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ADMINISTRATIVE
HEARINGS

Departments of Corrections and Human Services

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

2960.0010 PURPOSE AND APPLICABILITY.

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

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

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

Subp. 3. Exemptions from this chapter.

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

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

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

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

9 Subp. 6. **Juvenile sex offender treatment programs.** Juvenile sex offender treatment
10 programs are licensed under parts 2960.0010 to 2960.0220 and certified under parts
11 2955.0010 to 2955.0170.

12 Subp. 7. **Statutory authority.** This chapter is adopted according to Laws 1995, chapter
13 226, article 3, section 60, and Minnesota Statutes, sections 241.021 and 245A.09.

14 **2960.0020 DEFINITIONS.**

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

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

19 Subp. 3. **Applicant.** "Applicant" has the meaning given in Minnesota Statutes, section
20 245A.02, subdivision 3, and has completed and signed a license or certificate application
21 form. Applicant includes a current license holder who is seeking relicensure or
22 recertification.

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

25 Subp. 5. **Aversive procedure.** "Aversive procedure" has the meaning given in part
26 9525.2710, subpart 4.

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

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

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

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

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

14 Subp. 11. **Chemical.** "Chemical" means alcohol, solvents, and other mood-altering
15 substances, including controlled substances as defined in Minnesota Statutes, section
16 152.01, subdivision 4.

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

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

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

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

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

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

13 Subp. 18. **Child with severe emotional disturbance.** "Child with severe emotional
14 disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision
15 6.

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

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

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

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

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

6 Subp. 23. **Criminal sexual behavior.** "Criminal sexual behavior" means any sexual
7 behavior as identified in Minnesota Statutes, sections 609.293 to 609.352, 609.36, 609.365,
8 609.79, 609.795, and 617.23 to 617.294.

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

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

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

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

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

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

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

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

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

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

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

23 Subp. 35. **Extended jurisdiction juvenile or EJJ.** "Extended jurisdiction juvenile" or
24 "EJJ" means a person who has been convicted of a felony and been designated by the
25 court as an extended jurisdiction juvenile according to Minnesota Statutes, section
26 260B.130, and was subject to a disposition under Minnesota Statutes, section 260B.198.

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

3 Subp. 37. **Foster care.** "Foster care" has the meaning given in part 9560.0521, subpart
4 9.

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

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

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

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

- 17 A. weekly use to intoxication;
- 18 B. inability to function in a social setting without becoming intoxicated;
- 19 C. driving after consuming sufficient chemicals to be considered legally impaired
20 under Minnesota Statutes, section 169A.20, whether or not an arrest takes place;
- 21 D. excessive spending on chemicals that results in an inability to meet financial
22 obligations;
- 23 E. loss of friends due to behavior while intoxicated; or
- 24 F. chemical use that prevents the individual from meeting work, school, family, or
25 social obligations.

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

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

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

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

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

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

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

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

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

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

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

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

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

- 15 A. daily use required for adequate functioning;
- 16 B. an inability to abstain from use;
- 17 C. repeated efforts to control or reduce excessive use;
- 18 D. binge use, such as remaining intoxicated throughout the day for at least two
19 days at a time;
- 20 E. periods of amnesia for events occurring while intoxicated; and
- 21 F. continuing use despite a serious physical disorder that the individual knows is
22 exacerbated by continued chemical use.

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

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

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

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

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

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

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

22 Subp. 60. **Resident district.** "Resident district" has the meaning given in part
23 3525.0200, subpart 19a.

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

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

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

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

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

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

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

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

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

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

24 B. the relationship between the persons is unequal; or

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

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

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

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

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

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

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

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

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

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

10 Subp. 79. **Victim.** "Victim" has the meaning given in Minnesota Statutes, section
11 611A.01, clause (b).

12 **2960.0030 ADMINISTRATIVE LICENSING.**

13 Subpart 1. **Scope.** The administrative licensing requirements of this part apply to
14 facilities licensed under parts 2960.0010 to 2960.0290 and programs certified under parts
15 2960.0300 to 2960.0710.

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

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

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

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

- 1 (a) the applicant's name and address;
- 2 (b) the name and location of the program;
- 3 (c) the geographic area to be served, if applicable;
- 4 (d) the type of license or certification being requested;
- 5 (e) the requested license capacity; and
- 6 (f) the age limits of persons served by the applicant, if applicable.

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

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

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

15 (5) The applicant must:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 **Subp. 4. Criteria for licensure and certification by Department of Human Services.**

14 License and certification applicants who meet the criteria in this subpart must submit a
15 completed application to the Department of Human Services Licensing Division
16 according to Minnesota Statutes, section 245A.04. The applicant must plan to:

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

19 B. operate a group residential program;

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

23 D. operate a foster home.

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

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

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

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

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

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

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

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

15 A variance issued by the Department of Human Services must meet the requirements of
16 Minnesota Statutes, section 245A.04, subdivision 9. A variance issued by the
17 Department of Corrections must meet the requirements of Minnesota Statutes, section
18 241.021. The decision of the commissioner of human services or corrections to grant or
19 deny a variance request is final and not subject to appeal under Minnesota Statutes,
20 chapter 14.

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

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

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

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

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

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

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

15 F. failure to submit a completed application.

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

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

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

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

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

10 A. the name of the license holder;

11 B. the address of the program;

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

13 D. the type of license;

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

15 F. any special conditions of licensure; and

16 G. any certification which is granted to the program.

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

20 **2960.0040 STATEMENT OF INTENDED USE.**

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

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

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

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

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

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

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

17 **2960.0050 RESIDENT RIGHTS AND BASIC SERVICES.**

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

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

22 B. right to a reasonable degree of privacy;

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

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

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

1 F. right to adequate medical care;

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

3 H. right to live in clean, safe surroundings;

4 I. right to receive a public education;

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

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

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

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

15 N. right to courteous and respectful treatment;

16 O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and
17 253B.03;

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

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

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

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

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

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

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

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

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

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

17 **2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND**
18 **COMMUNITY INVOLVEMENT.**

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

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

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

6 **Subp. 3. Program evaluation.**

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

9 (1) accidents;

10 (2) the use of restrictive procedures;

11 (3) grievances;

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

14 (5) results of a resident and family satisfaction survey required in part
15 2960.0140, subpart 1;

16 (6) information from subparts 1 and 2; and

17 (7) critical incidents.

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

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

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

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

3 Subp. 6. **Community involvement.** Each facility must have a board of directors or
4 advisory committee that represents the interests, concerns, and needs of the residents
5 and community being served by the facility. The board of directors or advisory
6 committee must meet at least annually. The license holder must meet at least annually
7 with community leaders representing the area where the facility is located to advise the
8 community leaders about the nature of the program, the types of residents served, the
9 results of the services the program provided to residents, the number of residents
10 served in the past 12 months, and the number of residents likely to be served in the next
11 12 months.

12 **2960.0070 ADMISSION POLICY AND PROCESS.**

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

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

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

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

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

26 D. seek the approval of the commissioner of corrections to serve EJJ's who are older
27 than 19 years of age in the same facility with residents who are less than 19 years of age.

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

4 A. legal authority for resident placement; and

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

7 (1) date and time of admission;

8 (2) name and nicknames;

9 (3) last known address and permanent address;

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

11 (5) gender;

12 (6) date and place of birth;

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

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

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

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

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

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

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

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

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

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

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

16 C. License holders and program staff must not:

17 (1) borrow money from a resident;

18 (2) purchase personal items from a resident;

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

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

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

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

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

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

7 (2) The mental health screening must be administered.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 **2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 A. The license holder must not subject residents to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 (a) the needs and behaviors of residents;

16 (b) building relationships with residents;

17 (c) alternatives to time-out;

18 (d) de-escalation methods;

19 (e) avoiding power struggles with residents; and

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

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

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

- 1 (a) the factors or circumstances which caused the need for the use of time-out;
- 2 (b) the resident's response to the time-out;
- 3 (c) the resident's ability to de-escalate during the time-out procedure; and
- 4 (d) the resident's ability to maintain acceptable behavior after the time-out.

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

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

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

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

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

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

20 D. cultural sensitivity, including the provision of interpreters and English
21 language skill development to meet the needs of facility residents as required by Laws
22 1995, chapter 226, article 3, section 60, subdivision 2, paragraph (2), clause (v).

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

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

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

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

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

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

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

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

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

1 (3) cooperate with the school district.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 F. Prescription medicine belonging to a resident must be given to the resident's
22 parent or legal guardian upon the resident's release or must be disposed of according to
23 a pharmacy-approved plan. The license holder must note the disposition of the
24 resident's medicine in the resident's file. The license holder must give a resident who is
25 18 years of age or older the prescription medication prescribed for the resident.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 2960.0090 DISCHARGE AND AFTERCARE.

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

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

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

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

14 **2960.0100 PERSONNEL POLICIES.**

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

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

17 B. identifies the assignments of facility staff; and

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

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

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

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

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

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

16 (2) relevant statutes and administrative rules and legal issues, including
17 reporting requirements for abuse and neglect specified in Minnesota Statutes, sections
18 626.556 and 626.557, and other reporting requirements based on the ages of the
19 residents;

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

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

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

26 (6) data practices regulations and issues.

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

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

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

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

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

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

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

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

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

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

3 **2960.0110 PHYSICAL ENVIRONMENT AND EQUIPMENT.**

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

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

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

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

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

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

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

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

20 **2960.0120 PHYSICAL PLANT STANDARDS.**

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

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

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

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

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

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

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

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

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

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

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

24 **ADDITIONAL STANDARDS FOR GROUP RESIDENTIAL SETTINGS**

25 **2960.0130 PURPOSE AND APPLICABILITY.**

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

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

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

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

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

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

14 **2960.0140 QUALITY ASSURANCE, IMPROVEMENT, AND PROGRAM**
15 **OUTCOMES.**

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

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

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

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

1 (3) provisions for the resident's safety;

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

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

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

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

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

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

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

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

22 **2960.0150 PERSONNEL POLICIES.**

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

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

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

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

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

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

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

16 (1) strip searches;

17 (2) witnessing or assisting at internal body searches;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (1) the age of the resident being served;

- 1 (2) the resident's physical and mental health;
- 2 (3) the vulnerability of the resident;
- 3 (4) the resident's capacity for self-preservation in the event of any emergency;
- 4 (5) the degree to which the resident may be a threat to self or others;
- 5 (6) the risk of the resident absconding;
- 6 (7) the gender of the resident;
- 7 (8) the disability of the resident; and
- 8 (9) the number and types of education service programs offered or coordinated
9 for the resident.

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

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

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

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

1 (1) culturally competent care;

2 (2) racial bias and racism issues;

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

4 (4) sexual orientation issues; and

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

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

11 **2960.0160 ADMISSION POLICIES AND PROCESS.**

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

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

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

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

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

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

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

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

17 (2) current biomedical condition;

18 (3) emotional or behavioral problems;

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

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

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

25 (7) susceptibility to abuse or neglect; and

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

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

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

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

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

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

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

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

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

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

23 **2960.0170 CLASSIFICATION AND SEPARATION OF RESIDENTS.**

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

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

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

9 **2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES.**

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

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

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

18 (1) For group residential facilities offering educational services on site, there
19 must be a 12-month comprehensive and continuous education program for residents
20 that meets the requirements of Laws 1995, chapter 226, article 3, section 60, subdivision
21 2, clause (2)(ix), and rules of the Department of Children, Families, and Learning.

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

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

26 B. Each resident must have a treatment plan.

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

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

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

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

14 ~~(5)~~ (4) The license holder must assign every resident to a designated staff person
 15 to ensure regular face-to-face contact and to monitor and assist the resident to
 16 implement the treatment plan.

17 ~~(6)~~ (5) The license holder must make individualized written progress reports
 18 available to the resident's parent or legal guardian upon request.

19 ~~(7)~~ (6) The license holder must forward written educational progress reports to
 20 the resident's school district of residence, if it is likely that the resident will return to the
 21 resident's district of residence, unless prohibited by law.

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

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

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

- 1 (1) admission and release records;
- 2 (2) resident personal property records;
- 3 (3) special occurrence or incident records;
- 4 (4) records of staff and volunteer training;
- 5 (5) food service records;
- 6 (6) daily log records;
- 7 (7) records about which services were provided to each resident, outcomes of
- 8 treatment for each resident, and outcomes for program services and program evaluation
- 9 reports;
- 10 (8) medical and dental records;
- 11 (9) disciplinary records and records of appeals;
- 12 (10) special and regular education records; and
- 13 (11) resident, family, and referring agency satisfaction survey; and

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

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

23 2960.0190 DISCHARGE AND AFTERCARE.

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

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

12 B. The transition services plan must include at least the elements in subitems (1) to
13 (7):

- 14 (1) housing, recreation, and leisure arrangements;
- 15 (2) appropriate educational, vocational rehabilitation, or training services;
- 16 (3) a budget plan and a description of the resident's financial and employment
17 status;
- 18 (4) transportation needs;
- 19 (5) treatment services;
- 20 (6) health services; and
- 21 (7) personal safety needs.

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

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

- 3 (1) the resident;
- 4 (2) the resident's case manager and parent, if permitted, or legal guardian;
- 5 (3) the providing school district; and
- 6 (4) the school district the resident will go to, if known.

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

- 10 A. identify which services, including education, were provided directly or
11 indirectly to the resident and who provided the services; and
- 12 B. identify the services, including education, that were recommended in the
13 resident's case plan or treatment plan but were not provided to the resident.

14 **2960.0200 PHYSICAL PLANT AND ENVIRONMENT.**

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

- 16 A. Buildings, structures, or enclosures used by the facility, including walls, floors,
17 ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair.
- 18 B. Written policies and procedures must specify the facility's fire prevention
19 protocols, including fire drills, and practices to ensure the safety of staff, residents, and
20 visitors. The policies must include provisions for adequate fire protection service,
21 inspection by local or state fire officials, and placement of fire hoses or extinguishers at
22 appropriate locations throughout the facility.

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

1 D. The license holder must have a written smoking policy for the facility that
2 applies to staff and residents that complies with Minnesota Statutes, sections 144.411 to
3 144.417, and Public Law 103-227, title X, section 1043.

4 **2960.0210 FACILITY AND EQUIPMENT CODES.**

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

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

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

14 **2960.0220 NEW CONSTRUCTION STANDARDS.**

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

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

23 **ADDITIONAL STANDARDS FOR DETENTION SETTINGS**

24 **2960.0230 PURPOSE AND APPLICABILITY.**

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

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

4 Subp. 2. **Applicability.** Parts 2960.0230 to 2960.0290 apply to any unit of government,
5 individual, corporation, limited liability corporation, partnership, voluntary association,
6 other organization, or controlling individual that operates a facility that provides
7 detention services on a 24-hour basis to a juvenile who is alleged to be a delinquent, an
8 adjudicated delinquent, an extended jurisdiction juvenile, or a child in need of
9 protection or services on predispositional status who is at least ten years old but not
10 older than 21 years old. The facility classifications governed by parts 2960.0230 to
11 2960.0290 are:

12 A. secure detention facilities;

13 B. eight-day temporary holdover facilities; and

14 C. 24-hour temporary holdover facilities.

15 **2960.0240 PERSONNEL POLICIES.**

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

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

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

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

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

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

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

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

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

15 (1) strip searches;

16 (2) witnessing or assisting at internal body searches;

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

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

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

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

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

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

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

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

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

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

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

7 (4) Staff supervising residents in a secure 24-hour temporary holdover facility
8 must remain at their posts at all times. Staff must document residents' behavior at
9 30-minute intervals.

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

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

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

23 (1) the age of the resident being served;

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

25 (3) the vulnerability of the resident;

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

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

3 (6) the risk of the resident absconding;

4 (7) the gender of the resident;

5 (8) the disability of the resident; and

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

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

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

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

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

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

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

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

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

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

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

7 (2) Staff employed in a 24-hour temporary holdover facility must complete the
8 24-hour juvenile care attendant workshop sponsored by the Department of Corrections
9 during their first six months of employment. Volunteers or staff who have not
10 completed the workshop, but have received and completed the required orientation
11 training, may work alone on a shift.

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

19 **2960.0250 ADMISSION AND RELEASE POLICY AND PROCESS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 **2960.0260 CLASSIFICATION, AND SEPARATION, ~~AND SEGREGATION~~ OF**
19 **RESIDENTS.**

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

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

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

13 **2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE**
14 **REQUIREMENTS, SERVICES, AND PROGRAMS.**

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

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

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

5 Subp. 4. **Medical services.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1 (3) the right of written notice of major charges made against the resident;
- 2 (4) the right to internal review; and
- 3 (5) the appeal process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 **2960.0280 NEW CONSTRUCTION STANDARDS.**

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

1 **2960.0290 PHYSICAL PLANT AND EQUIPMENT CODES.**

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

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

8 **PROGRAM CERTIFICATION STANDARDS FOR SECURE PROGRAMS**

9 **2960.0300 PURPOSE AND APPLICABILITY.**

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

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

16 Subp. 3. **License requirements.** A program certified under parts 2960.0300 to
17 2960.0420 must meet the requirements of parts 2960.0010 to 2960.0120 and be licensed as
18 a group residential setting according to parts 2960.0130 to 2960.0220 or as a detention
19 setting according to parts 2960.0230 to 2960.0290.

20 **2960.0310 STATEMENT OF PROGRAM OBJECTIVES.**

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

25 **2960.0320 PROGRAM SERVICES STANDARDS.**

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

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

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

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

12 **2960.0330 ADMISSION AND CONTINUED STAY.**

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

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

20 **2960.0340 SECURITY STANDARDS.**

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

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

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

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

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

14 **2960.0350 DISCHARGE.**

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

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

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

20 C. the legal authority to hold the resident expires.

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

24 **2960.0360 SECURITY POLICIES AND PROCEDURES.**

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

2960.0360

- 1 A. control and recovery of contraband;
- 2 B. delivery and service procedures;
- 3 C. prohibition of firearms and other weapons in resident areas and measures to
4 ensure that weapons are inaccessible to residents;
- 5 D. search procedures;
- 6 E. escort of residents outside the secured area; and
- 7 F. one-half hour interval well-being checks, when residents are not under direct
8 supervision.

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

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

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

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

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

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

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

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

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

6 **2960.0370 LOCKS AND KEYS.**

7 Subpart 1. **Storage.**

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

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

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

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

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

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

22 **2960.0380 WEAPONS, TOOLS, EQUIPMENT, AND HAZARDOUS SUBSTANCES.**

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

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

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

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

6 **2960.0390 COUNT PROCEDURE.**

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

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

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

14 **2960.0400 HOSPITALIZATION OF RESIDENTS.**

15 When a resident requires hospitalization, the resident must be supervised on a
16 24-hour-a-day basis unless the conditions in items A and B have been satisfied:

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

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

20 **2960.0410 RESTRICTIVE PROCEDURES.**

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

24 **2960.0420 SECURE PHYSICAL PLANT STANDARDS.**

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

**CHEMICAL DEPENDENCY TREATMENT PROGRAM
CERTIFICATION STANDARDS**

2960.0430 PURPOSE.

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

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

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

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

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

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

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

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

2960.0440 APPLICABILITY.

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

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

1 B. A residential program that addresses the chemical use problems of a person
2 older than 15 years of age, and under 21 years of age must either be licensed under parts
3 2960.0010 to 2960.0220 and certified under parts 2960.0430 to 2960.0490 or be licensed
4 under parts 9530.4100 to 9530.4450.

5 **2960.0450 CHEMICAL DEPENDENCY TREATMENT SERVICES.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 **2960.0460 STAFF QUALIFICATIONS.**

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

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

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

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

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

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

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

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

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

11 C. The individual knows and understands the implications of parts 2960.0010 to
12 2960.0710 and Minnesota Statutes, sections 626.556 and 626.557.

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

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

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

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

22 Subp. 6. **Counselor licensing.** A counselor governed by Minnesota Statutes, chapter
23 148C, must have a current license according to parts 4747.0010 to 4747.1600. The
24 commissioner of human services shall accept documentation of current licensure as
25 satisfying the requirements in subpart 5.

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

4 A. the individual has at least a baccalaureate degree including 480 hours of alcohol
5 and drug education in which each of the core functions in Minnesota Statutes, chapter
6 148C, is covered; and has successfully completed 880 hours of supervised experience as
7 an alcohol and drug counselor, either as a student or as an employee;

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

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

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

23 A. knowledge of resident rights and staff responsibilities as outlined in parts
24 2960.0050 and 2960.0150;

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

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

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

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

7 **2960.0470 STAFFING REQUIREMENTS.**

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

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

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

25 **2960.0480 ADMISSION AND DISCHARGE POLICIES.**

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

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

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

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

15 B. All denials of admission that involve the commission of a crime against a license
16 holder's property, as provided under Code of Federal Regulations, title 42, section
17 2.12(c)(5), must be reported to a law enforcement agency with proper jurisdiction.

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

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

24 B. staff must follow when a resident leaves against staff or medical advice and
25 when the resident may be dangerous to self or others.

26 **2960.0490 INDIVIDUAL TREATMENT PLAN.**

1 Subpart 1. **Treatment plan required.** The certificate holder must meet the treatment
2 plan requirements of subparts 2 and 3. These treatment plan requirements may be
3 substituted for the requirements of part 2960.0180, subpart 2, item B, if chemical
4 dependency is the only certificate the license holder has been issued.

5 Subp. 2. **Plan must reflect resident's current condition.** An individual treatment plan
6 for a resident in a certified chemical dependency program must continually evolve
7 based on new information gathered about the resident's condition and whether planned
8 treatment interventions have had the intended effect. The plan must provide for the
9 involvement of the resident's family at the earliest opportunity consistent with the
10 resident's treatment needs. The plan begins on completion of the comprehensive
11 assessment and is subject to amendment until the resident is discharged.

12 The resident must have an opportunity to have active, direct involvement in selecting
13 the anticipated outcomes of the treatment process and in developing the individual
14 treatment plan. The individual treatment plan must be signed by the resident and a
15 licensed alcohol and drug counselor, and the participation of others must be noted in
16 the plan. The individual treatment plan and documentation related to it must be kept at
17 the facility in the resident's case file and also sent to other professionals as indicated
18 within designated time lines.

19 Subp. 3. **Plan contents.** An individual treatment plan must include:

20 A. resources to which the resident is being referred for problems to be addressed
21 concurrently outside the program and why the referral was made;

22 B. treatment goals in each of the evaluation areas in which a problem has been
23 identified in part 2960.0160, subpart 2, item E;

24 C. specific objectives to be used to address the problems in item B, including
25 frequency of intervention, and expected outcomes for each goal. The objectives must be
26 appropriate to the resident's language and reading skills and must consider the
27 resident's cultural background and other strengths and assets;

1 D. specific intervals at which resident progress must be reviewed; and

2 E. anticipated outcomes that are to be met before the resident is discharged.

3 Subp. 4. **Progress notes.** Progress notes must be entered in a resident's file at least
4 daily and must indicate the type and amount of each service the resident has received
5 weekly and whether the services have had the desired impact. All entries in resident
6 records must be legible, signed by staff, with title indicated, and dated.

7 Subp. 5. **Plan reviews.** The individual treatment plan must be reviewed by an alcohol
8 and drug counselor at the intervals identified in subpart 3, item D, and no less
9 frequently than every two weeks, and the specific services changed if expected
10 outcomes are not being achieved. A resident must be notified of the right to access a
11 plan review.

12 Subp. 6. **Client records.** Client records must be maintained and information released
13 from them only according to Code of Federal Regulations, title 42, subchapter A,
14 sections 2.1 and 2.2.

15 **2960.0500 TRANSITIONAL SERVICES CERTIFICATION.**

16 Subpart 1. **Purpose.** This part establishes the minimum standards that a transitional
17 services program must meet to qualify for certification. A transitional services program
18 provides congregate, scattered site, or cooperative housing for residents considered to
19 be targeted youth according to Minnesota Statutes, section 256E.115, subdivision 1,
20 paragraph (a), clause (1).

21 Subp. 2. **Applicability.** This part governs a license holder who provides transitional
22 services to residents.

23 Subp. 3. **License requirements.** A program certified under this part must meet the
24 requirements of parts 2960.0010 to 2960.0120, except as noted in subpart 4.

25 Subp. 4. **Exemptions.** A transitional services program is exempt from the
26 requirements of parts 2960.0070, subparts 4 and 5; 2960.0080, subparts 3, 4, items C to E,

1 5, 6, 8 to 13, and 15; 2960.0090, subpart 3; 2960.0120, subpart 2, items A, C, and G; and
2 2960.0130 to 2960.0220.

3 Subp. 5. **Description.** A transitional services program serves residents 16 to 21 years
4 old according to the resident's independent living plan. Transitional services program
5 services include housing, independent living skills training, and related supportive
6 services. A transitional services program is designed to prepare a resident to live
7 independently or reintegrate to a community setting following a stay in transitional
8 housing. A resident may be housed in a community setting that includes individual or
9 shared apartments, rental rooms, or other rental housing or in a congregate living
10 program.

11 Subp. 6. **Statement of program outcomes.** The license holder must have written
12 policies that identify program outcomes and promote the resident's development of
13 independent living skills. The program services offered by the license holder must
14 support the resident's reintegration into the community and be consistent with the
15 resident's independent living plan.

16 Subp. 7. **Outcome measures.** The license holder must measure, at least quarterly, the
17 outcomes of services provided to the resident by the license holder that were intended
18 to promote the resident's development of independent living skills. The license holder
19 must document the measurement of outcomes. The documentation must note:

20 A. whether the provided services promoted the development of independent
21 living skills;

22 B. the extent to which the resident has developed independent living skills; and

23 C. the license holder's success in achievement of the program outcomes identified
24 according to subpart 6.

25 The commissioner of human services may require the license holder to measure
26 specific factors related to the outcomes identified in subpart 6, and gather demographic
27 information on residents.

1 Subp. 8. **Program effectiveness.** The license holder must monitor and annually
2 evaluate the effectiveness of the facility's programs. The license holder must evaluate
3 resident satisfaction with individual program services. The license holder must use the
4 information gathered from the evaluations and program monitoring as a guide to
5 improve program services.

6 Subp. 9. **Community involvement.** The facility must have a board of directors or
7 advisory committee that represents the interests, concerns, and needs of the residents
8 and community served by the facility. The license holder must meet the requirements of
9 subparts 6 to 9 instead of the requirements of part 2960.0060.

10 Subp. 10. **Admission.** The license holder may admit persons to a transitional services
11 program who are eligible for admission and meet the criteria in this subpart. The license
12 holder must determine whether a resident meets the criteria in item A, B, or C, and part
13 2960.0070, subpart 2, prior to admission. The license holder must determine that:

14 A. the resident must be leaving out-of-home placement, homeless, or at risk of
15 homelessness;

16 B. the resident must be employed or seeking employment or enrolled in an
17 academic or vocational program; and

18 C. youth who have the following behaviors will not be admitted to the program:

19 (1) current drug or alcohol problems;

20 (2) recent history of violent behavior; and

21 (3) a mental health disorder or issue that is not being resolved through
22 counseling or treatment.

23 The license holder must use the admission requirements of this subpart instead of the
24 admission requirements in part 2960.0070, subparts 2 and 3, item B, subitem (8).

25 Subp. 11. **Criteria for termination of services.** The license holder, in conjunction with

1 the resident, shall establish a service termination plan for the resident that specifies how
2 services will be terminated and the actions to be performed by the involved agencies,
3 including necessary referrals for other ongoing services.

4 Subp. 12. **Supervision standards.** The license holder must provide supervision
5 according to items A to C.

6 A. For a resident living in congregate or cooperative housing arrangements, the
7 license holder must provide at least 12 hours of on-site supervision during weekday
8 evening and early morning hours, to be increased to 16 hours of supervision on
9 weekends.

10 B. For a resident served by the transitional services program, the license holder
11 must designate an on-call staff person who must be at least available by telephone or
12 pager to respond to requests for assistance from a resident during hours when a staff
13 person is not on site. A resident must be seen by a staff person at least three times per
14 week. Each site where a resident resides must be visited by a staff person at least three
15 times per week.

16 C. The license holder must develop a supervision plan that is based on the youth
17 served and approved by the licensing agency. Depending upon the assessment of the
18 youth served by the program, the commissioner of human services may require the
19 license holder to provide 24-hour supervision of residents.

20 Subp. 13. **Services required.** The license holder must provide the services or adequate
21 access to the services in this subpart. The following services must be consistent with the
22 resident's independent living plan:

23 A. counseling services, to help individual residents and their families;

24 B. job services, to help residents prepare for or secure employment;

25 C. living skills training, to help a resident prepare for independent living;

26 D. education services, to assist a resident to enroll in academic programs if the
27 resident is not currently enrolled in a program; and

1 E. related supportive services such as assistance in locating housing, budgeting,
2 meal preparation, or other services, to meet the needs of the resident and improve the
3 resident's ability to live independently.

4 Subp. 14. **Custodial minor parent programs.** In addition to the services in subpart 13,
5 the following services or access to the following services must be available from the
6 license holder for custodial parents:

7 A. training in child development and parenting skills; and

8 B. child care services or access to child care services when custodial parents are in
9 school, at work, or otherwise unable to care for their children.

10 Subp. 15. **Residence.** The place of residence provided to a resident by the license
11 holder must meet the needs of residents, including residents with disabilities.

12 CERTIFICATION STANDARDS FOR SHELTER CARE SERVICES

13 2960.0510 PURPOSE AND APPLICABILITY.

14 Subpart 1. **Purpose.** Parts 2960.0510 to 2960.0530 establish additional minimum
15 standards that a facility providing shelter care services must meet to qualify for
16 certification.

17 Subp. 2. **Applicability.** Parts 2960.0510 to 2960.0530 apply to a unit of government,
18 individual, corporation, limited liability corporation, partnership, voluntary association,
19 other organization, entity, or controlling individual that operates a facility that provides
20 shelter care services to a resident on a 24-hour-a-day basis. Parts 2960.0510 to 2960.0530
21 do not apply to foster care settings licensed according to parts 2960.3000 to 2960.3340.

22 Subp. 3. **License requirements.** Programs certified under this part must meet the
23 requirements of parts 2960.0010 to 2960.0120.

24 2960.0520 SERVICES.

25 Subpart 1. **General requirements.** A facility that is certified to provide shelter
26 services must meet the requirements of parts 2960.0010 to 2960.0120.

1 Subp. 2. **Shelter programs.** A shelter program must offer the additional services in
2 items A to C.

3 A. Instead of the requirements in part 2960.0070, subpart 5, the license holder
4 must:

5 (1) assess the resident's vulnerability to maltreatment and develop a plan to
6 reduce the resident's risk of maltreatment while in the shelter; and

7 (2) assess the resident's situation, condition, and immediate needs as a basis for
8 developing a plan to meet the resident's needs for basic services in part 2960.0080,
9 subparts 2 and 3.

10 B. Instead of the requirements in part 2960.0070, subpart 5, item A, subitem (1), the
11 license holder must, within 24 hours of admitting a resident to shelter services, arrange
12 for a qualified professional according to this item to conduct a basic health screening to
13 determine if a resident needs a physical ~~examination by a physician~~ or dental
14 examination by a ~~dentist~~ medically licensed person. If the need for an examination is
15 determined, the license holder must notify the resident's case manager of the need to
16 make an appointment with a ~~licensed physician or dentist~~ medically licensed person to
17 complete the required examination and document notification of the case manager. A
18 qualified professional is:

19 (1) a certified pediatric nurse practitioner;

20 (2) a licensed nurse trained to do child and teen checkups;

21 (3) a certified family nurse practitioner; or

22 (4) a registered nurse experienced in the care of children in a shelter facility
23 under the direction of a physician.

24 C. If a resident remains in a shelter for more than ten days, the license holder must
25 follow the discharge requirements of part 2960.0190, subparts 1, item A; and 2, and must
26 note the name and address of the party the resident was released to following discharge.

1 Subp. 3. **Plan for immediate needs.** Within 24 hours of admitting a resident, the
2 license holder must develop a plan for meeting the resident's immediate needs. The
3 plan for meeting the immediate needs of a resident in this subpart may be used in lieu
4 of the individual treatment plan. The plan must:

5 A. identify what is immediately needed to help stabilize or ameliorate the
6 resident's situation, behavior, or condition based on the assessment in subpart 2;

7 B. specify short-term objectives and methods for meeting the needs identified in
8 item A; and

9 C. indicate the license holder's responsibilities for meeting the resident's needs
10 identified by the placing agency.

11 Subp. 4. **Shelter staffing pattern and minimum staff to resident ratio.** Shelter
12 services programs must meet the requirements of this subpart.

13 A. During normal waking hours, when residents are present, a program certified
14 to provide shelter services to residents must not have a ratio of staff who provide care
15 services to residents less than the requirements of subitems (1) to (4):

16 (1) at least one staff person to three residents, if the residents are less than six
17 years old;

18 (2) at least one staff person to four residents, if the residents are six to eight years
19 old;

20 (3) at least one staff person to six residents, if the residents are nine to 11 years
21 old; and

22 (4) at least one staff person to eight residents, if the residents are 12 to 18 years
23 old.

24 B. During normal sleeping hours, a program certified to provide shelter services to
25 residents must maintain a ratio of staff who provide care services to residents which is
26 not less than the requirements of subitems (1) and (2):

1 (1) at least one staff person to seven residents, if the residents are less than nine
2 years old; or

3 (2) at least one staff person to 12 residents, if the residents are nine years old or
4 older.

5 C. The license holder must not assign staff in a manner that invades the privacy of
6 residents or embarrasses or diminishes the dignity of residents.

7 The license holder may assign medically licensed staff and purchase the services of
8 persons who are medically licensed to care for or treat residents of the opposite sex.

9 Subp. 5. **Criteria for emergency use of restrictive procedures.** Shelter facilities that
10 want to use restrictive procedures may use restrictive procedures according to the
11 program's statement of intended use if the license holder is certified to use restrictive
12 procedures according to part 2960.0710.

13 **2960.0530 LIMITATIONS ON LENGTH OF STAY.**

14 Subpart 1. **90-day limit.** A program providing shelter must not retain a resident
15 longer than 90 days. The license holder must apply for a variance to retain a resident in
16 a shelter beyond 90 days.

17 Subp. 2. **30-day review.** If a resident remains in a shelter program for more than 30
18 days, the license holder must review the need for the resident to remain in a shelter
19 program and consider alternative placement plans. The written summary of the review
20 of the resident's need to remain in a shelter beyond 30 days must be placed in the
21 resident's file and a copy sent to the placing agency.

22 **CERTIFICATION STANDARDS FOR CORRECTIONAL PROGRAM SERVICES**

23 **2960.0540 PURPOSE AND APPLICABILITY.**

24 Subpart 1. **Purpose.** Parts 2960.0540 to 2960.0570 establish program certification
25 requirements that govern facilities providing correctional program services to residents
26 in licensed facilities.

1 Subp. 2. **Applicability.** Parts 2960.0540 to 2960.0570 apply to a licensed facility
2 providing correctional program services.

3 Subp. 3. **License requirements.** Programs certified under parts 2960.0540 to 2960.0570
4 must meet the requirements of parts 2960.0010 to 2960.0120 and be licensed as either a
5 group residential setting according to parts 2960.0130 to 2960.0220 or a family foster
6 setting according to parts 2960.3000 to 2960.3230.

7 **2960.0550 PROGRAM CERTIFICATION APPROVAL.**

8 Subpart 1. **Certification authority.** Correctional program services must be approved
9 and certified by the Department of Corrections.

10 Subp. 2. **Certification applicability.** Group residential settings and family foster
11 settings may be certified to provide correctional program services according to parts
12 2960.0540 to 2960.0570.

13 Subp. 3. **Program certification approval.** A license holder who wishes to be certified
14 to offer correctional program services must apply for certification to the certifying
15 authority on forms approved by the certifying authority. The certifying authority must
16 decide whether to approve the license holder's application for certification based on the
17 information provided on the completed application and on an inspection of the
18 program and facts gathered by the certifying authority. The certification document must
19 state how long the program will care for residents in the program and describe the
20 program content and types and amounts of services offered to residents.

21 Subp. 4. **Minimum criteria for certification.** The certificate holder must meet the
22 requirements of items A to D.

23 A. The license holder must identify specific, measurable outcomes that indicate
24 that the license holder will meet the needs of the target population served by the
25 facility's program. The measurable outcomes must be directly related to the program
26 objectives stated in the license holder's correctional program services certification
27 application.

1 B. The certification applicants must offer at least the services in subitems (1) to (4)
2 in their correctional services program:

3 (1) social and interpersonal skills development to achieve the outcomes in units
4 (a) to (d):

5 (a) the resident resolves conflict in an appropriate manner;

6 (b) the resident develops and maintains supportive relationships;

7 (c) the resident communicates and interacts appropriately with peers and
8 adults; and

9 (d) the resident is aware of race and gender bias issues;

10 (2) chemical use and abuse awareness;

11 (3) correctional programming to achieve the outcomes in units (a) and (b):

12 (a) the resident makes reparations for past behavior; and

13 (b) the resident addresses relationships with the resident's family,
14 community, and school; and

15 (4) transition and life skills development to achieve the outcomes in units (a)
16 and (b):

17 (a) the resident practices age appropriate self-care and self-reliance; and

18 (b) the resident is released with a place to live, a plan for constructive daily
19 activity, a means of financial support, and a system to support continued progress in the
20 community.

21 C. The license holder must notify the placement agency that the license holder
22 cannot meet the resident's needs if the license holder's program of correctional program
23 services inadequately addresses the resident's needs that were identified through
24 screening or assessment. The license holder must document notification of the
25 placement agency and the action taken by the placement agency in response to
26 notification from the license holder.

1 D. The license holder must implement a plan that provides opportunities for
2 physical exercise and recreational activities for residents. The plan must include at least
3 the following requirements:

4 (1) regulations that are reasonable and necessary to protect the facility's security
5 and the resident's welfare;

6 (2) at least two hours daily of organized and supervised physical exercise and
7 recreational activities and leisure time activities for residents, excluding time spent
8 watching television. Organized and supervised physical exercise and recreational
9 activities include preplanned exercise or activities that are supervised and directed by
10 qualified or trained staff;

11 (3) provisions for indoor space and equipment for active recreation; and

12 (4) provisions for outdoor recreational space, equipment, and supportive staff
13 for outdoor recreational program services.

14 **2960.0560 PERSONNEL STANDARDS.**

15 Subpart 1. **Staffing plan approval.** In addition to the staffing plan approval criteria in
16 parts 2960.0100 and 2960.0150, subpart 3, the certifying authority must use the criteria in
17 items A and B to approve a correctional program services staffing plan.

18 A. A facility having 25 or more residents must have at least one staff person
19 designated to develop, implement, and coordinate recreational programs for the
20 residents. The person designated to develop, implement, and coordinate the recreational
21 programs must have the training or experience needed to perform the duties of the
22 position.

23 B. In coeducational or female-only programs, female resident housing units must,
24 at a minimum, have one female staff person on duty during night time hours. The
25 license holder must exceed the minimum staff-to-resident ratio if necessary to meet this
26 requirement.

1 Subp. 2. **Staff qualifications.** In addition to the requirements of parts 2960.0100 and
2 2960.0150, the license holder must designate an individual as:

3 A. the administrator, who must have at least a bachelor's degree in the behavioral
4 sciences, public administration, or a related field. The administrator must be responsible
5 for ongoing operation of the facility, and maintenance and upkeep of the facility; and

6 B. a program director, who must have the qualifications in subitems (1) and (2):

7 (1) a bachelor's degree in the behavioral sciences or a related field with at least
8 two years of work experience providing correctional services to residents; and

9 (2) one year of experience or training in program administration and
10 supervision of staff.

11 Subp. 3. **Supervision of treatment.** The program director must:

12 A. supervise the development of each resident's individual treatment plan;

13 B. be involved in the resident's treatment planning process and sign the resident's
14 individual treatment plan;

15 C. supervise the implementation of the individual treatment plan and the ongoing
16 documentation and evaluation of each resident's progress; and

17 D. document on a biweekly basis a review of all the program services provided for
18 the resident in the preceding week.

19 Subp. 4. **Initial staff orientation training.** A staff person who provides correctional
20 program services must complete orientation training related to the specific job functions
21 for which the staff person was hired and the needs of the residents the person is serving.
22 During the first 45 calendar days of employment, and before assuming sole
23 responsibility for care of residents, staff who provide correctional program services
24 must complete training in the topics in items A to G:

25 A. the license holder's policies and procedures related to correctional program
26 services;

1 B. resident rights;

2 C. emergency procedures;

3 D. policies and procedures concerning approved restrictive procedures;

4 E. rules of conduct and policies and procedures related to discipline of the
5 residents;

6 F. emergency and crisis services; and

7 G. problems and needs of residents and their families.

8 No staff person may participate in the use of physical holding, seclusion, or other
9 restrictive procedures with a resident before completing approved training according to
10 item D.

11 Subp. 5. **Individual staff development and evaluation plan.** The license holder must
12 ensure that an annual individual staff development and evaluation plan is developed
13 and implemented for each person who provides, supervises, or directly administers
14 correctional program services. The plan must:

15 A. be developed within 90 days after the person begins employment and at least
16 annually thereafter;

17 B. meet the staff development needs specified in the person's annual employee
18 evaluation; and

19 C. ensure that an employee who provides, supervises, or directly administers
20 program services has sufficient training to be competent to deliver the correctional
21 services assigned to the employee.

22 **2960.0570 FACILITY OPERATIONAL POLICIES AND PROCEDURES.**

23 Subpart 1. **Use of restrictive procedures.** Correctional facilities that want to use
24 restrictive procedures may use restrictive procedures according to the program's
25 statement of intended use if the license holder is certified to use restrictive procedures
26 according to part 2960.0710.

1 Subp. 2. **Critical incidents.** The certification holder must report critical incidents and
2 the disposition of the critical incidents to the Department of Corrections. Critical
3 incidents that involve or endanger the lives or safety of facility staff or residents must be
4 reported in writing to the certifying authority within ten days on forms approved by the
5 certifying authority.

6 Subp. 3. **Security policies and procedures.** The license holder must have security
7 policies and procedures that include the topics in items A to K:

8 A. control and recovery of contraband;

9 B. delivery and service procedure;

10 C. prohibition of firearms and other weapons in resident areas;

11 D. search procedures;

12 E. escort of residents outside security area;

13 F. one-half hour interval security inspection routines when residents are not under
14 direct supervision;

15 G. lock and key procedures;

16 H. inspection of physical plant procedures;

17 I. count procedures;

18 J. weapons, tools, equipment, medications, and hazardous substances; and

19 K. use of chemical irritants.

20 Subp. 4. **Information reporting required.** The license holder must report information
21 and statistics about program services, outcomes, and data about residents in the license
22 holder's facility to the commissioner of corrections according to Minnesota Statutes,
23 section 241.021, subdivision 1, paragraph (a).

24 **CERTIFICATION STANDARDS FOR PROGRAMS PROVIDING**
25 **RESIDENTIAL MENTAL HEALTH TREATMENT FOR CHILDREN**
26 **WITH SEVERE EMOTIONAL DISTURBANCE**

1 **2960.0580 PURPOSE.**

2 Subpart 1. **Purpose.** Parts 2960.0580 to 2960.0700 establish the minimum standards
3 that a residential treatment program serving a resident with severe emotional
4 disturbance must meet to qualify for certification. Parts 2960.0580 to 2960.0700 also
5 implement and must be read in conjunction with Minnesota Statutes, sections 245.487 to
6 245.4888.

7 Subp. 2. **Applicability.** Parts 2960.0580 to 2960.0700 govern license holders who
8 provide residential mental health services to children with severe emotional
9 disturbance.

10 Subp. 3. **Outcomes.** Compliance with the standards and requirements in parts
11 2960.0580 to 2960.0700 requires that services:

12 A. are provided as specified in an individual treatment plan based on the clinical
13 needs of the resident;

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

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

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

19 E. are provided by qualified people under the clinical supervision of a mental
20 health professional; and

21 F. meet the quality of services criteria in Minnesota Statutes, section 245.4876,
22 subdivision 1, that are applicable to residential treatment providers.

23 Subp. 4. **License requirements.** A program certified under parts 2960.0580 to
24 2960.0700 must meet the requirements of parts 2960.0010 to 2960.0120 and be licensed as
25 a group residential setting according to parts 2960.0130 to 2960.0220.

1 **2960.0590 PROGRAM AND SERVICE STANDARDS.**

2 An applicant or license holder must offer services scheduled at accessible times that
3 are appropriate to the resident's age or level of functioning to support achieving the
4 goals and outcomes in the resident's treatment plan. The license holder must offer the
5 services and achieve the outcomes in items A to I.

6 A. The license holder must offer individual and group psychotherapy that is
7 designed to achieve the outcomes and meet the specific requirements of the resident's
8 individual treatment plan and, when possible, help the resident reintegrate into the
9 resident's family, the community, and a less restrictive setting than residential
10 treatment. The person providing individual and group psychotherapy must, at a
11 minimum, qualify as a mental health practitioner who is supervised by a mental health
12 professional.

13 B. The license holder must offer crisis assistance services designed to help the
14 resident and family members recognize factors that precipitate a psychiatric crisis,
15 anticipate behaviors and symptoms, and know the resources to use when crisis is
16 imminent or occurs. The person providing crisis assistance services must, at a minimum,
17 qualify as a mental health practitioner and must be supervised by a mental health
18 professional.

19 C. The license holder must offer medication education designed to have the
20 resident and family understand:

21 (1) the role of psychotropic medication in the resident's treatment and the effect
22 the medication may have on the resident's physical and mental health; and

23 (2) the physical, emotional, or behavioral changes resulting from the resident's
24 use, misuse, or refusal to use psychotropic medications prescribed. The person who
25 provides medication education must be a medically licensed as person, or supervised
26 by, a ~~registered nurse, pharmacist, or physician~~ medically licensed person.

1 D. The license holder must offer instruction in independent living skills designed
2 to strengthen a resident's ability to function in a less restrictive environment than a
3 residential treatment center. The services must support the resident in carrying out the
4 tasks of daily living, encourage the development of self-esteem, and promote
5 self-sufficiency. The person providing independent living skills services must either
6 qualify as a mental health practitioner or as a staff person with direct contact who is
7 supervised by a mental health practitioner.

8 E. The license holder must offer recreation, leisure, and play activities designed to
9 achieve the outcomes in subitems (1) and (2):

10 (1) the resident develops recreational skills; and

11 (2) the resident and family learn how to plan and participate in recreation and
12 leisure activities. The person providing these services must, at a minimum, qualify as a
13 staff person with direct contact under the supervision of a mental health practitioner or
14 a recreational therapist.

15 F. The license holder must offer social and interpersonal skills development
16 designed to achieve the outcomes in subitems (1) and (2):

17 (1) the resident develops and maintains friendships; and

18 (2) the resident communicates and interacts appropriately with peers and
19 adults.

20 The person providing these services must, at a minimum, qualify as a staff person with
21 direct contact under the supervision of a mental health practitioner.

22 G. The license holder must offer vocational skills development services designed to
23 prepare the resident for the world of work by exploring the importance of such areas as
24 use of time, acting responsibly, and working within the goal of an organization. The
25 person providing these services must, at a minimum, qualify as a mental health
26 practitioner or must be a staff person with direct contact supervised by a mental health

1 practitioner. The license holder may make vocational skills development services
2 available to the resident through the school district either on the facility campus or at a
3 site provided by the school district.

4 H. The license holder must offer assistance in parenting skills designed to achieve
5 the outcome of parents using therapeutic parenting techniques that address
6 management of specific behaviors or learning issues directly related to or resulting from
7 the resident's emotional disturbance. The person providing parenting skills services
8 must be supervised by a mental health practitioner.

9 I. The license holder must offer family support services designed to achieve the
10 outcomes in subitems (1) to (3):

11 (1) family members gain insight into family dynamics and resolving conflicts;

12 (2) family members have broader family support, family goals, and improved
13 family coping skills; and

14 (3) the resident is reintegrated into the resident's family and community.

15 The license holder must provide the services in this item at times, including evenings
16 and weekends, that are mutually agreed upon by the resident's family and facility staff.
17 The person providing family support services must, at a minimum, qualify as a mental
18 health practitioner.

19 **2960.0600 DEVELOPING AND REVIEWING INDIVIDUAL TREATMENT PLAN.**

20 Within ten working days of admitting a resident, the license holder must develop an
21 individual treatment plan that supports achieving the outcomes in items A and B.

22 A. The development and content of the plan are consistent with the requirements
23 in Minnesota Statutes, sections 245.4871, subdivision 21, and 245.4876, subdivision 3.

24 B. The plan is based on the diagnostic and functional assessments required in
25 Minnesota Statutes, section 245.4885, subdivision 1, and reflects the resident's age or

1 level of development and any other assessments completed by the license holder or
2 provided by other agencies such as the county, a mental health center or other
3 community agency, and the Minnesota state Departments of Health; Human Services;
4 Children, Families, and Learning; and Corrections.

5 C. If the resident is placed in a locked setting for mental health treatment, the
6 resident must be screened according to Minnesota Statutes, section 245.4885, and have a
7 diagnostic assessment according to Minnesota Statutes, section 245.4876, subdivision 2.

8 **2960.0610 CRITERIA FOR CONTINUED STAY, DISCHARGE, AND DISCHARGE**
9 **PLANNING.**

10 At least ten days before discharge, the treatment team must develop a discharge plan
11 consistent with Minnesota Statutes, section 245.4882, subdivisions 3 and 4. For residents
12 who are from a cultural minority group, the plan must be developed with advice from a
13 special mental health consultant or multicultural adviser.

14 **2960.0620 USE OF PSYCHOTROPIC MEDICATIONS.**

15 Subpart 1. **Conditions for use of psychotropic medications.** When psychotropic
16 medications are administered to a resident in a facility certified under parts 2960.0580 to
17 2960.0700, the license holder is responsible for ensuring that the conditions in items A to
18 C are met.

19 A. Use of the medication must be included in the resident's individual treatment
20 plan and is based on the prescribing physician's diagnosis and the diagnostic and
21 functional assessments defined in Minnesota Statutes, section 245.4871.

22 B. The license holder must document subitems (1) and (2) in the resident's
23 individual treatment plan:

24 (1) a description in observable and measurable terms of the symptoms and
25 behaviors that the psychotropic medication is to alleviate; and

26 (2) data collection methods the license holder must use to monitor and measure

1 changes in the symptoms and behaviors that are to be alleviated by the psychotropic
2 medication.

3 C. Psychotropic medication must not be administered as punishment, for staff
4 convenience, as a substitute for a behavioral or therapeutic program, or in quantities
5 that interfere with learning or other goals of the individual treatment plan.

6 Subp. 2. **Monitoring side effects.** The license holder must monitor for side effects if a
7 resident is prescribed a psychotropic medication and must have the prescribing
8 physician or a pharmacist list possible side effects. The license holder, under the
9 direction of a ~~registered nurse or physician~~ medically licensed person, must document
10 and check for side effects at least weekly for the first six weeks after a resident begins
11 taking a new psychotropic medication or a significantly increased or decreased dose of a
12 currently used psychotropic medication, and at least quarterly thereafter. Minor
13 increases or decreases in the dose of a currently used psychotropic medication need not
14 be monitored as frequently as a new medication or a significant increase or decrease of a
15 currently used psychotropic medication. In addition to appropriate physical or
16 laboratory assessments as determined by the ~~physician~~ medically licensed person,
17 standardized checklists or rating scales, or scales developed for a specific drug or drug
18 class, must be used as monitoring tools. The license holder must provide the
19 assessments to the ~~physician~~ medically licensed person for review.

20 Subp. 3. **Monitoring for tardive dyskinesia.** The license holder, under the direction
21 of a medically licensed ~~nurse or physician~~ person, must monitor for tardive dyskinesia
22 at least every three months if a resident is prescribed antipsychotic medication or
23 amoxapine and must document the monitoring. A resident prescribed antipsychotic
24 medication or amoxapine for more than 90 days must be checked for tardive dyskinesia
25 at least 30 and 60 days after discontinuation of the antipsychotic medication or
26 amoxapine. Monitoring must include use of a standardized rating scale and
27 examination procedure. The license holder must provide the assessments to the
28 physician for review if the results meet criteria that require physician review.

1 Subp. 4. **Training required to administer psychotropic medications.** An employee
2 other than a ~~physician, registered nurse, or~~ medically licensed practical nurse person
3 who is responsible for medication assistance must provide a certificate verifying
4 successful completion of a trained medication aide program for unlicensed personnel.
5 The program must be offered through a postsecondary institution or the medication
6 aide must be trained according to a formalized training program offered by the license
7 holder that must be taught and supervised by a ~~registered nurse~~ medically licensed
8 person to provide medication assistance. The specific medication administration
9 training provided by a ~~registered nurse~~ medically licensed person to unlicensed
10 personnel must be documented and placed in the unlicensed employee's personnel
11 records. A ~~registered nurse, physician, or pharmacist~~ medically licensed person must
12 provide consultation and review of the license holder's administration of medications at
13 least weekly. The consultation must review the license holder's compliance with
14 subparts 5 and 6.

15 Subp. 5. **Psychotropic medication review.** If a resident is prescribed a psychotropic
16 medication, the license holder must conduct and document a psychotropic medication
17 review as frequently as required by the physician, but at least monthly for the first six
18 months and at least quarterly thereafter. The license holder must consider and
19 document items A to D at the quarterly review and provide the information to the
20 physician for review:

21 A. targeted symptoms and behaviors of concern;

22 B. data collected since the last review;

23 C. side effects observed and actions taken; and

24 D. status of the resident's goals in the individual treatment plan.

25 Subp. 6. **Informed consent.** The license holder must obtain informed consent before
26 any nonemergency administration of psychotropic medication. To the extent possible,
27 the resident must be informed and involved in the decision making.

1 A. Informed consent is required either orally or in writing before the
2 nonemergency administration of psychotropic medication, except that for antipsychotic
3 or neuroleptic medication, informed consent must be in writing. If oral informed
4 consent is obtained for a nonantipsychotic medication, subitems (1) to (4) must be
5 followed:

6 (1) an explanation why written informed consent could not be initially obtained;

7 (2) documentation that the oral consent was witnessed and the name of the
8 witness;

9 (3) oral and written communication of all items required in subpart 7; and

10 (4) an explanation that written informed consent material is immediately being
11 sent by the license holder to the resident's parent or legal representative, that the oral
12 consent expires in one month, and that the medication must be discontinued one month
13 from the date of the telephone consent if written consent is not received.

14 B. Informed consent for any psychotropic medication must be renewed in writing
15 at least yearly.

16 C. Informed consent must be obtained from an individual authorized to give
17 consent. An individual authorized to give consent is specified in subitems (1) to (4).

18 (1) If the resident has a legal representative or conservator authorized by a court
19 to give consent for the resident, consent is required from the legal representative or
20 conservator.

21 (2) If subitem (1) does not apply, consent is required from at least one of the
22 resident's parents. If the parents are divorced or legally separated, the consent of a
23 parent with legal custody is required, unless the separation or marriage dissolution
24 decree otherwise delegates authority to give consent for the resident.

25 (3) If the commissioner of human services is the resident's legal representative,

1 consent is required from the county representative designated to act as legal
2 representative on behalf of the commissioner of human services.

3 (4) If the resident is an emancipated minor according to Minnesota Statutes,
4 section 144.341, or the resident has been married or borne a child, the resident may give
5 consent under Minnesota Statutes, section 144.432.

6 D. Informed consent is not necessary in an emergency situation where the
7 physician determines that the psychotropic medication is needed to prevent serious and
8 immediate physical harm to the individual or others. In the event of the emergency use
9 of psychotropic medication, the license holder must:

10 (1) inform and document that the individual authorized to give consent was
11 informed orally and in writing within 24 hours or on the first working day after the
12 emergency use of the medication;

13 (2) document the specific behaviors constituting the emergency, the
14 circumstances of the emergency behaviors, the alternatives considered and attempted,
15 and the results of the use of the emergency psychotropic medication; and

16 (3) arrange for an interdisciplinary team review of the individual treatment plan
17 within seven days of the emergency to determine what actions, if any, are required in
18 light of the emergency. If a psychotropic medication continues to be required, the
19 license holder must seek a court order according to Minnesota Statutes, section
20 253B.092, subdivision 3.

21 E. Informed consent must be obtained by the license holder within 30 days to
22 continue the use of psychotropic medication for a resident admitted with prescribed
23 psychotropic medication.

24 Subp. 7. **Information communicated in obtaining consent.** The information in this
25 subpart must be provided both orally and in writing in nontechnical language to the
26 resident's parent, the resident's legal representative, and, to the extent possible, the
27 resident. The information must include:

1 A. the diagnosis and level of severity of the symptoms and behaviors for which the
2 psychotropic medication is prescribed;

3 B. the expected benefits of the medication, including the level to which the
4 medication is to change the symptoms and behavior and an indication of the method
5 used to determine the expected benefits;

6 C. the pharmacological and nonpharmacological treatment options available and
7 the course of the condition with and without the treatment options;

8 D. specific information about the psychotropic medication to be used, including
9 the generic and commonly known brand name, the route of administration, the
10 estimated duration of therapy, and the proposed dose with the possible dosage range or
11 maximum dose;

12 E. the more frequent and less frequent or rare but serious risks and side effects of
13 the psychotropic medication, including how the risks and possible side effects must be
14 managed;

15 F. an explanation that consent may be refused or withdrawn at any time and that
16 the consent is time-limited and automatically expires as described in subpart 6; and

17 G. the names, addresses, and telephone numbers of appropriate professionals to
18 contact if questions or concerns arise.

19 **Subp. 8. Refusal to consent to routine administration of psychotropic medication.** If
20 the authorized person refuses consent for a routine administration of psychotropic
21 medication, the conditions in items A to C apply.

22 A. The psychotropic medication must not be administered or, if the refusal
23 involves a renewal of consent, the psychotropic medication for which consent had
24 previously been given must be discontinued according to a written plan as expediently
25 as possible, taking into account withdrawal side effects.

1 B. A court order must be obtained to override the refusal.

2 C. Refusal to consent to use of a specific psychotropic medication is not grounds
3 for discharge of a resident. A decision to discharge a resident must be reached only after
4 the alternatives to the specific psychotropic medication have been attempted and only
5 after an administrative review of the proposed discharge has occurred. If the refusal to
6 consent to the routine administration of a psychotropic medication results in an
7 emergency situation, then the requirements of subpart 6, item D, must be met when
8 psychotropic medication will be administered to a resident.

9 **2960.0630 CLINICAL SUPERVISION BY MENTAL HEALTH PROFESSIONAL.**

10 Subpart 1. **Mental health professional consultation.** The license holder must ensure
11 that the residential program employs or contracts with a mental health professional to
12 provide consultation relating to the planning, development, implementation, and
13 evaluation of program services.

14 Subp. 2. **Supervision of staff.** A mental health professional must provide at least
15 weekly face-to-face clinical supervision to staff providing program services to a resident.
16 The mental health professional:

17 A. must provide clinical supervision of staff either individually or as a group;

18 B. must document the clinical supervision of staff;

19 C. must advise the facility director about the planning, development, and
20 implementation of staff development and evaluation; and

21 D. may provide consultation instead of clinical supervision to other mental health
22 professionals under contract or employed by the license holder to provide program
23 services to a resident.

24 Subp. 3. **Supervision of treatment.** A mental health professional must:

25 A. supervise the diagnostic assessment of each resident in the facility and the
26 development of each resident's individual treatment plan;

1 B. document involvement in the treatment planning process by signing the
2 individual treatment plan;

3 C. supervise the implementation of the individual treatment plan and the ongoing
4 documentation and evaluation of each resident's progress, including the quarterly
5 progress review; and

6 D. document on a biweekly basis a review of all the program services provided for
7 the resident in the preceding ~~week~~ weeks.

8 The license holder must ensure that the mental health professional can be reached for
9 consultation about a mental health emergency, at least by telephone, within 30 minutes.

10 **2960.0640 STAFF QUALIFICATIONS.**

11 Subpart 1. **General qualifications.** The general staff qualifications of parts 2960.0100
12 and 2960.0150 apply to the staff described in this part.

13 Subp. 2. **Administrator.** The license holder must designate an individual as
14 administrator. The administrator must have at least a bachelor's degree in the
15 behavioral sciences, health administration, public administration, or a related field such
16 as special education or education administration. The administrator must be responsible
17 for the ongoing operation of the facility and maintenance and upkeep of the facility.

18 Subp. 3. **Program director.** The license holder must designate an individual as
19 program director. The license holder must have at least one program director for every
20 50 residents receiving program services. The positions of program director and
21 administrator may be filled by the same person if the person meets the qualifications in
22 items A and B. The program director must have the qualifications in items A and B:

23 A. a master's degree in the behavioral sciences or a related field with at least two
24 years of work experience providing services to residents with severe emotional
25 disturbance or have a bachelor's degree in the behavioral sciences or a related field with
26 a minimum of four years of work experience providing services to residents with severe
27 emotional disturbance; and

1 B. one year of experience or training in program administration and supervision of
2 staff.

3 **2960.0650 STAFF ORIENTATION.**

4 Subpart 1. **Initial orientation training for staff who provide program services.** A
5 staff person who provides program services must complete orientation training related
6 to the specific job functions for which the person was hired and that meets the needs of
7 the residents the person is serving. During the first 45 calendar days of employment,
8 and before assuming sole responsibility for the care of residents, staff who provide
9 program services must complete training in:

10 A. the Maltreatment of Minors Act, Minnesota Statutes, section 626.556, and the
11 license holder's policies and procedures related to this statute;

12 B. residents' rights;

13 C. emergency procedures;

14 D. policies and procedures concerning approved physical holding and seclusion
15 techniques, de-escalation techniques, and physical and nonphysical intervention
16 techniques;

17 E. rules of conduct and policies and procedures related to discipline of residents
18 served;

19 F. psychiatric emergencies and crisis services; and

20 G. problems and needs of residents with severe emotional disturbance and their
21 families.

22 A staff person must not participate in the use of physical holding, seclusion, or other
23 restrictive procedures with a resident before completing approved training according to
24 item D.

25 Subp. 2. **Orientation training for staff who do not provide program services.** Facility

1 staff who do not provide program services must receive orientation training according
2 to subpart 1, items A to C and G.

3 **2960.0660 INDIVIDUAL STAFF DEVELOPMENT.**

4 Subpart 1. **Individual staff development and evaluation plan.** The license holder
5 must ensure that an annual individual staff development and evaluation plan is
6 developed and implemented for each person who provides, supervises, or directly
7 administers program services. The plan must:

8 A. be developed within 90 days after the person begins employment, and at least
9 annually thereafter;

10 B. meet the staff development needs specified in the person's annual employee
11 evaluation; and

12 C. address training relevant to specific age, developmental, cultural, and mental
13 health needs of the residents the person serves.

14 Subp. 2. **Amount of annual training.** The license holder must ensure that staff who
15 provide, supervise, or directly administer program services have sufficient training to
16 be competent to deliver the mental health services assigned to the staff person.

17 **2960.0670 ADMISSION.**

18 Subpart 1. **Admission requirements.** The admission of a resident for residential
19 mental health treatment must meet the requirements of parts 2960.0070 and 2960.0160
20 and the conditions of subpart 2.

21 Subp. 2. **Conditions governing admission.** A license holder may admit a resident
22 only if the resident meets the conditions in items A to G.

23 A. The person must meet the age requirements of a resident as defined in part
24 2960.0020, subpart 59, at the time of admission.

25 B. If public funds are used to pay for the services, the resident must be screened by

1 the referring county before admission, as required by Minnesota Statutes, section
2 245.4885, subdivision 1.

3 C. If public funds are not used to pay for the services, the resident must be
4 screened by a mental health professional using a screening process that is equivalent to
5 that required by Minnesota Statutes, section 245.4885, subdivision 1, before admission.

6 D. The prior-to-admission screening in item B or C must determine that the
7 residential treatment proposed is necessary and appropriate for the resident's treatment
8 needs, provides a length of stay as short as possible consistent with the resident's need
9 for treatment, and could not be effectively provided in the resident's home.

10 E. The resident must not be in need of primary chemical abuse treatment or
11 detoxification at the time of admission, unless the license holder is certified to provide
12 primary chemical abuse treatment under parts 2960.0430 to 2960.0490 or licensed to
13 provide detoxification services.

14 F. The developmental and mental health needs of the resident can be met by the
15 license holder's program.

16 G. The license holder must ensure that residents admitted on an emergency basis,
17 or for the purpose of short-term assessment, diagnosis, and evaluation, must complete
18 the screening required by Minnesota Statutes, section 245.4885, subdivision 1, and have
19 a preliminary diagnosis and treatment plan established within ten working days as
20 required in part 2960.0600. In addition to determining a resident's basic needs,
21 programs that offer mental health diagnostic and evaluation services must:

22 (1) perform a diagnostic assessment of a resident that meets the requirements of
23 Minnesota Statutes, section 245.4871, subdivision 11; and

24 (2) have a mental health professional interpret diagnostic and evaluation tests
25 given to residents.

26 **2960.0680 STANDARDS GOVERNING USE OF RESTRICTIVE PROCEDURES.**

1 Facilities that provide treatment for children with severe emotional disturbance that
2 want to use restrictive procedures may use restrictive procedures according the
3 program's statement of intended use if the license holder is certified to use restrictive
4 procedures according to part 2960.0710.

5 **2960.0690 STAFFING PATTERN AND MINIMUM STAFF-TO-RESIDENT RATIO.**

6 Subpart 1. **Sufficient staff.** The license holder must provide enough appropriately
7 trained staff to ensure that a resident will have the treatment needs identified in the
8 resident's individual treatment plan met during the resident's stay in the facility. A
9 facility providing treatment in a locked setting according to part 2960.0700 must meet
10 the staff-to-resident ratio of part 2960.0700, subpart 3.

11 Subp. 2. **Awake hours.** During normal waking hours, when residents are present, a
12 facility certified to provide mental health treatment to residents with severe emotional
13 disturbance according to parts 2960.0580 to 2960.0700 must not have a ratio of staff who
14 provide care services to residents of less than:

15 A. at least one staff person to three residents, if the residents are less than six years
16 old;

17 B. at least one staff person to four residents, if the residents are six to eight years
18 old;

19 C. at least one staff person to six residents, if the residents are nine to 11 years old;
20 and

21 D. at least one staff person to eight residents, if the residents are 12 to 18 years old.

22 Subp. 3. **Sleeping hours.** During normal sleeping hours, a license holder caring for
23 residents younger than nine years old must provide at least one staff person for every
24 seven residents present. During normal sleeping hours, a license holder caring for
25 residents nine years old or older must provide at least one staff person for every 12
26 residents.

1 **2960.0700 STANDARDS FOR TREATMENT IN LOCKED SETTING.**

2 Subpart 1. **Limitations on admissions to residential mental health program offering**
3 **treatment in locked setting.** A residential mental health program offering treatment in a
4 locked setting must address the use of a locked setting in its statement of intended use.
5 Before accepting a resident for admission to a locked setting in a residential mental
6 health program, the license holder must meet the criteria in items A and B.

7 A. The resident's record must include a written statement that a diagnostic
8 assessment conducted according to Minnesota Statutes, section 245.4871, subdivision 11,
9 has established that a persistent pattern of the resident's mental health presents a likely
10 threat of harm to the resident's self or others that would best be treated in a locked
11 setting.

12 B. The resident has an individual treatment plan that:

13 (1) meets the requirements of part 2960.0600;

14 (2) identifies the need for treatment in a locked setting;

15 (3) identifies the relationship of treatment within a locked setting to the
16 resident's overall treatment goals;

17 (4) identifies the treatment goals the resident must meet to have access to
18 increased freedom of movement or be placed in a less restrictive appropriate treatment
19 setting;

20 (5) includes a plan for discharge from treatment in a locked setting to a less
21 restrictive treatment environment when it is consistent with the resident's ability to be
22 in a less restrictive environment; and

23 (6) is reviewed weekly by the program director to determine the level of
24 treatment needed, unless the resident's individual treatment plan specifically states that
25 the resident's prognosis or court-imposed conditions merit review of the individual

1 treatment plan at less frequent intervals. In any case, the interval for the review of the
2 individual treatment plan may not exceed 90 days.

3 Subp. 2. **Prohibited placements.** The license holder must not admit a child for
4 treatment in a locked setting as a disposition resulting from adjudication of an offense
5 under the juvenile code without meeting the diagnostic assessment requirements of
6 subpart 1, item A, nor transfer a resident from an unlocked part of a residential facility
7 to a locked part of the same facility solely as a disciplinary measure for violating the
8 rules of conduct of the treatment facility.

9 Subp. 3. **Staff ratio.** During waking hours, the part of the facility providing treatment
10 in a locked setting must provide at least a ratio of one treatment staff person to three
11 residents. The staff-to-resident ratio for treatment in a locked facility does not apply
12 during waking hours when residents are attending school out of that part of the facility.
13 During sleeping hours, the part of the facility providing treatment in a locked setting
14 must provide at least two treatment staff persons to nine residents. At least one of the
15 two treatment staff persons required during sleeping hours must be awake and present
16 in that part of the facility. If the required second staff person is not awake and present in
17 the locked setting, the program must ensure that the second staff person is in the
18 immediate vicinity and may be readily contacted either by telephone, radio, or alarm to
19 come to the immediate assistance of the staff person in the locked part of the facility.

20 Subp. 4. **Additional staff training.** In addition to the training required in part
21 2960.0660, staff providing treatment in a locked setting must have at least eight hours of
22 additional training annually in subjects that will improve the staff's ability to deal with
23 residents who present a risk of harm to themselves or others.

24 Subp. 5. **Compliance with codes.** A facility must, prior to offering mental health
25 treatment in a locked setting, comply with additional health, fire, or building code
26 requirements that the commissioner of human services, state fire marshal, or
27 Department of Health requires.

1 Subp. 6. **Limitations on use of rooms for seclusion.** The license holder must ensure
2 that the requirements of part 2960.0680 are met if a resident is locked in a room in the
3 part of the facility offering mental health treatment in a locked setting.

4 **CERTIFICATION STANDARDS FOR PROGRAMS WHICH INTEND TO**
5 **USE RESTRICTIVE PROCEDURES WITH RESIDENTS**

6 **2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION.**

7 Subpart 1. **Certification required.** A license holder who wishes to use a restrictive
8 procedure with a resident must meet the requirements of this part to be certified to use
9 restrictive procedures with a resident.

10 Subp. 2. **Restrictive procedures plan required.** The license holder must have a
11 restrictive procedures plan for residents that is approved by the commissioner of human
12 services or corrections, and the plan must provide at least the following:

13 A. the plan must list the restrictive procedures and describe the physical holding
14 techniques which will be used by the program;

15 B. how the license holder will monitor and control the emergency use of restrictive
16 procedures;

17 C. a description of the training that staff who use restrictive procedures must have
18 prior to staff implementing the emergency use of restrictive procedures, which includes
19 at least the following:

20 (1) the needs and behaviors of residents;

21 (2) relationship building;

22 (3) alternatives to restrictive procedures;

23 (4) de-escalation methods;

24 (5) avoiding power struggles;

25 (6) documentation standards for the use of restrictive procedures;

1 (7) how to obtain emergency medical assistance;

2 (8) time limits for restrictive procedures;

3 (9) obtaining approval for use of restrictive procedures;

4 (10) requirement for updated training at least every other year; and

5 (11) the proper use of the restrictive techniques approved for the facility;

6 D. the license holder must prepare a written review of the use of restrictive
7 procedures in the facility at least annually; and

8 E. the license holder must ensure that the resident receives treatment for any injury
9 caused by the use of a restrictive procedure.

10 Subp. 3. **Department of Human Services licensed facilities.** License holders who are
11 licensed by the Department of Human Services and certified by the Department of
12 Human Services to provide residential treatment for children with a severe emotional
13 disturbance and children in need of shelter care may seek certification to use one or
14 more of the following restrictive procedures:

15 A. physical escort;

16 B. physical holding;

17 C. seclusion; and

18 D. the limited use of mechanical restraint only for transporting a resident.

19 Subp. 4. **Department of Corrections licensed facilities.** License holders who are
20 licensed by the Department of Corrections may seek certification to use one or more of
21 the following restrictive procedures:

22 A. physical escort;

23 B. physical holding;

24 C. seclusion;

1 D. mechanical restraints; and

2 E. disciplinary room time. Disciplinary room time may be secure or nonsecure.
3 Disciplinary room time may be used as a consequence for resident behavior as
4 permitted in the facility's restrictive procedures plan. If disciplinary room time is used
5 at the facility, the facility restrictive procedures plan must:

6 (1) provide for a system of due process for residents who violate facility rules;

7 (2) contain a written set of facility rules of conduct which includes a description
8 of the consequences or penalties for infractions of facility rules; and

9 (3) require that the written facility rules must be given to each resident and
10 explained and made available to each resident at the time of admission. The facility
11 rules must be explained to a resident in a language that the resident understands.

12 Subp. 5. **Physical escort requirements.** The physical escort of a resident is intended to
13 be a behavior management technique that is minimally intrusive to the resident. It is to
14 be used to control a resident who is being guided to a place where the resident will be
15 safe and to help de-escalate interactions between the resident and others. A license
16 holder who uses physical escort with a resident must meet the following requirements:

17 A. staff must be trained according to subpart 2, item C;

18 B. staff must document the use of physical escort and note the technique used, the
19 time of day, and the name of the staff person and resident involved; and

20 C. the use of physical escort must be consistent with the resident's case plan or
21 treatment plan.

22 Subp. 6. **Use of physical holding or seclusion.** Physical holding and seclusion are
23 behavior management techniques which are used in emergency situations as a response
24 to imminent danger to the resident or others and when less restrictive interventions are
25 determined to be ineffective. The emergency use of physical holding or seclusion must
26 meet the conditions of items A to M:

1 A. an immediate intervention is necessary to protect the resident or others from
2 physical harm;

3 B. the physical holding or seclusion used is the least intrusive intervention that will
4 effectively react to the emergency;

5 C. the use of physical holding or seclusion must end when the threat of harm ends;

6 D. the resident must be constantly and directly observed by staff during the use of
7 physical holding or seclusion;

8 E. the use of physical holding or seclusion must be used under the supervision of a
9 mental health professional or the facility's program director;

10 F. physical holding and seclusion may be used only as permitted in the resident's
11 treatment plan;

12 G. staff must contact the mental health professional or facility's program director
13 to inform the program director about the use of physical holding or seclusion and to ask
14 for permission to use physical holding or seclusion as soon as it may safely be done, but
15 no later than 30 minutes after initiating the use of physical holding or seclusion;

16 H. before staff uses physical holding or seclusion with a resident, staff must
17 complete the training required in subpart 2 regarding the use of physical holding and
18 seclusion at the facility;

19 I. when the need for the use of physical holding or seclusion ends, the resident
20 must be assessed to determine if the resident can safely be returned to the ongoing
21 activities at the facility;

22 J. staff must treat the resident respectfully throughout the procedure;

23 K. the staff person who implemented the emergency use of physical holding or
24 seclusion must document its use immediately after the incident concludes. The
25 documentation must include at least the following information:

1 (1) a detailed description of the incident which led to the emergency use of
2 physical holding or seclusion;

3 (2) an explanation of why the procedure chosen needed to be used to prevent or
4 stop an immediate threat to the physical safety of the resident or others;

5 (3) why less restrictive measures failed or were found to be inappropriate;

6 (4) the time the physical hold or seclusion began and the time the resident was
7 released;

8 (5) in at least 15-minute intervals during the use of physical holding or
9 seclusion, documentation of the resident's behavioral change and change in physical
10 status that resulted from the use of the procedure; and

11 (6) the names of all persons involved in the use of the procedure and the names
12 of all witnesses to the use of the procedure;

13 L. the room used for seclusion must be well lighted, well ventilated, clean, have an
14 observation window which allows staff to directly monitor a resident in seclusion,
15 fixtures that are tamperproof, with electrical switches located immediately outside the
16 door, and doors that open out and are unlocked or are locked with keyless locks that
17 have immediate release mechanisms; and

18 M. objects that may be used by a resident to injure the resident's self or others must
19 be removed from the resident and the seclusion room before the resident is placed in
20 seclusion.

21 Subp. 7. **Use of mechanical restraints.** Mechanical restraints are a behavior
22 management device which may be used only when transporting a resident or in an
23 emergency as a response to imminent danger to a resident or others and when less
24 restrictive interventions are determined to be ineffective. A facility that uses mechanical
25 restraints must include mechanical restraints in its restrictive procedures plan. The
26 emergency use of mechanical restraints must meet the conditions of items A to J:

1 A. an immediate intervention is necessary to protect the resident or others from
2 physical harm;

3 B. the mechanical restraint used is the least intrusive intervention that will
4 effectively react to the emergency;

5 C. the use of mechanical restraint must end when the threat of harm ends;

6 D. the resident must be constantly and directly observed by staff during the use of
7 mechanical restraint;

8 E. the use of mechanical restraint must be supervised by the program director or
9 the program director's designee;

10 F. mechanical restraint may be used only as permitted in the resident's treatment
11 plan;

12 G. as soon as it may safely be done, but no later than 60 minutes after initiating the
13 use of a mechanical restraint, staff must contact the facility's program director or the
14 program director's designee to inform the program director about the use of a
15 mechanical restraint and to ask for permission to use the mechanical restraint;

16 H. before staff uses a mechanical restraint with a resident, staff must complete
17 training in the use of the types of mechanical restraints used at the facility;

18 I. when the need for the use of mechanical restraint ends, the resident must be
19 assessed to determine if the resident can safely be returned to the ongoing activities at
20 the facility; and

21 J. the staff person who used mechanical restraint must document its use
22 immediately after the incident concludes. The documentation must include at least the
23 following information:

24 (1) a detailed description of the incident or situation which led to the use of the
25 mechanical restraint;

1 (2) an explanation of why the mechanical restraint chosen was needed to
2 prevent an immediate threat to the physical safety of the resident or others;

3 (3) why less restrictive measures failed or were found to be inappropriate;

4 (4) the time when the use of mechanical restraint began and the time when the
5 resident was released from the mechanical restraint;

6 (5) in at least 15-minute intervals during the use of mechanical restraints,
7 documentation of the observed behavior change and physical status of the resident that
8 resulted from the use of mechanical restraint; and

9 (6) the names of all the persons involved in the use of mechanical restraint and
10 the names of all witnesses to the use of mechanical restraint.

11 Subp. 8. **Disciplinary room time use.** Disciplinary room time must be used only for
12 major violations and be used according to the facility's restrictive procedures plan. In
13 addition to the restrictive procedures plan requirements in subpart 2, the license holder
14 who uses disciplinary room time must meet the following requirements:

15 A. the license holder must give the resident written notice of an alleged violation of
16 a facility rule;

17 B. the license holder must tell the resident that the resident has a right to be heard
18 by an impartial person regarding the alleged violation of facility rules; and

19 C. the license holder must tell the resident that the resident has the right to appeal
20 the determination made by the impartial person in item B internally to a higher
21 authority at the facility.

22 Subp. 9. **Training for staff using physical holding or seclusion.** In addition to the
23 training in subpart 2, item C, staff who use physical holding or seclusion must have the
24 following training before using physical holding or seclusion with a resident:

25 A. documentation standards for physical holding and seclusion;

1 B. thresholds for employing physical holding or seclusion;

2 C. the physiological and psychological impact of physical holding and seclusion;

3 D. how to monitor and respond to the resident's physical signs of distress;

4 E. symptoms and interventions for positional asphyxia; and

5 F. time limits and procedures for obtaining approval of the use of physical holding
6 and seclusion.

7 Training must be updated at least once every two years.

8 Subp. 10. **Administrative review.** The license holder must complete an
9 administrative review of the use of a restrictive procedure within three working days
10 after the use of the restrictive procedure. The administrative review must be conducted
11 by someone other than the person who decided to impose the restrictive procedure, or
12 that person's immediate supervisor. The resident or the resident's representative must
13 have an opportunity to present evidence and argument to the reviewer about why the
14 procedure was unwarranted. The record of the administrative review of the use of a
15 restrictive procedure must state whether:

16 A. the required documentation was recorded;

17 B. the restrictive procedure was used in accordance with the treatment plan;

18 C. the rule standards governing the use of restrictive procedures were met; and

19 D. the staff who implemented the restrictive procedure were properly trained.

20 Subp. 11. **Review of patterns of use of restrictive procedures.** At least quarterly, the
21 license holder must review the patterns of the use of restrictive procedures. The review
22 must be done by the license holder or the facility's advisory committee. The review
23 must consider:

24 A. any patterns or problems indicated by similarities in the time of day, day of the
25 week, duration of the use of a procedure, individuals involved, or other factors
26 associated with the use of restrictive procedures;

1 B. any injuries resulting from the use of restrictive procedures;

2 C. actions needed to correct deficiencies in the program's implementation of
3 restrictive procedures;

4 D. an assessment of opportunities missed to avoid the use of restrictive
5 procedures; and

6 E. proposed actions to be taken to minimize the use of physical holding and
7 seclusion.

8 **REQUIREMENTS FOR FOSTER FAMILY SETTINGS, FOSTER RESIDENCE**
9 **SETTINGS, AND ADDITIONAL REQUIREMENTS FOR TREATMENT**
10 **FOSTER CARE**

11 **2960.3000 FOSTER FAMILY SETTINGS.**

12 Subpart 1. **Purpose and applicability.** Parts 2960.3000 to 2960.3100 establish the
13 minimum standards that a foster family setting must meet to qualify for licensure. Parts
14 2960.3200 to 2960.3230 contain requirements for foster residence settings. Additional
15 licensing requirements for foster family settings that offer treatment foster care are in
16 parts 2960.3300 to 2960.3340.

17 Subp. 2. **Outcomes.** One of the goals of foster care must be that the foster child will
18 experience a safe and healthy family life. The license holder must also promote the
19 child's development as a physically and mentally healthy person. To accomplish these
20 outcomes, the license holder must:

21 A. actively participate with the agency placing the child, to implement the case
22 plan and meet the needs of the child; and

23 B. as much as possible, considering the child's age, the child's needs, and the case
24 plan, include the child in the daily life of the family, including eating meals with the
25 family and participating in recreational activities.

26 Subp. 3. **Community interests.** The license holder must rely on the advice and

1 counsel of the advisory board or board of directors of the licensing agency regarding
2 community interests and the needs of the community served by the foster home. A
3 license holder, who is supervised by a county, may rely on the advice and counsel of the
4 supervising county and its employees regarding community interests and the needs of
5 the clients and community. The requirements of this subpart do not apply to foster
6 homes licensed by the Department of Corrections.

7 Subp. 4. **Statement of intended use.** The license holder must work with the licensing
8 agency to develop a statement of intended use. The statement of intended use must
9 specify:

10 A. the number of children the foster home is licensed for, the age range of children
11 to be placed in the home, and any limitations affecting the placement of children in the
12 home;

13 B. whether or not the home will serve as an emergency shelter home, a treatment
14 foster care home, or a home for medically fragile children; and

15 C. circumstances when the ratio of one adult to five children does not need to be
16 maintained.

17 The statement of intended use must be approved by the licensing agency, but may be
18 modified at any time by agreement between the licensing agency and the license holder
19 to reflect changes that affect the placement of children in the home.

20 Subp. 5. **Program outcomes.** The license holder must cooperate with the licensing
21 agency's attempt to determine the outcomes of a child's foster care placement. The
22 outcome information must be shared with the license holder and incorporated into the
23 evaluation process outlined in part 2960.3100, subpart 1, item G.

24 **2960.3010 DEFINITIONS.**

25 Subpart 1. **Scope.** The terms used in parts 2960.3000 to 2960.3340 have the meanings
26 given them in this part.

1 Subp. 2. **Applicant.** "Applicant" has the meaning given in Minnesota Statutes, section
2 245A.02, subdivision 3, and a person who has completed and signed an application
3 form. Applicant includes a current license holder who is seeking relicensure or
4 recertification.

5 Subp. 3. **Assessment.** "Assessment" means the process used by a qualified person to
6 identify and evaluate the child's strengths, weaknesses, problems, and needs.

7 Subp. 4. **Aversive procedure.** "Aversive procedure" has the meaning given in part
8 9525.2710, subpart 4.

9 Subp. 5. **Basic services.** "Basic services" means services provided at the foster home to
10 the foster child that meets the foster child's basic need for food, shelter, clothing,
11 medical and dental care, personal cleanliness, privacy, spiritual and religious practice,
12 safety, and adult supervision.

13 Subp. 6. **Caregiver.** "Caregiver" means a person who provides services to a child
14 according to the child's case plan in a setting licensed or certified under parts 2960.0010
15 to 2960.3340.

16 Subp. 7. **Case manager.** "Case manager" means the supervising agency responsible
17 for developing, implementing, and monitoring the case plan.

18 Subp. 8. **Case plan.** "Case plan" means a plan of care for a foster child that is
19 developed by the supervising agency with the child's parents and license holder and
20 monitored by the placing agency.

21 Subp. 9. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering
22 substances, including controlled substances as defined in Minnesota Statutes, section
23 152.01, subdivision 4.

24 Subp. 10. **Chemical dependency.** "Chemical dependency" means a pattern of
25 pathological use accompanied by the physical manifestations of increased tolerance to
26 the chemical or chemicals being used or withdrawal syndrome following cessation of
27 chemical use.

1 Subp. 11. **Commissioner.** "Commissioner" means the commissioner of the
2 Department of Human Services or the commissioner of the Department of Corrections.

3 Subp. 12. **Cultural competence or culturally competent.** "Cultural competence" or
4 "culturally competent" means a set of congruent behaviors, attitudes, and policies that
5 come together in a system, agency, or among professionals to work effectively in
6 cross-cultural situations.

7 Subp. 13. **Deprivation procedure.** "Deprivation procedure" has the meaning given in
8 part 9525.2710, subpart 12.

9 Subp. 14. **Direct contact.** "Direct contact" means providing face-to-face care, training,
10 supervision, counseling, consultation, or medication assistance to a child.

11 Subp. 15. **Disability.** "Disability" has the meaning given in Minnesota Statutes,
12 section 363.01, subdivision 13.

13 Subp. 16. **Discipline.** "Discipline" means the use of reasonable, age-appropriate
14 consequences designed to modify and correct behavior according to a rule or system of
15 rules governing conduct.

16 Subp. 17. **Education.** "Education" means the regular and special education and
17 related services to which school-age children are entitled as required by applicable law
18 and rule.

19 Subp. 18. **Emotional disturbance.** "Emotional disturbance" has the meaning given in
20 Minnesota Statutes, section 245.4871, subdivision 15.

21 Subp. 19. **Family.** "Family" means persons related to the child by blood, marriage, or
22 adoption, or an individual who is an important friend with whom the child has resided
23 or had significant contact.

24 Subp. 20. **Foster care.** "Foster care" has the meaning given in part 9560.0521, subpart
25 9.

26 Subp. 21. **Foster child.** "Foster child" means a person under 18 years of age, a person

1 in special education, or a juvenile under the jurisdiction of a juvenile court who is under
2 22 years of age and is placed in a foster home.

3 Subp. 22. **Foster family or household members.** "Foster family or household
4 members" means persons related by blood, marriage, or adoption and unrelated persons
5 who are presently residing together.

6 Subp. 23. **Foster family setting.** "Foster family setting" means the foster home in
7 which the license holder resides.

8 Subp. 24. **Foster home.** "Foster home" means the dwelling unit used by the license
9 holder to provide foster care to the foster child.

10 Subp. 25. **Foster parent.** "Foster parent" means an individual licensed under
11 Minnesota Statutes to provide foster care.

12 Subp. 26. **Foster residence setting.** "Foster residence setting" means a foster home in
13 which the license holder does not reside.

14 Subp. 27. **License.** "License" means written authorization issued by the commissioner
15 of human services or corrections allowing the license holder to provide foster care
16 service at a foster home for a specified time and in accordance with the terms of the
17 license and the rules of the commissioner of human services or corrections.

18 Subp. 28. **License holder.** "License holder" means an individual, corporation,
19 partnership, voluntary association, or other organization or entity that is legally
20 responsible for the operation of the foster home that has been granted a license by the
21 commissioner of human services under Minnesota Rules and Minnesota Statutes,
22 chapter 245A, or the commissioner of corrections under Minnesota Statutes, section
23 241.021, subdivision 2. The duties of the license holder may be discharged by a person
24 designated by the license holder to act on behalf of the license holder.

25 Subp. 29. **Licensed professional.** "Licensed professional" means a person qualified to
26 complete a diagnostic evaluation, including a physician licensed under Minnesota

1 Statutes, chapter 147, or a qualified mental health professional licensed under
2 Minnesota Statutes, section 148B.18, subdivision 10, or a person defined as a "mental
3 health professional" in Minnesota Statutes, section 245.4871, subdivision 27.

4 Subp. 30. **Licensing agency.** "Licensing agency" means a county, individual,
5 corporation, partnership, voluntary association, the Department of Corrections, or other
6 organization or entity that recommends licensure of an applicant for a license or license
7 renewal to the state according to parts 9543.0010 to 9543.0150.

8 Subp. 31. **Medication assistance.** "Medication assistance" means helping children
9 take medication and monitoring the effects of medication but does not include
10 administering injections. For purposes of this subpart, "medication" means a prescribed
11 substance that is used to prevent or treat a condition or disease, to heal, or to relieve
12 pain.

13 Subp. 32. **Person assisted by medical technology.** "Person assisted by medical
14 technology" means a person who has a chronic or acute health condition which requires
15 the routine use of a medical device to assist or maintain a life-sustaining body function
16 and requires ongoing care or monitoring by trained personnel on at least a daily basis.

17 Subp. 33. **Placing agency.** "Placing agency" means a private agency licensed
18 according to parts 9545.0755 to 9545.0845 or a county agency that places a child
19 according to parts 9560.0500 to 9560.0670.

20 Subp. 34. **Psychotropic medication.** "Psychotropic medication" means a medication
21 prescribed to treat mental illness and associated behaviors or to control or alter
22 behavior. The major classes of psychotropic medication are antipsychotic or neuroleptic,
23 antidepressant, antianxiety, antimania, stimulant, and sedative or hypnotic. Other
24 miscellaneous classes of medication are considered to be psychotropic medication when
25 they are specifically prescribed to treat a mental illness or to alter behavior based on a
26 foster child's diagnosis.

1 Subp. 35. **Residential program.** "Residential program" means a program that
2 provides 24-hour-a-day care, supervision, food, lodging, rehabilitation, training,
3 education, habilitation, or treatment for a child outside of the child's home pursuant to
4 Minnesota Statutes, chapter 245A.

5 Subp. 36. **Respite care.** "Respite care" means temporary care of foster children in a
6 licensed foster home other than the foster home the child was placed in.

7 Subp. 37. **Screening.** "Screening" means an examination of a child by means of a test,
8 interview, or observation to determine if the child is likely to have a condition that
9 requires assessment or treatment.

10 Subp. 38. **Seclusion.** "Seclusion" means confining a person in a locked room.

11 Subp. 39. **Shelter care or emergency shelter care.** "Shelter care" or "emergency shelter
12 care" means a residential program offering short-term, time-limited placements of 90
13 days or less to children who are in a behavioral or situational crisis, need out-of-home
14 placement in a protective environment, and have an immediate need for services.

15 Subp. 40. **Staff.** "Staff" means a person who works for a foster residence setting
16 license holder and is employed to work as an hourly employee, shift-staff employee, or
17 houseparent.

18 Subp. 41. **Substitute care.** "Substitute care" means temporary care of foster children
19 inside the foster home by someone other than the foster parent for overnight or longer.

20 Subp. 42. **Time-out.** "Time-out" means a treatment intervention in which a caregiver
21 trained in time-out procedures removes a child from an ongoing activity to an unlocked
22 room or area commonly used as a living space that is safe and where the child remains
23 until the precipitating behavior abates or stops.

24 Subp. 43. **Treatment foster care.** "Treatment foster care" means a culturally relevant,
25 community-based and family-based method by which planned, integrated treatment
26 services are provided to foster children and their parents by foster parents who are

1 qualified to deliver treatment services. Treatment service may be provided to children
2 with severe emotional disturbance, developmental disabilities, serious medical
3 conditions, or serious behavioral problems, including, but not limited to, criminal sexual
4 conduct, assaultiveness, or substance abuse.

5 Subp. 44. **Treatment plan.** "Treatment plan" means a written plan of intervention,
6 treatment, and services for a child in a foster setting that is developed by a license
7 holder or placing agency on the basis of a child's screening, assessment, and case plan.
8 The treatment plan, which is developed with the child and the child's parents, identifies
9 goals and objectives of treatment, treatment strategy, a schedule for accomplishing
10 treatment goals and objectives, and the entities responsible for providing treatment
11 services to the child.

12 Subp. 45. **Variance.** "Variance" means written permission from the commissioner of
13 human services or corrections for a license holder to depart from a rule standard for a
14 specific period of time pursuant to Minnesota Statutes, section 245A.04, subdivision 9.

15 **2960.3020 LICENSING PROCESS.**

16 Subpart 1. **License required.** An individual, corporation, partnership, voluntary
17 association, other organization, or controlling individual must not provide foster care
18 without a license from the commissioner of human services or corrections unless an
19 exclusion specified in this chapter or Minnesota Statutes, section 245A.03, subdivision 2,
20 applies.

21 Subp. 2. **Application.** Application for a license must be made to the county agency in
22 the county where the applicant resides or to a Minnesota-licensed child placing agency
23 on a form approved by the commissioner of human services. Group foster homes
24 licensed by the Department of Corrections under chapter 2925 and Minnesota Statutes,
25 section 241.021, subdivision 2, as of the adoption of this chapter, may apply to the
26 Department of Corrections for a foster care license according to subpart 12. An

1 application for licensure is complete when the applicant signs the license application
2 and submits all of the information required in this subpart.

3 Subp. 3. **License does not guarantee placement.** Licensure under parts 2960.3000 to
4 2960.3340 is not an entitlement, a right, or a guarantee that children will be placed in the
5 foster home. The agency responsible for the child retains the right to choose which
6 licensed foster home is best suited for an individual child in need of foster care
7 placement.

8 Subp. 4. **License not transferable.** A license under parts 2960.3000 to 2960.3340 is not
9 transferable to another person, entity, or site.

10 Subp. 5. **Commissioner's right of access.** The commissioner of human services' right
11 of access must be according to Minnesota Statutes, section 245A.04, subdivision 5. The
12 commissioner of corrections must have access to a Department of Corrections licensed
13 foster home according to Minnesota Statutes, section 241.021.

14 Subp. 6. **Limited licensure.** A license holder may be licensed through only one
15 Minnesota-licensed child placing agency or county social services agency at a time. A
16 license holder must not be licensed at the same time by both the Department of Human
17 Services and the Department of Corrections. A license holder must not simultaneously
18 hold a relative foster care emergency license issued according to Minnesota Statutes,
19 section 245A.035, and a separate foster family setting license issued under this chapter.

20 Subp. 7. **Notice of changes in household conditions.** The license holder must
21 immediately notify the licensing agency of foster home and foster family or household
22 member changes that effect the terms of the license or the ability of the license holder to
23 provide care to children.

24 Subp. 8. **Roomers and boarders.** A license holder must not have adult roomers or
25 boarders in the foster home without the licensing agency's approval. Roomers or
26 boarders are subject to an applicant background study according to part 2960.3060,
27 subpart 2.

1 Subp. 9. **Variance standards.** A license applicant or license holder may request, in
2 writing, a variance from rule requirements that do not affect the health, safety, or rights
3 of the child or others. The commissioner of human services or corrections may grant
4 variances according to Minnesota Statutes, section 245A.04, subdivision 9. A variance
5 request must include:

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

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

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

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

11 E. alternative equivalent measures the foster care applicant or license holder will
12 take to ensure the health and safety of children if the variance is granted.

13 The decision of the commissioner of human services or corrections to grant or deny a
14 variance request is final and not subject to appeal under Minnesota Statutes, chapter 14.

15 Subp. 10. **Other licenses.** A license holder cannot concurrently hold a license for
16 family child care or adult family foster care without a variance from the licensing
17 agency.

18 Subp. 11. **Denial of license.** The commissioner of human services or corrections shall
19 deny a license if the applicant fails to fully comply with laws or rules governing the
20 program or fails to cooperate with a placing or licensing agency. Failure to fully comply
21 shall be indicated by:

22 A. documentation of specific foster home deficiencies that may endanger the
23 health or safety of children;

24 B. failure to be approved by fire, building, zoning, or health officials;

25 C. documentation of a disqualification of the applicant for licensure or relicensure,

1 or the controlling individual regarding a background study which has not been set
2 aside; or

3 D. any other evidence that the applicant is not in compliance with applicable laws
4 or rules governing the program.

5 Subp. 12. **Department of Corrections licensed foster homes.** Foster homes licensed
6 by the Department of Corrections under chapter 2925 and Minnesota Statutes, section
7 241.021, subdivision 2, at the time of the adoption of this chapter, may continue to be
8 licensed as foster homes by the Department of Corrections, acting as the licensing
9 agency. Foster homes that are licensed by the Department of Corrections must meet the
10 standards in parts 2960.3000 to 2960.3340. The Department of Corrections will use the
11 standards in this part to issue or deny a foster care license.

12 **2960.3030 CAPACITY LIMITS.**

13 Subpart 1. **Maximum foster children allowed.** A foster home must have no more
14 than six foster children. The maximum number of children allowed in a home is eight,
15 including a foster parent's own children. The license holder must maintain a ratio of one
16 adult for each five children.

17 Subp. 2. **Capacity limits.** The capacity limits in items A to C apply to foster homes.

18 A. A foster home must have no more than three children who are under two years
19 of age or who are nonambulatory, unless the license holder maintains a ratio of at least
20 one adult present when children are present for every three children under two years of
21 age or children who are nonambulatory.

22 B. A foster home must have no more than four foster children at one time if any of
23 the children have severe or profound mental retardation, have severe emotional
24 disturbance, or is a person assisted by medical technology.

25 C. The number of foster children a foster home may accept must be limited based
26 on the factors in subitems (1) to (5):

1 (1) the license holder's ability to supervise, considering the adult-to-child ratio
2 in the home;

3 (2) the license holder's training, experience, and skills related to child care;

4 (3) the structural characteristics of the home;

5 (4) the license holder's ability to assist children in the home during emergencies;
6 and

7 (5) the characteristics of the foster children, including age, disability, and
8 emotional problems.

9 Subp. 3. **Exceptions to capacity limits.** A variance may be granted to allow up to
10 eight foster children in addition to the license holder's own children if the conditions in
11 items A to E are met:

12 A. placement is necessary to keep a sibling group together, to keep a child in the
13 child's home community, or is necessary because the foster child was formerly living in
14 the home and it would be in the child's best interest to be placed there again;

15 B. there is no risk of harm to the children currently in the home;

16 C. the structural characteristics of the home, including sleeping space, can
17 accommodate the additional foster children;

18 D. the home remains in compliance with applicable zoning, health, fire, and
19 building codes; and

20 E. the statement of intended use states the conditions for the exception to capacity
21 limits and explains how the license holder will maintain a ratio of adults to children
22 which ensures the safety and appropriate supervision of all the children in the foster
23 home.

24 A foster home licensed by the Department of Corrections need not meet the requirement
25 in item A.

1 **2960.3040 FOSTER HOME PHYSICAL ENVIRONMENT.**

2 Subpart 1. **Fire, health, building, and zoning codes.** The foster home must comply
3 with applicable fire, health, building, and zoning codes.

4 Subp. 2. **Sleeping space.** A foster child must be provided with a separate bed suitably
5 sized for the child, except that two siblings of the same sex may share a double bed. A
6 foster child must not be assigned sleeping space in a building, apartment, trailer, or
7 other structure that is separate from the foster family home or in an unfinished attic, an
8 unfinished basement, or a hall or any other room normally used for purposes other than
9 sleeping. Bedrooms that are used by foster children must have two exits.

10 Subp. 3. **Space for belongings.** A foster child must have an identified space for
11 clothing and personal possessions with cabinets, closets, shelves, or hanging space
12 sufficient to accommodate clothing and personal possessions.

13 Subp. 4. **Dining area.** The dining area must be able to accommodate, at one time, all
14 persons residing in the home.

15 Subp. 5. **Construction or remodeling.** Changes in a foster home resulting from
16 construction or remodeling must meet applicable building codes. The license holder
17 must notify the licensing agency of changes to the licensed setting resulting from
18 construction if those changes affect a licensing requirement.

19 **2960.3050 FOSTER HOME SAFETY.**

20 Subpart 1. **Inspection by licensing agency.** Prior to licensure, the foster home must
21 be inspected by a licensing agency employee using the home safety checklist from the
22 commissioner of human services. The applicant must correct deficiencies in the foster
23 home which were identified by the agency. The licensing agency may require a health
24 inspection if the foster home's condition could present a risk to the health of a foster
25 child.

26 Subp. 2. **Additional Fire code inspections required.** If one of the conditions in items

1 A to E exist, the foster home must document inspection and approval of the foster home
2 according to Minnesota Statutes, section 299F.011, and the Uniform Fire Code by the
3 state fire marshal or a local fire code inspector who is approved by the state fire marshal
4 ~~and document approval of the foster home by the Department of Health or local health~~
5 ~~inspector, local building code inspector, and local zoning authority, or document that an~~
6 ~~appropriate waiver has been granted to the inspections and approvals:~~

7 A. the foster home contains a freestanding solid fuel heating appliance;

8 B. the foster home is a manufactured home as defined in Minnesota Statutes,
9 section 327B.01, subdivision 13, and was manufactured before June 15, 1976;

10 C. the licensing agency identifies a potential hazard in a single-family detached
11 home, or a mixed or multiple-occupancy building;

12 D. the home is to be licensed for four or more foster children; or

13 E. the foster home has a foster child sleeping in a room that is 50 percent or more
14 below ground level.

15 Subp. 3. **Emergency procedures.** The license holder must give the licensing agency a
16 floor plan of the foster home showing emergency evacuation routes. Emergency
17 procedures must include a plan for care of children, evacuation, temporary shelter, and
18 gathering at a meeting place to determine if anyone is missing. The plan must
19 specifically address the needs of children whose behavior increases the risk of having a
20 fire. The foster parent must give the emergency procedures to the agency, and the foster
21 parent and licensing agency must review the emergency procedures during relicensure.

22 Subp. 4. **Pets.** A foster home serving children less than six years of age must not keep
23 reptiles, chickens, or ducks as pets. A foster home serving children six years of age and
24 older that keeps reptiles, chickens, or ducks as pets must require a thorough hand
25 washing following the handling of the animal, its food, and anything the animal has
26 touched. Pets in family residences must be immunized and maintained as required by
27 local ordinances and state law.

1 **2960.3060 LICENSE HOLDER QUALIFICATIONS.**

2 Subpart 1. **Experience.** The prospective license holder must agree to cooperate with
3 the licensing agency and:

4 A. have at least the equivalent of two years of full-time experience caring for or
5 working with the issues presented by the children they will care for, whether they are
6 the license holder's own children or other children;

7 B. agree to receive training in child care and development as needed in order to
8 meet the individual needs of the children placed in the foster home;

9 C. be related to the child needing foster care; or

10 D. be an important friend with whom the child has resided or had significant
11 contact.

12 Subp. 2. **Background study.** A license holder and individuals identified in Minnesota
13 Statutes, sections 241.021 and 245A.04, subdivision 3, must submit to a background
14 study.

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

17 B. Background checks conducted by the Department of Corrections must be
18 conducted according to Minnesota Statutes, section 241.021, subdivision 6.

19 Subp. 3. **Personal characteristics of applicants.** The applicant must comply with the
20 requirements of items A to G.

21 A. The applicant must be at least 21 years old at the time of application.

22 B. The applicant and household members must provide a signed statement which
23 indicates that they are receiving all necessary medical care, do not pose a risk to the
24 child's health, and are physically able to care for foster children and indicate any
25 limitations the applicant and household members may have.

1 C. The applicant and adult household members must sign a statement that they
2 have been free of chemical use problems for the past two years.

3 D. The applicant must help the licensing agency obtain at least three letters of
4 reference that provide information about the license holder's support system, the
5 observed license holder's interactions with children, and the ability of the license holder
6 and foster family to accept different points of view.

7 E. The applicant must help the licensing agency get previous foster care studies
8 completed on the applicant by any other agency to which the applicant has applied for
9 foster care licensure.

10 F. The licensing agency must make a determination as to whether a prospective
11 license holder and foster parent can provide appropriate structure and is suitable to be
12 licensed if a prospective license holder or foster parent has had either of the following:

13 (1) a child for whom the applicant is legally responsible was removed from the
14 applicant's home and placed in foster care, a correctional facility, or a residential
15 treatment center for severe emotional disturbance under Minnesota Statutes, chapter
16 260C, within one year prior to the date of application; or

17 (2) the applicant has a child in voluntary foster care under Minnesota Statutes,
18 section 260C.212, subdivision 8, 260C.193, 260C.201, or 260C.205.

19 G. The licensing agency may consult with a specialist in such areas as health,
20 mental health, or chemical dependency to evaluate the abilities of the applicant to
21 provide a safe environment for foster children. The licensing agency and the specialist
22 must evaluate each applicant individually. The licensing agency must request a release
23 of information from the applicant prior to assigning the specialist to evaluate the
24 applicant. The licensing agency must tell the applicant why it is using a specialist to
25 evaluate the applicant.

26 Subp. 4. **Home study of applicant.** The applicant must cooperate with a home study

1 conducted by the licensing agency. At a minimum, there must be one in-home interview
2 and documented interviews with all household members over seven years of age. The
3 home study must be completed using the commissioner of human services' designated
4 format. The applicant must demonstrate the ability to:

5 A. provide consistent supervision, positive and constructive discipline, and care
6 and training to contribute to the foster child's well-being;

7 B. understand the licensing agency's programs and goals;

8 C. work within agency and state policies;

9 D. share responsibility for the foster child's well-being with the foster child's social
10 worker, school, and legal parents;

11 E. actively support the foster child's racial or ethnic background, culture, and
12 religion, and respect the child's sexual orientation;

13 F. accept the foster child's relationship with the child's family and relatives and to
14 support visitation and family reunification efforts;

15 G. have a current network of support that may include extended family, and
16 neighborhood, cultural, and community ties that the applicant can use to strengthen the
17 applicant's abilities, and for support and help;

18 H. meet the foster child's special needs, if any, including medical needs,
19 disabilities, or emotional disturbance;

20 I. deal with anger, sorrow, frustration, conflict, and other emotions in a manner
21 that will build positive interpersonal relationships rather than in a way that could be
22 emotionally or physically destructive to other persons; and

23 J. nurture children, be mature and demonstrate an ability to comply with the foster
24 child's care plan, and meet the needs of foster children in the applicant's care.

25 **2960.3070 FOSTER PARENT TRAINING.**

1 Subpart 1. **Orientation.** A nonrelative foster parent must complete a minimum of six
2 hours of orientation before admitting a foster child. Orientation is required for relative
3 foster parents who will be licensed as a child's foster parents. Orientation for relatives
4 must be completed within 30 days following the initial placement. The foster parent's
5 orientation must include items A to E:

6 A. emergency procedures, including evacuation routes, emergency telephone
7 numbers, severe storm and tornado procedures, and location of alarms and equipment;

8 B. relevant laws and rules, including, but not limited to, chapter 9560; Minnesota
9 Statutes, chapters 245A, 260, and 260C; and Minnesota Statutes, section 626.556; and
10 legal issues and reporting requirements;

11 C. cultural diversity, gender sensitivity, culturally specific services, cultural
12 competence, and information about discrimination and racial bias issues to ensure that
13 caregivers will be culturally competent to care for foster children according to
14 Minnesota Statutes, section 260C.212, subdivision 11;

15 D. information about the role and responsibilities of the foster parent in the
16 development and implementation of the case plan and in court and administrative
17 reviews of the child's placement; and

18 E. requirements of the licensing agency.

19 Subp. 2. **In-service training.** Each foster parent must complete a minimum of 12
20 hours of training per year in one or more of the areas in this subpart or in other areas as
21 agreed upon by the licensing agency and the foster parent. If the foster parent has not
22 completed the required annual training at the time of relicensure and does not show
23 good cause why the training was not completed, the foster parent may not accept new
24 foster children until the training is completed. The nonexclusive list of topics in items A
25 to Z provides examples of in-service training topics that could be useful to a foster
26 parent:

- 1 A. cultural competence and transcultural placements;
- 2 B. adoption and permanency;
- 3 C. crisis intervention, including suicide prevention;
- 4 D. sexual offender behaviors;
- 5 E. children's psychological, spiritual, cultural, sexual, emotional, intellectual, and
6 social development;
- 7 F. legal issues including liability;
- 8 G. foster family relationships with placing agencies and other service providers;
- 9 H. first aid and life-sustaining treatment such as cardiopulmonary resuscitation;
- 10 I. preparing foster children for independent living;
- 11 J. parenting children who suffered physical, emotional, or sexual abuse or
12 domestic violence;
- 13 K. chemical dependency, and signs or symptoms of alcohol and drug abuse;
- 14 L. mental health and emotional disturbance issues;
- 15 M. Americans with Disabilities Act and Individuals With Disabilities Education
16 Act;
- 17 N. caring for children with disabilities and disability-related issues regarding
18 developmental disabilities, emotional and behavioral disorders, and specific learning
19 disabilities;
- 20 O. privacy issues of foster children;
- 21 P. physical and nonphysical behavior guidance, crisis de-escalation, and discipline
22 techniques, including how to handle aggression for specific age groups and specific
23 issues such as developmental disabilities, chemical dependency, emotional
24 disturbances, learning disabilities, and past abuse;

1 Q. birth families and reunification;

2 R. effects of foster care on foster families;

3 S. home safety;

4 T. emergency procedures;

5 U. child and family wellness;

6 V. sexual orientation;

7 W. disability bias and discrimination;

8 X. management of sexual perpetration, violence, bullying, and exploitative
9 behaviors;

10 Y. medical technology-dependent or medically fragile conditions; and

11 Z. separation, loss, and attachment.

12 Subp. 3. **Medical equipment training.** Foster parents who care for children who rely
13 on medical equipment to sustain life or monitor a medical condition must meet the
14 requirements of Minnesota Statutes, section 245A.155.

15 **2960.3080 PLACEMENT, CONTINUED STAY, AND DISCHARGE.**

16 Subpart 1. **Placement criteria.** Foster care placement is governed by the statement of
17 intended use developed by the licensing agency and the license holder. The license
18 holder may decline to accept a foster child without a stated reason. The requirements of
19 parts 2960.0510 to 2960.0530 do not apply if the foster home serves as an emergency
20 shelter home.

21 Subp. 2. **Screening.** The license holder must cooperate with the placing agency to
22 ensure that the child's needs are identified and addressed.

23 Subp. 3. **Child's property.** The foster child must be allowed to bring personal
24 possessions, as agreed upon between the child, the child's parent, the placing agency,
25 and the license holder, to the foster home and must be allowed to accumulate

1 possessions to the extent the home is able to accommodate them. ~~The license holder~~
2 ~~must make a written inventory of the foster child's personal property, including~~
3 ~~clothing, at admission and at discharge. The license holder and the foster child, if~~
4 ~~capable, must sign the inventory.~~

5 Subp. 4. **Information about foster children.** Before placement or within five days
6 following placement, the placing agency shall give the license holder written
7 information in items A to K about the child:

8 A. the child's placement history summary;

9 B. name and nicknames;

10 C. date of birth;

11 D. gender;

12 E. name, address, and telephone number of the child's parents, guardian, and
13 advocate;

14 F. race or cultural heritage of the child, including tribal affiliation, if any;

15 G. description of the child's presenting problems, including medical problems,
16 circumstances leading to placement, mental health concerns, safety concerns including
17 assaultive behavior, and victimization concerns;

18 H. description of assets and strengths of the child and, if available, related
19 information from the child, child's family, including siblings, and concerned persons in
20 the child's life;

21 I. name, address, and telephone number of the contact person for the last
22 educational program the child attended, if applicable;

23 J. spiritual or religious affiliation of the child and the child's family; and

24 K. information about the child's medication and diet needs and the identities of the
25 child's recent health care providers.

1 The child's placing agency shall update the information in items A to K as new
2 information becomes available.

3 Subp. 5. **Cooperation required.** The license holder must cooperate with the child's
4 placing agency according to items A and B.

5 A. The license holder must provide basic services to the child.

6 B. The license holder must cooperate with the child's case manager and other
7 appropriate parties to develop and implement the child's case plan during the child's
8 stay in the foster home. The license holder shall cooperate in ~~at least~~ the following areas:

9 (1) identify and share information, if appropriate, with persons who are directly
10 involved in the child's treatment plan and tell those persons about major treatment
11 outcomes the child will achieve while in the home, including attaining developmentally
12 appropriate life skills that the child needs to become functional in the community;

13 (2) report the child's behaviors and other important information to the placing
14 agency and others as indicated in the child's case plan;

15 (3) recommend changes in the child's case plan to the case manager if needed;

16 (4) give the placing agency additional significant information about the foster
17 child as it becomes known;

18 (5) facilitate the child's school attendance and enroll the child in a local school
19 district or, if appropriate, the child's district of residence;

20 (6) provide a child with timely access to basic, emergency, and specialized
21 medical, mental health, and dental care and treatment services by qualified persons; and

22 (7) maintain a record of illness reported by the child, action taken by the foster
23 parent, and the date of the child's medical, psychological, or dental care.

24 Subp. 6. **Foster child services.** The license holder must:

25 A. work with the child's placing agency and child's parents to develop a plan to

1 identify and meet a foster child's immediate needs. The license holder must collaborate
2 with the placing agency to provide the basic services to the child;

3 B. encourage age-appropriate activities, exercise, and recreation for the foster child;

4 C. seek consultation or direction from the placing agency if issues arise that cannot
5 be resolved between the license holder and the foster child;

6 D. explain house rules and tell the foster child about the license holder's
7 expectations about behavior, the care of household items, and the treatment of others;
8 and

9 E. know the whereabouts of the child in the license holder's care. The license
10 holder must be guided by the case plan or court order in determining how closely to
11 supervise the child. The license holder must immediately notify the placing agency if
12 the child runs away or is missing.

13 Subp. 7. **Foster child diet.** A foster child must be provided food and beverages that
14 are palatable, of adequate quantity and variety, served at appropriate temperatures, and
15 have sufficient nutritional value to promote the child's health. If the child has a
16 medically prescribed diet, then the license holder must provide the diet as ordered by a
17 physician or other licensed health care provider.

18 Subp. 8. **Discipline.** The license holder must consider the child's abuse history and
19 developmental, cultural, disability, and gender needs when deciding the disciplinary
20 action to be taken with the child. Disciplinary action must be in keeping with the license
21 holder's discipline policy. The discipline policy must include the requirements in items
22 A and B.

23 A. Children must not be subjected to:

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

1 (2) verbal abuse, including, but not limited to: name calling; derogatory
2 statements about the child or child's family, race, gender, disability, sexual orientation,
3 religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the
4 child;

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

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

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

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

16 (7) restrictions on a child's communications beyond the restrictions specified in
17 the child's treatment plan or case plan, unless the restriction is approved by the child's
18 case manager; and

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

21 B. The license holder:

22 (1) must not require a child to punish other children;

23 (2) must follow the child's case plan regarding discipline;

24 (3) must not use mechanical restraints or seclusion, as defined in part 2960.3010,
25 subpart 38, with a foster child;

1 (4) must ensure that the duration of time-out is appropriate to the age of the
2 child; and

3 (5) must meet the requirements of part 9525.2700, subpart 2, item F, regarding
4 the use of aversive or deprivation procedures with a foster child who has mental
5 retardation or a related condition.

6 Subp. 9. **Visitation and communication.** The license holder must follow the visitation
7 and communication plan in a foster child's case plan, which was developed by the
8 placing agency and child's parents, or required by court order. In the absence of a case
9 plan or court order regarding visitation, the license holder must work with the placing
10 agency and the child's parents to jointly develop a visitation plan.

11 Subp. 10. **Complaints and grievances.** The license holder must work with the
12 licensing agency to develop written complaint and grievance procedures for foster
13 children. The procedures must meet at least the following requirements:

14 A. the agency or license holder must tell the child and the child's parent or legal
15 representative about the complaint and grievance procedures and upon request give the
16 child or the child's parent or legal representative a copy of the procedures and any
17 forms needed to complain or grieve;

18 B. the license holder must notify the placing and licensing agency about a written
19 complaint or grievance and the resolution of the complaint or grievance; and

20 C. a license holder's response to a complaint or grievance that alleges abuse or
21 neglect must meet the requirements of the Maltreatment of Minors Act, Minnesota
22 Statutes, section 626.556.

23 Subp. 11. **Discharge.** The license holder must work with the child's placing agency to
24 ensure a planned discharge and compliance with Minnesota Statutes, section 260C.212,
25 subdivision 3. Before an unplanned discharge, the license holder must confer with other
26 interested persons to review the issues involved in the decision. During this review

1 process, which must not exceed 30 days, the license holder must determine whether the
2 license holder, treatment team, if any, interested persons, and the child can develop
3 additional strategies to resolve the issues leading to the discharge and to permit the
4 child an opportunity to continue to receive services from the license holder. If the
5 review indicates that the decision to discharge is warranted, the reasons for it and the
6 alternatives considered or attempted must be documented. A child may be temporarily
7 removed from the foster home during the review period if the child is a danger to self or
8 others. This subpart does not apply to a child removed by the placing authority or a
9 parent or guardian.

10 **2960.3090 RESPITE AND SUBSTITUTE CARE FOR FAMILY SETTINGS.**

11 Subpart 1. **Notice requirements.** In nonemergency situations, the license holder,
12 parent, and placing agency must agree on respite care and substitute care arrangements
13 within ten working days prior to the use of respite care or substitute care or must agree
14 on respite care according to an ongoing written agreement. In an emergency that may
15 require the use of respite or substitute care, the license holder must notify the placing
16 agency of the emergency as soon as possible. The license holder must notify the placing
17 agency when respite care or long-term substitute care is being provided.

18 Subp. 2. **Qualifications of long-term substitute caregiver.** A substitute caregiver
19 must:

20 A. be at least 18 years of age;

21 B. have completed a background study within the past 12 months;

22 C. have no statutory or rule disqualification;

23 D. if providing more than 30 cumulative days of substitute care in a 12-month
24 period:

25 (1) submit a signed statement attesting to good health and being physically able
26 to care for foster children; and

1 (2) have at least six hours of training or 20 hours of experience in caring for
2 children with the particular needs of the foster children to be cared for; and

3 E. provide documentation of medical equipment training on the equipment used
4 to care for the foster child from an appropriate training source.

5 Subp. 3. **Short-term substitute caregiver.** As used in parts 2960.3000 to 2960.3340,
6 "short-term substitute care" means less than 72 hours of continuous care for a child. A
7 short-term substitute caregiver does not have to meet the requirements of subpart 2.
8 However, the foster parent and the placing agency must agree that the short-term
9 substitute caregiver is able to meet the needs of the foster child. The short-term
10 substitute caregiver must provide documentation of medical equipment training on the
11 equipment used to care for the foster child from an appropriate training source.

12 Subp. 4. **Information to respite caregiver.** The license holder must give a respite care
13 provider the information in items A to D related to the foster child's health, safety, and
14 welfare:

15 A. information about the foster child's emotional, behavioral, medical, and
16 physical condition;

17 B. any medication the foster child takes;

18 C. the foster child's daily routine and schedule; and

19 D. the names and telephone numbers of individuals to contact in case of
20 emergency and information about medical providers and how to obtain medical care for
21 the child.

22 Subp. 5. **Information to substitute caregivers.** The license holder must give a
23 substitute care provider the information in subpart 4, and in items A to D:

24 A. the location of a fire extinguisher and first aid supplies;

25 B. emergency and fire evacuation plans;

1 C. information about child abuse and mandatory reporting laws; and

2 D. if an emergency occurs which involves the foster child, the substitute caregiver
3 must notify the placing agency as soon as possible about the emergency.

4 Subp. 6. **Overnights and short trips.** The license holder must seek direction from the
5 placing agency about whether or not the foster child may go on overnights or short trips
6 outside the supervision of the license holder.

7 Subp. 7. **Foster residence settings.** Foster residence settings may not use respite
8 caregivers, long-term substitute caregivers, and short-term substitute caregivers.
9 Subparts 1 to 6 do not apply to foster residence settings.

10 **2960.3100 RECORDS.**

11 Subpart 1. **Foster care license records.** The license holder must cooperate with the
12 licensing agency to ensure the agency has the following records:

13 A. a copy of the application for licensure signed by the applicant;

14 B. a license holder agreement form supplied by the Department of Human Services
15 which is signed by the applicant and the agency;

16 C. reports and signed statements from specialists, and signed statements from the
17 license holder, the license holder's children, and other household members concerning
18 the physical health of the license holder, the license holder's children, and other
19 household members;

20 D. a current completed commissioner's home safety checklist (D.S.-644) plus a
21 written report from the fire marshal on any specific fire hazards, if required;

22 E. the preclicensing home study and supporting documentation;

23 F. references obtained through the licensing process;

24 G. a documented annual evaluation of the licensed foster home, conducted jointly
25 by the license holder and the licensing agency, including, at a minimum:

1 (1) a review of all foster placements in the past year and an assessment of the
2 impact and outcomes of the placement on the child, child's family, license holder, and
3 development and implementation of the case plan;

4 (2) a review of any comments, suggestions, or concerns raised by placing
5 agencies and an assessment of implications for training and foster home policies or
6 procedures;

7 (3) a review of any grievances, their outcomes, and an assessment of
8 implications for training and foster home policies or procedures;

9 (4) a review of the ability of the license holder to care for children; and

10 (5) the development of a plan for the next year's foster care training and
11 development;

12 H. documentation for any rule variance from this chapter; and

13 I. a record of training received by the license holder and staff, if any, and foster
14 parents, including a list of training on medical equipment used to sustain life or monitor
15 a medical condition.

16 Subp. 2. **Foster child records.** The license holder must keep a record for each foster
17 child in care. The record must include ~~the initial inventory of the child's belongings at~~
18 ~~admission~~; the child's medical records, which includes records of illnesses and medical
19 care provided to the child; grievance records, including documentation of the grievance
20 resolution; and other documentation as required by the child's case plan.

21 **ADDITIONAL REQUIREMENTS FOR FOSTER RESIDENCE SETTINGS**

22 **2960.3200 ADDITIONAL REQUIREMENTS FOR FOSTER RESIDENCE SETTING** 23 **LICENSE HOLDERS.**

24 Subpart 1. **Scope.** Parts 2960.3200 to 2960.3230 apply to foster homes which are foster
25 residence settings.

1 Subp. 2. **Purpose and applicability.** Parts 2960.3200 to 2960.3230 apply to foster
2 homes in which the license holder does not reside at the licensed foster home. The foster
3 residence setting license holder must meet the requirements of parts 2960.3200 to
4 2960.3230, in addition to the requirements of parts 2960.3000 to 2960.3100.

5 Subp. 3. **Exemption.** The training and orientation requirements of part 2960.3070 do
6 not apply to foster residence settings.

7 **2960.3210 STAFF TRAINING REQUIREMENTS.**

8 Subpart 1. **Orientation.** The license holder must ensure that all staff attend and
9 successfully complete at least six hours of orientation training before having
10 unsupervised contact with foster children. The number of hours of orientation training
11 are not counted as part of the hours of annual training. Orientation training must
12 include at least the topics in items A to F:

13 A. emergency procedures, including evacuation routes, emergency telephone
14 numbers, severe storm and tornado procedures, and location of facility alarms and
15 equipment;

16 B. relevant statutes and administrative rules and legal issues, including reporting
17 requirements for abuse and neglect specified in Minnesota Statutes, sections 626.556 and
18 626.557, and other reporting requirements based on the ages of the children;

19 C. cultural diversity and gender sensitivity, culturally specific services, and
20 information about discrimination and racial bias issues to ensure that caregivers have
21 cultural sensitivity and will be culturally competent to care for children according to
22 Minnesota Statutes, section 260C.212, subdivision 11;

23 D. general and special needs, including disability needs, of children and families
24 served;

25 E. operational policies and procedures of the license holder; and

26 F. data practices regulations and issues.

1 Subp. 2. **Personnel training.** The license holder must provide training for staff that is
2 modified annually to meet the current needs of individual staff persons. The license
3 holder must develop an annual training plan for employees that addresses items A to C.

4 A. Full-time and part-time direct care staff and volunteers must have sufficient
5 training to accomplish their duties. To determine the type and amount of training an
6 employee needs, the license holder must consider the foster care program's target
7 population, services the program delivers, and outcomes expected from the services, as
8 well as the employee's position description, tasks to be performed, and the performance
9 indicators for the position. The license holder and staff who care for children who rely
10 on medical equipment to sustain life or monitor a medical condition must meet the
11 requirements of Minnesota Statutes, section 245A.155.

12 B. Full-time staff who have direct contact with children must complete at least 18
13 hours of in-service training per year. One-half of the training must be skill development
14 training. Other foster home staff and volunteers must complete in-service training
15 requirements consistent with their duties.

16 C. Part-time direct care staff must receive sufficient training to competently care
17 for children. The amount of training must be provided at least at a ratio of one hour of
18 training for each 60 hours worked, up to 18 hours of training per part-time employee
19 per year.

20 Subp. 3. **Documentation of training.** The license holder must document the date and
21 number of hours of orientation and in-service training completed by each staff person in
22 each topic area and the name of the entity that provided the training.

23 **2960.3220 STAFFING PATTERNS AND PERSONNEL POLICIES.**

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

1 Subp. 2. **Recruitment of culturally balanced staff.** To the extent permitted by law, it
2 is the license holder's responsibility to actively recruit, hire, and retain staff who are
3 responsive to the diversity of the population served. If the license holder's staffing plan
4 does not meet the cultural and racial needs of the child, the license holder must
5 document the reasons why and work with cultural or racial communities to meet the
6 needs of the child. In addition, the license holder must contact a cultural or racial
7 community group related to the child's racial or cultural minority background and seek
8 information about how to provide opportunities for the child to associate with adult
9 and peer role models with similar cultural and racial backgrounds on a regular basis.

10 Subp. 3. **Professional licensure.** The license holder must keep records showing that
11 staff's professional licensure which is related to staff's foster care duties is current.

12 Subp. 4. **Staffing plan.** The license holder must prepare and obtain approval from the
13 licensing agency of a written staffing plan that shows staff assignments and meets the
14 needs of the children in care. The license holder must use the criteria in items A to D to
15 develop the foster home's staffing plan.

16 A. The license holder must designate a person in charge at each facility.

17 B. In the temporary absence of the person designated as the person in charge at the
18 facility, a different staff person must be designated as the person in charge of the facility.

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

25 D. The staffing plan must be appropriate for the program services offered to the
26 children, the physical plant features and characteristics of the facility, and the condition

1 of the children in care. The license holder must consider the factors in subitems (1) to (8)
2 when developing the staffing plan:

3 (1) the age of the children served;

4 (2) the children's physical and mental health;

5 (3) the vulnerability of the children;

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

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

8 (6) the gender of the children;

9 (7) disabilities of the children; and

10 (8) the number and types of service programs offered or coordinated for the
11 children.

12 **Subp. 5. License holder and staff qualifications.** The license holder and staff must
13 have the education and experience required to meet the functions and program
14 activities that the license holder declared in the foster home's statement of intended use
15 according to part 2960.3000, subpart 4. The license holder must be a responsible, mature,
16 healthy adult who is able to carry out the license holder's duties. The license holder
17 must be able to accomplish the license holder's duties and meet the child's needs as
18 stated in the child's case plan. Staff must be at least 21 years of age.

19 **Subp. 6. Drug and alcohol use prohibited.** The license holder must have a policy
20 regarding use of illegal drugs or alcohol by staff, volunteers, and contract employees
21 while staff, volunteers, and contract employees care for or have contact with foster
22 children. The license handler's policy must prohibit the use of illegal drugs and use of
23 alcohol by staff and others while caring for foster children, and require that staff and
24 others who use illegal drugs or use alcohol while caring for foster children are subject to
25 dismissal.

1 Subp. 7. Medication administration. The license holder must have a policy on
2 medication administration by staff. The license holder's medication administration
3 policy must, at a minimum, require that staff document medication administration
4 errors.

5 **2960.3230 COMMUNICATIONS AND DOCUMENTATION.**

6 Subpart 1. **Communication plan.** The license holder must have a communication
7 plan that ensures that all important information about a child is communicated to the
8 license holder and staff. At a minimum, the communication plan must ensure that:

9 A. updated information about the child's needs, condition, care plan changes,
10 medications, incidents, and other information which affects the health and safety of the
11 child is documented and made available to staff and other persons who care for the
12 child; and

13 B. staff who help the child meet care plan and treatment plan goals are given the
14 information needed to carry out the staff's duties to help the child attain care plan and
15 treatment plan goals.

16 Subp. 2. **Documentation.** A license holder must:

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

20 B. keep and share the child's records according to the requirements of statute; and

21 C. collect demographic information about children and their families and outcome
22 measures about the success of services that meet the requirements of Laws 1995, chapter
23 226, article 3, section 60, subdivision 2, clause (1)(iii).

24 **ADDITIONAL REQUIREMENTS FOR FOSTER CARE SETTINGS THAT**
25 **OFFER TREATMENT FOSTER CARE SERVICES**

26 **2960.3300 ADDITIONAL REQUIREMENTS.**

2960.3300

1 A foster family setting license holder, who offers treatment foster care services, must
2 meet the requirements of parts 2960.3300 to 2960.3340 in addition to the requirements of
3 parts 2960.3000 to 2960.3100.

4 **2960.3310 ADMISSION, TREATMENT, AND DISCHARGE.**

5 Subpart 1. **Generally.** Treatment foster care serves children and youth whose special
6 needs would place them at risk of placement in more restrictive residential settings such
7 as hospitals, psychiatric centers, correctional facilities, or residential treatment
8 programs.

9 Subp. 2. **Admission.** Admission to a treatment foster care home must meet the
10 requirements of items A and B.

11 A. Admission to a treatment foster care program is based on the recommendation
12 of a licensed professional who is qualified to direct treatment and is familiar with the
13 child's individual needs. The recommendation must be based on a diagnostic evaluation
14 and recognize the reasons the child is at risk for placement in more restrictive residential
15 settings. The recommendation must identify behavioral concerns to be addressed in a
16 treatment plan.

17 B. Upon admission to a treatment foster care placement, a treatment team must be
18 established for the child. Members of the treatment team are parents, treatment foster
19 parents, county case manager, licensed professional directing treatment, treatment
20 foster care social worker, and other persons identified by the team who are needed to
21 develop and execute a comprehensive treatment plan.

22 Subp. 3. **Treatment.** The child's treatment plan must be developed within ten days of
23 admission and meet the requirements in items A to D.

24 A. The treatment goals in the treatment plan must address the child's needs as
25 determined by a licensed professional directing treatment. The treatment plan must be
26 consistent with the placement plans in Minnesota Statutes, section 260C.212, the case

1 plan in Minnesota Statutes, section 260B.198, subdivision 5, or service plan in Minnesota
2 Statutes, section 256B.092. The child's treatment goals must be measurable and identify
3 desired treatment outcomes. Treatment foster parents shall document daily
4 observations of the desired treatment outcomes.

5 B. The treatment plan must identify treatment strategies to be used with the child
6 by the treatment foster parents.

7 C. The plan must identify specific supports and services the treatment foster
8 parents will use with the child. Substitute and respite care services must be addressed in
9 the plan.

10 D. The treatment team must develop the treatment plan and meet the requirements
11 in subitems (1) to (3).

12 (1) The treatment foster care social worker shall lead the development and
13 documentation of the treatment plan.

14 (2) The treatment plan must be reviewed and evaluated every 30 days by the
15 treatment foster parent and the treatment foster care social worker.

16 (3) The treatment team must reassess the treatment plan every 90 days. The
17 treatment team must report the child's progress in attaining treatment goals and update
18 the treatment goals as appropriate. A licensed professional directing the treatment, who
19 must be familiar with the child's individual needs, must review the child's treatment
20 plan and consider the child's progress toward meeting treatment goals, and provide
21 recommendations about the treatment plan to the treatment team.

22 Subp. 4. **Discharge.** The treatment plan must define outcomes and goals that the child
23 needs to meet for discharge from treatment foster care. The unplanned discharge of a
24 child must follow part 2960.3080, subpart 11. If an unplanned discharge is by the request
25 of the treatment foster parents, the treatment foster care licensing agency shall
26 document the review and evaluation of the treatment foster parent's skills to determine
27 if the treatment foster parents had the appropriate skills to care for the discharged child.

1 **2960.3320 TREATMENT FOSTER CARE REQUIREMENTS.**

2 Subpart 1. **Treatment foster care provider qualifications.** In addition to the
3 qualifications in parts 2960.3000 to ~~2960.3230~~ 2960.3100, treatment foster parents must:

4 A. have previously been licensed as a foster parent for at least two years or have
5 equivalent experience;

6 B. be able to carry out the treatment plan in the foster home;

7 C. ensure that the foster family is willing to accept children who need this level of
8 service and are able to accept the increased involvement and supervision of treatment
9 foster care;

10 D. ensure that the foster family is able to work as part of a treatment team to
11 implement in-home treatment strategies and document the child's progress, as defined
12 by the treatment plan and treatment team; and

13 E. have the commitment to work with the child, parents, and treatment team to set
14 and implement strategies, which define outcomes that enable the child to live in the
15 treatment foster home.

16 Subp. 2. **Intended use.** The statement of intended use required by part 2960.3000,
17 subpart 4, must indicate that the foster home will be used as a treatment foster care
18 home. The licensing agency must deem the foster home to be a treatment foster care
19 home and consider information from the license holder's statement of intended use in
20 the home study.

21 **2960.3330 TREATMENT FOSTER CARE TRAINING.**

22 Subpart 1. **Initial training required.** Each treatment foster parent must complete the
23 training requirements in items A ~~to C~~ and B.

24 A. The treatment foster care social worker, in partnership with the treatment foster
25 parents, shall write a professional development plan for the treatment foster parent
26 which is based on the training needs of the treatment parents and the child's individual
27 treatment plan requirements.

1 B. Each treatment foster care parent must complete 30 hours of primary skill
2 development training prior to accepting a treatment foster care placement. The content
3 of this training must be about at least the following topics: grief and loss, attachment,
4 behavioral intervention, child development, discipline, dynamics of child abuse,
5 children's mental health, substance abuse, cultural competency, treatment plan
6 development and documentation, relationship building with primary families, and the
7 role of medication in treatment.

8 ~~C. Maintain first aid and cardiopulmonary resuscitation certification.~~

9 Subp. 2. **Annual training required.** Each treatment foster parent must complete 18
10 hours of annual training.

11 A. Annual training must be competency-based and emphasize skill development
12 needed by the foster parent to care for the individual child placed in the home.

13 B. The training may be in various formats, including in-home training provided by
14 treatment professionals, group presentations, or in-service training approved by the
15 placing or licensing agency.

16 Subp. 3. **Exemption.** Foster parents who provide treatment foster care and meet the
17 training requirements of this part are exempt from the training requirements of parts
18 2960.3070 and 2960.3210.

19 **2960.3340 TREATMENT FOSTER HOME CAPACITY.**

20 Subpart 1. **Treatment foster home capacity.** The total number of treatment foster care
21 children placed in one home shall not exceed two unless a variance is granted under
22 subpart 3 for special circumstances. At no time shall a foster home exceed the capacity
23 limits in part 2960.3030.

24 Subp. 2. **Continuing care.** A treatment foster home may continue to provide care for
25 a child after the child has attained the child's treatment goals to support the
26 permanency goals in the child's case plan.

1 Subp. 3. **Capacity limit variance.** The capacity variance conditions must ensure that
 2 the foster home will meet the individual treatment needs of the children in care and
 3 address specific vulnerabilities that may occur when children are placed together. The
 4 variance must identify added support services that will be offered to the treatment
 5 foster family to meet the needs of each child in the home and tell how the additional
 6 support services can be obtained. A variance granted to treatment foster care parents
 7 must also meet the requirements in part 2960.3020, subpart 9. A variance may be
 8 granted to allow the capacity of a treatment foster home to exceed two children, if one of
 9 the following special circumstances applies:

10 A. there is a need to place a sibling group together in the foster home; or

11 B. ~~to keep the child in the child's home community; or~~

12 C. to place a child with foster parents with which the child had been previously
 13 placed.

14 **REPEALER.** (a) Minnesota Rules, parts 2925.0100; 2925.0200; 2925.0500; 2925.0600;
 15 2925.0800; 2925.1000; 2925.1200; 2925.1400; 2925.1500; 2925.1600; 2925.1800; 2925.1900;
 16 2925.2000; 2925.2100; 2925.2200; 2925.2300; 2925.2400; 2925.2500; 2925.2600; 2925.2700;
 17 2925.2800; 2925.2900; 2925.2950; 2925.3100; 2925.3300; 2925.3500; 2925.3600; 2925.3700;
 18 2925.3800; 2925.3900; 2925.4000; 2925.4100; ~~2930.0100; 2930.0200; 2930.0300; 2930.0400;~~
 19 ~~2930.0500; 2930.0600; 2930.0700; 2930.0800; 2930.0900; 2930.1000; 2930.1100; 2930.1200;~~
 20 ~~2930.1300; 2930.1400; 2930.1500; 2930.1600; 2930.1700; 2930.1800; 2930.1900; 2930.2000;~~
 21 ~~2930.2100; 2930.2200; 2930.2300; 2930.2400; 2930.2500; 2930.2600; 2930.2700; 2930.2800;~~
 22 ~~2930.2900; 2930.3000; 2930.3100; 2930.3200; 2930.3300; 2930.3400; 2930.3500; 2930.3600;~~
 23 ~~2930.3700; 2930.3800; 2930.3900; 2930.4000; 2930.4100; 2930.4200; 2930.4300; 2930.4400;~~
 24 ~~2930.4500; 2930.4600; 2930.4700; 2930.4800; 2930.4900; 2930.5000; 2930.5100; 2930.5200;~~
 25 ~~2930.5300; 2930.5400; 2930.5500; 2930.5600; 2930.5700; 2930.5800; 2930.5900; 2930.6000;~~
 26 ~~2930.6100; 2930.6200; 2930.6300; 2930.6400; 2930.6500; 2930.6600; 2930.6700; 2930.6800;~~

2960.3340

1 ~~2930.6900; 2930.7000; 2930.7100; 2930.7200; 2930.7300; 2930.7400; 2930.7500; 2930.7600;~~
2 ~~2930.7700; 2930.7800; 2930.7900; 2930.8000; 2930.8100; 2930.8200; 2930.8300; 2930.8400;~~
3 ~~2930.8500; 2930.8600; 2930.8700; 2930.8800; 2930.8900; 2930.9000; 2930.9100; 2930.9200;~~
4 ~~2930.9300; 2930.9400; 2930.9500; 2930.9600; 2930.9700; 2930.9800; 2930.9900; 2935.0100;~~
5 ~~2935.0200; 2935.0300; 2935.0400; 2935.0410; 2935.0500; 2935.0600; 2935.0700; 2935.0800;~~
6 ~~2935.0900; 2935.1000; 2935.1100; 2935.1200; 2935.1300; 2935.1400; 2935.1500; 2935.1600;~~
7 ~~2935.1700; 2935.1800; 2935.1900; 2935.2000; 2935.2100; 2935.2200; 2935.2300; 2935.2400;~~
8 ~~2935.2500; 2935.2600; 2935.2700; 2935.2800; 2935.2900; 2935.3000; 2935.3100; 2935.3200;~~
9 ~~2935.3300; 2935.3400; 2935.3500; 2935.3600; 2935.3700; 2935.3800; 2935.3900; 2935.4000;~~
10 ~~2935.4100; 2935.4200; 2935.4300; 2935.4310; 2935.4320; 2935.4330; 2935.4400; 2935.4500;~~
11 ~~2935.4600; 2935.4700; 2935.4800; 2935.4900; 2935.5000; 2935.5100; 2935.5200; 2935.5300;~~
12 ~~2935.5400; 2935.5500; 2935.5600; 2935.5700; 2935.5800; 2935.5900; 2935.6000; 2935.6100;~~
13 ~~2935.6200; 2935.6300; 2935.6400; 2935.6500; 2935.6600; 2935.6700; 2935.6800; 2935.6900;~~
14 ~~2935.7000; 2935.7100; 2950.0100; 2950.0110; 2950.0120; 2950.0130; 2950.0135; 2950.0140;~~
15 ~~2950.0150; 2950.0160; 2950.0200; 2950.0300; 2950.0310; 2950.0320; 2950.0330; 2950.0400;~~
16 ~~2950.0500; 2950.0510; 2950.0600; 2950.0610; 2950.0620; 2950.0700; 2950.0720; 2950.0800;~~
17 ~~2950.0810; 2950.0820; 2950.0840; 2950.0850; 2950.0860; 2950.0870; 2950.0880; 2950.0890;~~
18 ~~2950.0895; 2950.0900; 2950.0910; 2950.0920; 2950.0930; 2950.0940; 2950.0950; 2950.0960;~~
19 ~~2950.1000; 2950.1100; 2950.1200; 2950.1300; 2950.1400; 2950.1500; 2950.1600; 2950.1700;~~
20 ~~2950.1800; 2950.1900; 9530.4450; 9545.0010; 9545.0020; 9545.0030; 9545.0040; 9545.0050;~~
21 ~~9545.0060; 9545.0070; 9545.0080; 9545.0090; 9545.0100; 9545.0110; 9545.0120; 9545.0130;~~
22 ~~9545.0140; 9545.0150; 9545.0160; 9545.0170; 9545.0180; 9545.0190; 9545.0200; 9545.0210;~~
23 ~~9545.0220; 9545.0230; 9545.0240; 9545.0250; and 9545.0260; 9545.0905; 9545.0915;~~
24 ~~9545.0925; 9545.0935; 9545.0945; 9545.0955; 9545.0965; 9545.0975; 9545.0985; 9545.0995;~~
25 ~~9545.1005; 9545.1015; 9545.1025; 9545.1035; 9545.1045; 9545.1055; 9545.1065; 9545.1075;~~
26 ~~9545.1085; 9545.1095; 9545.1105; 9545.1115; 9545.1125; 9545.1200; 9545.1210; 9545.1220;~~
27 ~~9545.1230; 9545.1240; 9545.1250; 9545.1260; 9545.1270; 9545.1280; 9545.1290; 9545.1300;~~

1 ~~9545.1310; 9545.1320; 9545.1400; 9545.1410; 9545.1420; 9545.1430; 9545.1440; 9545.1450;~~
2 ~~9545.1460; 9545.1470; and 9545.1480,~~ are repealed effective January 1, 2004.

3 (b) Minnesota Rules, parts 2930.0100; 2930.0200; 2930.0300; 2930.0400; 2930.0500;
4 2930.0600; 2930.0700; 2930.0800; 2930.0900; 2930.1000; 2930.1100; 2930.1200; 2930.1300;
5 2930.1400; 2930.1500; 2930.1600; 2930.1700; 2930.1800; 2930.1900; 2930.2000; 2930.2100;
6 2930.2200; 2930.2300; 2930.2400; 2930.2500; 2930.2600; 2930.2700; 2930.2800; 2930.2900;
7 2930.3000; 2930.3100; 2930.3200; 2930.3300; 2930.3400; 2930.3500; 2930.3600; 2930.3700;
8 2930.3800; 2930.3900; 2930.4000; 2930.4100; 2930.4200; 2930.4300; 2930.4400; 2930.4500;
9 2930.4600; 2930.4700; 2930.4800; 2930.4900; 2930.5000; 2930.5100; 2930.5200; 2930.5300;
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12 2930.7000; 2930.7100; 2930.7200; 2930.7300; 2930.7400; 2930.7500; 2930.7600; 2930.7700;
13 2930.7800; 2930.7900; 2930.8000; 2930.8100; 2930.8200; 2930.8300; 2930.8400; 2930.8500;
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17 2935.1000; 2935.1100; 2935.1200; 2935.1300; 2935.1400; 2935.1500; 2935.1600; 2935.1700;
18 2935.1800; 2935.1900; 2935.2000; 2935.2100; 2935.2200; 2935.2300; 2935.2400; 2935.2500;
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21 2935.4200; 2935.4300; 2935.4310; 2935.4320; 2935.4330; 2935.4400; 2935.4500; 2935.4600;
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24 2935.6300; 2935.6400; 2935.6500; 2935.6600; 2935.6700; 2935.6800; 2935.6900; 2935.7000;
25 2935.7100; 2950.0100; 2950.0110; 2950.0120; 2950.0130; 2950.0135; 2950.0140; 2950.0150;
26 2950.0160; 2950.0200; 2950.0300; 2950.0310; 2950.0320; 2950.0330; 2950.0400; 2950.0500;
27 2950.0510; 2950.0600; 2950.0610; 2950.0620; 2950.0700; 2950.0720; 2950.0800; 2950.0810;

1 2950.0820; 2950.0840; 2950.0850; 2950.0860; 2950.0870; 2950.0880; 2950.0890; 2950.0895;
2 2950.0900; 2950.0910; 2950.0920; 2950.0930; 2950.0940; 2950.0950; 2950.0960; 2950.1000;
3 2950.1100; 2950.1200; 2950.1300; 2950.1400; 2950.1500; 2950.1600; 2950.1700; 2950.1800;
4 2950.1900; 9530.4450; 9545.0905; 9545.0915; 9545.0925; 9545.0935; 9545.0945; 9545.0955;
5 9545.0965; 9545.0975; 9545.0985; 9545.0995; 9545.1005; 9545.1015; 9545.1025; 9545.1035;
6 9545.1045; 9545.1055; 9545.1065; 9545.1075; 9545.1085; 9545.1095; 9545.1105; 9545.1115;
7 9545.1125; 9545.1200; 9545.1210; 9545.1220; 9545.1230; 9545.1240; 9545.1250; 9545.1260;
8 9545.1270; 9545.1280; 9545.1290; 9545.1300; 9545.1310; 9545.1320; 9545.1400; 9545.1410;
9 9545.1420; 9545.1430; 9545.1440; 9545.1450; 9545.1460; 9545.1470; and 9545.1480, are
10 repealed effective July 1, 2005.

11 **EFFECTIVE DATE.** (a) Minnesota Rules, parts ~~2960.0010~~ 2960.3000 to 2960.3340, are
12 effective January 1, 2004.

13 (b) Minnesota Rules, parts 2960.0010 to 2960.0710, are effective July 1, 2005.