Department of Children and Families

Effective 3-24-10

Interpretive Guidelines for Agency Regulations

Licensing of Extended Day Treatment Programs

Regulations that were found to be in need of clarification / interpretation are followed in bold by the applicable interpretation. Those regulations without interpretations were deemed to be self-explanatory and not in need of further clarification.

Section 17a-147-1. Definitions. As Used in Section 17a-147-1 to 17a-147-36, Except as Otherwise Provided Therein:

(a) "Extended Day Treatment": Means a supplementary care community-based program providing a comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately before and after school while they reside with their parents or surrogate family, except any such program provided by a regional educational service center established in accordance with Section 10-66a of the Connecticut General Statutes.

(b) "Department" means the department of children and families.

(c) "Commissioner" means the Commissioner of children and families.

(d) "Children and Youth" means any person under the age of eighteen years.

(e) "Time Out" means to remove the child to a less stimulating space in order to allow the child time to regain his self-control.

(f) "Restraint" means any measure that restricts the movement of the child.

(g) "Seclusion" means confinement of a child in a single room used solely for the isolation of a child.

Guideline: All EDT programs must comply with CGS 46a-150 to 46a-154 regarding the use of restraint and seclusion.

(h) "Assessment" means a multidisciplinary process which shall include but not be limited to a review of individual, developmental, family, social, educational, financial, medical, and legal status considerations.

(Effective August 1, 1994)

Section 17a-147-2. Issuance of License. Not Transferable or Assignable.

(a) A license to provide extended day treatment services shall be issued only to the organization who makes an application and only for the address shown on the application and shall not be transferable

or assignable. When issuing a license, the department may impose restrictions on an organization, including but not limited to the number of children to be served and the type of children to be served.

(b) Licensees for extended day treatment programs shall be issued biennially.

(Effective August 1, 1994)

Section 17a-147-3. Display of License.

Each licensed extended day treatment program shall publicly display the license on its premises in a prominent place.

Guideline: Licenses must be displayed in such a manner that they may be clearly viewed upon entrance to all program locations.

(Effective February 1, 1994)

Section 17a-147-3a. Access of Commissioner or Designee to Premises.

Each license shall be conditional on the granting to the Commissioner or designee access to the premises described on the license to investigate, inspect, and evaluate. In cases of suspected child abuse or neglect, unrestricted access shall be at any time.

(Effective August 1, 1994)

Section 17a-147-3b. Technical Consultation with Applicant or Licensee.

Except as provided in Section 17a-147-5 of the Regulations of Connecticut State Agencies, the department shall be available to provide technical consultation with the applicant or licensee to assist them to achieve compliance with these regulations.

(Effective August 1, 1994)

Section 17a-147-4. Causes for Denying, Suspending, Revoking or Refusing to Renew License.

A license may be denied, suspended, revoked, or its renewal refused for any of the following causes whenever in the judgment of the Commissioner or his designee the extended day treatment program:

(a) Fails to comply with the applicable regulations;

(b) Fails to comply with applicable state or local laws, ordinances, rules or regulations including but not limited to building, health, fire protection, safety, sanitation and zoning;

(c) Violates any of the provisions under which the license has been issued;

(d) Furnishes or makes any false or misleading statements in order to obtain or retain the license;

(e) Refuses or fails to submit information or documentation or make information or documents

available when requested by the Commissioner or his designee;

(f) Fails or refuses to grant the Commissioner or his designee unrestricted access to the premises to investigate cases of suspected abuse or neglect; to evaluate the provision of services and inspect the premises;

(g) Management or staff have been, within five years of date of application for license, convicted of a felony against persons, for injury or risk of injury to or impairing the morals of a child, or for the possession, use or sale of a controlled substance, is awaiting or is on trial for such charges, or has had a child removed from his care or custody for reasons of child abuse or neglect.

(Effective August 1, 1994)

Section 17a-147-5. Hearing on Denial, Suspension or Revocation of License.

Any extended day treatment program may, within fifteen (15) days after receipt by certified mail of notice of denial, suspension, intended revocation or refusal to renew a license, request an administrative hearing thereon in accordance with the Uniform Administrative Procedures Act, Chapter 54, of the Connecticut General Statutes. Denial, suspension, intended revocation or refusal to renew a license shall be stayed until such hearing is held except as provided in Subsection (c) of Section 4-182 of the Connecticut General Statutes. In the absence of such request for a hearing during this time period, the license shall be either denied, suspended, revoked or not renewed.

(Effective August 1, 1994)

Section 17a-147-6. Suspension of a License.

If the department finds the health, safety or welfare of children imperatively requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

(Effective February 1, 1994)

Section 17a-147-7. Return of License to the Commissioner.

Upon discontinuance of the licensed program or revocation of the license, the license shall be returned by the extended day treatment program to the Commissioner within fourteen (14) days after receipt of such request.

(Effective February 1, 1994)

Section 17a-147-8. Waiver of Requirements.

An extended day treatment program shall comply with all relevant regulations unless a waiver for specific requirements has been granted through a prior written agreement with the department. This agreement shall specify the particular requirements to be waived, the duration of the waiver, and the terms under which the waiver is granted. A waiver of specific requirements shall be granted only when the extended day treatment program officials have documented that the intent of the specific requirements to be waived will be satisfactorily achieved in a manner other than that prescribed by the requirements. When the extended day treatment program fails to comply with the waiver agreement in any part, the agreement shall be immediately cancelled and the license may be

immediately suspended, revoked or renewal denied.

(Effective August 1, 1994)

Section 17a-147-9. Program Description.

Each extended day treatment program shall have a written program description which specifies: the statement of purpose; a description of overall approach to treatment and family involvement; the types of services provided; the characteristics of the children to be served; and the characteristics of those children not appropriate for the program.

Guideline: The program description must be included on the licensing application, the agency policy manual, and made available to clients, e.g. posted on the wall of the waiting room, and/or handed out to clients during the intake process.

(Effective February 1, 1994)

Section 17a-147-9a. Governing Board.

All licensed extended day treatment programs shall have a governing board. Such board shall be legally constituted and shall manage its affairs in accordance with applicable provisions of law, its statement of purpose, its certificate of incorporation and its duly adopted bylaws. The board shall meet at least with the frequency specified in the corporation's bylaws and keep minutes of each meeting which shall be made a part of the permanent records of the facility. Minutes of the discussion of those matters relating to the operation of the extended day treatment program shall be made available to the department upon request.

(Effective August 1, 1994)

Section 17a-147-10. Written Policies and Procedures.

(a) The policies and operating procedures of the extended day treatment program covering the selection, emergency medical care, discipline, discharge planning, treatment program, staffing pattern and supervision of the children shall be clearly stated in writing, reviewed no less than annually by the persons responsible for the total operation of the program, and kept current.

Guideline: "Persons responsible" means the Chief Administrative Officer or approved designee.

(b) The program shall have written policies and procedures describing the diagnostic process including types of information to be obtained, procedures to be followed, and types of records to be maintained. Assessments shall be conducted in the following areas: presenting problems, family history and current functioning, social and environmental situations, educational functioning, physical and medical history, developmental history, strengths and weaknesses, prior treatment, and demographic data.

(c) The extended day treatment program shall have written policies and procedures regarding family involvement and shall specify if family involvement is required for admission to the program.

(d) An extended day treatment program shall have written policies and procedures to ensure that a wide range of treatment modalities are available, including, but not limited to individual, group,

family and psychopharmacological modalities. The program may provide the following services: vocational or pre-vocational training; recreational programming; speech therapy; occupational therapy; and, other services appropriate to the needs of the children being served.

Guideline: All EDT programs must provide individual, family, group, and pharmacological treatment modalities as clinically indicated. The physical plant must provide sufficient space for group sessions.

(e) Copies and any subsequent revisions thereof shall be made available to staff of the program. Copies and any subsequent revisions shall be provided to the department on at least an annual basis.

(Effective August 1, 1994)

Section 17a-147-11. Staffing and Human Resources.

(a) There shall be a chief administrative officer who shall be in charge of the overall management of the extended day treatment program and carry out the policies of the governing board.

(b) An extended day treatment program shall employ sufficient numbers of qualified clinical, recreational, administrative and support staff to enhance the physical and emotional well-being and ensure the safety of the children in treatment.

(c) An extended day treatment program shall verify the licensure or certification of the professional staff who are mandated to be licensed or certified or to be supervised by licensed or certified professional staff pursuant to all Connecticut licensing and certification statutes.

Guideline: A copy of the current license or certificate must be placed in the personnel files of all staff that are required to be licensed or certified.

(d) An extended day treatment program vests clinical responsibility for all clients in a psychiatrist, preferably a child psychiatrist.

Guideline: The psychiatrist must be available for case-specific evaluations and consultations, as needed, treatment plan and treatment plan reviews, and consultation to the program director/site coordinator and staff.

(e) An extended day treatment program shall actively recruit and employ qualified personnel representative of the racial or ethnic groups it serves. No person shall be denied employment in accordance with Section 46a-60 of the Connecticut General Statutes.

Guideline: Each EDT program must have a plan for the recruitment of staff that represents the racial and ethnic groups that it serves. Programs must provide documentation of the plan being implemented.

(f) An extended day treatment program shall have a written policy regarding the utilization of volunteers and student interns. Such policy shall detail the duties and responsibilities of volunteers or interns, shall specify the degree of confidential information authorized for access by volunteers or interns, shall require that a personnel file be maintained for each volunteer or intern and shall stipulate that volunteers or interns given direct access to children undergo reference checks, orientation, training and evaluation similar to that of the program's professional employees. A copy

of this policy shall be provided to each volunteer or intern.

Guideline: The personnel files of volunteers and interns who have direct access to children and families and confidential information must be held to the same standard as those of paid employees. Individuals who are engaged in other activities such as fund raising, beautification projects, or other activities that do not involve access to children, families or confidential information would not be included in the definition of volunteers.

(g) Every personnel record shall contain a form, signed by the employee at the time of hiring, that he has read, understands and will adhere to the provision of Section 17a-28 of the Connecticut General Statutes regarding confidentiality for all children in the program who are in the custody of the Commissioner.

Guideline: All employees of the EDT program regardless of their job duties are covered by this requirement.

(Effective August 1, 1994)

Section 17a-147-11a. Finances.

The extended day treatment program shall have sufficient income and resources to adequately maintain the plant, equipment and program encompassed by these regulations. Financial records showing the amount and sources of all income and expenses and of all assets and liabilities of the extended day treatment program and the sponsoring organization shall be maintained. There shall be an annual audit of all capital resources, assets, liabilities, receipts and expenditures by a qualified public accountant not affiliated with the program or organization as an employee. A copy of each such annual audit in such form as required by the Commissioner or designee shall be a part of the program's record and shall be submitted to the department upon request.

(Effective August 1, 1994)

Section 17a-147-11b. Fire, Liability and Vehicle Insurance.

The licensee shall carry insurance covering fire and liability as protection for children or youth in care. The licensee shall ensure that any vehicle authorized for use in transporting children in care, in accordance with the Connecticut statutory and regulatory transportation requirements and used by any of the licensee's staff on the licensee's business shall have insurance which covers liability.

(Effective August 1, 1994)

Section 17a-147-11c. Health, Sanitation, Fire Safety and Zoning Approval.

(a) Health and sanitation approval by the state and local departments of health, approval for fire safety by the state and local fire marshals, certificate of occupancy and compliance with local zoning are prerequisite to licensing upon initial application. State and local fire and health approvals shall be required for renewal of a license.

(b) An extended day treatment program shall ensure that all structures and space used by the program are free from any danger to health or safety. The extended day treatment program shall ensure the availability of comfortable and sufficient space to staff and children and youth in treatment to permit effective operation of the program. An extended day treatment program shall have written policy and procedures regarding emergency planning and procedures including

evacuation due to fire and natural disasters, staff responses to emergency medical situations, and staff responses to emergency mental health situations. An extended day treatment program shall conduct unannounced, fire drills in which all staff and children shall participate at a frequency established by the Connecticut Fire and Safety Code. Documentation of fire drills held shall be maintained on a standardized form which records the date, time, minutes taken to evacuate, problems noted, follow up to problems and simulated conditions of the drill. Fire evacuation diagrams shall be posted at eye level of the children and youth in treatment and written in the primary language of the children and youth in treatment. An extended day treatment program shall ensure that at all times at least one staff member on-duty is qualified by American Red Cross certification to administer First Aid and CPR. An extended day treatment program shall develop written standards regarding housekeeping supplies and procedures in keeping with its established infection control program.

Guideline: Each EDT program must develop an infection control program. Included in that infection control program must be written standards regarding housekeeping supplies. The housekeeping supply standards should identify the chemicals that will be used for cleaning and disinfecting the program along with the storage of those chemicals. The infection control program must also include standards for the cleaning and disinfecting of areas of the program commonly used by clients such as waiting areas, bathrooms, toys, and EDT program offices.

(Effective August 1, 1994)

Section 17a-147-11d. Personnel Policies and Procedures.

(a) Personnel policies and operating procedures regarding program employment and personnel practices shall be in writing and on file with the department. A copy shall be given to each employee and volunteer worker. All applications for employment or volunteers will have a criminal conviction records check completed before being hired or selected; the results of which shall be filed, separately and confidentially in their personnel record. All direct care personnel shall have a physical examination, including a test for tuberculosis, immediately prior to assuming their assigned duties.

Guideline: Criminal background checks must be secured through the Connecticut State Police Bureau of Identification and protective service background checks must be secured through the DCF Hotline for all EDT program employees regardless of job duties. In addition the results of both Connecticut State Police and DCF Protective Service background checks must be secured before staff are allowed to work with clients.

Guideline: All staff that have face-to-face contact with clients must have a physical exam including a test for TB immediately prior to working with clients. The statement from the health care professional must clearly state the date of the patient / employee's last physical, the date of the results of the TB test, and that the patient / employee is in good health. Employees for whom a TB test is not appropriate, must have a note from a physician or APRN attesting to that fact, and the fact that the employee is free from a communicable disease.

(b) An extended day treatment program shall not hire or employ anyone who has been within five years of date of employment convicted of a felony against persons, for injury or risk of injury to or impairing the morals of a child, or for the possession, use or sale of a controlled substance, is awaiting or is on trial for such charges, or has had a child removed from his care or custody for

reasons of child abuse or neglect. Prior to employment and anytime thereafter upon request all employees shall undergo a State Police background check for any convictions. An extended day treatment program shall maintain written job descriptions outlining the general requirements for each position. A copy shall be given to each employee. All job descriptions shall be made available to all staff upon request. An extended day treatment program shall provide staff reasonable access to their personnel file. There shall be written policies and procedures that are designed to assure the confidentiality of personnel records and specify who has access to various types of personnel information. Personnel policies shall include a written plan for staff training and development that includes but is not limited to: introductory orientation; ongoing training and development; supervision; annual evaluations; and external training and education.

Guideline: Personnel files must include documentation that employees have received a copy of their job description and have received an introductory orientation to the EDT program.

Guideline: The plan for ongoing training and development must describe the minimum number of training hours that employees must complete annually and the training curriculum. Attendance of training by EDT program employees must be documented either in each employee's personnel file or in a separate training log.

Guideline for EDT Providers Under Contract with DCF: The staff members of EDT providers who are under contract with DCF must meet the standards listed below. These standards comply with CT Department of Social Services regulations, and also fulfill the requirements for staff training, orientation, and supervision as required in this regulation.

1. <u>MEDICAL DIRECTOR/PSYCHIATRIST</u>

<u>Primary Job Function:</u> Responsible for the psychiatric oversight of the Extended Day Treatment Program, including the clinical appropriateness and quality of the services provided. This includes responsibility for psychiatric evaluations, multi-axial diagnoses, medication assessment/management, discharge plans, and related clinical functions.*

**** A Psychiatric Consultant/Advanced Practice Registered Nurse may be designated by the medical director/psychiatrist to perform these tasks.***

<u>Education:</u> Must be a licensed psychiatrist (M.D.) with board certification or board eligibility in child and adolescent psychiatry; OR a licensed psychiatrist (M.D.) with substantial experience in child/adolescent psychiatry.

<u>Experience</u>: Residency training and/or fellowship experience or subspecialty training.

<u>Supervision:</u> If this function is performed by other than the Medical Director there must be evidence of supervision by the Medical Director and in the case of an APRN, a collaborative agreement in place.

<u>Orientation Training:</u> General orientation to the provider-agency with respect to its mission, policies and procedures, administrative structure, training, and other relevant information.

<u>Ongoing Training:</u> Maintain license in good standing and comply with requirements

that are consistent with applicable state/federal regulations.

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2. PSYCHIATRIC CONSULTANT/ADVANCED PRACTICE REGISTERED NURSE (A.P.R.N.)

Primary Job Function: Responsible for psychiatric oversight of the program including conducting psychiatric evaluations, determining multi-axial diagnoses, assessing and managing medication, reviewing discharge plans, and related clinical functions. The Medical Director/Psychiatrist must oversee and authorize through review and signature on treatment plans and treatment plan reviews.

Education: Licensed APRN and board eligible/certified with expertise and training in delivering behavioral health services for children/adolescents.

Experience: Completed training for APRN status and completed training in behavioral health.

Supervision: Works under a Collaborative Agreement between the APRN and the Medical Director/Psychiatrist that includes regular supervision of the APRN and psychiatric oversight of the program.

Orientation Training: General orientation to the provider-agency with respect to its mission, policies and procedures, administrative structure, training, and other relevant information.

Ongoing Training: Maintain license in good standing and comply with requirements that are consistent with applicable state/federal regulations.

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3. PROGRAM DIRECTOR

Primary Job Function: Responsible for day-to-day program management and identified administrative functions within the program.*

***Program Director may manage a small caseload to provide rehabilitation services if deemed appropriate according to size of program and overall duties.**

Education: A licensed master's level mental health professional with a course of study in one of the following fields: clinical psychology; clinical social work; counseling; marriage and family therapy; psychiatric clinical nursing; or related area that requires equivalent clinical course work.

Experience: A minimum of three years of experience working with children/adolescents who have behavioral health disorders.

Supervision: A minimum of one hour per month of individual supervision from the Medical Director/Program Psychiatrist or a licensed Senior Clinical Leader, with additional consultation as needed.

Orientation Training: Within three months of hire, orientation training shall be completed and include: DCF contract requirements; state program-specific licensing regulations; state/federal Medicaid regulations; EDT Practice Standards; relevant

evidence-based models of treatment and other treatments/practices being utilized; program initiatives sanctioned by DCF and/or DSS; and any required provider-specific orientation training.

Ongoing Training: Maintain license in good standing and comply with requirements that are consistent with applicable state/federal regulations.

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4. CLINICIAN

Primary Job Function: Provides psycho-social assessments, goal setting and treatment planning, individual/group/family therapies and other counseling techniques, multi-family groups, therapeutic recreation, crisis intervention services, parent education and support, and service coordination/case management by working collaboratively through a multi-disciplinary team approach.

Education: A master's level mental health professional with a course of study in one of the following fields: psychology; social work; counseling; marriage and family therapy; psychiatric clinical nursing; or related area that requires equivalent clinical course work.

The master's level mental health professional may be: 1) licensed,; 2) license-eligible (satisfies the criteria for professional and occupational licensure or certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut but has not yet passed the exam; or 3) non-license eligible (does not yet satisfy the criteria for professional and occupational licensure or certification categories pertaining to behavioral health covered in Title 20 of the General Statutes of Connecticut. Each of these clinicians (licensed; license-eligible; and non-license eligible) must be supervised by a licensed master's level professional.

Graduate level interns who are completing an internship, practicum or field experience at the provider agency may provide clinical services, when there is supervision, as specified below by a licensed, master's level professional.

Experience: Clinical experience working with children/adolescents who experience behavioral health issues.*

***Supervised internships, practicums, and field experience may be applied towards the behavioral health experience.**

Supervision: A minimum of one hour per week of face-to-face individual supervision with a non-licensed mental health professional and bi-weekly face-to-face individual supervision with a licensed mental health professional to review clinical issues relating to the caseload.* The clinical supervision must be documented in a weekly (non-licensed staff) or bi-weekly (licensed staff) supervisory note in the client's case record or a clinical supervisory log. Although the clinical supervision may include both clinical and job performance issues, employee performance issues should not be documented in the client's case record or clinical log.

.* If conducted in a group and there are more than 3 clinicians, the time must be at least 90 minutes.

Orientation Training: Within three months of hire, orientation training shall be

completed and include: DCF contract requirements; state licensing regulations; state/federal Medicaid regulations; EDT Practice Standards; relevant evidence-based models of treatment and other treatments/practices being utilized; program initiatives sanctioned by DCF and/or DSS; and any required provider-specific orientation training.

Ongoing Training: For licensed professionals, maintain license in good standing. For all clinicians, comply with requirements that are consistent with applicable state/federal regulations and meet agency-specific requirements for professional development.

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5. DIRECT CARE WORKER

Primary Job Function: Provides required assistance and supports to facilitate the client's behavioral, emotional and social development and learning, in accordance with an individualized treatment plan in a structured, intensive, therapeutic milieu setting and within the community, by working collaboratively through a multi-disciplinary team.

Education: Bachelor's degree in a behavioral health related specialty such as social work, counseling, human services or a related area; OR
Associates degree; OR
High school diploma.

Experience:
Direct care workers who have a bachelor's degree, an associate's degree or a high school diploma:
To independently lead therapeutic activities, either individual or group activities such as therapeutic psycho-education groups, the direct care worker must have two years of experience in the provision of mental health services with children and/or adolescents.

Direct care workers who do not have two years of mental health experience may serve as a co-leaders of therapeutic activities or as adjunct support staff in delivering rehabilitation services. These staff may write an encounter note, but may not sign-off on the encounter note. Only the experienced direct care worker who led the therapeutic intervention may sign the encounter note.

Supervision: Each direct care worker must have a minimum of one hour bi-weekly individual supervision from the program director or a licensed clinician.* The clinical supervision shall be related to the specific job functions and the target population. The clinical supervision must be documented in the form of a supervisory note at least every 30 days. The supervisory note must be maintained in the client's case record or a supervisory log.

*** Group supervision may be allowed when there are no more than eight direct care workers supervised during the session, and the duration of supervision is a minimum of 1 ½ hours bi-weekly.**

Orientation Training: Within three months of hire, orientation training shall be completed and include on-the-job and in-service training specific to the position and the related job functions regarding work with children, adolescents and families.

This training shall include, but is not limited to: state licensing regulations; state/federal Medicaid regulations; EDT Practice Standards; program initiatives sanctioned by DCF and/or DSS; and any required provider-specific orientation training.

Ongoing Training: Meet state requirements that are applicable to job functions; and meet agency-specific requirements for professional development.

Training Requirements To Deliver Therapeutic Groups: A direct care worker who has two years of behavioral health experience working with children/adolescents may lead a therapeutic rehabilitation group such as social skills building or a therapeutic enrichment group such as therapeutic recreation or coping skills/relaxation only when a manualized curriculum is utilized and each of the conditions listed below are met:

- **a) Successful completion of a basic group processes curriculum that is either a standardized, statewide DCF-approved curriculum or a provider-developed curriculum that is approved by DCF, and the direct care worker may not solely lead a group until this training is completed;**
- **b) Use of a manualized or other didactic or equivalent curriculum and related training, as necessary for each type of group listed above;**
- **c) Ongoing supervision relating to the group processes and clinical quality, provided by a licensed professional;**
- **d) Documentation of the name of the manualized curriculum for each group in the child's treatment plan, identifying the type, frequency and purpose of each group; AND**
- **e) Documentation of the group activity including clinical objective, description, interventions, client response and progress, and plan for further care, recorded in the daily group note within the client's case record.**

A direct care worker who does not have the required two years of mental health experience, but desires to co-lead therapeutic groups must meet all of the criteria, a through e as listed above, prior to co-leading such activities.

At least 50% of the therapeutic groups that are offered each week in the milieu setting must be delivered by a clinician, or co-led by a clinician and direct care worker.

(Effective August 1, 1994)

Section 17a-147-12. Hazardous Equipment.

All power-driven machines and other hazardous equipment shall be properly safeguarded and their use by children regulated by supervisory staff of the program.

(Effective February 1, 1994)

Section 17a-147-12a. Construction.

The plans and designs for all new construction, additions to or substantial modification of buildings or parts of buildings used or to be used in the operation of the extended day treatment program shall be submitted to the Commissioner or his designee for review before such construction is contracted for or begun. The proposed plans shall include written confirmation of required fire, health, safety

and zoning approvals. The Commissioner or his designee shall determine if the proposed plans are in compliance with the intent of these regulations within thirty (30) days.

(Effective August 1, 1994)

Section 17a-147-12b. Water Supply.

The water supply shall be adequate and potable. If the program is not served by a public water supply, the well water shall be analyzed and approved by the state department of public health and addiction services, local department of health or a private water testing laboratory approved by the state department of public health and addiction services at the time of initial licensure and at any subsequent time the department deems such testing as necessary.

(Effective August 1, 1994)

Section 17a-147-12c. Sewage and Garbage Facilities.

Adequate and safe sewage and garbage facilities shall be maintained.

(Effective August 1, 1994)

Section 17a-147-12d. Heating, Ventilation and Lighting.

Comfortable heating, sufficient ventilation, and both natural and artificial lighting shall be provided.

Guideline: Windows should operate as designed including the installation of screens unless the design of the window prevents screens from being installed.

(Effective August 1, 1994)

Section 17a-147-12e. Lavatory Facilities.

The state and local departments of health shall determine the requirements for lavatories based upon the number of children and youth to be served by the program and the number of employees. The bathroom equipment for the children and youth shall be of appropriate size and height for their use. Bathrooms and toilets shall allow for individual privacy.

Guideline: Providers must ensure that proper sanitation practices are in place so that bathrooms are kept clean and free from odors.

(Effective August 1, 1994)

Section 17a-147-13. Rooms to be Used for the Treatment of Children.

Rooms shall be sufficient in size and equipment to accommodate the licensed program. Each room shall be comfortably and attractively furnished, well heated, lighted, ventilated and screened, clean and cheerful, with substantial furnishings suitable for use by children.

Guideline: Program space must be large enough to accommodate clients' personal possessions, program supplies, recreational equipment, and should complement the program's design and philosophy. Program furnishings must be clean and in good repair;

free from stains, tears, or broken components. Program rooms should create a stimulating, warm and welcoming environment which may include pictures, posters, paintings, and clients' artwork.

(Effective February 1, 1994)

Section 17a-147-14. Kitchens, Equipment, Food Handling.

The extended day treatment program shall provide for the serving of snacks or meals depending upon the program's hours of operation. Food served shall be wholesome and of sufficient quantity. All kitchens shall be clean, well lighted, properly ventilated and screened, and provided with essential and proper equipment for the preparation and serving of food. Storage, refrigeration and freezer facilities shall be adequate for the number of persons to be served. All perishable foods shall be refrigerated at a temperature at or below 45 degrees Fahrenheit. Freezers and frozen food compartments shall be maintained at minus 10 degrees to 0 degrees Fahrenheit. Cooking utensils, dishes and tableware shall be in good condition and proper cleaning facilities for the equipment shall be provided. Dishes shall be stored in a clean, dry place protected from flies, dust or other contamination. Proper food handling techniques and sanitation to minimize the possibility of the spread of food-borne diseases shall be maintained. The extended day treatment program's kitchen, equipment and food handling must comply with all applicable sections of the public health codes and all other state and federal laws.

Guideline: Providers must take into consideration the medical/dietary needs of its' clients when serving and planning snacks and meals.

(Effective February 1, 1994)

Section 17a-147-15. Eating Areas and Supervision.

Designated areas for serving meals or snacks shall be kept clean and attractive, well lighted, properly screened and ventilated, and shall be large enough to accommodate the children and staff responsible for their supervision. Staff supervision shall be adequate to ensure a safe and comfortable atmosphere for eating.

(Effective February 1, 1994)

Section 17a-147-16. Housekeeping Equipment and Supplies.

Housekeeping equipment and supplies shall not be accessible to children unless an individual determination is made concerning their ability to safely use them or their use is under direct staff supervision. Such materials shall be maintained in a safe, protected space which shall be clean, dry, well lighted, ventilated and in good repair, free from rodents and other vermin.

(Effective February 1, 1994)

Section 17a-147-17. Recreational Facilities.

Recreational facilities, supplies and equipment shall be provided for use by the children. Appropriate safety measures, instructions and supervision shall be provided to ensure the safety of children.

Guideline: Programs must demonstrate the capacity to provide recreational activities, including gross motor activities. Such activities can be conducted on site, or off site. If

conducted off site the program must demonstrate the capacity to safely transport clients to another location and properly supervise them. Recreational activities, including gross motor activities, must be incorporated into the program's weekly schedule in a manner that complements the program's design and philosophy.

(Effective February 1, 1994)

Section 17a-147-18. Instructions in Safety Procedures. Supervision.

Each child shall be instructed, as appropriate to his own age level, in safety procedures, including fire drills, civil defense and safe use of electrical or power equipment. All use of such equipment shall be under the supervision of a competent adult. If an extended day treatment program has on-ground or access to a waterfront or swimming pools, the following safety procedures must be maintained. All on-grounds pools shall be enclosed with safety fences and shall be regularly tested to ensure that the pools are free of contamination. A certified individual shall be on duty when the children are swimming. A certified individual is one who has a current water safety instructor's certificate or senior lifesaving certificate from the Red Cross or its equivalent. The waterfront or pool shall be properly maintained and have proper safety equipment available. Any proposed or existing pool shall meet regulatory and zoning requirements.

(Effective August 1, 1994)

Guideline: Fire drills must be conducted at least once per quarter. Documentation of the drill must make it clear that the EDT program participated in the drill.

Section 17a-147-19. Internal and External Security.

The extended day treatment program shall provide adequate internal and external security to ensure the safety of children and staff.

Guideline: Keys must be readily available to all staff on duty to any locked or lockable areas of the program where clients may gain access.

(Effective February 1, 1994)

Section 17a-147-20. Office Space. Confidential Files.

Private office space shall be available for administrative and counseling staff. There shall be office space available large enough to accommodate family counseling or group therapy in a comfortable and confidential manner. There shall be locked files for all confidential material. The records shall not be available to anyone other than authorized persons. A list of duly authorized personnel shall be maintained by the program.

Guideline: Case records must be stored in either locked file cabinets or in a locked file room. Only authorized persons may have access to the locked areas. Authorized personnel may be identified through a list that is maintained or through a policy statement that clarifies who has access to confidential material.

(Effective February 1, 1994)

Section 17a-147-21. Health and Medical Treatment. Administration of First Aid. Prescription Medication. Administration of Medicine or Treatment. Written Records.

Storage of Drugs, Medicines and Instruments. Sick Room. Telephone.

(a) The extended day treatment program shall provide for the health and medical treatment needs of children while attending the program by having a written plan which specifies the arrangements for routine and emergency medical care. The program shall arrange for medical emergency treatment during its hours of operation.

(b) There shall be written policies and procedures, reviewed by a physician at least annually, for the administration of first aid care of children with minor illnesses; injuries or special conditions; and for the administration or use by children of patent medicines.

Guideline: All programs must have policies regarding the provision of first aid care to children with minor illness, as well as policies regarding access to emergency medical services. Only those programs that also provide medical treatment must have policies regarding the provision of routine and emergency care. The term care is interpreted as the provision of medical treatment by EDT program staff.

(c) The program shall only permit prescription medication to be administered to a child upon the written order of the child's physician and written approval of the parent or guardian.

(d) The program shall permit only staff who have been fully instructed in the proper administration, expected and side effects, and contraindications to continued administration of a prescribed medicine or treatment to administer that medicine or treatment pursuant to Section 20-14i of the Connecticut General Statutes. The program shall have a written policy specifying the criteria used for designating staff to administer medication and a written plan for training staff. The program shall maintain a current, written roster of staff designated to administer medication. There shall be periodic reviews and updating of staff's knowledge about medication and other treatments and their administration.

(e) A written record shall be kept of the administration of all prescription and non-prescription medicine to a child, identifying the medicine and dosage, time of administration and the person who administered the medicine.

(f) All drugs, medicines and medical instruments shall be kept in labeled containers out of reach of children in a locked cabinet accessible only to designated staff members. A child may keep and administer prescribed medicines himself only with the written approval of his physician and parent or guardian and the agreement of designated staff that this practice would not be a risk for other children in the program.

(g) The program shall ensure that children, in the event of sickness have an area which is comfortable, safe and allows appropriate privacy until the child can be taken home by his parent of guardian. Any child showing suspicious signs of illness shall be isolated from other children as much and as soon as possible and the parent or guardian called immediately**.**

(h) Working telephones shall be on-site. All telephones shall have posted emergency medical and poison information numbers, especially in areas where medications are kept and in the gym and cafeteria.

(i) Appropriate first aid supplies shall be available in the extended day treatment program, out of the reach of children.

(Effective August 1, 1994)

Section 17a-147-21a. Abuse of Children. Discipline.

The extended day treatment program shall prohibit abusive, corporal, humiliating or frightening punishment and restraints not appropriate to the circumstances. Control, supervision and discipline of children shall be an adult responsibility appropriate to the child's age and level of development and shall not be prescribed or administered by the children. The program shall require each staff member and volunteer to read and sign a statement which stipulates that the staff member has read the Connecticut General Statute regarding child abuse and neglect. This statement shall be included in the employee's or volunteer's personnel file. The program shall use time out, restraints or seclusion only in accordance with the program's policies and procedures. The use of these forms of planned treatment interventions shall be the treatment team's decision. Any use of these treatment intervention shall be documented in the child's record. Parents or guardians shall be notified of the intervention when they pick up their child.

Guideline: All EDT direct care staff who work directly with children must be trained in the use of restraint and seclusion in accordance with Connecticut General Statute 46a-150 through 154.

(Effective August 1, 1994)

Section 17a-147-22. Unauthorized Absence of Child.

Unauthorized absences of a child in the program shall be reported immediately by telephone, to the parent or guardian, followed by a written report to be filed in the child's case record within five (5) working days.

Guideline: When a child is under the guardianship of DCF, EDT staff must contact the DCF Hotline immediately.

(Effective August 1, 1994)

Section 17a-147-23. Children Not To Be Used For Fund-Raising.

The program shall not require nor permit children to solicit funds or be identified by name; in photographs or in any other manner in its fund-raising material or in public relations unless written waivers are obtained from the parent or guardian.

(Effective August 1, 1994)

Section 17a-147-24. Confidentiality.

(a) All case records are confidential and shall be maintained in locked files only available to duly authorized personnel listed in the written personnel and policy procedures of the extended day treatment program.

Guideline: Authorized personnel may be referred to by name or job title.

(b) The guardian or custodian of the child shall be entitled to receive, upon request, reports and information concerning the health, behavior and progress of the child, and all other information allowed under the provisions of Sections 52-146c through 52-146j, inclusive, of the Connecticut

General Statutes, Federal Statutes Title 42 USC 290dd-3, and Title 42 USC 290e-3.

(c) The child's record shall be retained by the extended day treatment program for at least seven years following discharge. The method of destruction of such records shall be incineration or shredding. If an extended day treatment program ceases operation, all children's case records shall be given to the Department, or upon order, to a court of competent jurisdiction.

(d) The extended day treatment program shall not disclose information pertaining to a child or family to other persons, unless the parent or guardian has given written permission, except in an emergency or in a case of suspected child abuse or neglect.

(Effective August 1, 1994)

Section 17a-147-25. Agreement Between Extended Day Treatment Program and Parent or Guardian.

The extended day treatment program staff and the parent or guardian shall discuss in detail the child's developmental history, how they will mutually meet the needs of the child, and indicate on a department form the following information:

(a) Hours and days of service, fees, arrival and departure arrangements;

(b) Daily routine;

(c) Methods of discipline;

(d) Emergency health procedures, including arrangements for substitute care;

(e) Methods of administration of medication, if applicable;

(f) Awareness of responsibility of the extended day treatment program for reporting suspected child abuse and neglect mandated by Section 17a-101 of the Connecticut General Statutes.

Guideline: The requirement for an agreement may be met by creating one form that covers all of the above referenced information, or a series of forms that also include this information. The case record must include a statement signed by the parent/guardian that EDT program staff have reviewed with the parent/guardian all of the required information. This statement may be incorporated into the agreement form or in some other manner be documented in the case record.

(Effective August 1, 1994)

Section 17a-147-26. Record of Enrolled Children.

The extended day treatment program shall keep a record of each enrolled child, including name, address and telephone number of parent/guardian; child's date of birth, enrollment date; attendance record; accidents and major illnesses while in care and date of termination from the program.

Guideline: The individual client's case record will be interpreted as meeting the requirements of this regulation as long as it contains all of the required elements.

(Effective February 1, 1994)

Section 17a-147-27. Written Permission for Emergency Health Care.

Written permission for emergency health care of the child must be obtained from the parent/guardian, including the names, addresses and telephone numbers of the child's physician, the hospital-of-choice to be called in case of an emergency and two responsible adults the extended day treatment program staff may contact in case the parent/guardian is not available.

(Effective February 1, 1994)

Section 17a-147-28. Isolation of Children.

Section 17a-147-28 of the Regulations of Connecticut State Agencies is repealed.

(Effective August 1, 1994)

Section 17a-147-29. Reporting to the Department.

The extended day treatment program shall report, in writing, to the department on the next working day any emergency circumstances which alter the service as originally licensed or statement of fact in the application for licensing.

Guideline: Circumstances that would require department notification would include any circumstances which lead to the immediate relocation or closure of the program. Other circumstances would include financial or legal situations that require immediate changes to the staffing and/or services of the program.

(Effective February 1, 1994)

Section 17a-147-30. Children's Grievance Procedure.

The extended day treatment program shall have written grievance procedures for children. This policy shall be explained to the child and, if the child is unable to sign his or her name, the parent/guardian must sign the form after the child has been informed. The staff member shall enter a note into the child's case record confirming that this explanation has taken place. Any grievance and its disposition shall be recorded in the child's case record.

Guideline: Several options are available to gain compliance in this area: 1. a form outlining the grievance procedure is signed by the child and/or parent and a progress note is written by the EDT staff member stating that the procedure has been explained to the child and parent; 2. the grievance procedure form can include a statement that the procedure has been explained to the child and parent and the form is initialed or signed by the staff member providing the explanation; or 3. the EDT staff member writes a note on the form indicating that the procedure has been explained to the child and parent and initials or signs the form. For all of these options the child and parent must sign the form. The only exception for the child not signing the form would be a case where the child is too young to sign his/her name or refuses to sign.

(Effective February 1, 1994)

Section 17a-147-31. Referral Process.

(a) The program shall consider for admission all referrals regardless of race, sex, religion, disabilities or ethnic origin. The program shall certify that it has notified the appropriate parties of its decision in writing no more than forty-five (45) days from the date of receipt of the application.

Guideline: The requirement for written notice of the admission decision is applicable when a prospective client or referral source completes a formal written application for admission.

(b) In the case of refusal, the extended day treatment program shall document the reason for refusing admission and so inform the referring agency of these reasons and include recommendations for a more appropriate treatment program.

Guideline: If a prospective client or referral source makes a request for services not provided by the EDT, e.g. adult services, or substance abuse services, the EDT program would not need to document their response.

(Effective August 1, 1994)

Section 17a-147-32. Assessment Process.

(a) The assessment process shall be documented. This process shall be conducted by a professionally qualified staff member. Testing instruments used in the assessment process shall be reflected in the child's record. The assessment shall specify the needs and strengths of the child in the areas of health care, education, psychological development, social development, family relationships, vocational training, recreation and life skills development.

(b) All methods and procedures used in the assessment process shall consider the child's age, cultural background and dominant language or mode of communication.

(Effective February 1, 1994)

Section 17a-147-33. Treatment Plan.

(a) The extended day treatment program shall ensure that there is a written individualized treatment plan for each child within thirty (30) calendar days of the child's entry into the program.

Guideline: The date of the child's entry is interpreted as the first day that the child attends the program. The treatment plan must include the date that the plan was written. The plan must be written, signed, and explained to the child and family within 30 calendar days of the first day of the child's attendance.

(b) The treatment plan shall specify measurable and time-bounded goals and objectives to be achieved by the child and family in order to establish or re-establish emotional or physical health as well as maximum growth and adaptive capabilities.

Guideline: The treatment plan must include goals and objectives for the family. Goals and objectives must be written in such a way that progress can be measured within the time frames specified on the plan, i.e. specific, time-bounded, and achievable. The treatment

plan should be developed through consultation and in partnership with the family.

(c) These goals shall be based on periodic assessments of the child and, when appropriate, the child's family.

(d) The treatment plan shall specify any specialized services or treatment to be provided as well as identify the person responsible for implementing or coordinating the implementation of the treatment plan.

Guideline: The treatment plan must include the specific services that will be provided identifying the person responsible for implementing or coordinating the implementation of the treatment plan. In addition, the plan must include any services that will be provided outside of the EDT program and identify the agency or specific person who will provide those services.

(e) The treatment plan shall delineate the specific criteria to be met for termination of treatment. Such criteria shall be part of the initial treatment plan and all subsequent plans.

(f) The treatment plan shall identify the supports and resources that may be required for discharge.

(g) Preliminary plans for discharge shall be discussed as well as alternative aftercare programs, when appropriate.

Guideline: The treatment plan must include the preliminary plans for discharge which consist of the elements included in section (e), (f), and (g) above. The criteria for termination of treatment must be written in such a way as to identify the specific desired behavioral outcomes. The plan should identify any services or supports that must be in place before the child and family can be successfully discharged. This differs from discharge recommendations in the sense that these services and supports are deemed to be essential to the successful discharge. Ideally the child and family would not be discharged from the EDT program until these services and supports are in place, or arrangements have been made for their provision.

(h) The treatment plan shall specify the anticipated discharge date.

Guideline: The discharge date may be represented as a specific date or as a length of services, ex. 6 months, 90 days, etc.

(i) The number of contacts shall be specified for the delivery of treatment services.

Guideline: Specify how often treatment services will be provided, ex. weekly, monthly, daily, etc.

(j) The extended day treatment program shall ensure that the treatment plan and any subsequent revisions are explained to the child, his parent or guardian and the referring agency, in language understandable to these persons.

Guideline: The case record must contain documentation that the treatment plan was explained to the child and parent/guardian. This explanation must meet the cognitive level of the child and parent/guardian, and may be documented either in the progress notes or by a signed statement on the treatment plan itself. Such statement may be

handwritten or typed. The statement must clarify that an explanation of the plan has taken place.

(k) The treatment plan shall be signed by the chief administrator of the extended day treatment program or his designee; a representative of the referring agency or person; the child, if he is capable of doing so; and the child's parent or guardian.

Guideline: The program's policy regarding treatment planning should clarify who may be considered a designee of the chief administrator. All children who are capable of signing their names should sign the treatment plan.

(l) In accordance with the treatment plan, each record shall contain notes which document services provided and progress made toward goals and objectives. Each note shall be entered in ink by a qualified staff member or consultant and shall be dated, legibly printed, signed by the person making the entry, and include the person's title.

Guideline: The person entering the progress notes must include their job title within the agency not just their qualifications: for example, Jane Doe, MSW, Children and Families EDT clinician.

(Effective August 1, 1994)

Section 17a-147-34. Treatment Plan Review.

(a) The program shall review each treatment plan initially sixty (60) days after the completion and approval of the initial treatment plan. This review shall document and evaluate the progress or lack thereof toward the established goals and objectives and shall revise the treatment plan accordingly. Thereafter, individual treatment plans shall be documented and reassessed at sixty (60) working day intervals.

(b) The treatment plan shall indicate the date of the next review and identify the individuals who will participate.

Guideline: The initial treatment plan must be reviewed within 60 calendar days. Each subsequent treatment plan review must be conducted at 60 working day intervals. The treatment plan review document must include a brief narrative section describing the progress or lack of progress of the child and the family towards the goals and objectives listed on the treatment plan. Any revisions to the treatment plan shall necessitate the writing of a new plan signed by the child and parent/guardian. The treatment plan review document must also list those persons who participated in the review, and the date of the next review.

(Effective February 1, 1994)

Section 17a-147-34a. Case Records.

(a) Each extended day treatment program shall maintain a current confidential case record for each child in treatment including family, social and health history. The case record shall contain but not be limited to pre-admission data; the reason for admission; results of all diagnostic assessments performed; a summary of admission information; the individual treatment plan; a record of all care and services, including medical services, provided by the program; progress notes on the child in

treatment; reviews of the treatment plan; the plan for discharge and disposition; a discharge summary and all other documents received and required for the treatment of a particular child.

Guideline: "Pre-admission data" is interpreted as the referral information. The "summary of admission information" is interpreted as the written report required under Section 17a-147-32 Assessment Process. The "plan for discharge and disposition" is interpreted as the information on the treatment plan relevant to discharge.

(b) The case record shall contain only information pertaining to a particular child and not identifying information regarding other children in care.

(c) The case record shall include contact summaries where appropriate and copies of special behavior contracts used for a particular child.

Guideline: "Contact summaries" refers to written summaries of phone call, meetings, and correspondence with interested parties such as referral sources, previous providers of treatment services, DCF workers, family members, etc.

(d) The parent or guardian of the child shall be entitled to receive, upon written request, reports and information concerning their child.

(Effective August 1, 1994)

Section 17a-147-35. Discharge and Aftercare Procedures.

The extended day treatment program shall establish criteria for discharge, including administrative and emergency discharges.

(Effective February 1, 1994)

Section 17a-147-36. Discharge Summary.

(a) When a child is discharged, the extended day treatment program shall compile a complete written discharge summary within thirty (30) days of the date of discharge.

(b) The discharge summary shall include the extended day treatment program's name, address, telephone number, a summary of services provided during treatment, a summary of growth and accomplishments during treatment, the assessed needs which remain to be met and alternate service possibilities which might meet those needs, and recommendations as appropriate for a follow-up plan and identification of who is responsible for follow-up services.

(c) When the discharge date is not in accordance with the child's treatment plan, the following items shall be added to the summary: the circumstances leading to the unplanned discharge; the actions taken by the extended day treatment program to avoid the discharge and the reason for these actions.

(d) All discharge documentation shall be maintained in the child's case record.

(Effective February 1, 1994)

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