtained directly from the American Academy of Pediatrics or by contacting the Operator Support Hotline.

Compliance with this regulations § 3800.143(a)-(f) is achieved by the following:

- A child is examined *in person* by a physician, physician's assistant, or certified registered nurse practitioner within 15 days after admission. If the child had a health examination prior to admission that falls within the frequency schedule of the AAP and includes all the elements listed in § 3800.143(e), there is no need for the child to have another examination within 15 days of admission. The facility however, will need to obtain written documentation of the prior examination within 15 days of admission and develop a method to track when the next examination is due. Another examination will need to be completed annually at a minimum, or more often if recommended by the AAP.
- Documentation of any health examination needs to be signed and dated by the medical professional completing the examination. If the date the medical professional completes the examination is different than the date the examination is documented and signed, the medical professional will need to specify what date the physical examination was actually completed.
- Documentation of the examination must include the results of the examination, the name and address of the medical professional, and follow-up recommendations made.
- Documentation must include that each element specified in § 3800.143(e) was completed, unless it is not applicable to a particular child.
- Documentation of the health examination should be kept in the child's record.
- If the child will participate in a program that requires significant physical exertion, a health examination shall be completed before the child participates in the physical exertion portion of the program. This does not include routine sports and exercise.

Immunization records, screening tests and laboratory tests may be completed, signed and dated by a registered nurse or licensed practical nurse instead of a licensed physician, certified registered nurse practitioner or licensed physician's assistant.

It is strongly recommended that facilities carefully review the documentation from the medical professional to verify that all of the required information was recorded. Although the examinations must be completed by medical professionals, facilities are responsible for ensuring that the examinations were complete and documented appropriately.

Primary Benefit:

Accurate medical and behavioral health information helps facilities decide whether a child's needs can be met at the facility, ensures that a child has had a thorough health examination as recommended by the AAP, and helps the facility identify and arrange for services to meet each child's medical and behavioral health needs.

Dental, Vision, and Hearing Care

144a	3800.144(a) - Each child shall receive dental care, at as early an age as necessary, needed for relief of pain and infections, restoration of teeth and maintenance of dental health.
144b	3800.144(b) - A child who is 3 years of age or older shall have a dental examination performed by a licensed dentist and teeth cleaning performed by a licensed dentist or dental technician at least semiannually. If a child has not had a dental examination and teeth cleaning within 6 months prior to admission, a dental examination and teeth cleaning shall be performed within 30 days after admission.
144c	3800.144(c) - A written record of completion of each dental examination, including the preadmission examination permitted in subsection (b), specifying the date of the examination, the dentist's name and address, procedures completed and follow-up treatment recommended and dates provided, shall be kept in the child's record.
144d	3800.144(d) - Follow-up dental work indicated by the examination, such as treatment of cavities and the application of protective sealants, shall be provided in accordance with recommendations by the licensed dentist.

Inspection Procedures:

1. Review child's record to verify that dental needs have been identified, treated, and properly recorded.

Discussion:

Oral health is critically important to the overall health and well-being of children and adolescents. Many people think of a dental examination as an examination of the teeth only. Regular dental examinations can also identify and treat periodontal disease (gums); proper development and alignment of facial bones, jaws, and teeth; oral diseases and conditions; and trauma or injury to the mouth and teeth.

"Semiannually" means every six months.

The written record must include all of this information regardless of whether the dental examination was completed prior to admission or after. Documentation completed by the dentist should be reviewed after the examination to ensure the required elements are present. If a facility accepts documentation of a dental examination that occurred prior to admission from another facility, the placement agency, or another source, the facility is responsible for ensuring that documentation includes all of the required elements.

Primary Benefit:

Ensures that children receive routine dental care by qualified persons that prevents, identifies, and treats oral conditions. Ensures that a child receives non-routine dental care, if needed, at any age. Ensures that a child receives dental work needed to address issues identified during routine examinations.

145a	3800.145(a) - Each child shall receive vision screening and services to include diagnosis and treatment including eyeglasses, for defects in vision.
145b	3800.145(b) - Each child who is 3 years of age or older shall receive vision screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision," and "Eye Examination and Vision Screening in Infants, Children and Young Adults (RE9625)."
145c	3800.145(c) - If the child had a vision screening prior to admission that meets the requirements of subsection (a) within the periodicity schedule specified in subsection (b), an initial examination within 30 days after admission is not required. The next screening shall be required within the periodicity schedule specified in subsection (b).
145d	3800.145(d) - Follow-up treatment and services, such as provision of eyeglasses, shall be provided as recommended by the treating practitioner.
145e	3800.145(e) - A written record of completion of each vision screening, including the preadmission screening permitted in subsection (c), specifying the date of the screening, the treating practitioner's name and address, results of the screening, follow-up recommendations made, and the dates and provision of follow-up services and treatment, shall be kept in the child's record.

Inspection Procedures:

1. Review child's record to verify that vision needs have been identified, treated, and properly recorded.

Discussion:

A copy of the periodicity schedule recommended by the American Academy of Pediatrics (AAP) can be obtained directly from the American Academy of Pediatrics or by contacting the Operator Support Hotline.

A child must have a vision screening completed within 30 days after admission unless a vision screening was completed prior to admission within the recommended time frames in the periodicity schedule.

Screening tests may be completed by a registered nurse, licensed practical nurse, licensed physician, certified registered nurse practitioner, or licensed physician's assistant

The written record must include all of this information regardless of whether the vision screening was completed prior to admission or after. Documentation completed by the medical professional conducting the screening should be reviewed after the examination to ensure the required elements are present. If a facility accepts documentation of a vision screening that occurred prior to admission from another facility, the placement agency, or another source, the facility is responsible for ensuring that documentation includes all of the required elements.

Primary Benefit:

Regular vision screening is critical for early detection of abnormal conditions. Visual impairments in children could impact a child socially, emotionally, educationally, or interfere with the development of normal vision. Ensures that a child receives non-routine vision care, if needed, at any age. Ensures that a child receives vision care needed to address issues identified during routine examinations.

146a	3800.146(a) - Each child shall receive a hearing screening and services to include diagnosis and treatment including hearing aids, for defects in hearing.
146b	3800.146(b) - Each child who is 3 years of age or older shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision."
146c	3800.146(c) - If the child had a hearing screening prior to admission that meets the requirements of subsection (a) within the periodicity schedule specified in subsection (b), an initial examination within 30 days after admission is not required. The next screening shall be required within the periodicity schedule specified in subsection (b).
146d	3800.146(d) - Follow-up treatment and services, such as provision of hearing aids, shall be provided as recommended by the treating practitioner.
146e	3800.146(e) - A written record of completion of each hearing screening, including the preadmission screening permitted in subsection (c), specifying the date of the screening, the treating practitioner's name and address, the results of the screening, follow-up recommendations made, and the dates and provision of follow-up services and treatment, shall be kept in the child's record.

Inspection Procedures:

1. Review child's record to verify that hearing needs have been identified, treated, and properly recorded.

Discussion:

A copy of the periodicity schedule recommended by the American Academy of Pediatrics (AAP) can be obtained directly from the American Academy of Pediatrics or by contacting the Operator Support Hotline.

A child must have a hearing screening completed within 30 days after admission unless a hearing screening was completed prior to admission within the recommended time frames in the periodicity schedule.

Screening tests may be completed by a registered nurse, licensed practical nurse, licensed physician, certified registered nurse practitioner, or licensed physician's assistant.

The written record must include all of this information regardless of whether the hearing screening was completed prior to admission or after. Documentation completed by the medical professional conducting the screening should be reviewed after the examination to ensure the required elements are present. If a facility accepts documentation of a hearing screening that occurred prior to admission from another facility, the placement agency, or another source, the facility is responsible for ensuring that documentation includes all of the required elements

Primary Benefit:

Regular hearing screening is critical for early detection of abnormal conditions. Children with hearing loss should be identified as quickly as possible after birth so that appropriate services or assistive devices can be obtained. Children with hearing loss experience delayed development in language, learning, and speech. Ensures that a child receives non-routine hearing care, if needed, at any age. Ensures that a child receives hearing care needed to address issues identified during routine examinations.

Admission and Services

19a	<p>3800.19(a) - The facility shall comply with the following statutes and regulations relating to consent to treatment, to the extent applicable:</p> <ul style="list-style-type: none"> (1) 42 Pa.C.S. § § 6301—6365 (relating to the Juvenile Act). (2) The Mental Health Procedures Act (50 P. S. § § 7101—7503). (3) The act of February 13, 1970 (P. L. 19, No. 10) (35 P. S. § § 10101—10105). (4) Chapter 5100 (relating to mental health procedures). (5) The Pennsylvania Drug and Alcohol Abuse Control Act (71 P. S. § § 1690.101—1690.115). (6) Other applicable statutes and regulations.
19b	<p>3800.19(b) - The following consent requirements apply unless in conflict with the requirements of applicable statutes and regulations specified in subsection (a):</p> <ul style="list-style-type: none"> (1) Whenever possible, general written consent shall be obtained upon admission, from the child's parent or legal guardian, for the provision of routine health care such as child health examinations, dental care, vision care, hearing care and treatment for injuries and illnesses. (2) A separate written consent shall be obtained prior to treatment, from the child's parent or legal guardian, or, if the parent or guardian cannot be located, by court order, for each incidence of nonroutine treatment such as elective surgery and experimental procedures. (3) Consent for emergency care or treatment is not required.

Inspection Procedures:

1. Review child's record to verify that written consent forms are present.
2. If the forms are not present, verify that the facility made reasonable efforts to obtain consent forms.

Discussion:

The Mental Health Procedures Act and the act of February 13, 1970 (P. L. 19, No. 10) (35 P. S. § § 10101—10105) relate to age of consent for mental health treatment. In 2005, Act 147 amended previous acts and modified rules established for consent for voluntary inpatient and outpatient care. If a facility wishes to provide involuntary emergency examination and treatment, the facility must be approved to do so by the Department of Public Welfare, Office of Mental Health and Substance Abuse Services.

Facilities do not have the authority to consent to any type of treatment on behalf of the parent or legal guardian. For children in the custody of a county agency, the county agency representative can consent to treatment only if the parental rights have been terminated and there is no assigned legal guardian.

Primary Benefit:

A general consent for routine care allows a facility to obtain routine medical care for a child in the absence of a parent or legal guardian. A consent for nonroutine care protects a person's right to consider the benefits and risks of treatment. Allows a facility to obtain treatment for a child in the event of an emergency without consent.

222	3800.222 - Prior to admission, a determination shall be made and documented in writing, that the age, needs and any special characteristics of the child can be appropriately met by the services, activities and programs provided by the facility.
223	3800.223 - The facility shall have a placement process that assesses, and documents the following for each child, prior to or upon admission: (1) The service needs of the child. (2) The child's legal status. (3) Circumstances that make placement of the child necessary. (4) How the activities and services provided by the facility will meet the needs of the child.

Inspection Procedures:

1. Compare the program of services developed for compliance with § 3800.221 with the facility's placement process.
2. Verify that the facility's determination that the child's needs can be met by the services offered corresponds with the facility's program of services.

Discussion:

The screening and determination includes safety needs (such as staffing, fire safety) and health needs (such as medication administration). Admission should be based on the program of services provided by the home, as specified in § 3800.221, and the placement process required by § 3800.223 should reflect the relationship between § 3800.221 and § 3800.222.

This screening may be completed on the day of admission, as long as it is prior to admission. It is recommended that screenings are completed no more than 30 days prior to admission to assure that a child's needs do not significantly change between the initial screening and the date of admission.

It is recommended that facilities interview each child, in person, before making a determination that their needs can be met in the facility.

Primary Benefit:

Ensures that the facility can safely meet a child's needs prior to admission, and that the services the facility provides will benefit the child.

The Individual Service Plan (ISP)

224a	3800.224(a) - An ISP shall be developed for each child within 30 calendar days of the child's admission.
224b	3800.224(b) - The ISP shall be developed by the child, the child's parent and, if applicable, the child's guardian or custodian, if available, any person invited by the child and the child's parent, guardian or custodian, child care staff persons, a contracting agency representative and other appropriate professionals.
224c	3800.224(c) - Reasonable effort shall be made to involve the child and the child's parent and, if applicable, a guardian or custodian, in the development of the ISP at a time and location convenient for the child, the child's parent, the child's guardian or custodian, if applicable, and the facility.
224d	3800.224(d) - Documentation of reasonable efforts made to involve the child's parent and, if applicable, guardian or custodian, shall be kept.
224e	3800.224(e) - Persons who participated in the development of the ISP shall sign and date the ISP, with the exception of the child, the child's parent and, if applicable, the child's guardian or custodian, who shall be given the opportunity to sign the ISP.
225a	3800.225(a) - A review of each child's progress on the ISP, and a revision of the ISP if necessary, shall be completed at least every 6 months.
225b	3800.225(b) - The ISP shall be revised in accordance with subsection (a) if there has been no progress on a goal, if a goal is no longer appropriate or if a goal needs to be added.
225c	3800.225(c) - A review and revision of the ISP shall be completed in accordance with § 3800.224 (b)–(e) (relating to development of the ISP).
226	<p>3800.226 - An ISP shall include:</p> <ol style="list-style-type: none"> (1) Measurable and individualized goals and time-limited objectives for the child. (2) Evaluation of the child's skill level for each goal. (3) Monthly documentation of the child's progress on each goal. (4) Services and training that meet the child's needs, including the child's needs for safety, competency development and permanency. (5) A restrictive procedure plan, if appropriate. (6) A component addressing family involvement. (7) A plan to teach the child health and safety, if the child has a child living with him at the facility. (8) A component addressing how the child's educational needs will be met in accordance with applicable Federal and State laws and regulations. (9) The anticipated duration of stay at the facility. (10) A discharge or transfer plan. (11) Methods to be used to measure progress on the ISP, including who is to measure progress and the objective criteria. (12) The name of the person responsible for coordinating the implementation of the ISP.
227	3800.227 - An ISP shall be implemented as written.
228a	3800.228(a) - Copies of the ISPs, revisions to the ISP and monthly documentation of progress shall be provided to the child if the child is over 14 years of age, the parent, the child's guardian or custodian, if applicable, the contracting agency and persons who participated in the development and revisions to the ISP.
228b	3800.228(b) - Copies of ISPs, revisions to the ISP and monthly documentation of progress shall be kept in the child's record.

Inspection Procedures:

1. Review the child's ISP to verify that:

- ISPs are developed, reviewed, and revised within the required timeframes
- The ISP was developed with the child, informal supports, and formal supports, to the degree possible
- The ISP contains all required content
- Participation in ISP development was properly documented
- The ISP is being properly implemented

Discussion:

An ISP, or Individual Service Plan, is a written document for each child describing the child's care and treatment needs. The ISP, in conjunction with the child health and safety assessment, health and safety plan, and medical

examinations, serves as the foundation for all care and services provided to the child.

In order to ensure that a child's ISP is as targeted to the child's needs and goals as possible, it should be developed, reviewed, and revised with the child and as many formal and informal supports as possible. "Reasonable effort" to include children's parents and guardians must be decided on a case-by-case basis; if it is impossible for a child's parents to participate, then the basis for their inability to participate should be documented. If a child's parents are able to and desire to participate, the facility should make every effort to schedule ISP meetings such that parents can attend. However, scheduling should ultimately surround the most critical participants in ISP development. For example, if a child's contracting agency representative absolutely must participate for the child's long-term health and well-being, but the representative can only participate at a certain time, the facility must schedule the ISP meeting to accommodate the representative. In short, participation and scheduling is dictated by the best interests of the child. Thorough documentation of this process is required, as participant information is an integral part of establishing goals and outcomes.

The requirement to "sign and date" the ISP does not necessarily mean that an actual ink signature is required on paper forms. The ISP must clearly document who participated in the development and revision, and how they participated (by phone, webcam, etc.) If necessary, the Department will make collateral contacts with participants to verify that actual participation occurred.

If a review of the child's ISP is completed, but no revision is necessary, the facility must be able to demonstrate who completed the review and the date the review was done. It is recommended that the facility review the ISP in accordance with § 3800.224(b)-(e), even if a revision is not needed to the ISP.

Primary Benefit:

Ensures that each child's needs are met and that accountability for meeting those needs is firmly established. Having a child and their responsible parties participate in the development of the ISP helps to provide crucial detailed information about the specific child which can assist the facility in developing a specific plan as to how it will meet the needs of the child.

The Restrictive Procedures Plan

203a	3800.203(a) - For each child for whom restrictive procedures will be used beyond unanticipated use specified in § 3800.204 (relating to unanticipated use), a restrictive procedure plan shall be written and included in the ISP specified in § 3800.226 (relating to content of the ISP), prior to use of restrictive procedures.
203b	3800.203(b) - The plan shall be developed and revised with the participation of the child, the child's parent and, if applicable, the child's guardian or custodian, if available, any person invited by the child and the child's parent, guardian or custodian, child care staff persons, contracting agency representative and other appropriate professionals.
203c	3800.203(c) - The plan shall be reviewed every 6 months and revised as needed.
203d	3800.203(d) - The plan shall be reviewed, approved, signed and dated by persons involved in the development and revision of the plan, prior to the use of a restrictive procedure, whenever the plan is revised and at least every 6 months. The child, the child's parent and, if applicable, the child's guardian or custodian shall be given the opportunity to sign the plan.
203e	3800.203(e) - The plan shall include: <ul style="list-style-type: none"> (1) The specific behavior to be addressed, observable signals that occur prior to the behavior and the suspected reason for the behavior. (2) The behavioral outcomes desired, stated in measurable terms. (3) The methods for modifying or eliminating the behavior, such as changes in the child's physical and social environment, changes in the child's routine, improving communications, teaching skills and reinforcing appropriate behavior. (4) The types of restrictive procedures that may be used and the circumstances under which the restrictive procedures may be used. (5) The length of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter. (6) Health conditions that may be affected by the use of specific restrictive procedures. (7) The name of the staff person responsible for monitoring and documenting progress with the plan.
203f	3800.203(f) - The plan shall be implemented as written.
203g	3800.203(g) - Copies of the plan shall be kept in the child's record.

Inspection Procedures:

1. If a child has a restrictive procedures plan, review it to verify that:

- The plan was developed, reviewed, and revised within the required timeframes
- The plan was developed with the child, informal supports, and formal supports, to the degree possible
- The plan contains all of the required content
- Participation in plan development was properly documented
- The plan is being properly implemented

Discussion:

The Restrictive Procedures Plan is an element of the ISP that speaks to planned use of restraints. Compliance with the regulations relating to the ISP establishes compliance with the requirements for creating the Restrictive Procedures Plan.

Primary Benefit:

Ensures that restrictive procedures are used sparingly, appropriately, and in accordance with the wishes of the child's formal and informal supports.

Restrictive Procedure Records

213	<p>3800.213 - A record of each use of a restrictive procedure, including the emergency use of a restrictive procedure, shall be kept and shall include the following:</p> <ol style="list-style-type: none"> (1) The specific behavior addressed. (2) The methods of intervention used to address the behavior less intrusive than the procedure used. (3) The date and time the procedure was used. (4) The specific procedure used. (5) The staff person who used the procedure. (6) The duration of the procedure. (7) The staff person who observed the child. (8) The child's condition following the removal of the procedure.
<p>Inspection Procedures:</p> <ol style="list-style-type: none"> 1. Review child's restrictive procedure records to verify that: <ul style="list-style-type: none"> • All of the content required by this regulation is captured • A restrictive procedure plan was developed, if appropriate • Restrictive procedure use did not violate any regulations relating to such use 	
<p>Discussion: Pursuant to § 3800.204, a restrictive procedures plan does not need to be developed until after any type of restrictive procedure is used four times for the same child in any 3-month period. However, any time a restrictive procedure is used, regardless of whether its use is anticipated or otherwise, the information required by this regulation must be recorded.</p> <p>Primary Benefit: Ensures that restrictive procedures are used appropriately and in accordance with regulatory requirements.</p>	

Record Content

244a	<p>3800.244(a) - Information in the child's record shall be kept for at least 4 years or until any audit or litigation is resolved.</p>
<p>Inspection Procedures:</p> <ol style="list-style-type: none"> 1. Verify that record content is retained for at least four years. 	
<p>Discussion: This regulation applies to child records for children that are currently residing at the facility. For record retention related to children that have been discharged, see § 3800.244(b).</p> <p>There is nothing that prohibits a home from "thinning" a record before the 4 year timeframe as long as the information that is removed from the active record is retained in a manner that it is promptly available to licensing staff and other individuals that have permission to view the record in accordance with confidentiality laws.</p> <p>Records that are destroyed must be done so in a manner that protects confidentiality in accordance with § 3800.20.</p> <p>Primary Benefit: A record may be requested and/or needed by an individual or organization relating to an audit or litigation.</p>	

Discharge

230

3800.230 - Prior to the transfer or discharge of a child, the facility shall inform, and when possible discuss with, the child's parent and, if applicable, the child's guardian or custodian, the recommended transfer or discharge. Documentation of the discussion or transmission of the information shall be kept.

Inspection Procedures:

1. Review the record of a discharged child to verify that parents, guardians, and custodians were informed of the discharge.

Discussion:

Self-explanatory.

Primary Benefit:

Ensures that family members are apprised of the child's whereabouts and the basis for a change in locus of care.

PART IV

Environmental Maintenance

Note: "Inspection Procedures" in this section involve direct observation during a review of the facility's physical site.

Exterior Conditions

100a	3800.100(a) - The exterior of the building and the building grounds or yard shall be free of hazards.
100b	3800.100(a) - Outside walkways shall be free of ice, snow and obstruction.

Discussion:

There is no single list of what constitutes a "hazard." While some hazards may be obvious (such as broken glass on a walkway or poison ivy in an outdoor seating area), others will be dictated by the needs of the children served in the facility. For example, facilities with an unfenced pond, lake, or water feature on the premises must ensure that children's safety is maintained around such features. Potentially hazardous conditions will be determined on a case-by-case basis.

All exterior doors, fire escapes, and exterior steps and ramps must be cleared of ice and snow within a short period of time after the snow stops to provide for safe egress in an emergency. A significant pile of leaves could be considered an obstruction. Leaves can be slippery when wet and cause an injury, so it is recommended that the facility regularly remove leaves from egress routes and recreational areas. Equipment, furniture, or trash left unattended on a walkway, steps, ramps, or fire escape can be considered an obstruction.

Primary Benefit:

Minimizes the risk of death or injury to children when they are outdoors or when they are using outside areas for evacuation or recreation.

Entrances and Exits

121a	3800.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed, unless the fire safety approval specified in § 3800.14 (relating to fire safety approval) permits locking of certain means of egress. If a fire safety approval is not required in accordance with § 3800.14, means of egress may not be locked.
121b	3800.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of children from the building.
122	3800.122 - If more than four children sleep above the ground floor, there shall be a minimum of two interior or exterior exits from each floor. If a fire escape is used as a means of egress, it shall be permanently installed.

Discussion:

§ 3800.121(a)-(b) require that doors from rooms and from the building be "unlocked and unobstructed," and prohibits the use of "key-locking devices, electronic card operated systems or other devices which prevent immediate egress of children from the building" unless the facility is permitted to lock doors based on its fire safety approval.

"Unblocked and unobstructed" means the egress routes (the ways to exit the building) are free of anything that could delay escape in the event of an emergency. Examples of obstructed egress include piles of clothing, poorly-placed furniture, or doors that "stick" due to damage or wood swelling.

"Fire safety approval" means that the facility was constructed in a way that slows or stops the progression of fire. Fire safety approval is documented on a certificate of occupancy (CO).

So: if a facility has any kind of delayed-egress mechanism on one or more egress route doors, and/or if one or

more egress route doors are equipped with locks that cannot be immediately opened from the inside, then a violation exists unless the facility has the right kind of CO.

If the building does not require a CO pursuant to local building codes, no locking devices of any kind may be used.

If the building has a CO that was issued from the Department of Labor and Industry, and the CO shows a construction type other than C-5 or I-3, no locking devices of any kind may be used.

If the building has a Labor and Industry-issued CO showing C-5 or I-3 occupancy, or if the building has a CO issued by a local municipal building authority, locking devices may be acceptable depending on the type of device being used. In cases like this, the Department will consult with appropriate building code experts to determine if a violation exists.

The need for multiple exits applies to every floor, including basements and attics, if more than four children sleep on that floor. It is strongly recommended that the exits be arranged to reduce the possibility that both will be blocked in the event of an emergency.

Primary Benefit:

Unlocked, unobstructed exits allow rapid escape during a fire or other emergency. Multiple exits reduce the chances that an exit path will be blocked during a fire or other emergency.

Note: §3800.253, 254(a), 254(b), and 254(c) apply only in facilities with licensed capacities of **9 OR MORE**

253	3800.253 - Written emergency evacuation procedures and an evacuation diagram specifying directions for egress in the event of an emergency shall be posted in a conspicuous place.
254a	3800.254(a) - Signs bearing the word "EXIT" in plain legible letters shall be placed at exits.
254b	3800.254(b) - If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction of travel.
254c	3800.254(c) - Exit sign letters shall be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

Discussion:

The written emergency evacuation procedures referred to in § 3800.253 are the procedures required by § 3800.123.

The evacuation diagram must include a line of travel to exit doors. It is recommended that it also includes the location of the fire extinguishers and pull signals.

A "conspicuous" place means that these items are easily seen by staff, children, and visitors.

It is recommended that an evacuation diagram be placed in a conspicuous place on each floor of the facility.

These regulations do not require "EXIT" signs to be illuminated, but local building codes may require illumination. Facilities should check with their local building authority to learn if illuminated signs are required.

Primary Benefit:

Large facilities usually have more exits and more people who use them. Evacuation diagrams and exit signs aid rapid evacuation in the event of an emergency.

Poisonous, Combustible, and Flammable Materials

82a	3800.82(a) - Poisonous materials shall be kept locked and inaccessible to children.
82b	3800.82(b) - Poisonous materials shall be stored in their original, labeled containers.
82c	3800.82(c) - Poisonous materials shall be kept separate from food, food preparation surfaces and dining surfaces.

Discussion:

"Poisonous materials" include any item labeled "seek medical attention if swallowed" or "contact Poison Control Center if swallowed."

If poisonous materials are utilized by children, they must do so only under the direct supervision of staff.

Remember that some items that are not "poisonous" may still be hazardous to children who cannot safely use them. For example, behavioral disorders or mental illness may cause a child to chronically drink mouthwash, eat deodorant, and so on. If a child misuses a non-poisonous item, the facility may be in violation of § 3800.141-142, § 3800.32(b), and other regulations relating to child care.

Cleaning products may be purchased in bulk containers, but spray bottles and stick-on manufacturer's labels provided by the cleaning supply company and manufacturer must be used.

Cleaning supplies and detergents may be stored in the kitchen, but these substances must be stored in a cabinet or other area that does not contain food.

Any item labeled, "keep out of reach of children" but not considered a "poisonous material" per the standards defined above, might still be considered hazardous in accordance with § 3800.95.

Primary Benefit:

Protects children from illness, injury, or death related to misuse of accessible poisons. Minimizes the possibility that a child or staff person will mistake a poisonous substance for a harmless substance. Minimizes the risk of food contamination, illness, or death from improperly stored poisons.

125a	3800.125(a) - Combustible materials may not be located near heat sources.
125b	3800.125(b) - Flammable materials shall be used safely, stored away from heat sources and inaccessible to children.

Discussion:

"Near" means "touching" or "close enough to be ignited by the heat source." It is recommended that these materials not be stored under stairs or near egress paths to ensure that escape routes are not blocked by flames in the event of a fire.

"Combustible materials" means "materials that rapidly ignite, producing heat and/or light." "Flammable materials" means "materials capable of being readily or easily ignited."

Children may have personal items such as hair spray or aerosol air fresheners, provided that they and any other children who may access the items are able to use them safely and appropriately.

Primary Benefit:

Combustible materials can be ignited by heat sources, leading to explosions and fires. Flammable materials can be ignited by heat sources, sparks, or static electricity, causing injury to children or damage to the facility.

Heating Sources

83	3800.83 - Heat sources, such as hot water pipes, fixed space heaters, hot water heaters and radiators, exceeding 120°F that are accessible to children, shall be equipped with protective guards or insulation to prevent children from coming in contact with the heat source.
127	3800.127 - Portable space heaters, defined as heaters that are not permanently mounted or installed, are not permitted in the facility.
128	3800.128 - The use of wood and coal burning stoves is not permitted.
129a	3800.129(a) - Fireplaces shall be securely screened or equipped with protective guards while in use.
129b	3800.129(b) - A staff person shall be present with the children while a fireplace is in use.

Discussion:

Regulation § 3800.83 applies to areas accessible to children.

Facilities that use cooking fuels like Sterno, steam tables or other heating devices during food preparation and delivery should take care that hot surfaces are insulated or equipped with protective guards. Cooking fuels should also be stored in a manner consistent with § 3800.125(a) and § 3800.125(b).

Portable space heaters are extremely dangerous, and have resulted in many fires. All types of portable space heaters are prohibited. Any type of heater that is designed by the manufacturer to be moved from place to place is considered portable and is prohibited.

This includes the use of kerosene burning portable heaters.

Portable space heaters are prohibited throughout the entire facility, including all areas of the building such as staff areas, offices, conference rooms, laundry rooms and staff/operator private dwelling areas. If the facility is located in a public building such as an apartment building, this requirement applies only to the areas of the building used by the children.

There is no required height or width for fireplaces, but it is important that the screen or guard provide sufficient coverage of the fireplace to prevent ashes and sparks from exiting the fireplace. The screen or guard should also prevent children from coming into contact with heat and ash. A staff person must be in the room and in direct visual contact with the children and the fireplace at all times a fire place is in use.

Primary Benefit:

Minimizes the risk that children will suffer burns by coming into contact with exposed heat sources. Portable space heaters are a frequent cause of fire and cause burns to children who come into contact with them. Use of wood- and coal-burning stoves increases the risk of fire and carbon monoxide poisoning. Supervision when using properly-screened fireplaces protects children from accidental injury.

Sanitary Conditions

84a	3800.84(a) - Sanitary conditions shall be maintained.
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Discussion:

"Sanitary conditions" can include many different situations in a facility. While unsanitary conditions will often be determined on a case-by-case basis, they generally include the following:

- Feces, human or animal
- Urine, human or animal
- Bodily fluids, such as blood, mucus, vomit, or semen
- Rotten or spoiled foods
- The presence of mold or mildew
- Pungent odors
- Extremely unclean surfaces

According to the Centers for Disease Control (CDC), insulin vials and penlet devices should not be used for more than one individual. These precautions help to prevent the transmission of the Hepatitis B virus, Hepatitis C virus, and HIV. Each child who is prescribed insulin must have his/her own insulin vial, syringe, lancets, testing strips, and glucometer. It is recommended that these items be labeled with the child's name or stored in a container that is labeled with the child's name.

Primary Benefit:

Greatly minimizes the risk of illness, rodent and insect infestation, and provides dignified living conditions for children.

84b	3800.84(b) - There may be no evidence of infestation of insects or rodents in the facility.
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Discussion:

For the purposes of applying this regulation, "infestation" means enough rodents or insects to be harmful, threatening, or repulsive. A large number of mouse droppings in multiple parts of the facility, large numbers of ants near food or food preparation surfaces, and the presence of bedbugs or cockroaches all serve as evidence of infestation.

Many pests and insects such as bedbugs and cockroaches reproduce very quickly. Therefore, not many must be actually observed to constitute infestation. It is important for the facility to regularly examine child beds for bedbugs and moist, humid areas of the facility for cockroaches. Proactive treatment is much preferred to pest control after an infestation has occurred.

The presence of houseflies does not necessarily indicate infestation, unless the number of flies is so great that they become significantly bothersome to children.

A facility is not prohibited from using mousetraps, fly strips, or other types of traps, but it is important that they are not placed in an area where they could cause injury to children. Furthermore, the use of traps does not guarantee a regulatory violation. Rodent or insect traps in areas of the facility not accessible to children can be beneficial to stopping an infestation before it starts. The facility should also regularly monitor, empty or discard mousetraps and fly strips to prevent an unsanitary condition, which could be a violation of § 3800.84(a).

Primary Benefit:

Greatly minimizes the risk of illness and food contamination, and provides dignified living conditions for children.

84c	3800.84(c) - Trash shall be removed from the premises at least once a week.
84d	3800.84(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.
84e	3800.84(e) - Trash outside the facility shall be kept in closed receptacles that prevent the penetration of insects and rodents.

Discussion:

Many facilities utilize exterior commercial trash compactors that are emptied every 2-3 weeks by a contracted company. If the facility's compactor is enclosed to prevent rodent access, it meets the intent of the regulation and will not be considered a violation.

Exterior recycling containers are not required to be lidded, but it is recommended that recyclables be rinsed thoroughly before being placed in an outside bin.

The requirement for covered trash cans applies to all bathrooms, including staff bathrooms and those used by only one child. If trash receptacles in staff bathrooms and bathrooms used by only one child are emptied daily, the can does not need to be covered.

If the trash receptacle in a bathroom is stored inside a closed cabinet that does not allow penetration by insects and rodents, then a lid is not required.

Lids may be removed from trash receptacles in kitchen areas when they are actively in use, such as during clean up or food preparation.

A trash receptacle with a step-operated lid is recommended to avoid the spread of disease by touching the lid. For children who are unable to use a trash receptacle with a step-operated lid, a trash receptacle with a push-in lid is recommended.

Primary Benefit:

Covered trash receptacles prevent the spread of disease through exposure to body fluids. The risk of insect and rodent infestation due to open food containers is also minimized. Rodent or insect infestation in exterior trash containers raises the risk that the interior of the facility will become infested. Additionally, secured trash containers are less likely to attract wild animals.

Ventilation and Lighting

85	3800.85 - Living areas, recreation areas, dining areas, bathrooms, bedrooms and kitchens shall be ventilated by at least one operable window or mechanical ventilation.
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Discussion:

The areas identified above **must have windows, air conditioning, a fan, OR mechanical ventilation to provide airflow. It is recommended that** mechanical ventilation provide a system of air exchange. **An exhaust fan that circulates air in a bathroom is sufficient.**

Primary Benefit:

Good air circulation throughout the facility clears dust from the air. Dust exacerbates medical conditions like asthma and is the source of allergies for many individuals. Good air circulation also helps to prevent the build-up of mold, mildew, and odor.

86	3800.86 - Rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps and fire escapes shall be lighted to avoid accidents.
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Discussion:

The kind of lighting required by this regulation is dependent on the needs of the children. Compliance with this regulation may simply require standard lighting, or may require more sophisticated elements such as special lighting to mark the walkways and exits.

If outside lights near egress routes are not activated at all times, the facility should ensure that switches for these lights are easily located and activated along the path of egress. It is important that all children can use these lights during an emergency to evacuate safely.

Primary Benefit:

Ensures a rapid evacuation in the event of an emergency, and minimizes the risk of falls or other injuries due to inadequate illumination.

Smoke Detectors and Fire Alarms

130a	3800.130(a) - A facility shall have a minimum of one operable automatic smoke detector on each floor, including the basement and attic.
130b	3800.130(b) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.
130c	3800.130(c) - The smoke detectors specified in subsections (a) and (b) shall be located in common areas or hallways.
130d	3800.130(d) - Smoke detectors and fire alarms shall be of a type approved by the Department of Labor and Industry or listed by Underwriters Laboratories.
130e	3800.130(e) - If the facility serves four or more children or if the facility has three or more stories including the basement and attic, there shall be at least one smoke detector on each floor interconnected and audible throughout the facility or an automatic fire alarm system that is audible throughout the facility.

Discussion:

"Automatic smoke detector" means a device activated automatically by the detection of heat and/or smoke that has been approved by the Department of Labor and Industry, the appropriate local building authority or local fire safety expert, or listed by Underwriters Laboratories. Most commercial smoke detectors and fire alarms are listed by Underwriters Laboratories.

This does not include a crawl space, but does include an area accessible by pull-down steps.

If a facility is equipped with interconnected smoke detectors and is found to be out of compliance with § 3800.130b in one or more locations, an additional detector that is not interconnected may be installed to achieve compliance.

The detectors must be located in common hallways. Although smoke detectors in child bedrooms are not required, they are recommended in case a fire starts in the room.

It is recommended that all facilities, even those that serve three or fewer children or have two or fewer stories, have at least one smoke detector on each floor interconnected and audible throughout the facility or an automatic fire alarm system that is interconnected and audible throughout the facility.

Primary Benefit:

Approved smoke detectors and fire alarms ensure that the devices will function properly in the event of a fire. Fires can spread quickly. Smoke detectors on each floor can alert children and staff of a fire before the smoke or fire is seen or smelled. The deadliest fires occur when people are sleeping. Smoke detectors in hallways alert children of smoke or fire before the smoke or fire enters the room, allowing the child time to wake and react.

Fire Extinguishers

131a	3800.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.
131b	3800.131(b) - If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.
131d	3800.131(d) - Fire extinguishers shall be listed by Underwriters Laboratories or approved by Factory Mutual Systems.
131e	3800.131(e) - Fire extinguishers shall be accessible to staff persons. Fire extinguishers may be kept locked if access to the extinguisher by a child may cause a safety risk to the child. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.
131f	3800.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Discussion:

Most commercial fire extinguishers are listed by Underwriters Laboratories or approved by Factory Mutual Systems.

"Each floor" includes any floor of the facility accessible to children or staff, including the basement and attic if accessible. This does not include a crawl space, but does include an area accessible by pull-down steps. If neither children nor staff persons have access to a floor (except of course to test the detector), a fire extinguisher is not required on that floor. If anyone uses the floor, even for storage, an extinguisher is required.

While it is recommended that fire extinguishers remain unlocked, the Department recognizes that, in some cases, locking the extinguisher is necessary to prevent children from misusing them.

Inspections/approvals may be done by the extinguisher manufacturer or a company that employs a fire safety expert. Most fire extinguishers bear a tag showing that an inspection has been completed.

Documentation showing inspection and approval of each extinguisher in the facility by a fire safety expert may be kept electronically or in a paper file in the facility's office.

Primary Benefit:

Easily-accessible fire extinguishers offer staff the chance to extinguish a fire before it spreads. Approval of fire extinguishers ensures that the devices will function properly in the event of a fire. Inspection of fire extinguishers ensures that they will function in the event of a real fire.

Surfaces

87a	3800.87(a) - Floors, walls, ceilings, windows, doors and other surfaces shall be free of hazards.
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Discussion:

Cosmetics versus Hazards - This regulation usually does not include minor cosmetic repairs such as faded wallpaper or paint, worn carpeting, or minor damage. However, if the surfaces in a facility are in advanced disrepair, a violation may be cited. Hazardous conditions that result from surface damage – such as peeling paint in a dining area, splintered edges on a doorframe, or frayed carpet that creates a tripping hazard – will be considered a violation.

What is a Hazard? - There is no single list of what constitutes a “hazard.” While some hazards may be obvious (such as collapsing ceilings and protruding nails), others will be dictated by the needs of the children served in the facility. For example, a sloped floor in an older facility may not pose a risk to all children, but could constitute a fall risk for a child with a physical disability. Potentially hazardous conditions will be determined on a case-by-case basis. In some cases, the Department will cite a violation of this regulation if a door leading to a basement, shed, attic, or other part of the facility where there are possible hazardous conditions and materials is unlocked.

Particular care should be taken when using area rugs that are slippery when stepped on or have curled edges which can be hazardous. The facility should assess child’s ambulatory skill to determine if this type of rug is appropriate. A rubber mat or rubber backing under a rug is recommended in all cases, especially in bathrooms where a wet floor could cause serious injury.

Primary Benefit:

Safe surfaces help to maintain sanitary conditions in the facility, minimize the risk that children will suffer an injury while ambulating, and provide dignified living conditions.

Water

88a	3800.88(a) - The facility shall have hot and cold water under pressure.
88b	3800.88(b) - Hot water temperature in areas accessible to children may not exceed 120°F.

Discussion:

§ 3800.88(a) requires that the facility has hot and cold running water and that the water pressure is sufficient to meet the bathing, cleaning, and sanitation needs of the facility. The water temperature must be warm enough for comfortable bathing without exceeding the maximum allowable water temperature. Water from any tap that is accessible to children may not exceed 120°F. A variance of 2°F is permitted, but inspectors will recommend that the hot water temperature be lowered for child safety.

Primary Benefit:

Ensures that the facility’s water supply is sufficient to meet children’s needs for hygiene and comfort, and prevents against accidental scalding.

Temperature

89a	3800.89(a) - Indoor temperature shall be at least 65°F during awake hours when children are present in the facility.
89b	3800.89(b) - Indoor temperature may not be less than 62°F during sleeping hours.
89c	3800.89(c) - When indoor temperature exceeds 90°F, mechanical ventilation such as fans or air conditioning shall be used.

Discussion:

It is strongly recommended that a facility use air conditioning in at least a portion of the facility during very hot weather. If fans are used, they may be portable and do not need to vent to the outside.

Primary Benefit:

Maintains an environment that is comfortable for all children and reduces the likelihood that children and children with special medical needs will be medically compromised by temperature extremes.

Communications

90a	3800.90(a) - The facility shall have a working, noncoin-operated, telephone with an outside line that is accessible to staff persons in emergencies.
90b	3800.90(b) - The facility shall have a communication system to allow staff persons to contact other staff persons in the facility for assistance in an emergency.
91	3800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance and poison control center shall be posted on or by each telephone with an outside line.

Discussion:

Facilities must be equipped with a telephone that will work in the event of a power outage. If the landline telephone is cordless or web-based, a functioning cell phone must be present on the premises.

The type of communication system will vary depending on the size and layout of the facility. If a facility is physically structured so that staff persons can call out for assistance and be heard throughout the facility, an electronic system is not required. Electronic systems may include 2-way radios, cell phones, pagers, and intercom systems.

Facilities occasionally view the need to have emergency numbers at every telephone as excessive; however, it is important to remember that emergency situations are unpredictable. If emergency assistance is required, staff, children, and visitors must be able to reach assistance immediately.

It is acceptable to post 911 if that number is used to contact the hospital, ambulance, police, and fire departments.

Primary Benefit:

An accessible telephone ensures that emergency services can be contacted quickly when needed. A system of communication ensures quick response in the event of an emergency. Posting emergency numbers aids a rapid response from the appropriate agency in the event of an emergency.

Windows

92	3800.92 - Windows, including windows in doors, shall be securely screened when doors or windows are open.
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Discussion:

Windows need screens only if they are able to be opened.

Primary Benefit:

Screens in windows lower the risk of insect or rodent infestation.

Ramps and Stairways

93a	3800.93(a) - Each ramp, interior stairway and outside steps exceeding two steps shall have a well secured handrail.
93b	3800.93(b) - Each porch that has over an 18-inch drop shall have a well-secured railing.
94a	3800.94(a) - There shall be a landing which is at least as wide as the doorway, beyond each interior and exterior door which opens directly into a stairway.
94b	3800.94(b) - Interior stairs shall have nonskid surfaces.

Discussion:

It is recommended that there be a handrail on both sides of the stairs or, if there is just one handrail, that it be right-hand descending.

It is important to remember that serious falls can occur even in an area where there is only one step. A facility should assess all children to determine what type of handrail is most appropriate.

Porches, patios, and decks that have over 18-inch drops require railings.

No landing is required if a door opens away from the stairway (that is, when one opens the door, (s)he must step back from the stairs). This applies only to an inside or outside door that opens toward or into a downward stairway. This does not apply to a porch or deck with only one or two steps. It may be possible to reverse the swing of the door to open away from the stairs. If this affects an egress route, however, approval from the local building authority may be required before a door swing is changed or a landing is installed.

For information regarding renovations that may require a new fire safety approval, see § 3800.14(c).

A nonskid surface means a surface that is not slippery. Examples of nonskid surfaces include carpeting, a nonskid wax, rubber or metal strips on the edges of the stairs, or textured paint. Wood and concrete steps may or may not be slippery depending on the finish of the surface.

Primary Benefit:

These requirements prevent injurious falls and provide for safe evacuation during an emergency.

Furnishings

95b	3800.95(b) - There shall be enough furniture to accommodate the largest group of children that may routinely congregate in a room at any given time.
98	3800.98 - The facility shall have separate indoor activity space for activities such as studying, recreation and group activities.
99	3800.99 - The facility shall have regular access to outdoor, or large indoor, recreation space and equipment.

Discussion:

§ 3800.95(b) applies to all areas of the facility where children may congregate, including the living room, dining room, and recreational space.

The space required by § 3800.98 may include a multi-purpose room, the facility's dining area, and one or more furnished living room or lounge area. This regulation requires sufficient combined space to ensure that all children can be present in such an area at the same time. Outdoor recreation space may be a yard, porch, or a nearby park, if the park is within a reasonable walking distance and all children served by the facility are capable of walking there. It is recommended that the facility have this recreation space on the premises.

Primary Benefit:

Dedicated activity space creates a home-like atmosphere and fosters community interaction. Regular access to recreational space and materials promotes community interaction and can be educational and stimulating.

102a	3800.102(a) - Each single bedroom shall have at least 70 square feet of floor space per child measured wall to wall, including space occupied by furniture.
102b	3800.102(b) - Each shared bedroom shall have at least 60 square feet of floor space per child measured wall to wall, including space occupied by furniture.
102c	3800.102(c) - No more than four children may share a bedroom.
102d	3800.102(d) - Ceiling height in each bedroom shall be at least an average of 7 1/2 feet.
102e	3800.102(e) - Each bedroom shall have a window with a source of natural light.
102k	3800.102(k) - A bedroom may not be used as a means of egress from or access to another part of the facility.

Discussion:

A "bedroom" is a sleeping-chamber with walls that reach to the ceiling and that is accessible by one or more doorways. Dividing large or "barracks-style" rooms into "units" that are not separated by floor-to-ceiling walls to house more than four children is not acceptable.

It is important to remember that children who use assistive devices such as wheelchairs may need extra space to navigate a bedroom. If a room has sufficient square footage to meet this regulatory requirement, but the child occupying the room cannot safely navigate the room, the facility may be in violation of § 3800.81.

The majority of bedrooms in a facility are rectangular. Square footage in a rectangular bedroom is obtained by multiplying room length by room width. For example, a room that is 10 feet wide and 10 feet long has 100 square feet of floor space.

- To obtain square footage in rooms that are trapezoidal (that is, where two walls are the same size and two walls are differently sized), measure the lengths of the differently-sized walls, add them together, and multiply the result by the maximum distance between the differently-sized walls divided by two.
- To obtain square footage in rooms that are triangular, measure the distance between the wall of middle length and the point where the other walls meet. Multiply the result by the length of the wall of middle length and divide the resulting figure by two.
- To obtain square footage in rooms with more than 4 walls, split the room into smaller shapes and obtain the cumulative square footage.

The term "average" as it relates to ceiling heights refers to bedrooms that have different heights in the ceiling (such as a room with eaves or a slanted ceiling). If the ceiling is level, measure the height of the ceiling to verify that it is at least seven and one-half feet. For a room with a slanted ceiling, measure the distance from the floor to the highest point, the lowest point, and at least two other areas of varying heights that are centrally located between the identified high and low points. These four measurements will then be averaged to determine ceiling height.

§ 3800.102(e) requires that children see natural light, not that rooms have a window with an outdoor view. Skylights and basement window wells that have direct exposure to natural light are permitted. It is important the facility regularly clear snow and ice from windows and leaves from window wells to ensure that light can penetrate the room.

Windows are not required to be operable. Ventilation is regulated in § 3800.85.

Primary Benefit:

Provides sufficient space to ambulate in the event of an emergency and offers children a dignified amount of personal living space. Provides sufficient space to ambulate in the event of an emergency, offers children a dignified amount of personal living space, and reduces the spread of communicable diseases. Adequate bedroom height prevents injury and offers children a dignified amount of personal living space. Exposure to natural light provides both physiological and psychological benefits.

102f1	3800.102(f)(1) - Each child shall have the following in the bedroom: A bed with solid foundation and fire retardant mattress in good repair.
102f2	3800.102(f)(2) - Each child shall have the following in the bedroom: A pillow and bedding appropriate for the temperature in the facility.
102f3	3800.102(f)(3) - Each child shall have the following in the bedroom: A storage area for clothing.
102g	3800.102(g) - Cots or portable beds are not permitted. This prohibition does not apply for the first 30 days of a child's placement if a facility is given 7 days or less notice of the placement.
102h	3800.102(h) - Bunk beds shall allow enough space in between each bed and the ceiling to allow the child to sit up in bed.
102i	3800.102(i) - Bunk beds shall be equipped with securely attached ladders capable of supporting a staff person.
102j	3800.102(j) - The top bunk of bunk beds shall be equipped with a secure safety rail on each open side and open end of the bunk.
102k	3800.102(k) - A bedroom may not be used as a means of egress from or access to another part of the facility.

Discussion:

A clean, safe, and well-constructed bed is a key element in a child's overall quality of life.

A mattress is recognized as "fire retardant" if the mattress tags are labeled with:

- Federal standard 16 CFR Part 1632
- Federal standard 16 CFR Part 1633
- California code standards (TB603 compliant).
- A fire retardant mattress pad treated with a chemical flame retardant is acceptable in place of the fire retardant mattress.

If a facility's mattress tags are worn or torn and are unable to show that the mattress is fire retardant, the facility may provide documentation directly from the manufacturer stating that the mattresses in question have passed fire retardant tests.

A bunk bed is a bed with the bottom of its mattress foundation more than 30 inches above the floor. Children under the age of 6 may not use the upper bunk of a bunk bed. Ladders must be used each time the child enters or exits the upper bunk. More than one person may not use the upper bunk at one time. Manufacturers are subject to federal regulations that mandate the size and length of safety rails on bunk beds. A facility may not remove or alter a safety rail and must follow all instructions provided by the manufacturer.

Three of the safety rails must be "continuous" meaning that the safety rail must cover the entire length of the side or end of the bed. The safety rail on the side of the bed with the ladder can have no more than a 15-inch gap between the safety rail and the end of the bed.

A safety rail is secure if it is in good repair and securely attached to the frame of the bed and cannot be unintentionally released from the fastening device.

It is recommended that the facility have a supply of bed linens for 1½ times the number of beds for each size of bed available (Example: 20 twin beds – 30 twin bed linens).

If a child shares a bedroom with other children, the storage area for clothing may be shared with other children, provided there is sufficient space and a way to determine which area is for which child's clothing. It is recommended that each child have his/her own storage area. It is recommended that closets have doors or curtains.

Although using a bedroom as a means of egress is prohibited, a bedroom may be used as an emergency exit if an egress route exists. During fire drills, this exit route should be used and practiced so that all children and staff know this emergency route. Children should be instructed to use this exit only in response to an emergency and not as a regular passageway. If a child's bedroom is used as an emergency exit, the bedroom door may not be locked at any time; otherwise, it is a violation of § 3800.121.

Primary Benefits:

Beds that have solid foundations reduce the risk of injury and provide comfort. Fire retardant mattresses minimize the risk of fire and injury in the event of a fire.

Sufficient space between a bunk bed and the ceiling reduces the risk that children may be injured from head injury or from being trapped between an upper bunk and the ceiling, well-secured ladders reduce the risk of injury while ascending and descending bunk beds, and ensure that adult staff persons are able to safely access a child in his/her bunk bed in the event of an emergency. Secure safety rails reduce the risk that children will be injured because of improper, ill-fitting, or nonexistent rails.

Pillows and bed linens provide comfort and warmth. Storage areas ensure that children have a place to store clothing and personal belongings.

Egress restrictions protect a child's privacy and dignity.

Furniture and Equipment

95a	3800.95(a) - Furniture and equipment shall be free of hazards.
95c	3800.95(c) - Power equipment shall be kept in safe condition.
95d	3800.95(d) - Power equipment, excluding normal household appliances, shall be stored in a place that is inaccessible to children.
95e	3800.95(e) - Power equipment excluding normal household appliances, may not be used by children except under supervision of a staff person.

Discussion:

This regulation does not include cosmetic repairs such as worn fabric on a chair or dented tables. Only when hazardous conditions result from damage – such as exposed springs on a couch cushion, nails jutting from a table, or a frayed electrical cord – will such damage be considered a violation.

An excessive buildup of lint in the facility's dryer may be cited as a hazard, as lint buildup is a serious fire risk.

Indoor and outdoor power equipment should only be used by children if staff are providing direct supervision, meaning at least one staff person is observing the child/children at all times, at a minimum. Some children may need more intensive supervision than others. The level of supervision needed depends on the needs of each individual child.

Primary Benefit:

Furniture and equipment that is free of hazards helps to maintain sanitary conditions in the facility and minimize the risk that children will suffer an injury while using the furniture or equipment. Well-maintained power equipment and proper supervision when using it minimizes the risk that children will suffer an injury while using the power equipment.

Note: § 3800.257 applies only in facilities with licensed capacities of **9 OR MORE**

257	3800.257 - A child's bedroom may not be more than 200 feet from a bathtub or shower and a toilet.
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Discussion:

Self-explanatory.

Primary Benefit:

Ensures that children in larger facilities do not have to travel unreasonable distances to void or bathe.

First Aid

96

3800.96 - The facility shall have a first aid manual, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, tape, scissors and syrup of Ipecac that are stored together.

Discussion:

All items must be stored together to ensure they can be quickly located in the event of an emergency. It is recommended that these items are stored in a portable box or bin that can be transported easily if an injury occurs.

One area or first aid kit containing all of the items specified by this regulation is required in each facility. It is recommended that these items be provided on each floor of the facility or, in a large facility serving 30 or more children, in each wing/area of the facility. Supplementary areas or kits do not need to contain all of the items specified by this regulation, although it is recommended that each area or kit contain all of the items listed at a minimum.

The Department will not require that Syrup of Ipecac be available in the facility. Ipecac was once recommended by the American Academy of Pediatrics (AAP) as an important aspect of first aid for poisoning. The AAP has issued new guidelines that emphasize that Ipecac should NOT be used for poison control. If a facility chooses to have Syrup of Ipecac available in the facility, it should be administered to a child only under the direction of a physician or the Poison Control Center. Syrup of Ipecac is considered a medication and may be kept separately from the facility's first supplies in order to meet compliance with § 3800.181(b) (relating to storage of medications).

Primary Benefit:

Ensures that facilities have the equipment needed to provide first aid in the event of an injury.

Toileting and Bathing

103a	3800.103(a) - There shall be at least one flush toilet for every six children.
103b	3800.103(b) - There shall be at least one sink for every six children.
103c	3800.103(c) - There shall be at least one bathtub or shower for every six children.
103d	3800.103(d) - There shall be slip-resistant surfaces in all bathtubs and showers.
103e	3800.103(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.
103f	3800.103(f) - There shall be at least one wall mirror for every six children.

Discussion:

Each facility must meet the 1:6 ratio of toilets, sinks, bathtubs/showers, and mirrors, based on licensed capacity, as illustrated below:

Licensed Capacity	Minimum Number of...			
	Toilets	Sinks	Bathtubs/Showers	Mirrors
1-6	1	1	1	1
7-12	2	2	2	2
13-18	3	3	3	3
19-24	4	4	4	4
25-30	5	5	5	5
31-36	6	6	6	6
37-42, etc.	7, etc.	7, etc.	7, etc.	7, etc.

These ratios must be met even if toilet and bathing facilities are shared by multiple facilities on the same grounds. If more than one facility uses toilet and bathing facilities, their cumulative licensed capacity will be used to measure compliance with this regulation.

Primary Benefit:

Device-to-child ratios ensure that children may perform self-care and grooming activities without unreasonable wait times. Slip-resistant surfaces prevent injurious falls. Doors and partitions on toilet and bathing areas protect children's privacy.

103g	3800.103(g) - An individual towel, washcloth, comb, hairbrush and toothbrush shall be provided for each child.
103h	3800.103(h) - Toiletry items including toothpaste, shampoo, deodorant and soap shall be provided.
103i	3800.103(i) - Bar soap is not permitted unless there is a separate bar clearly labeled for each child.

Discussion:

Self-explanatory.

Primary Benefit:

The availability of these items enables children to practice good hygiene. Individual items prevents the spread of disease.

Kitchen and Dining

104a	3800.104(a) - A facility shall have a kitchen area with a refrigerator, sink, cooking equipment and cabinets for storage.
104b	3800.104(b) - Utensils for eating, drinking and food serving and preparation shall be washed and rinsed after each use.
104c	3800.104(c) - Food shall be protected from contamination while being stored, prepared, transported and served.
104d	3800.104(d) - Uneaten food from a person's dish may not be served again or used in the preparation of other dishes.
104e	3800.104(e) - Cold food shall be kept at or below 40°F. Hot food shall be kept at or above 140°F. Frozen food shall be kept at or below 0°F.
131c	3800.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in [3800.131(a)].

Discussion:

This regulation does not require the full-service kitchen to be present in the facility; it may be in another building on the same grounds. The "kitchen area" required in the facility is meant to allow children to prepare food or snacks independently or with the assistance of a staff person.

"Cooking equipment" could be a stove, microwave, or toaster oven. A sink that fulfills the requirement of this regulation must be in the kitchen area and be separate from bathroom facilities.

It is recommended that facilities wash, rinse, and sanitize all items in accordance with 7 Pa.Code § 46.711-719 (related to cleaning and equipment of utensils). Durable plates, cups, and utensils must be washed after each use. Disposable plates, cups, and utensils must be disposed of after each use.

Proper food protection means protection from all forms of contamination, including contamination from dirt, insects, bacteria, and pesticides that may be present on produce and other foodstuffs.

Food that has been served to a child must be discarded regardless of the amount of food actually eaten.

Commercial kitchens are exempt from the requirement at § 3800.131c.

Primary Benefit:

These regulations ensure that facilities have the necessary equipment to prepare meals, and that children have the opportunity to store and prepare food in the building in which they reside, in a manner that minimizes the risk of illness. Cleaning utensils, proper food storage, discarding uneaten food, and keeping food at proper temperatures all protects children from food-borne illness.

Fire extinguishers with a 2A-10BC rating are able to extinguish fires involving ordinary combustibles (such as paper or wood), flammable liquids, and electricity. Kitchens fires are likely to include one or more combustible types. The numbers refer to the "amount" of fire the extinguisher will extinguish.

Note: § 3800.256(a)-(c) apply only in facilities with licensed capacities of 9 OR MORE

256a	3800.256(a) - Utensils used for eating, drinking, preparation and serving of food or drink shall be washed, rinsed and sanitized after each use by a mechanical dishwasher or by a method approved by the Department of Agriculture.
256b	3800.256(b) - A mechanical dishwasher shall use hot water temperatures exceeding 140°F in the wash cycle and 180°F in the final rinse cycle or shall be of a chemical sanitizing type approved by the National Sanitation Foundation.
256c	3800.256(c) - A mechanical dishwasher shall be operated in accordance with the manufacturer's instructions.

Discussion:

The "method approved by the Department of Agriculture" is set forth at 7 Pa.Code § 46.715(c)(1), which requires that utensils be "effectively washed to remove or completely loosen soils by using the manual or mechanical means necessary, such as the application of detergents containing wetting agents and emulsifiers; acid, alkaline, or abrasive cleaners; hot water; brushes; scouring pads; high-pressure sprays; or ultrasonic devices".

Durable plates, cups, and utensils must be washed after each use. Disposable plates, cups, and utensils must be disposed of after each use.

Commercial and residential mechanical dishwashers that meet National Sanitation Foundation (NSF) approval standards may be found on the NSF's internet website.

Primary Benefit:

Ensures that utensils are appropriately cleaned to prevent the spread of disease in larger settings.

161	3800.161 - At least three meals and one snack a day shall be provided to the children.
162a	3800.162(a) - The quantity of food served shall meet minimum daily requirements as recommended by the United States Department of Agriculture, unless otherwise recommended in writing by a licensed physician, certified nurse practitioner or licensed physician's assistant for a specific child.
162b	3800.162(b) - Additional portions of meals shall be available for the children.
163a	3800.163(a) - Each meal shall contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless otherwise recommended in writing by a licensed physician, certified nurse practitioner or licensed physician's assistant for a specific child.

Discussion:

It is recommended that there be no more than 15 hours between the evening meal and the first meal of the next day and that there is no more than 6 hours between breakfast and lunch, and between lunch and supper.

When a child misses a meal due to an appointment, visit, or other reason, food adequate to meet daily nutritional requirements must be available and offered to the child.

It is recommended that drinking water be available to the children at all times.

For information on quantity of food and providing nutritionally-balanced meals, please visit the United States Department of Agriculture's internet website.

The requirement to provide additional portions of meals does not mean that unlimited amounts of food or beverages have to be provided. This regulation also does not mean that a full second meal must be available; or that all food items served at the meal must be available for second helpings (for example, the facility may offer second helpings of salad and fruits only).

If a physician or other medical professional has recommended, in writing, an alternate diet for the child, the medically prescribed diet shall be followed.

Primary Benefit:

A person's body requires a constant input of energy and nutrients at least three times a day for proper nutrition. The recommended quantity and types of food established by the United States Department of Agriculture are intended to reflect the best scientific judgment on nutrient allowances for the maintenance of good health and to serve as the basis for evaluating the adequacy of diets of groups of people. Sufficient food ensures that a child's appetite is satiated, and that a child is not left feeling hungry after a meal. Following medical professionals' directions regarding special diets is important to prevent illness.

Laundry

105	3800.105 - Bed linens, towels, washcloths and clothing shall be laundered at least weekly.
<p>Discussion: Bed linens, washcloths, and towels must be changed and laundered immediately following any contact with blood, urine, feces, or other unclean substances.</p> <p>Primary Benefit: Ensures that sanitary conditions are maintained.</p>	
Note: § 3800.255(a)-(b) apply only in facilities with licensed capacities of 9 OR MORE	
255a	3800.255(a) - There shall be a laundry area which is separate from kitchen, dining and other living areas.
255b	3800.255(b) - Soiled linen shall be covered while being transported through food preparation and food storage areas.
<p>Discussion: The more children served in a facility, the greater the volume of soiled linen produced. Serving a smaller population allows kitchen and dining areas to serve multiple purposes without the risk of contaminating food or dining surfaces. Larger populations require more frequent laundry cycles.</p> <p>Primary Benefit: Ensures that sanitary conditions are maintained.</p>	

Swimming Areas

106a	3800.106(a) - Above-ground and in-ground outdoor pools shall be fenced with a gate that is locked when the pool is not in use.
106b	3800.106(b) - Indoor pools shall be made inaccessible to children when not in use.
<p>Discussion: Pool areas must be locked and inaccessible when not in use.</p> <p>Primary Benefit: Minimizes the risk of death from accidental drowning.</p>	

PART V

Medications

To measure compliance with this section, you will:

1. Observe the medication storage and administration areas.
2. Review the medication logs (medication administration records) of the children selected for the 15% sample.

Storage

181b	3800.181(b) - Prescription and potentially poisonous over-the-counter medications shall be kept in an area or container that is locked.
181c	3800.181(c) - Prescription and potentially poisonous over-the-counter medications stored in a refrigerator shall be kept in a separate locked container.
181d	3800.181(d) - Prescription and over-the-counter medications shall be stored separately.
181e	3800.181(e) - Prescription and over-the-counter medications shall be stored under proper conditions of sanitation, temperature, moisture and light.

Inspection Procedures:

1. Access the medication storage area.
2. Verify that the storage area is locked, and that any refrigerated medications are stored in a locked container.
3. Verify that medications are properly stored.

Discussion:

The requirement to store prescription and over-the-counter medications separately refers to “stock bottles” of medications kept for ad-hoc administration. An over-the-counter medication that is kept for administration to a specific child must be kept separate from stock bottles of medications, and vice versa.

Some medications, such as insulin, often have instructions to be stored within a certain temperature range. The facility should pay special attention to the medication labels and manufacturer’s instructions of medications to ensure they are stored properly.

Primary Benefit:

Ensures that medications are protected from contamination, spillage or theft.

Containers

181a	3800.181(a) - Prescription and over-the-counter medications shall be kept in their original containers.
182a	3800.182(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the child's name, the name of the medication, the date the prescription was issued, the prescribed dosage and the name of the prescribing physician.
182b	3800.182(b) - Over-the-counter medications shall be labeled with the original label.

Inspection Procedures:

1. Review medications to ensure that they are properly labeled.

Discussion:

Label requirements apply as follows:

- For bottles – the label must appear on each bottle
- For blister packs – the label must appear on the blister pack, not on each individual dose
- For unit dose dispensers – the label must appear on the dispenser, not on each individual dose
- For sample packs of medications – the prescribing physician should include documentation that contains the above information

Facilities may keep stock bottles of OTC medications for ad-hoc administration to children, but facilities are responsible for ensuring that children may take OTC medications without causing allergic reactions or impacting prescription medications prescribed to the child. Stock medications may not be removed from their original containers and stored in smaller containers.

Primary Benefit:

Reduces the possibility of misplacing medications or administering the wrong medication to a child.

Usage

183	3800.183 - Prescription medications shall be used only by the child for whom the medication was prescribed.
187b	3800.187(b) - Prescription medications and injections shall be administered according to the directions specified by a licensed physician, certified registered nurse practitioner or licensed physician's assistant.
181f	3800.181(f) - Discontinued and expired medications, and prescription medications for children who are no longer served at the facility, shall be disposed of in a safe manner.

Inspection Procedures:

1. Review medications to ensure that medications kept at the facility are for current residents and are not expired.
2. Review facility's medication disposal method.

Discussion:

No longer served at the facility" means "permanently relocated and no longer living in the facility".

Acceptable disposal methods include:

- Adding a small amount of water to a solid drug, or some absorbent material such as cat litter, sawdust or flour to liquid drugs to discourage any unintended use of the drug.
- Double seal the container in another container or heavy bag to prevent easy identification of the drug container or to prevent a glass container from breaking.
- Any written disposal instructions by a pharmacist.
- Any method in accordance with the Department of Environmental Protection and Federal and State regulations.

Primary Benefit:

Ensures children properly receive prescribed medications, do not receive medications that were not prescribed for them, and that discontinued medications are not misused.

Record

184a	3800.184(a) - A medication log shall be kept to include the following for each child: (1) A list of prescription medications. (2) The prescribed dosage. (3) Possible side effects. (4) Contraindicated medications. (5) Specific administration instructions, if applicable. (6) The name of the prescribing physician.
184b	3800.184(b) - For each prescription and over-the-counter medication including insulin administered or self-administered, documentation in the log shall include the medication that was administered, dosage, date, time and the name of the person who administered or self-administered the medication.
184c	3800.184(c) - The information in subsection (b) shall be logged at the same time each dosage of medication is administered or self-administered.
185a	3800.185(a) - Documentation of medication errors shall be kept in the medication log. Medication errors include the failure to administer medication, administering the incorrect medication, administering the correct medication in an incorrect dosage or administering the correct medication at the incorrect time.
185b	3800.185(b) - After each medication error, follow-up action to prevent future medication errors shall be taken and documented.

Inspection Procedures:

1. Review the medication log(s) to verify that the required information is captured.
2. Verify that the facility documents or has a means to document medication errors as defined by this regulation.
3. If medication errors have occurred, verify that follow-up action was taken and recorded.

Discussion:

A separate medication log for each child should be kept.

The medication log is commonly referred to as the MAR (medication administration record). Proper MAR use is critical, as it:

- Creates a record of proper medication administration
- Allows physicians and emergency personnel to know when a medication was last administered
- Creates a system to account for medications, especially controlled substances.

All prescription medications and OTC medications administered by staff or self-administered by children must be recorded on the MAR. Nutritional supplements such as vitamins, liquid supplements that enhance caloric intake, or liquid supplements that replenish electrolytes are not considered medications and do not need to be recorded on the MAR, but the facility must be aware of and provide nutritional supplements if ordered by a physician.

Remember, facilities are responsible for ensuring that children may take OTC medications without causing allergic reactions or impacting prescription medications prescribed to the child.

What administration information must be recorded on the MAR? If several pills are packaged together in one blister pack and administered together at the same time, information for each pill in the blister must be listed individually on the MAR. If a child refuses to take a pill or if one or more of the pills in the blister is not administered, the facility must have a means of documenting this.

The administration of a medication by a source outside of the facility (such as a monthly scheduled injection in a physician's office or medication administered while visiting family) **should not** be documented on the MAR for the facility. Only medication given by staff members or the self-administration of a medication observed by a staff member is to be documented on the MAR. However, any documentation given to the child as a result of receiving administration of a medication by a source outside of the facility (such as invoices, doctor's notes; etc) should be kept in the child's record for reference purposes.

The medication record may include the staff person's initials (in lieu of the staff person's full name) if there is a master key showing each staff person's initials and his or her full name, so the individual staff person can be linked

to the specific MAR entry.

If a medication is self-administered by a child, the MAR should notate that the medication is self-administered and the staff person that observed the administration.

If there is a specific time of administration listed on the medications record, such as 8:00 AM and 8:00 PM, the actual clock time of each administration is not required to be recorded. The record can simply include staff initials. This means the medication was given within 60 minutes plus or minus the specified time. If the medication record does not list a clock time (such as am, pm, at breakfast, after lunch) the exact time of administration must be recorded.

Pro re nata (PRN) means on an “as needed” basis.

“Specific administration instructions” include any instructions such as: take with food, do not take with certain types of other drugs, and so on.

Electronic Signatures - An electronic signature is permissible, as long as the computer system allows only the appropriate person to sign that a medication was administered to a child.

Primary Benefit:

The facility’s staff persons will be able to track all medications a child receives and to ensure all medications are administered as prescribed.

Administration

187a	<p>3800.187(a) - Prescription medications and injections of any substance shall be administered by one of the following:</p> <ol style="list-style-type: none">(1) A licensed physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.(2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the facility.(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the facility.(4) A staff person who meets the criterion in § 3800.188 (relating to medications administration training) for the administration of oral, topical and eye and ear drop prescriptions, insulin injections and epinephrine injections for insect bites.(5) A child who meets the requirements in § 3800.189 (relating to self-administration of medications).
189	<p>3800.189 - A child is permitted to self-administer medications, insulin injections and epinephrine injections for insect bites, if the following requirements are met:</p> <ol style="list-style-type: none">(1) A person who meets the qualifications of § 3800.187(a)(1)—(4) (relating to administration) is physically present observing the administration and immediately records the administration in accordance with § 3800.184 (relating to medication log).(2) The child recognizes and distinguishes the medication and knows the condition or illness for which the medication is prescribed, the correct dosage and when the medication is to be taken.

Inspection Procedures:

1. Using the medication log, verify that persons who administered medications to children and/or children who self-administered medications were qualified to do so.

Discussion:

Self-explanatory.

Primary Benefit:

Ensures that medications are administered by or in the supervision of qualified personnel.

PART VI

Rights, Treatments, and Prohibitions

Chapter 3800 guarantees specific rights and provides protection from mistreatment to children in residential and day treatment settings. Depriving children of specific or civil rights or using children's rights as a reward or sanction are expressly prohibited by Chapter 3800, as is the use of most types of restraints.

The inspection procedures to verify compliance with an regulation in this section vary greatly depending on the situation.

Abuse, Mistreatment, Discrimination, and Restraints

The following are prohibited, except where indicated under "exceptions":

32a	3800.32(a) - A child may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.
32b	3800.32(b) - A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.
32c	3800.32(c) - A child has the right to be treated with fairness, dignity and respect.
32m	3800.32(m) - A child has the right to be free from excessive medication.
32n	3800.32(n) - A child may not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child.
164a	3800.164(a) - A facility may not withhold meals or drink as punishment.
164b	3800.164(b) - A child may not be forced to eat food.
206	3800.206 - Seclusion, defined as placing a child in a locked room, is prohibited. A locked room includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.
207	3800.207 - The use of aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
208a	3800.208(a) - Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, are prohibited, except as provided in [3800.208b].
209e	3800.209(e) - A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.
210b	3800.210(b) - The use of a mechanical restraint is prohibited.
211b	3800.211(b) - Manual restraints that apply pressure or weight on the child's respiratory system are prohibited.

Exceptions:

- Food and beverages may be withheld in accordance with prescribed medical or dental procedures.
- The use of a pressure point technique that applies pressure at the child's jaw point for the purpose of bite release, is permitted.
- Devices used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet used for prevention of injury during seizure activity, are not considered mechanical restraints.
- A manual restraint does not include a manual assist of any duration for a child during which the child does not physically resist or a therapeutic hold for a child who is 8 years of age or younger for less than 10 minutes during which the child does not physically resist.

Communications and Visitation

The following will be measured by a combination of interview, observation, and review of facility policy:

32e	3800.32(e) - A child has the right to communicate with others by telephone subject to reasonable facility policy and written instructions from the contracting agency or court, if applicable, regarding circumstances, frequency, time, payment and privacy.
32f	3800.32(f) - A child shall have the right to visit with family at least once every 2 weeks, at a time and location convenient for the family, the child and the facility, unless visits are restricted by court order. This right does not restrict more frequent family visits.
32g	3800.32(g) - A child has the right to receive and send mail.
32g1	3800.32(g)(1) - Outgoing mail may not be opened or read by staff persons.
32g2	3800.32(g)(2) - Incoming mail from Federal, State or county officials, or from the child's attorney, may not be opened or read by staff persons.
32g3	3800.32(g)(3) - Incoming mail from persons other than those specified in paragraph (2), may not be opened or read by staff persons unless there is reasonable suspicion that contraband, or other information or material that may jeopardize the child's health, safety or well-being, may be enclosed. If there is reasonable suspicion that contraband, or other information that may jeopardize the child's health or safety may be enclosed, mail may be opened by the child in the presence of a staff person.
32h	3800.32(h) - A child has the right to communicate and visit privately with his attorney and clergy.

Human Rights

The following will be measured by a combination of interview, observation, and review of facility policy:

18a	3800.18(a) - Money earned or received by a child is the child's personal property.
18b	3800.18(b) - The facility may place reasonable limits on the amount of money to which a child has access.
18f	3800.18(f) - There shall be no borrowing of child funds by the facility or staff persons.

Discussion:

Money that is the personal property of a child can only be used for that child's benefit or fines such as court ordered restitution. Facilities may not use a child's funds to benefit the facility or other children in the facility.

Examples of use of child funds that are not for the child's benefit include:

- Use of a child's funds by the facility to purchase or rent a shared item such as a common television, an air conditioner in a common area, or common living room furniture.
- Use of a child's funds by the facility to rent property or items for the facility, legal entity or staff.
- Staff persons or facilities accepting loans or gifts of money from a child.

It is recommended that any facility-imposed limitations are in writing and disclosed to the child and child's responsible parties at the time of admission.

Primary Benefit:

Safeguards child funds and property.

20a	<p>3800.20(a) - The facility shall comply with the following statutes and regulations relating to confidentiality of records, to the extent applicable:</p> <ol style="list-style-type: none"> (1) 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Service Law). (2) 23 Pa.C.S. § § 2101—2910 (relating to Adoption Act). (3) The Mental Health Procedures Act (50 P. S. § § 7101—7503). (4) Section 602(d) of the Mental Health and Mental Retardation Act (50 P. S. § 4602(d)). (5) The Confidentiality of HIV-Related Information Act (35 P. S. § § 7601—7612). (6) Sections 5100.31—5100.39 (relating to confidentiality of mental health records). (7) Sections 3490.91—3490.95 (relating to confidentiality). (8) Other applicable statutes and regulations.
20b	<p>3800.20(b) - The following confidentiality requirements apply unless in conflict with the requirements of applicable statutes and regulations specified in subsection (a):</p> <ol style="list-style-type: none"> (1) A child's record, information concerning a child or family, and information that may identify a child or family by name or address, is confidential and may not be disclosed or used other than in the course of official facility duties. (2) Information specified in paragraph (1) shall be released upon request only to the child's parent, the child's guardian or custodian, if applicable, the child's and parent's attorney, the court and court services, including probation staff, county government agencies, authorized agents of the Department and to the child if the child is 14 years of age or older. Information may be withheld from a child if the information may be harmful to the child. Documentation of the harm to be prevented by withholding of information shall be kept in the child's record. (3) Information specified in paragraph (1) may be released to other providers of service to the child if the information is necessary for the provider to carry out its responsibilities. Documentation of the need for release of the information shall be kept in the child's record. (4) Information specified in paragraph (1) may not be used for teaching or research purposes unless the information released does not contain information which would identify the child or family. (5) Information specified in paragraph (1) may not be released to anyone not specified in paragraphs (2)—(4), without written authorization from the court, if applicable, and the child's parent and, if applicable, the child's guardian or custodian. (6) Release of information specified in paragraph (1) may not violate the confidentiality of another child.

Discussion:

These regulations relate to any form of private information, not just a child's record. Staff must be careful not to disclose information through conversation, unsecured medical records or medication logs, or public bulletin boards or calendars showing children's medical appointments. It is recommended that each facility develop and implement policy and procedures specific to record accessibility, security, storage, and authorized use and release of information.

Primary Benefit:

Protects child privacy and ensures that facilities comply with other applicable laws.

32i	3800.32(i) - A child has the right to be protected from unreasonable search and seizure. A facility may conduct search and seizure procedures, subject to reasonable facility policy.
32j	3800.32(j) - A child has the right to practice the religion or faith of choice, or not to practice any religion or faith.
31e	3800.31(e) - A child and the child's family have the right to lodge a grievance with the facility for an alleged violation of specific or civil rights without fear of retaliation.
32d	3800.32(d) - A child has the right to be informed of the rules of the facility.

Care and Treatment

32k	3800.32(k) - A child has the right to appropriate medical, behavioral health and dental treatment.
32l	3800.32(l) - A child has the right to rehabilitation and treatment.
32o	3800.32(o) - A child has the right to clean, seasonal clothing that is age and gender appropriate.
148a	3800.148(a) - The facility shall identify acute and chronic conditions of a child and shall arrange for or provide appropriate medical treatment.
148b	3800.148(b) - Medically necessary physical and behavioral health services, diagnostic services, follow-up examinations and treatment, such as medical, nursing, pharmaceutical, dental, dietary, hearing, vision, blood lead level, psychiatric and psychological services that are planned or prescribed for the child, shall be arranged for or provided.

Discussion:

These regulations require that children receive necessary care, treatment, and services, and establish that the facility is responsible for meeting children's basic needs.

Primary Benefit:

Ensures that children in care receive essential medical, social, and personal care services.

229	3800.229 - Under 22 Pa. Code Chapters 11, 14 and 15 (relating to student attendance; special education services and programs; and protected handicapped students), each child who is of compulsory school age shall participate in a Department of Education-approved school program or an educational program under contract with the local public school district.
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Discussion:

Children must participate in a school program as appropriate based on age, adjudication, etc.

Primary Benefit:

Ensures that children in residential and day-treatment settings continue to receive educational services.

Restrictive Procedures

202a	3800.202(a) - A restrictive procedure may not be used in a punitive manner, for the convenience of staff persons or as a program substitution.
202b	3800.202(b) - With the exception of exclusion as specified in § 3800.212 (relating to exclusion), a restrictive procedure may be used only to prevent a child from injuring himself or others.
202c(1)	3800.202(c)(1) - For each incident in which use of a restrictive procedure is considered, every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.
202c(2)	3800.202(c)(2) - For each incident in which use of a restrictive procedure is considered, a restrictive procedure may not be used unless less intrusive techniques and resources appropriate to the behavior have been tried but have failed.
202c(3)	3800.202(c)(3) - For each incident in which use of a restrictive procedure is considered, a restrictive procedure shall be discontinued when the child demonstrates he has regained self-control.

Discussion:

Restrictive procedures, also referred to as restraints, are used to protect children from harming themselves or others. Except in emergency situations where immediate action is required to protect the child or other persons, restrictive procedures should only be used as a method of last resort after less-intrusive measures to de-escalate dangerous behaviors have been tried but have failed. Any restrictive procedure must be stopped immediately when the child has regained self-control.

Restrictive procedures include chemical restraint, exclusion, manual restraint, mechanical restraint, aversive conditioning, pressure point techniques, and seclusion. Some of these procedures are only permitted in certain types of 3800-licensed settings; others are not permitted in any setting. The table below shows which procedures may and may not be used by specific types of service:

Restrictive Procedure and Definition	Child Residential	Mobile Program	Outdoor Program	Secure Care	Secure Detention	Transitional Living	Day Treatment
Chemical Restraint – Non-emergency use Use of a drug to control acute, episodic behavior that restricts the movement or function of a child, including Pro Re Nata (PRN) orders for controlling acute, episodic behaviors.	NO	NO	NO	NO	NO	NO	NO
Chemical Restraint – Emergency use Administration of drugs ordered by a licensed physician and administered by licensed, certified, or registered medical personnel on an emergency basis.	YES	YES	YES	YES	YES	YES	YES
Exclusion Removal of a child from the child's immediate environment and restricting the child alone to a room or area.	YES	YES	YES	YES	YES	YES	YES
Manual Restraint A physical, hands-on technique that lasts more than 1 minute, which restricts the movement or function of a child or portion of a child's body.	YES	YES	YES	YES	YES	YES	YES

Manual Restraint – Respiratory Pressure Manual restraints that apply pressure or weight on the child’s respiratory system	NO	NO	NO	NO	NO	NO	NO
Manual Restraint – Prone Position A restraint during which a child is held face down on the floor	NO	NO	NO	NO	NO	NO	NO
Mechanical Restraint Use of a device that restricts the movement or function of a child or portion of a child’s body ¹	NO	NO	NO	YES – See Below	YES– See Below	NO	NO
Aversive Conditioning The application of startling, painful or noxious stimuli.	NO	NO	NO	NO	NO	NO	NO
Pressure Points The application of pain for the purpose of achieving compliance.	NO	NO	NO	NO	NO	NO	NO
Pressure Points – Bite Release The application of pressure at the child’s jaw point for the purpose of bite release.	YES	YES	YES	YES	YES	YES	YES
Seclusion Placing a child in a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.	NO	NO	NO	YES	YES	NO	NO

Items not considered to be Restraints

Items or techniques that meet the technical definitions of restrictive procedures as listed above are occasionally used for treatment of medical or psychological conditions. In these cases, the items or techniques are not considered to be restrictive procedures. These include:

- **Chemical Restraints** - The term excludes drugs ordered by a licensed physician as part of ongoing medical treatment or as pretreatment prior to a medical or dental examination or treatment.
- **Exclusion** – A technique is not “exclusion” if a staff person remains in the exclusion area with the child.
- **Manual Restraints** – The term does not include:
 - A manual assist, of any duration, during which the child does not physically resist
 - A therapeutic hold² lasting no longer than 10 minutes for a child who:
 - Is 8 years of age or younger, and
 - Does not physically resist the hold

¹ Examples of mechanical restraints include, but are not limited to, handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, and restraining sheets.

² Therapeutic holding is defined as an adult physically holding a child for therapeutic benefit. Its use includes comforting hugs that a child seeks out, playfully holding a child to stimulate the improvement of emotional bonds, or holding an out-of-control child until (s)he calms down.

- **Mechanical Restraints** - The term excludes devices used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet used for prevention of injury during seizure activity.

Additional Requirements

There are specific requirements that must be followed when using chemical restraints, manual restraints, and exclusion techniques.

Chemical Restraints

209b	3800.209(b) - Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician and administered by licensed/certified/registered medical personnel on an emergency basis.
209c	3800.209(c) - If a chemical restraint is to be administered as specified in subsection (b), the following apply: <ul style="list-style-type: none"> (1) Immediately prior to each incidence of administering a drug on an emergency basis, a licensed physician shall have examined the child and given a written order to administer the drug. (2) Immediately prior to each readministration of a drug on an emergency basis, a licensed physician shall have examined the child and ordered readministration of the drug.
209d	3800.209(d) - If a chemical restraint is administered as specified in subsection (c), the following apply: <ul style="list-style-type: none"> (1) The child's vital signs shall be monitored at least once each hour and in accordance with the frequency and duration recommended and documented by the prescribing physician. (2) The physical needs of the child shall be met promptly.

Discussion:

Chemical restraints may not be administered until a licensed physician examines the child and issues a written order to administer the restraint. Following the initial order, the setting may keep a supply of the medication used as a restraint on hand, but may not administer it again unless a licensed physician examines the child and orders readministration.

Pursuant to § 3800.209(b), emergency chemical restraints may only be administered by "licensed, certified, or registered medical personnel." As specified at § 3800.187, the medical personnel permitted to administer "prescription medications and injections of any substance" include:

- A licensed physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the facility.
- A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the facility.

Following the administration of an emergency chemical restraint, the child's vital signs must be monitored at least once each hour and in accordance with the frequency and duration recommended and documented by the prescribing physician. Any physical needs of the child identified during the monitoring must be met promptly.

Documentation of compliance with the above requirements (set forth at § 3800.209(b)-(e)) must be maintained in the child's record.

Use of Manual restraints requires that:

- The position of the manual restraint or the staff person applying a manual restraint be changed at least every 10 consecutive minutes of applying the manual restraint (§ 3800.211d), and
- A staff person other *than the person* applying the restraint must observe and document the physical and emotional condition of the child at least every 10 minutes that the manual restraint is applied (§ 3800.211(3)).

Exclusion techniques may not be used:

- More than 60 minutes, consecutive or otherwise, within a 2-hour period (§ 3800.212b).
- More than 60 minutes, consecutive or otherwise, within a 24-hour period. (§ 3800.212c).

Additionally, a child in exclusion must be observed by a staff person at least every 5 minutes (§ 3800.212d).

There are specific physical site requirements for the room or area used for exclusion (§ 3800.212e). These include:

- At least 40 square feet of indoor floor space.
- A minimum ceiling height of 7 feet.
- An open door or a window for observation.
- Lighting and ventilation.
- Absence of any items that might injure a child. In addition to items that are clearly hazardous, the setting should consult the child's ISP to identify any potentially-harmful items based on the child's behaviors.

The Restrictive Procedure Plan

Whenever use of restrictive procedures is anticipated for a child, the setting must develop a restrictive procedure plan and include it in the child's Individual Service Plan (ISP). Restrictive procedure use may be anticipated based on the child health and safety assessment required by § 3800.141, the child health assessment required by § 3800.143, or though information relating to the child's behavioral history obtained as part of the setting's intake process. If restrictive procedure use is not anticipated, a restrictive procedure plan is not required unless any type of restrictive procedure is used four times for the same child in any 3-month period following admission.

Pursuant to § 3800.203(e), the plan must include, at a minimum:

- The specific behavior to be addressed, observable signals that occur prior to the behavior and the suspected reason for the behavior.
- The behavioral outcomes desired, stated in measurable terms.
- The methods for modifying or eliminating the behavior, such as changes in the child's physical and social environment, changes in the child's routine, improving communications, teaching skills and reinforcing appropriate behavior.
- The types of restrictive procedures that may be used and the circumstances under which the restrictive procedures may be used.
- The length of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.
- Health conditions that may be affected by the use of specific restrictive procedures.
- The name of the staff person responsible for monitoring and documenting progress with the plan.

Remember – restrictive procedures may never be used in a punitive manner, for the convenience of staff persons or as a program substitution!

§ 3800.203(b)-(d) and (f)-(g) set forth requirements for development, signature, review, implementation, and retention of the restrictive procedure plan. Because the restrictive procedure plan is part of the ISP, and because identical requirements for development, signature, review, implementation, and retention exist for the ISP, compliance with § 3800.224-228 will be sufficient to establish compliance with § 3800.203(b)-(d) and (f)-(g). In other words, if settings comply with the ISP requirements, and the restrictive procedure plan is part of the ISP, then the setting is automatically in compliance with § 3800.203(b)-(d) and (f)-(g).

Documenting Restrictive Procedure Use

Each instance of restrictive procedure use must be documented. This documentation is separate and distinct from the restrictive procedure plan and the ISP. While the documentation of restrictive procedure use may be kept in a single log, child-specific documentation must also be kept in the child's record pursuant to § 3800.243(7). Each record of restrictive procedure use must include, at a minimum:

- The specific behavior addressed.
- The methods of intervention used to address the behavior less intrusive than the procedure used.
- The date and time the procedure was used.
- The specific procedure used.
- The staff person who used the procedure.

- The duration of the procedure.
- The staff person who observed the child.
- The child's condition following the removal of the procedure.

Restrictive Procedures in Secure Care and Secure Detention Facilities

Secure settings may use certain types of mechanical restraints and may use seclusion techniques to protect children from harming themselves or others. Mechanical restraints and seclusion may not be used for the same child at the same time, and the use of any combination of mechanical restraints and seclusion for any child may not exceed 6 hours in any 48-hour period without a written court order.

A child's physical needs must be promptly met even if he or she is in mechanical restraints or seclusion. Children who are restrained must be permitted to eat, toilet, wash, or meet other personal care needs as reasonable.

Mechanical Restraints

Secure settings may use behind-the-back handcuffs, leg restraints, and locking transportation waist belts with handcuffs in front of the child. No other mechanical restraints are permitted.

Children may **never** be handcuffed to an object or another person.

When children are not being transported, oral or written authorization by supervisory staff is required prior to each use of handcuffs or leg restraints. During the time that a child is in handcuffs or leg restraints, a staff person must check the restraint at least every 15 minutes to ensure that it is properly fitted, and a staff person who is not administering the restraint must observe the child and check the restraint at least every hour.

Handcuff and leg restraint use may not exceed 2 hours, unless a licensed physician, a licensed physician's assistant, or a registered nurse examines the child and gives written orders to continue the use of the restraint. A new examination and new orders are required for each 2-hour period the restraint is continued. Additionally, the restraint must be removed completely for at least 10 minutes for each 2-hour period that the restraint is in use to allow for movement.

The use of handcuffs and leg restraints may not exceed 4 hours in any 48-hour period without a written court order.

Note that, if a restraint is removed for any purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.

When children are being transported, permitted mechanical restraints may be used for as long as the child is in the vehicle, and the requirements to check restraints for fit, remove the restraints for movement, or receive authorization from a medical professional to use restraints beyond 2 hours do not apply.

Seclusion

Secure settings are permitted to use seclusion techniques. As is the case with exclusion, there are specific physical site requirements for the room or area used for exclusion. These include:

- At least 40 square feet of indoor floor space.
- A minimum ceiling height of 7 feet.
- An open door or a window for observation.
- Lighting and ventilation.
- Absence of any items that might injure a child. In addition to items that are clearly hazardous, the setting should consult the child's ISP to identify any potentially-harmful items based on the child's behaviors.

Oral or written authorization by supervisory staff is required prior to each use of seclusion. During the time that a child is in seclusion, a staff person must observe the child at least every 5 minutes, and another staff person who is not continuously observing the child must check and observe the child at least every 2 hours.

Seclusion may not exceed 4 hours, unless a licensed physician, a licensed physician's assistant or registered nurse examines the child and gives written orders to continue the use of seclusion. A new examination and new orders are required for each 4-hour period the seclusion is continued.

The use of seclusion may not exceed 8 hours in any 48-hour period without a written court order.

Note that, if seclusion is interrupted for any purpose and reused within 24 hours after the initial use of seclusion, it is considered continuation of the initial seclusion period.

PART VII

Contingent Regulations

The regulations in this section are labeled “contingent” in that a specific event or condition must manifest in order for them to be measured.

21	3800.21 - The facility shall have a valid certificate or approval document from the appropriate State or Federal agency relating to health and safety protections for children required by another applicable law, not to include local zoning ordinances.
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Contingent upon: Suspected violation of laws or regulations not specified in 3800

Discussion:

Unless directly incorporated into Chapter 3800, all suspected violations of other applicable laws, ordinances, and regulations must be referred to the appropriate enforcing authority for investigation. Violations will be recorded by inspectors if the appropriate enforcing authority issues a citation, violation report, or other applicable notice of violation.

Primary Benefit:

Ensures compliance with other applicable health, safety, and wellness requirements not incorporated by Chapter 3800.

81	3800.81 - The facility shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a child with a disability.
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Contingent upon: Needs of child with a disability not being met

Discussion:

This regulation is broad in scope, but relatively simple to apply. It means that the facility’s physical site must be designed, arranged, or furnished to meet children’s needs. In many cases, remedying a situation where a child’s needs are not met can be achieved by moving furniture or relocating a child’s bedroom. In some cases, more substantial changes (such as widening bathroom doors to accommodate children who use wheelchairs) may be required.

Primary Benefit:

Physical site accommodations and equipment that meet the needs of the children in the facility provide independence, enable a higher quality of life, and promote rapid evacuation during an emergency.

87c	3800.87(c) - The facility may not use asbestos products for any renovations or new construction.
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Contingent upon: Renovation with suspected asbestos use

Discussion:

The United States Environmental Protection Agency does not have a general ban on asbestos, but the Clean Air Act of 1970 and the Toxic Substances Control Act of 1976 both have strict limitations on the application of asbestos in construction materials. Because of this, it is unlikely that renovations or new construction will include asbestos.

Primary Benefit:

Asbestos is a known carcinogen. A facility free of this material protects children from many health issues.

101	3800.101 - Firearms, weapons and ammunition are not permitted in the facility or on the facility grounds, except for those carried by law enforcement personnel.
Contingent upon: Weapons present in facility	
<p>Discussion: Weapons include firearms and other objects intended to inflict harm, such as stun guns, martial arts weapons, clubs, and bladed weapons such as swords, daggers, and fighting knives.</p> <p>Primary Benefit: Protects children from serious injury.</p>	
130f	3800.130(f) - If one or more children or staff persons are not able to hear the smoke detector or fire alarm system, all smoke detectors and fire alarms shall be equipped so that each person with a hearing impairment will be alerted in the event of a fire.
Contingent upon: Person with hearing impairment in facility	
<p>Discussion: This does not apply to all children and staff persons who have a hearing impairment, only those who cannot hear the detector or alarm. Many individuals who have hearing impairments can hear alarms.</p> <p>Each child must be alerted to the fire alarm at all times while awake or sleeping – children who are unable to hear the smoke detector or fire alarm must have the same notice as a hearing person. Each staff person who cannot hear the detector or alarm must be notified immediately so that they can assist children to evacuate and to evacuate themselves.</p> <p>Acceptable signaling devices include:</p> <ul style="list-style-type: none"> • Strobe lights approved by Underwriters Laboratories, have a single intensity of 75cd or higher, and have a flash rate of 1-3 flashes per second. • A personal body device that vibrates when the alarm sounds. • Hearing dogs. <p>It is not acceptable for a staff person to alert a child in lieu of a signaling device.</p> <p>Remember that children’s needs can differ based on the degree of their impairment and the specific situation. For example, a child may be able to hear a fire alarm during the day when using a hearing aid, but not while asleep when the aid is removed. Therefore, a combination of the devices may be appropriate based on each child’s needs.</p> <p>Primary Benefit: A device that alerts children and staff who are hearing impaired of a fire offers them the same protection from fires as children and staff who are not hearing impaired. Use of a device instead of a person eliminates the possibility that a child will not be alerted if the staff are incapacitated.</p>	
130g	3800.130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.
Contingent upon: Inoperative smoke detector or fire alarm	
<p>Discussion: Facilities should have a procedure in place to verify detector/alarm functionality daily. This procedure can be very simple, such as designating a person to look at the master alarm panel and verify that the system is operational or instructing direct care staff to listen for the “chirping” sound indicating a dying battery.</p> <p>Primary Benefit: A malfunctioning smoke detector will not protect children from injury or death in the event of a fire. In some cases, a malfunctioning alarm system is also a violation of local building codes.</p>	

147a	3800.147(a) - Use or possession of tobacco products by children is prohibited.
147b	3800.147(b) - Use or possession of tobacco products by staff persons is prohibited in the facility and during transportation provided by the facility.

Contingent upon: Tobacco products present in the facility

Inspection Procedures:

1. Inspectors will interview the director and staff to determine the practices used by the facility to ensure that children are not in possession of cigarettes or other tobacco products.
2. Verify If chewing tobacco, cigarettes, cigarette butts, or the smell of smoke is detected during the inspection, the inspector will interview children and staff regarding these items to determine how they came to be present in the facility.

Discussion:

This applies to all children, even if they are 18 years of age. Tobacco may not be brought into the facility or facility vehicles by staff, even if they are kept in a locked area.

Primary Benefit:

Protects children from the harmful effects of tobacco and reduces the risk of fire in the facility.

149c	3800.149(c) - The child's parent and, if applicable, the child's guardian or custodian, shall be notified immediately if the emergency plan is implemented for the child.
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Contingent upon: Implementation of emergency plan

Discussion:

In most circumstances, the implementation of the facility's emergency medical plan will require the submission of a reportable incident under § 3800.16(c) and immediate notification of the child's responsible parties of that incident under § 3800.16(h). Documentation in the HCSIS system of the notification of the incident can serve as documentation of compliance with this regulation.

Primary Benefit:

Provides a child's parent or legal custodian with notification that their child was involved in a medical emergency and affords them the opportunity to respond and be involved in the child's medical care.

163b	3800.163(b) - Dietary alternatives shall be available for a child who has special health needs, religious beliefs regarding dietary restrictions or vegetarian preferences.
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Contingent upon: Child with health needs, religious beliefs, or vegetarian preferences

Discussion:

Self-explanatory.

Primary Benefit:

It is important that the facility make dietary alternatives available for children who have special health needs so that children have a choice of food that meets their health needs. Facilities providing dietary alternatives for children who have certain religious beliefs help the children to ensure that they are fulfilling precedents established by their religion.

171(2)	3800.171(2) – If the facility staff persons or facility volunteers provide transportation for the children, each child shall be in an individual, age and size appropriate, safety restraint at all times the vehicle is in motion.
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Contingent upon: Facility providing transportation

Discussion:

Safety restraints utilized by the facility must be compliant with the regulations set forth by the Pennsylvania Department of Transportation under Title 67 PA Code Chapter 102.

Generally, Chapter 102 includes the following:

- Children under the age of 4 must be securely fastened in a seat belt and a child passenger restraint system appropriate for their height and weight in accordance with the recommendations of the manufacturer. Children ages 4 to 7 must be securely fastened in a seat belt and an appropriately fitting child booster seat in accordance with the recommendations of the manufacturer.
- If a child is ages 4 to 7, but weighs less than 40 pounds, that child may be secured in a child passenger restraint system appropriate for their height and weight in accordance with the manufacturer, instead of using a booster seat.
- Children ages 4 to 7 who weigh more than 80 pounds or who are of a height of 4 feet 9 inches or taller may be fastened in the seat belt without the use of a child booster seat.

For children ages 8 or older, an appropriate safety restraint usually means seatbelts, but may include other devices based on the individual needs of the child such as a physical disability.

Primary Benefit:

Safety restraints prevent serious injuries in accidents.

186	3800.186 - If a child has a suspected adverse reaction to a medication, the facility shall notify the prescribing physician, the child's parent and, if applicable, the child's guardian or custodian, immediately. Documentation of adverse reactions and the physician's response shall be kept in the child's record.
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Contingent upon: Suspected adverse reaction to medication

Discussion:

The facility should immediately seek emergency medical treatment for any serious suspected adverse reactions to medications.

Primary Benefit:

Ensures that children will receive medical attention in the event of a medication-related emergency and protects the facility by creating a record of actions taken in response to an adverse reaction to a medication.