

Note: Refer to s. HFS 52.62 (1), General Conditions for Approval of License, with regard to the applicant or licensee being found fit and qualified to provide care to children and youth.

(e) A center shall require that each staff person before working with residents present a statement from a physician covering at least the areas included in department form CFS 384 indicating that the staff person does not have a communicable disease, illness or disability which would interfere with the staff person's ability to work with or care for residents.

(f) All staff shall have the ability and emotional stability to carry out their assigned functions and duties. Center staff whose behavior or mental or physical condition gives reasonable concern for safety of residents may not be in contact with residents in care. If, at any time, a center suspects or has reason to believe that the physical or mental health of a center employe or other person on the premises may pose a threat to the health, safety, or welfare of a resident in care, the center shall require an alcohol or drug abuse assessment or a physical or mental health evaluation of the person.

(4) **JOB DESCRIPTIONS AND STANDARDS.** A center shall provide each new staff member under sub. (1) (a) or (2) (i) with all of the following materials and place copies dated and signed by the staff member in the staff member's personnel record:

(a) A job description specifying the staff member's roles and responsibilities.

(b) Individual performance standards, including expected staff conduct toward residents.

(c) A copy of a department form for reporting suspected child abuse or neglect.

(d) A statement calling attention to requirements under s. 48.78 or 938.78, Stats., and s. 51.30, Stats., for maintaining resident confidentiality.

(5) **STAFF TRAINING.** (a) *Approved by department.* At the time of initial licensure and every 2 years thereafter, a center, prior to implementing training required under this subsection, shall submit to the department, for approval, a description of the process and content of orientation and initial training, including the number of training hours for all new staff who work with residents and a plan for establishing and meeting ongoing training needs for all staff who work with residents.

(b) *Orientation.* Before a new staff member is permitted to work independently with residents, the center shall provide orientation training for the new staff member covering at least all of the following areas:

1. Overall center philosophy and program goals.

2. Organization and management of the center, including administrative procedures.

3. The nature of residents' emotional and physical needs.

4. Expected staff conduct toward residents, expected resident conduct, the center's house rules for residents required under s. HFS 52.42 (3) (f) and center behavior management techniques.

5. Observing and reporting resident behavior.

6. Resident rights and grievance procedures.

7. Identification and reporting of child abuse and neglect.

8. Laws on confidentiality of personally identifiable information.

9. Center procedures for reporting missing persons.

10. Fire safety and evacuation procedures.

11. Emergency medical procedures and center emergency security measures and procedures.

12. Sanitation and hygiene practices including the nature, causes, transmission and prevention of hepatitis B, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and the legal, social and psychological aspects of those conditions.

(c) *Initial training.* A center shall document that a new staff member who works with residents has already received training in the following areas or the center shall provide at least 40 hours of training covering those subjects within 6 months after the staff member begins work at the center:

1. Developmental care.

2. Creating a therapeutic milieu.

3. Human sexuality.

4. Teamwork.

5. Working with groups.

6. Crisis intervention.

7. Family relationships and the impact of separation from the family.

8. Suicide prevention, including identification of signs and center response measures.

9. Fire safety and evacuation, with training provided by a Wisconsin vocational, technical and adult education college.

10. Sensitivity to racial and cultural differences among residents.

(d) *Working with monitor.* A newly hired resident care worker who meets one of the qualifications under sub. (2) (e) 1. to 3. may not assume independent responsibility for residents until completing 80 hours of work with residents during which assistance and guidance is provided by an experienced center resident care worker.

(e) *Educational program orientation.* A center shall provide orientation training on the center's educational program required under s. HFS 52.41 (1) (b) to center staff responsible for resident educational services before staff provide those services to residents.

(f) *Continuing training.* A center shall provide or arrange for continuing training for staff so that staff competencies necessary to meet the needs of residents are maintained and enhanced. The center shall do all of the following:

1. Determine continuing training needs through staff performance reviews and assessments.

2. Provide or arrange for at least 24 hours of continuing training annually for every staff member working with residents. Training provided or arranged by the center under pars. (b) and (c) may be counted towards the required 24 hours of annual training but not training received by a staff member from a previous employer.

(g) *Traineeship.* 1. The center shall establish a traineeship for a new resident care worker who is not otherwise qualified under sub. (2) (e) 1. to 3. The trainee shall be required to work with an experienced resident care worker for at least the first 160 hours of work with residents.

2. When a traineeship program required under sub. (2) (e) 4. has been completed, the center shall note this in the resident care worker's personnel record. Documentation shall include the beginning and ending dates of the traineeship, the name of the experienced staff member who worked with the trainee and assessment of the strengths and competencies of the resident care worker by the resident care worker supervisor.

3. If, as part of the traineeship, the topics under sub. (5) (c) are covered, this training may be counted towards meeting the requirement under sub. (5) (c).

(h) *Documentation of training.* A center shall document in each staff member's personnel record all orientation and training received by the staff member. Documentation shall include dates of training and who provided the training.

(6) STAFF SUPERVISION. (a) A center shall provide for appropriate supervision of staff as follows:

1. There shall be at least one full-time equivalent social work case work supervisor as described under sub. (1) (a) 2. for no more than 8 full-time resident services case manager staff under sub. (1) (a) 3.

2. There shall be at least one full-time equivalent resident care worker supervisor as described under sub. (1) (a) 4. for no more than 8 full-time equivalent resident care workers under sub. (1) (a) 5.

3. The center director or professional designee shall supervise the remaining staff and consultant and service staff under subs. (1) and (2) (i).

4. The center director shall ensure that when a supervisor is absent, each staff member supervised by that person knows to whom he or she reports.

(b) Staff supervision shall include both of the following:

1. A written performance review and assessment of a staff member at least once in the staff person's first 6 months with the center and annually thereafter.

2. Filing a copy of the performance review and assessment and any written response of the staff person to it in the staff person's personnel record.

(7) VOLUNTEERS AND STUDENT INTERNS. A center that accepts unpaid college students on field placement or volunteers to provide services to residents shall do all of the following:

(a) Verify the individual's qualifications to work with residents through character reference checks and background verification and a signed statement under sub. (3) (b) and (c), a caregiver background records check under sub. (3) (d) and a physician's statement under sub. (3) (e).

(b) Maintain a list of volunteers and students on field placement working in the center and have a written description of the job responsibilities of each. The center shall provide a copy of a particular student's or volunteer's job responsibilities to the student or volunteer. The description shall include the following:

1. A statement of the purpose of the student's or volunteer's involvement, role and responsibilities.

2. Identification of a staff member meeting, at minimum, the requirements under sub. (2) for a resident care worker who will supervise the student or volunteer.

3. An indication of the extent to which the student or volunteer will be able to contribute to development of a resident's service plan or plan progress reviews.

(c) Orient students and volunteers on subjects listed under sub. (5) (b) before permitting them to work with residents.

(d) Have each student or volunteer sign a department-provided statement acknowledging the student or volunteer's responsibility for reporting any suspected child abuse and neglect under sub. (9) and for maintaining confidentiality of resident record information in accordance with s. 48.78 or 938.78, Stats., and s. 51.30, Stats.

(e) Maintain a personnel record on each student and volunteer. The record shall contain the documentation required in this subsection. The center shall maintain the record for 5 years after last date of service.

(f) Follow a policy of not using volunteers or students to replace staff required under sub. (1).

(8) EXTERNAL PROFESSIONAL SERVICES. (a) A center may contract for or otherwise arrange for professional services not provided by the center when necessary for implementation of a resident's treatment plan. If a center does contract for or otherwise arrange for external professional services, the center shall do all of the following:

1. Maintain a list of all external professional service providers.
2. Require that each external professional service provider have the appropriate license or certification.
3. Require that each external professional service provider provide written reports to the center on the resident's progress.

(b) A center arranging for an outside specialist or consultant to treat or advise about treating a dysfunctional behavior or condition of a resident shall notify the child's placing person or agency in writing if the outside specialist or consultant states that the resident needs follow-along and support services. The center shall inform the placing person or agency of specialist or consultant recommendations for the resident including the needs, types of follow-along or support services and the amount of recommended time needed for those efforts. Center staff shall document the recommendations and notification in the resident's treatment record.

(9) CHILD ABUSE AND NEGLECT REPORTING. (a) A center shall at all times protect residents from abuse or neglect.

(b) A center shall require each staff member, student intern and volunteer to read and sign a statement provided by the department which describes the individual's responsibility to report suspected child abuse or neglect as required under s. 48.981 (2) and (3), Stats.

(c) A center shall have written policies and procedures for reporting to the appropriate local county social or human services department or law enforcement agency when there is reasonable cause to suspect that a child has been abused or neglected. The policies and procedures shall include:

1. Notifying the child's placing person or agency and the department licensing representative of possible abuse or neglect and the basis for that suspicion.
2. Meeting reporting requirements in s. 48.981 (2) and (3), Stats.
3. Prohibiting imposition of a sanction or any reprisal against a person for reporting suspicion of child abuse or neglect.

(d) When child abuse or neglect is reported, the center shall take necessary steps to protect the resident until a finding is made.

(10) PERSONNEL RECORDS. (a) *General personnel records.* A center shall maintain a personnel record for each staff member under subs. (1) (a) and (2) (i). The record shall contain, at minimum, the following information:

1. The staff member's application for employment under sub. (3) (b).
2. Copies of the staff member's job description and the performance standards and conduct expectations relating to that job required under sub. (4) (a) and (b).
3. Documentation of information obtained from a staff member's references required under sub. (3) (c).
4. The department-prescribed background information disclosure form, signed as required under sub. (3) (d).
5. A history of the staff member's employment at the center, with starting and ending dates for each position.
6. A copy of the signed department form under sub. (4) (c) for reporting suspected child abuse and neglect.
7. A copy of the background records checks required under sub. (3) (d).
8. A copy of the statement under sub. (4) (d), signed by the staff member, about the need to maintain confidentiality of personally identifiable information about residents.
9. Copies of completed performance reviews and assessments under sub. (6) (b).
10. A description of training received under sub. (5) (h).
11. Authorization to administer medications, if applicable, as required under s. HFS 52.46 (2) (a) 3.

(b) *Health record.* A center shall separately maintain a health record for each staff member containing health history, any physical or mental health evaluation under sub. (3) (f) and the physician's statement required under sub. (3) (e).

(c) *Retention.* A center shall maintain the personnel file of each staff member for 5 years after the date on which the staff member terminates employment with the center.

HFS 52.13 Administrative records. (1) TYPES OF RECORDS. A licensee shall assemble and maintain all of the following administrative records:

(a) A document describing the governing structure of the center and, if they exist, the charter, articles of incorporation and by-laws of the governing body.

(b) The names and positions of persons authorized to sign agreements and submit official documentation concerning the center to the department.

(c) The table of organization and staffing schedules for the center as required under s. HFS 52.11 (1) and (2).

(d) Audit reports required under s. HFS 52.11 (6), retained for 5 years.

- (e) Incident reports under s. HFS 52.11 (12) of a fire or other disaster, retained for 5 years.
- (f) Copies of general and professional liability insurance policies required under s. HFS 52.11 (15).
- (g) The list required under s. HFS 52.12 (8) (a) 1. of all external professional service providers the center uses.
- (h) Personnel records under s. HFS 52.12 (10), retained for 5 years after the employe leaves the center.
- (i) The center's program statement and operating plan and updates to it required under s. HFS 52.41 (1), and as otherwise required under s. HFS 52.58 (3) or 52.59 (4), as well as copies of current written policies and procedures otherwise required by this chapter.
- (j) Menus for the last 30 days as required under s. HFS 52.44 (3) (b).
- (k) Driver records required under s. HFS 52.47 (4) for center drivers.
- (l) Documentation required under s. HFS 52.44 (4) (d) of annual in-service training of food service personnel.
- (m) Copy of vehicle insurance liability policy required under s. HFS 52.47 (6) (a) 1. and vehicle safety inspection forms required under s. HFS 52.47 (6) (a) 1.
- (n) Police accident reports under s. HFS 52.47 (7).
- (o) Reports of building inspections required under s. HFS 52.51 (1) (b) and construction approvals required under s. HFS 52.51 (1) (c), retained for 5 years.
- (p) Records of fire drills, center fire inspections, smoke detector tests and sprinkler system inspections required under s. HFS 52.55 (2) (b), (3), (4) (c) and (7) and annual heating system inspection and service reports required under s. HFS 52.56 (2) (b), retained for 5 years.
- (q) Water sample test results under s. HFS 52.56 (1) and records of tornado practice exercises required under s. HFS 52.56 (23) (c), retained for 5 years.
- (r) Copies of all need determination documentation and approvals within the past 5 years under s. HFS 52.61.

(2) RECORDS MAINTAINED ON-SITE. The administrative records listed under sub. (1) (c), (e), (g) to (k), (n), (p) and (q) shall be maintained on-site at the center location to which they apply.

SUBCHAPTER III - ADMISSION, TREATMENT PLANNING AND DISCHARGE

HFS 52.21 Admission. (1) **POLICIES AND PROCEDURES** (a) A center shall have written resident admission policies and procedures that describe the primary presenting problems and range of behaviors of residents which the center will treat and center procedures for admitting a resident. Before a prospective resident is admitted to a center, center professional staff shall evaluate the needs of the prospective resident using information and procedures described in the agency program statement and operating plan and determine whether the center is able to meet the identified needs of the prospective resident.

(2) **ADMISSION SCREENING REPORT.** Center professional staff shall complete a written, dated and signed admission screening report on a resident which includes a preadmission review and identification of the prospective resident's primary presenting problems and a statement recommending reasons for or against admission based on the ability of the center to meet the prospective resident's needs.

(3) **CONDITIONS.** A center may admit a prospective resident if the center can meet the prospective resident's needs, as determined by the admission screening report under sub. (2) and if the following conditions are met:

(a) *Interstate placements.* In accepting a prospective resident from outside the state of Wisconsin, the center has received prior written approval under the interstate compact on the placement of children under s. 48.988, Stats., and has received information on the prospective resident's social, medical and educational history.

(b) *Child under age 7.* In admitting a child age 6 or under, the center has received prior written approval from the department. A center shall meet any additional requirements determined appropriate by the department for the care and treatment of a child age 6 or under.

(c) *Consent for medical care.* The center has obtained written consent for medical services as required under sub. (4).

(d) *Serving adults.* In admitting residents age 18 or over:

1. The number of residents who are 18 to 20 years of age are fewer than 5 or, if 5 or more, the center is also licensed under ch. HFS 83 as a community based residential facility (CBRF).

2. The center program statement under s. HFS 52.41 (1) describes how all of the following are achieved:

- a. Center program compatibility between children and adult residents.
- b. Age appropriate grouping in center activities and living arrangements.
- c. Child-to-adult transitional programming.

(4) **SERVICE CONTRACTS.** As permitted under s. 48.61 (2), Stats., a center may enter into a contract with a prospective resident's parent or guardian or a contract or other agreement with the prospective resident's legal custodian or placing person or agency, if not the same, for

the center to provide services for a person admitted to the center. The center shall maintain all service contracts and agreements for a resident either in the resident's treatment record or in an administrative record. A contract or other agreement shall include all of the following:

(a) Expectations and responsibilities of both parties, including a clear division of responsibility and authority between the center and the parent or guardian, legal custodian and placing person or agency, if not the same, for decisions on resident treatment plan services and activities, including any changes in them, both inside and outside the center, as described in the resident's treatment plan under s. HFS 52.22 (2) (b).

(b) The financial arrangements for the resident, and provision for periodic review of case plan progress under s. HFS 52.22 (3).

(c) Visiting plans by parents and other persons important to the resident.

(5) INFORMED CONSENT FOR MEDICAL AND DENTAL SERVICES. (a) Before a center may admit a prospective resident, the center shall obtain written, signed informed consent that gives the center health care consultant or resident's physician the following authority:

1. Authority to order or provide to the resident routine medical services and procedures, including scheduled immunizations and dental services and non-prescription and prescription medications.

2. Authority to delegate and supervise administration of medications by center-authorized staff and for staff to handle and provide the medication to the resident and observe self-administration of the medication by the resident.

3. Authority to obtain other medical information on the resident.

4. Authority to provide or order when there is a life-threatening situation, emergency medical procedures, including surgery, when it is not possible to immediately reach the person or authority authorized to give signed written specific informed consent.

(b) The consent under par. (a) does not cover administration of psychotropic medications, major surgery not of an emergency nature or major dental work. Consent for these shall be obtained in accordance with the provisions of this chapter.

(6) PRE-PLACEMENT VISIT. A center shall arrange, whenever possible, with the placing person or agency for a pre-placement visit for the prospective resident and, whenever possible, shall invite the parent or guardian to participate. During a pre-placement visit, center staff shall provide the prospective resident and his or her parent or guardian with an orientation to the center's program.

(7) ADJUSTMENT FACILITATION. At the time of admission, center staff shall do all of the following:

(a) Orient the new resident and his or her parent or guardian and legal custodian to the center's facilities and program, if this was not done under sub. (6).

(b) Help the new resident to adjust to the effects of separation from his or her family and to center placement.

(c) Give the new resident and his or her parent or guardian and legal custodian copies of the house rules, including rules on visiting, expected behavior and sanctions for misbehaving and resident rights and grievance and complaint procedures, with explanations of them.

(8) HEALTH SCREENING. (a) *Examination.* Upon admission of a new resident, a center shall do one of the following:

1. Obtain either from a certified HealthCheck provider or licensed physician the results of a physical examination of the young person comparable to a comprehensive HealthCheck screening, that has taken place within one year before admission, and from a licensed dentist the results of a dental examination of the young person that was done within one year before admission.

2. Arrange for a health examination of the new resident to take place within 2 working days after admission, and a dental examination to take place within 90 days after admission. The health examination shall cover the areas prescribed in a form provided by the department.

Note: Copies of the Department's age-appropriate HealthCheck examination forms can be obtained from any local public health agency or any field office of the Department's Division of Children and Family Services.

(b) *Observation.* An observation shall be made on each person at the time of his or her admission to the center by a person capable of recognizing common signs of communicable disease or other evidence of ill health. If the person admitted shows overt signs of communicable disease or other evidence of ill health, the center shall make arrangements for immediate examination by a physician. If the person admitted has a risk of having a sexually transmitted disease because of recent sexual abuse history or sexual activity, the center shall immediately consult with a physician and follow whatever precautionary measures are recommended by the physician and shall make arrangements for examination by a physician to take place as soon as possible.

(9) REGISTER. The center shall maintain a register of all residents. The register shall contain the date of admission and resident identifying information including name, birthdate, sex, the name and address of the placing person or agency and the name and address of a parent or guardian and legal custodian or, if the resident is an adult, the name and address of the lawful placing authority. If the resident is from another state, the register shall also identify the state.

HFS 52.22 Assessment and treatment planning and review. (1) TIMELINESS. Within 30 days after resident center admission, center professional staff and, as necessary, outside consultants, shall conduct an initial assessment of the resident's treatment and service needs and, based on that assessment, shall develop for the resident a written treatment plan. In developing the treatment plan, center staff shall, if possible, involve all of the following:

(a) The placing person or agency.

(b) Resident care worker staff who work with the resident.

(c) The resident, if 12 years of age or older.

(d) If a resident is a minor, the resident's parents or guardian and legal custodian, if any, or other persons important to the resident or, if the resident is a young adult, other authorities or agencies involved in the young adult's placement or, with the young adult's consent, other persons important to the young adult.

(2) ASSESSMENT AND TREATMENT PLAN DEVELOPMENT. (a) Based on the initial assessment under sub. (1) (intro.), the treatment plan for a new resident shall address the resident's strengths and weaknesses in all of the following areas:

1. Behavioral functioning.
2. Psychological or emotional adjustment.
3. Personal and social development.
4. Familial relationships and family history.
5. Medical and health needs as indicated by the health screening under s. HFS 52.21 (8).
6. Educational and vocational needs.
7. Independent living skills and adaptive functioning.
8. Recreational interests and abilities.

(b) The treatment plan shall be time-limited, goal-oriented and individualized to meet the specific needs of the resident as identified from the assessment and shall include all of the following components:

1. The resident's treatment goals and permanency planning goals which specify whether the resident is to return as quickly as possible to his or her family or attain another placement providing long-term stability.

2. A statement of behavioral or functional objectives that specifies behaviors to be changed, eliminated or modified, and includes projected achievement dates, with measurable indicators or criteria for monitoring progress and assessing achievement of treatment goals. The statement shall identify all staff responsible for working with the resident in achieving the objectives.

3. Conditions for discharge of the resident.

4. When applicable, a description of any specialized service contracted by the center for the resident under s. HFS 52.12 (8).

5. Identification of services and their arrangements on behalf of the resident and his or her family.

(c) 1. A treatment plan shall be dated and signed by center staff who participated and by the placing person or agency when participating.

2. A copy of the center's dated and signed treatment plan shall be provided to the resident's placing person or agency and upon request, anyone else participating in the treatment planning process.

(3) **IMPLEMENTATION AND REVIEW.** (a) A resident's services case manager shall coordinate, monitor and document the following in the resident's treatment record during implementation of the resident's treatment plan:

1. Assessment of the resident's progress in response to treatment, in dated summary form, using criteria found in the resident's treatment plan.

2. Significant events relating to implementation of the resident's treatment plan.

(b) The center, if possible with the staff and consultants who participated in the resident's assessment and treatment plan development, shall conduct treatment plan reviews as follows:

1. At least once every 3 months for progress being made toward meeting the goals described in the resident's treatment plan.

2. As necessary, consistent with resident treatment plan goals and the permanency planning goals of the placing person or agency.

(c) Center staff shall record in the resident's treatment record the results of all treatment plan reviews, the date of each review and the names of participants.

HFS 52.23 Discharge and aftercare. (1) **POLICIES AND PROCEDURES.** A center shall have written policies and procedures which explain the process for discharge of a resident. Those policies and procedures shall ensure that center professional staff document and date in the resident's treatment record all of the following:

(a) That center professional staff have attempted involvement of the resident, if able to understand, and the resident's parents or guardian and legal custodian, if any, and placing person or agency, if different, in developing the plan for aftercare.

(b) That center professional staff have prepared in writing, at least 30 days before the planned discharge of the resident, an aftercare plan for the resident that includes all of the following:

1. Identification of persons and agencies participating in development of the aftercare plan.

2. Recommendations for continuing or additional services and identification of service providers.

3. The name, address and telephone number of the person or agency to receive the former resident upon discharge and the relationship, if any, of the former resident to that person or the head of that agency.

(c) That center professional staff have provided copies of the aftercare plan to the resident, if able to understand, and the resident's parents, guardian and legal custodian and placing person or agency if not the same.

(2) PREPARATION FOR DISCHARGE. (a) The center shall document in the resident's treatment record efforts made by center staff to prepare the resident and the resident's family for discharge including but not limited to, discussing with them their feelings about becoming a family unit again or, where applicable, efforts to help the resident and resident's family adjust to a different placement or living arrangement.

(b) Each resident who has not had a health examination within the periodicity schedule of the medical assistance HealthCheck program shall have a complete health examination before discharge.

(c) The center shall ensure that at discharge a resident's personal clothing and belongings go with him or her.

(3) DISCHARGE SUMMARY. The center shall send to the placing person or agency within 30 days following the resident's discharge a copy of the former resident's discharge summary and place a copy in the former resident's treatment record. The discharge summary shall include all of the following:

- (a) The date and reason for discharge.
- (b) A summary of services provided during care.
- (c) An assessment of goal achievement.
- (d) A description of remaining needs.

(4) ADDITIONAL PROVISIONS FOR RESIDENTS FROM OUT-OF-STATE. The center shall notify the department's interstate compact office at the end of each month of all out-of-state resident discharges from the center for that month, who received each resident at discharge and the destination of the resident at discharge.

Note: Mail or fax written information of the above to: Interstate Compact on Placement of Children, Division of Children and Family Services, 1 West Wilson St., P.O. Box 7851, Madison, WI 53707-7851. The fax number is (608) 264-6750 - attn. ICPC.

SUBCHAPTER IV - RESIDENT RIGHTS

HFS 52.31 Resident rights and grievance procedure. (1) APPLICABILITY. (a) Residents receiving services for a mental illness, alcohol or drug abuse or a developmental disability have the patient rights under s. 51.61, Stats., and ch. HFS 94 and shall have access to grievance resolution procedures that meet standards set out in subch. III of ch. HFS 94. Other residents

receiving treatment services under this chapter who are not specifically identified as coming under s. 51.61, Stats., and ch. HFS 94 shall have rights that are comparable and access to grievance resolution procedures that are comparable.

(b) A resident's rights under this section are subject to the rights, duties and responsibilities of the resident's parent or guardian and legal custodian, if any. A resident's rights are also subject to the terms and conditions of any court order or other lawful authority governing the conduct of the resident and subject to any limitations or denial of a right allowed under s. 51.61, Stats., ch. HFS 94 and this section.

(c) Center staff at the time of a resident's admission or within 48 hours after admission shall give the resident, if able to understand, and the resident's parents or guardian and legal custodian, if any, an explanation, both orally and in writing, of resident rights under s. 51.61, Stats., ch. HFS 94 and this section.

(2) **COMPLIANCE ASSURANCE.** The center director shall ensure that all staff who work with residents are aware of the requirements of this section. The director shall also ensure that staff are aware of the requirements of s. 48.78 or 938.78, Stats., s. 51.30, Stats., and ch. HFS 92 on confidentiality and s. 51.61, Stats., and ch. HFS 94 on patient rights and the rights otherwise accorded under this section and the criminal and civil penalties for violating those statutes and rules. The rights and grievance procedures shall be posted in a conspicuous location in each living unit in the center.

SUBCHAPTER V - PROGRAM OPERATION

HFS 52.41 Center program. (1) **PROGRAM STATEMENT AND OPERATING PLAN.** Each center shall have a written program statement describing center treatment purpose, philosophy, approach and methods used and services available, and a written operating plan describing available treatment and services as specified under pars. (a) to (c). A center shall give a copy of the current center program statement and, upon request, the center operating plan, and all updates, to each resident's placing person or agency and, if not the same, the resident's parents or guardian and legal custodian, if any. A center's operating plan shall describe all of the following:

(a) *Treatment.* Treatment program policies and procedures covering all of the following:

1. Treatment purpose, philosophy and services.
2. Qualifications of staff responsible for planning and carrying out treatment procedures.
3. The population served by age and sex and by type, such as developmentally disabled, emotionally disturbed, alcohol or drug abusing, juvenile delinquent or correctional aftercare, and the range or types of behaviors or conditions for which the center's treatment procedures and techniques are appropriate.
4. Pre-screening procedures used for determining appropriateness of admission.
5. Procedures used to involve the resident and the resident's parents or guardian and legal custodian, if any, in resident assessment and treatment planning including identification of the

means used to foster positive relationships between the resident and the resident's family or guardian that are supportive of the resident in reaching treatment plan and permanency plan goals.

6. How the center will implement and review specific provisions of the resident's treatment plan, court order and permanency plan developed under s. 48.38, Stats., including how the center will coordinate efforts with the placing person or agency and other involved persons or agencies.

7. Methods used by the center for determining when treatment goals are achieved, or that treatment is ineffective or detrimental for a particular resident.

8. Resident conduct as governed by center behavior management and control procedures or measures including house rules covering policies on resident overnight visits outside the center and off-grounds privileges and any resident rights limitations under s. HFS 52.31 prohibiting such things as gang-related clothing or therapeutically contraindicated items.

9. A list of daily activities available to residents including educational and recreational activities.

10. Procedures which ensure clear communication between resident care workers on one shift and the resident care workers on the next shift regarding any significant incident involving a resident they supervise in common such as running away, an incident of abuse or neglect pursuant to s. 48.981, Stats., a behavior that injures the resident or others, an accident requiring medical attention, intentional property damage, any crisis intervention physical hold restraint or physically enforced separation as defined under s. HFS 52.42 (1) or any other incident of a serious nature. The procedures shall include documenting any incident involving a resident and the date and time it occurred in the resident's case record and, if pertinent to resident treatment, in the resident's treatment record progress notes.

11. Methods used by the center to evaluate its treatment program.

(b) *Educational program services.* Educational program services that coordinate a resident's educational programming with the school from which the resident came upon admission and the school which will receive the resident after center discharge and that cover all of the following:

1. Procedures for referring residents to public schools when not part of an on-grounds program.

2. Procedures for relating each resident's treatment plan goals under s. HFS 52.22 (2) (b) to educational goals and services based on the resident's needs.

3. Identification of all center staff, schools and agencies responsible for resident education.

4. Provision for either the center case work supervisor or a resident's services case manager to coordinate efforts with persons responsible for the resident's education. This shall include arranging, where possible, for educational personnel to participate in assessment of a new resident's needs and development of the resident's treatment plan under s. HFS 52.22 (2) and treatment plan implementation and review conferences under s. HFS 52.22 (3) (b). Center staff

identified under subd. 3., shall ensure that a report of the resident's educational assessment and progress is given to the school or persons responsible for the individual's education following discharge from the center.

5. Procedures and timelines for assessing the educational progress of each resident. The procedures shall identify center staff involved in educational assessment, and how assessment information will be used in the review, implementation and revision of a particular resident's treatment plan and educational services.

6. Arrangements for provision of vocational training opportunities under s. 118.15 (1) (b), Stats.

7. Compliance with applicable parts of ss. 115.815, 115.83, 115.85 and 118.165, Stats., and cooperation with the Wisconsin department of public instruction in providing regular or exceptional educational services to residents.

(c) *Health care services.* Health care services provided to residents that include needed preventive, routine and emergency medical and dental care through all of the following:

1. Assessment on a regular basis of the general health and dental needs of each resident.
2. Education of residents by someone medically knowledgeable about the hazards of tobacco use, drugs and alcohol abuse and, where appropriate, about human sexuality, family planning materials and services, sexually transmitted diseases and how the human immunodeficiency virus (HIV) is transmitted.
3. Immunization of residents, unless otherwise directed in writing by a physician, according to ch. HFS 144.
4. Arrangement with a physician or a clinic employing a physician to serve as consultant for health care arranged by the center for residents.
5. Provision for psychological testing, psychiatric examination and treatment as necessary to meet a resident's needs by having consultation and services available from a psychiatrist licensed as a physician under ch. 448, Stats., or a psychologist licensed under ch. 455, Stats.
6. Provision for at least 2 dental examinations and cleanings for each resident each year and for other dental examinations and services for residents, as needed, from a dentist licensed under ch. 447, Stats., or a clinic employing dentists licensed under ch. 447, Stats.
7. Availability of emergency medical services 24 hours a day, 7 days a week.
8. Explanation given to a resident in language suitable to the resident's age and understanding about any medical treatment he or she will receive.
9. Policies and procedures for hospitalizing a resident, for providing first aid to a resident and for administration of medications in accordance with s. HFS 52.46 (2).

10. Identification of the circumstances that constitute a medical emergency, and instructions to staff on action to take when suspecting the existence of a medical emergency.

11. Compliance with ch. HFS 145 for the control and reporting of communicable diseases.

12. Arrangements for the center's health care consultant under subd. 4. to annually document and date a review of the adequacy of center health care service delivery including center procedures for administration, storage and disposal of medications as provided under s. HFS 52.46 (3).

(2) PROGRAM PLANNING AND SCHEDULING. (a) A center shall have a written daily program of general activities which meet the developmental needs of the residents.

(b) The program of activities shall provide each resident with experiences which encourage self-esteem and a positive self-image through:

1. Leisure-time activities.
2. Social interaction within the center and, if appropriate, the community.
3. Self-expression and communication.
4. Gross and fine motor development.
5. Daily living activities, including but not limited to, grooming and hygiene, toileting and common household chores such as making beds, cooking and washing clothes.
6. Interpersonal relations with peers, family, friends, staff and where possible and as appropriate, members of the opposite sex.
7. Opportunity for paid work within the constraints of child labor laws, resident rights and the resident's treatment plan.

(c) A center shall make maximum use of small groups to aid individual residents in preserving or attaining a sense of personal identity in daily living. The center shall:

1. Group residents according to age, developmental levels and social needs, with the ages of residents being primarily within a 4 year age range but not to exceed a 6 year age range.
2. Group residents under supervision of their own resident care worker and give a group opportunities to form and attain group self-identity in daily living and social activities.

(d) A center shall ensure that nonambulatory residents:

1. Spend a major portion of the daytime hours out of bed.
2. Spend a portion of the daytime hours out of their bedroom area.
3. Have planned daily activity and exercise periods.

4. Are able to move around by various methods and devices whenever possible.

(3) STAFF-TO-RESIDENT RATIO (a) Resident care workers meeting the qualifications under s. HFS 52.12 (2) (e) shall be responsible for daily supervision of residents and providing nurturing and direct care for residents. Inexperienced resident care workers required to take the traineeship program under s. HFS 52.12 (2) (e) 4. and (5) (g) may only be counted in the ratios under pars. (b) 1. and 2. if they work along with an experienced resident care worker meeting the qualifications under s. HFS 52.12 (2) (e) 1. to 3.

(b) A center shall have sufficient staff to provide the services identified in its program statement to meet the care needs of residents and to comply with all of the following:

1. Maintain a ratio while residents are awake and on the licensed premises of one resident care worker, or other professional staff member substituting for a resident care worker, for every 8 residents.

Note: Section HFS 52.55 (1) (b) 1., relating to fire safety, also requires a center to have evacuation plan procedures that provide, in the event of a fire, for the safe conveyance by staff of all residents from the center in one trip.

2. Maintain a ratio during resident sleeping hours of one resident care worker for every 15 residents. Any building housing 11 or more residents shall require an awake overnight resident care worker in that building. Where a center has 25 or more residents on the premises of any one licensed location and no building on that location houses more than 10 residents, there shall be at least one resident care worker awake and on duty overnight for that location. Resident care workers on staff during nighttime resident sleeping hours shall be within hearing or call of every resident without reliance on the use of electronic monitoring devices.

3. Have at least one staff person who meets the qualifications of a resident care worker on duty at all times in each congregate living area when residents are present. In this subdivision, "congregate living area" means any area in a center used for living or recreation but not including a bedroom, a bathroom or a hallway

4. Have written procedures for handling an emergency such as procedures for calling in extra staff, securing the assistance of law enforcement authorities or emergency medical personnel and alerting center staff and assigning them roles in response to the emergency.

(c) A center shall have one full-time equivalent resident services case manager under s. HFS 52.12 (1) (a) 3., for no more than 16 residents. When case managing fewer than 16 residents, case management time provided by a resident services case manager shall be the equivalent of 2 1/2 hours of casework time for each resident on his or her caseload per week and as necessary for adequate case management.

(d) A center may not house children of staff with residents.

(4) RECREATION. (a) A center shall provide leisure and recreational programming suitable for the ages, abilities and interests of the center's residents. This programming shall be

consistent with the center's overall program goals and shall offer residents a variety of indoor and outdoor recreational activities.

(b) A center shall have well drained outdoor recreation areas that are free of hazards.

(5) RELIGIOUS PRACTICES. A center shall provide residents with opportunities for voluntary religious expression and participation. The center shall:

(a) Have written policies on religious training.

(b) Obtain the written consent of the resident's parent or guardian for church attendance and religious instruction when agency practice varies from that of the resident or the resident's family.

(c) Arrange for residents to participate in religious exercises in the community whenever possible.

(6) CENTER APPLIED POLICIES AND PROCEDURES. Center policies and procedures affecting residents and their interests shall be applied in a consistent and fair manner.

(7) OTHER SERVICES. (a) A center may operate on the center grounds other services or enterprises not governed by the center's license only if the center obtains the written consent of the department. Examples of other center nonresident services that may be allowed by the department to operate on center grounds are shelter care services, outpatient counseling services, day treatment services and day student educational services.

(b) A center which provides temporary shelter care services need not obtain a separate shelter care license under ch. HFS 59 if the personnel requirements in s. HFS 52.12 or 59.04, the child care requirements found in s. HFS 59.05, the requirements for records and reports found in s. HFS 59.07 and the physical plant standards in subch. VI of this chapter or in s. HFS 59.06 are met.

(8) RESIDENT ACCOUNTS AND RESTITUTION PLAN. (a) The center shall have procedures for maintaining and managing a separate account for each resident's money and as applicable, shall comply with the provisions under s. 51.61 (1) (v), Stats.

(b) The center shall, as applicable, have in place a restitution plan for a resident and as applicable, that is coordinated with any other restitution ordered by a court or as part of an agreement under ch. 938, Stats., that describes procedures for deducting sums from a resident's account or earnings as restitution for damages done by the resident. Deductions made for restitution shall be in accordance with a restitution plan as follows:

1. Before a center may withhold a part of a resident's earnings or account balance, a restitution plan shall be made a part of the resident's treatment record.

2. The restitution plan shall take into consideration the resident's ability to pay or be as prescribed under court order.

HFS 52.42 Behavior management and control. (1) DEFINITIONS. In this section:

(a) "Behavior management and control" means techniques, measures, interventions and procedures applied in a systematic fashion to prevent or interrupt a resident's behavior which threatens harm to the resident or others or to property and which promote positive behavioral or functional change fostering resident self-control.

(b) "Informed consent document" means a document signed by a resident's parent or guardian and legal custodian or under a court order or under another lawful authority which gives written informed consent for use of a locked unit for a resident based on the following:

1. Stated reasons why the intervention is necessary and why less restrictive alternatives are ineffective or inappropriate.
2. The behaviors needing modification.
3. The behavior outcomes desired.
4. The amount of time in each day and length of time in days or months the resident is expected to remain in the locked unit.
5. The time period for which the informed consent is effective.
6. The right to withdraw informed consent at any time verbally or in writing and possible consequences for the center and resident if consent is withdrawn.

(c) "Locked unit" means a ward or wing designated as a protective environment in which treatment and services are provided and which is secured by means of a key lock in a manner that prevents residents from leaving the unit at will. A facility locked for purposes of external security is not a locked unit provided that residents may exit at will.

(d) "Physical crisis intervention" means that a staff member physically intervenes with a resident when the resident's behavior is imminently dangerous to life, health or safety of the resident or others, or threatens significant destruction of property.

(e) "Physically enforced separation" means that a resident is temporarily physically removed to a time-out room or area including, where applicable, a locked unit. "Physically enforced separation" does not include sending a resident on the resident's own volition to the resident's room or another area for a cooling off period as part of a de-escalation technique.

(f) "Physical hold restraint" means that a resident is temporarily physically restrained by a staff member.

(g) "Time-out room" means a designated room used for temporarily holding a resident who is in physically enforced separation from other residents.

(2) MONITOR AND REVIEW RESPONSIBILITY. (a) A center shall assign to a professional staff member the responsibility to monitor and review, on an ongoing basis, the use of all center behavior management measures identified under par. (b) for appropriateness and consistency.

(b) Monitoring and review shall cover violation of house rules and their resulting consequences, the use of physical hold restraint and physically enforced separation in crisis intervention, the use of a locked unit when used to facilitate a resident's treatment plan under sub. (7) (a) 3., and all related center policies and procedures.

(3) CONDUCT OF RESIDENTS. A center shall have written policies and procedures covering the conduct expected of residents. The policies and procedures shall do all of the following:

(a) Promote the growth, development and independence of residents.

(b) Address the extent to which a resident's choice will be accommodated in daily decision making. There shall be an emphasis on self-determination and self-management.

(c) Specify center behavior management techniques and approaches available to change, eliminate or modify the behaviors or conditions identified in the center's program statement and operating plan required under s. HFS 52.41 (1).

(d) Specify criteria for levels of supervision of activities, including off-grounds activities. These criteria shall be directed at protecting the safety and security of residents, center staff, visitors and the community.

(e) Provide for making a record of a resident's off-grounds activities. The record shall include where the resident will be, duration of the visit, the name, address and phone number of the person responsible for the resident and expected time of the resident's return.

(f) Specify house rules for the residents. The house rules shall include all of the following:

1. A general description of acceptable and unacceptable conduct.

2. Curfew requirements.

3. A resident's individual freedoms when the resident is involved in recreational or school activities away from the center.

4. Consequences for a resident who violates a house rule.

Note: There is a difference between a patient right and a privilege. Deprivation of a privilege such as watching television, playing video games, going to the movies or involvement in some other recreational activity may be used as a disciplinary measure.

(g) Provide for distribution of the house rules to all staff and to all residents and their parents or guardians.

(4) PROHIBITED MEASURES. Center staff may not employ any cruel or humiliating measure such as any of the following:

(a) Physically hitting or harming a resident.

(b) Requiring physical exercise such as running laps or doing push-ups or other activities causing physical discomfort such as squatting or bending, or requiring a resident to repeat physical movements or assigning the resident unduly strenuous physical work.

(c) Verbally abusing, ridiculing or humiliating a resident.

(d) Denying shelter, clothing, bedding, a meal, or a menu item, center program services, emotional support, sleep or entry to the center.

(e) Use of a chemical or physical restraint or physically enforced separation or a time-out room as punishment.

(f) Authorizing or directing another resident to employ behavior management techniques on a resident.

(g) Penalizing a group for an identified group member's misbehavior.

(5) CRISIS INTERVENTION. (a) *Conditions for physical crisis intervention.* A center staff member may physically intervene in a crisis situation affecting a resident only if all of the following conditions are present:

1. Use of physical hold restraint or physically enforced separation takes place as a last resort when the resident's behavior is imminently dangerous to life, health or safety of the resident or others or threatens significant destruction of property.

2. De-escalation techniques, such as a supportive staff response during the anxiety stage, where possible, are used before physical intervention techniques are used.

3. The staff member has completed a department-approved crisis intervention training course.

4. Physical hold restraint or physically enforced separation is not used for the convenience of staff or as a punitive measure.

5. Physically enforced separation in a time-out room is not used as a substitute for supervision of a resident at risk of running away.

6. Physical hold restraint or physically enforced separation used as a physical crisis intervention may be for no longer than the time necessary for the resident to calm down and be able to reenter the general center environment.

7. The person designated under sub. (2) (a) shall receive a written incident report required under sub. (6), of each use of physical hold restraint or physically enforced separation by a staff member.

(b) *Conditions for using physically enforced separation for crisis intervention.* Use of physically enforced separation shall meet the following additional conditions:

1. The staff member using physically enforced separation of a resident shall review need for continued use every 10 minutes while the resident is in physically enforced separation and shall log the time of each review and the emotional status of the resident.

2. Except as otherwise provided for a locked unit under sub. (7) (a) 2. b., initial use of physically enforced separation may not extend for more than one hour without authorization from the center director or a professional staff person designated by the center director.

3. Except as otherwise provided for a locked unit under sub. (7) (a) 2. b., if a resident is authorized under subd. 2. to be in physically enforced separation for more than one hour and the physically enforced separation lasts for more than 2 hours, or if the resident experiences multiple episodes in a day which prompt use of physically enforced separation for a cumulative period of more than 2 hours during the day, center staff shall consider the need to arrange another more appropriate placement for the resident.

4. Physical hold restraint on a resident shall not be used to circumvent the requirement of the one hour limit for using a time-out room or a locked unit.

5. A resident may be kept in physically enforced separation only by means of one of the following:

a. A time-out room where the door is latched by positive pressure applied by a staff member's hand without which the latch would spring back allowing the door to open of its own accord.

b. A time-out room where the staff member holds the door to the time-out room shut.

c. A time-out room where the staff member is in a position in the doorway to prevent the resident's leaving.

d. A staff member is in a position to prevent a resident from leaving a designated area.

e. A time-out room which does not use a key lock, pad lock or other lock of similar design and has a type of lock such as a dead bolt lock, magnetic door lock or lock which only requires the turn of a knob to unlock the door, where a staff member is located next to the time-out room door and has the means to unlock the door immediately, if necessary, and that otherwise meets the requirements of this section and s. Comm 51.15 (3).

f. In a locked unit that otherwise meets the requirements of this section and the provisions for use of locked units for crisis intervention under sub. (7) (a) 2.

6. A resident placed in a time-out room shall be under supervision and shall be free from materials in the room which could represent a hazard to the resident or to others. A time-out room may hold only one resident at a time.

7. A time-out room shall have adequate ventilation and, if there is a door, a shatter-proof observation window on or adjacent to the door. The window's location shall allow for observation of all parts of the room. The room's location shall be within hearing or call to a living area or other area of activity. The time-out room shall have at least 48 square feet of floor space with a ceiling height of not less than 8 feet and a width of at least 6 feet. A time-out room

may not include a box or other compartment that represents a stand alone unit within the facility. The time-out room shall be an architectural or permanent part of the building structure.

(6) PHYSICAL CRISIS INTERVENTION INCIDENT REPORTS. (a) For each incident where physical hold restraint or physically enforced separation of a resident was necessary, the staff person on duty shall document in an incident report the following:

1. The resident's name, age and sex.
2. A description of the incident.
3. The date, time and location of the incident and methods used to address the resident's behavior, including duration of each crisis intervention episode.
4. Results achieved from methods used to address resident behavior.
5. The name of each staff member involved in using the technique or approach with the resident at the time of the incident or when the incident was discovered.
6. Injuries received by either the resident or a staff member in using physically enforced separation or physical hold restraint, how the injuries happened and any medical care provided.

(b) In each building housing residents, center staff shall maintain a log of written reports of incidents involving residents. The report of an incident shall include at least the information under par. (a) 1 to 3.

(c) Resident care staff at the beginning of each shift shall be informed of or review incident reports occurring since their last shift. A copy of each incident report concerning a resident shall be placed in the resident's treatment record.

(7) USE OF LOCKED UNITS. (a) *Conditions for use.* No resident may be placed in a locked unit unless the center has first obtained department approval to operate a locked unit, the locked unit meets the requirements of this subsection and one of the following applies:

1. Use of a locked unit is ordered by a physician, to protect the health of the resident or other residents.

2. Use of a locked unit is for purposes of ensuring physically enforced separation when intervening in a crisis involving the resident. Use of a locked unit to deal with a crisis may take place provided that the following conditions are met:

- a. Use is as a crisis intervention physically enforced separation under sub. (5).
- b. Use of a locked unit for crisis intervention physically enforced separation may not extend beyond one hour except with written authorization from a physician, a psychologist licensed under ch. 455, Stats., or an independent clinical social worker certified under s. 457.08 (4), Stats. After review of the resident's condition, new written orders, where necessary, may be issued for up to 24 hours. The resident shall be released from the physically enforced

separation as quickly as possible. In this subdivision paragraph, "as quickly as possible" means as soon as the resident is calm and no longer a danger to self or others.

c. Use is followed by a review of the need for development of goals and objectives in the resident's treatment plan to govern the use of locked unit physically enforced separation or to minimize or eliminate its need.

3. Use of a locked unit is part of a behavior management and control program described in the resident's treatment plan provided that the following conditions are met:

a. The resident exhibits or recently has exhibited severely aggressive or destructive behaviors that place the resident or others in real or imminent danger and the lack of the locked unit prevents treatment staff from being able to treat the resident.

b. A physician, a psychologist licensed under ch. 455, Stats., or an independent clinical social worker certified under s. 457.08 (4), Stats., who is knowledgeable about contemporary use of locked unit treatment intervention gives written approval included in the resident's treatment record for its use.

c. The goals, objectives and approaches in the resident's treatment plan support its use. Goals and objectives shall be directed at reducing or eliminating the need for use of a locked unit.

d. The parent or guardian and legal custodian of the resident if a minor, gives informed consent in writing to the use of a locked unit or the locked unit intervention is ordered by a court or other lawful authority.

e. The resident has no known medical or mental health condition which would place the resident at risk of harm from being placed in a locked unit as evidenced by a statement from a physician.

(b) *Record.* The center shall maintain a written record of the following information on locked unit use under par. (a) 3, in the resident's treatment record:

1. The name and age of the resident.
2. The date or dates the resident is in a locked unit and the length of time each day.
3. At least weekly assessment for continued need for locked unit use.

(c) *Supervision.* Appropriately trained staff shall directly supervise use of a locked unit. Appropriately trained staff are staff who have received the training under s. HFS 52.12 (5) (b) 4. and (c).

(d) *Center locked unit policies and procedures.* A center with a locked unit shall have written policies and procedures that include all of the following:

1. Except as provided in this subsection, no resident may be housed in a locked unit.

2. A resident may be in a locked unit only if there is a written informed consent document signed by the resident's parent or guardian and legal custodian or by an order of a court or other lawful authority or as provided under subd. 5. A copy of the informed consent document, court order or document from another lawful authority shall be filed in the resident's treatment record.

3. Parent or guardian and legal custodian written informed consent to placement of a resident in a locked unit shall be effective for no more than 45 days from the date of the consent and may be withdrawn sooner unless otherwise specified in a court order or by another lawful authority. Parent or guardian and legal custodian written informed consent for continued use of a locked unit may be renewed for 30 day periods except as otherwise specified in a court order or by another lawful authority. Each renewal of informed consent shall be through a separate written informed consent document.

4. Except as otherwise specified in a court order or by another lawful authority, the parent or guardian or the legal custodian may withdraw his or her written informed consent to the resident being placed in a locked unit at any time, orally or in writing. The resident shall be transferred to an unlocked unit promptly following withdrawal of informed consent.

5. In an emergency such as when a resident runs away, is being held for movement to secure detention until police arrive or has attempted suicide, the resident may be placed in a locked unit without parent or guardian or legal custodian consent. The parent or guardian and legal custodian shall be notified as soon as possible and written authorization for continued use of the locked unit shall be obtained from the parent or guardian and legal custodian within 24 hours. No resident kept in a locked unit under this subdivision may be kept in the locked unit for more than an additional 72 hours unless a written informed consent document signed by the parent or guardian and legal custodian authorizing continued locked unit use is obtained.

6. Prior to use of a locked unit, written approval to lock exit access doors of the unit is obtained from the Wisconsin department of commerce in accordance with s. Comm 51.15 (3).

7. All staff members supervising residents in a locked unit shall have the means to unlock the unit immediately if this is necessary.

8. A locked unit shall be free of furnishings that could be used by a resident in a harmful way and shall have adequate ventilation.

9. A center shall provide in each locked unit one resident care worker with no assigned responsibilities other than direct supervision of the residents. During hours when residents are awake there shall be one resident care worker for every 4 residents and one resident care worker for every 6 residents during sleeping hours. Staff shall be present in the locked unit with residents and shall have the means to immediately summon additional staff.

(8) BEHAVIOR MODIFICATION AND CONTROL MEASURES. (a) A center may not use intrusive and restrictive behavior management techniques such as behavior-modifying drugs or other forms of physical restraint as defined under s. 48.599 (1), Stats., not identified in this section unless the center receives approval for their use from the department and where applicable, procedures in accordance with provisions found in this chapter are followed.

(b) Use of locked rooms for physically enforced separation of residents other than as provided under sub. (5) for crisis intervention is prohibited.

(c) A center may not use on a resident any aversive measure that is painful or discomforting to a resident or any measures that are dangerous or potentially injurious to a resident.

(9) **ABSENCE OF RESIDENTS WITHOUT PERMISSION.** A center shall have written policies and procedures for notifying the appropriate local law enforcement agency that a resident has left the center without permission or fails to return to the center after an approved leave. The procedures shall specify all of the following:

(a) How the determination is made that a resident is missing.

(b) The name of the local law enforcement agency and the name of the agency, if different, that is to be notified in order for it to file a missing person report with the crime information bureau of the Wisconsin department of justice.

(c) The name of the staff member who will promptly notify the law enforcement agency identified under par. (b) of the resident's absence, as well as the resident's parent or guardian and legal custodian, if any, and the placing person or agency, if not the same.

(d) Notification of the department's interstate compact office at least within 48 hours of an out-of-state resident's absence.

Note: For notification of Wisconsin's Interstate Compact Office, phone: (608) 267-2079.

HFS 52.43 Education. (1) **CLASSROOM SPACE.** On-grounds school programs shall have classroom space that is in compliance with the requirements of ch. Comm 56.

(2) **STUDY SPACE.** A center shall provide residents with appropriate space and supervision for quiet study after school hours.

(3) **ACCESS TO EDUCATIONAL RESOURCES.** A center shall provide or arrange for resident access to up-to-date reference materials and other educational resources. These educational materials and resources shall meet the educational needs of residents.

(4) **OUT-OF-STATE RESIDENTS.** A center admitting persons through Wisconsin's interstate compact on placement of children from other states shall have on file educational history and achievement reports for those admissions. A center serving out-of-state residents with exceptional educational needs shall in addition comply with s. 48.60 (4), Stats., on payment of educational charges.

(5) **EDUCATIONAL RECORD.** A center shall maintain a separate educational record for each resident as part of the resident's case record. The educational record shall include the results of educational assessments, educational goals and progress reports.

Note: See s. HFS 52.41 (1) (b) for educational program service requirements described in a center's operating plan.

HFS 52.44 Nutrition. (1) MEALS AND SNACKS. (a) A center shall provide or arrange for each resident to receive at least 3 meals each day. Meals shall be served at regular times comparable to normal mealtimes in the community.

(b) Food served at a meal shall consist of adequate portions based on the ages of residents. Lunch and breakfast meals shall follow the meal pattern requirements for the national school lunch program as provided by the U.S. department of agriculture and included in Appendix C of this chapter. Dinner meals shall be comparable to the lunch meal pattern requirements.

(c) Nutritious snacks shall be provided between meals to residents at the center as follows:

1. For residents between breakfast and lunch if there are more than 4 hours between those meals, and between lunch and dinner.

2. For all residents, an evening snack.

3. When a resident's nutritional care plan under sub. (2) (c) indicates a need for snacks.

(2) RESIDENTS WITH SPECIAL DIETARY NEEDS. A center shall maintain an up-to-date list of residents with special nutritional or dietary needs as determined by a physician or dietitian, and shall do all of the following:

(a) Provide food supplements or modified diets as ordered by a physician for a resident who has special dietary needs.

(b) Have procedures for recording diet orders and changes and for sending diet orders and changes to kitchen personnel.

(c) Include a nutritional care plan in the health record of a resident with special nutritional or dietary needs. The plan shall include a problem statement, nutritional goals or dietary goals, a plan of action and procedures for follow-up. The nutritional care plan shall be reviewed and approved by a registered dietitian.

(d) Provide adaptive self-help devices to residents as needed and instruct residents on their use.

(e) Observe resident food and fluid intake. Review acceptance by a resident of a diet, and report any significant deviations from a resident's normal eating pattern to the resident's physician.

(f) Assist residents with food and fluid intake as necessary according to the nutritional care plan, including where applicable such tasks as instructing a resident on how to eat and take fluids as independently as possible and protecting a resident from choking which may occur because of a physiological or behavioral eating disorder.

Note: An example of a food that has been fatal is peanut butter sandwiches for a Down Syndrome individual with uncontrollable eating habits.

(g) Provide vitamin and mineral supplements when ordered by a physician.

(3) MENUS. A center shall do all of the following:

(a) Plan meals and snacks in advance of the date of service and prepare menus in writing that specify the actual food to be served.

(b) Post the menu for the day and next day in the food serving area or in another place where residents can read it.

(c) Keep menus on file for the last 30 days of service.

(d) When it is necessary to substitute another item for an item on a posted menu, ensure that the replacement item has the same nutritional value as the item replaced. The center shall provide for menu substitutes where religious beliefs prohibit consumption of certain food items such as pork for Jewish or Muslim residents or meat products on Lenten Fridays or other designated days of fast for Catholic residents.

(4) FOOD SERVICE PERSONNEL. (a) In this subsection, "food service personnel" means staff who prepare breakfast, lunch, dinner and snacks for center residents.

(b) If a center has its own food service personnel, the food service personnel shall be age 18 or over and meet the requirements of s. HFS 190.09 (1).

(c) The director of a center shall appoint a food service director who shall be responsible for complying with this section and ch. HFS 190 as it relates to food service.

(d) A center shall provide all center food service personnel in-service training annually. Training topics shall relate to proper food handling procedures, maintenance of sanitary conditions and food service arrangements. Training shall be documented and the documentation kept on file at the center.

(5) FOOD SERVICE. (a) A center shall meet the requirements of s. HFS 190.09 (2) to (9).

(b) A center shall provide nutritious packed lunches for residents who are in school or vocational or work programs when on-site lunches are not available. The center shall make provision for holding a meal for a resident who returns to the center after a meal is served.

(c) No resident may be force-fed or otherwise coerced to eat against the resident's will except by order of a physician.

(d) A staff person trained in the Heimlich maneuver for choking victims shall be present at mealtimes.

(e) Residents shall have at least 30 minutes to finish a meal, and a resident with an eating disorder shall have as much time as is necessary to finish the meal.

(f) The dining room in a center shall be clean, well-lighted and ventilated and shall offer a comfortable atmosphere for dining.

(g) A center may not use disposable dinnerware at meals on a regular basis, except when it documents that use of disposable dinnerware for a particular resident is necessary to protect the health or safety of the resident or others.

HFS 52.45 Health. (1) ONGOING CARE. (a) A center shall arrange a physical examination comparable to a comprehensive HealthCheck screening for each resident at intervals recommended by the medical assistance program for HealthCheck screening, except if a resident is privately insured. A privately insured resident shall be reexamined no less frequently than as required by HealthCheck or in accordance with policy coverage. The physical examination shall be conducted by a HealthCheck provider or by a physician and shall document areas found on department HealthCheck age-appropriate forms.

(b) A center shall arrange a thorough dental examination for each resident at intervals recommended by the medical assistance program for HealthCheck screening, except if a resident is privately insured. A privately insured resident shall be reexamined no less frequently than as required by Healthcheck or in accordance with policy coverage. The dental examination shall be conducted by a licensed dentist.

(c) A center shall arrange and provide for necessary remedial and corrective measures for every resident as soon as possible after a physical or dental examination which indicates need for remedial or corrective measures.

(d) A center shall have in each building housing residents when residents are present, at least one staff member certified by the American red cross to administer first aid and certified by the American red cross or American heart association to administer cardiopulmonary resuscitation (CPR) The center shall keep all staff certifications current and shall maintain documentation of all certifications.

(e) There shall be a first aid kit on every floor level of every center building housing residents, in buildings where resident activities take place and in every vehicle used to transport residents. The first aid kit shall be placed where it is inaccessible to residents but accessible to staff. Contents of first aid kits shall meet recommendations of the American red cross. A first aid kit shall be inventoried and resupplied after each use.

(f) A center shall separate an ill resident from other residents only if necessary because of the severity of the illness and if it is contagious or infectious, or when requested by the ill resident.

(2) BASIC SANITATION AND HYGIENE PRACTICES. Center staff shall follow the guidelines in appendix A to prevent transmission of infection from all blood or other body fluid exposures.

(3) PREGNANT RESIDENTS OR RESIDENT MOTHERS. (a) If a center serves pregnant residents or residents who are mothers who keep their babies at the center, the center shall do all of the following:

1. Refer those residents for enrollment to the women, infants and children (WIC) supplemental food and nutrition counseling program.

2. Ensure that pregnant residents receive prenatal health care.

3. Ensure that resident mothers and their infant or toddler children receive health care through a HealthCheck provider or, if through private insurance, a physician, according to the frequency recommended under medical assistance program HealthCheck guidelines or as described by the private insurance policy.

(b) A center which serves residents who are mothers with infants or toddlers shall comply with s. HFS 45.07, family day care standards for infant and toddler care. The center shall provide an additional 35 square feet of resident living space for each infant and toddler in addition to the resident living space required under s. HFS 52.52 (1).

(4) HEALTH CARE RECORD. A center shall maintain a separate health care record as part of each resident's case record. The health care record shall include all of the following:

(a) The signed written consent required under s. HFS 52.21 (5).

(b) The dates and results of all physical health, mental health and dental examinations.

(c) The resident's health history and, if applicable, medications history prior to admission and during the resident's stay at the center.

(d) Information about any of the following medical procedures received while the young person was a resident of the center, including dates, person administering and results:

1. Immunizations.

2. Laboratory tests.

3. Routine health care examinations and treatment.

4. Emergency health care examinations and treatment.

5. Dental examinations and treatment.

(e) The medications administration record required under s. HFS 52.46 (4).

(f) If applicable, the nutritional care plan required under s. HFS 52.44 (2) (a) 3.

HFS 52.46 Medications. (1) DEFINITIONS. In this section:

(a) "General supervision" means regular coordination, direction and inspection of the exercise of delegation of medication administration by a physician or registered nurse of someone who is not licensed to administer medications.

(b) "Staff administration" means proper administration of medication to a resident by center nonmedically nonlicensed staff under a valid medical order from a medically licensed practitioner who specifically designates, trains and supervises center staff administration of medications.

(c) "Staff monitoring of self-administration" means handing the medication to the resident by center staff according to physician and medication label instructions and observing and ensuring the proper ingestion, injection, application or inhalation of the medication by the resident.

(2) MEDICATIONS ADMINISTRATION. Each staff person responsible for administering or monitoring resident use of medications shall receive a copy of the center policies and procedures required under s. HFS 52.41 (1) (c) 9. for medication administration and monitoring and shall be knowledgeable of them. The policies and procedures shall include:

(a) For all medications, all of the following:

1. Having written informed consent on file as required under s. HFS 52.21 (5).
2. Having information in each resident's health record about any health allergies or health-related restrictions.
3. Having on file written authorization from a physician or registered nurse for each staff person permitted to administer medications or to monitor self-administration of medications.
4. Instructions for center staff concerning administration of medications and monitoring of resident self-administration of medications, secure storage of medications and recording medication administration information as required under sub. (4) (a) in the resident's health record.
5. Immediate notification of the resident's attending physician in the event of a medication error or adverse drug reaction.
6. Medications may only be made available when an individual authorized by the center is present.

(b) For prescription medications, all of the following:

1. Requiring that a medication be administered by center staff to a resident only when:
 - a. The resident's attending physician or center medical consultant provides center staff with clear written instructions for administering the medication and authorizes specific center staff to administer the medication.
 - b. The administration takes place under the general supervision of a physician or registered nurse.
 - c. The label on the medication container gives clear instruction for administration of the medication and, if not clear, center staff contact the physician or pharmacy for clarification before administration of the medication.
2. Allowing a medication, including a self-injectable medication, to be self-administered by a resident only while the resident is under direct supervision of center staff and if self-administration is authorized in writing from the prescribing physician or center medical consultant under s. HFS 52.41 (1) (c) 4., and that authorization is confirmed by review of the

authorization for self-administration by center staff before allowing self-administration by a resident.

3. Providing information to a resident and the resident's resident care workers and resident services case manager about any medication prescribed for the resident and when a physician orders or changes the resident's medication. Information provided shall include expected benefits and potential adverse side effects which may affect the resident's overall treatment and, for staff, what to do if the resident refuses medication.

4. Instructions for center staff on what to look for in monitoring physical or mental changes to a resident that may occur from a medication, what to do if physical or mental changes are observed and recording them in the resident's health record.

5. Arranging a second medical consultation when a resident or the resident's parent or guardian or legal custodian, if any, has concerns about any medication received by the resident or the resident's medication plan.

6. Having the resident's physician or center medical consultant review a resident's prescription medications when there are noted adverse effects from the medication. Documentation showing the date of review and reviewer's name shall appear in the resident's health record.

7. Ensuring that any use-as-needed medication is based on an assessment by a physician or registered nurse and is approved by either a physician or registered nurse.

8. Arranging for administration of prescribed medications to a resident when the resident is away from the center, for example, at school or on a home visit. A resident may not be given access to medications if there is a possibility that the resident may harm self through abuse or overdose.

(3) MEDICATIONS STORAGE. (a) A center shall comply with all the following requirements for storage of medications:

1. All medications shall be kept in the original container or, when authorized in writing by a physician, in a dispensing container, and shall:

a. If a prescription medication, be labeled with the expiration date and information required under s. 450.11 (4), Stats.

b. If a non-prescription medication, be labeled with the name of the medication, directions for use, expiration date and the name of the resident taking the medication.

2. Medications shall be kept in locked cabinets or containers and under proper conditions of sanitation, temperature, light, moisture and ventilation to prevent deterioration.

3. Medications used externally and medications taken internally shall be stored on separate shelves or in separate cabinets.

4. Medications stored in a refrigerator containing other items shall be stored in a separate locked compartment.

5. Medications may not be stored with disinfectants or poisons.

(b) A center shall immediately destroy all outdated prescription and over-the-counter medications and all prescription medication no longer in use. The center shall maintain a log of the medication destroyed, who destroyed it and what amount was destroyed.

(4) MEDICATIONS ADMINISTRATION RECORD. (a) A center shall have in each resident's health record a written medications administration record which lists each prescribed and over-the-counter medication the resident receives. The record shall contain the following information:

1. For an over-the-counter medication, the resident's name, type of medicine, reason for use, time and day of administration and staff person authorizing its use.

2. For a prescription medication, all of the following:

a. The name of the resident.

b. The generic or commercial name of the medication.

c. The date the medication was prescribed.

d. The name and telephone number of the prescribing physician to call in case of a medical emergency.

e. The reason the medication was prescribed.

f. The dosage.

g. The time or times of day for administering the medication. Staff shall document all medication administered with the date and time of administration or, if not administered, with the date and time of resident refusal to take it.

h. The method of administration, such as orally or by injection.

i. The name of the center-authorized person who administered or monitored resident self-administration of the medication.

j. Any adverse effects observed.

k. Any medication administration errors and corrective or other action taken.

(b) The center shall have a copy of a resident's medication administration record readily available for all center authorized personnel responsible for administering medications to the resident.

(5) PSYCHOTROPIC MEDICATIONS. (a) *Definition.* In this subsection, "psychotropic medication" means any drug that affects the mind and is used to manage inappropriate resident behavior or psychiatric symptoms, which may include an antipsychotic, an antidepressant, lithium carbonate or a tranquilizer.

Note: This definition does not include a drug that can be used to manage inappropriate symptoms when is prescribed only for a different medical use, such as carbamazepine (Tegretol), which is usually used for control of seizures but may be used to control labile behavior, and propranolol (Inderal), which is usually used to control high blood pressure but may be used to control anxiety states or side effects from antipsychotic medication.

(b) *Rights of patients.* A center shall comply with the provisions of s. 51.61 (1) (g) and (h), Stats., for all residents who are prescribed psychotropic medications.

(c) *Non-emergency procedures.* A center serving a resident for whom psychotropic medications are prescribed shall ensure that all of the following requirements are met:

1. Arrangements have been made for a physician to perform an initial medical work up or conduct a medical screening of the resident for the type of psychotropic medication to be prescribed for the resident. If the prescribing physician is not a board-certified pediatrician or psychiatrist, consultation shall be obtained from a board-certified pediatrician or psychiatrist.

2. The resident, if 14 years of age or older, and the resident's parent or guardian and legal custodian shall have signed written consent forms as required under s. HFS 94.03.

3. The center has obtained from the prescribing physician and filed in the resident's treatment record a written report at least within the first 45 days after the resident has first received a psychotropic medication and at least every 60 days thereafter. The report shall state in detail all of the following:

- a. Reasons for the initial use of the medication.
- b. Reasons for continuing, discontinuing or changing the medication.
- c. Any recommended change in treatment goals or program.
- d. The physician's actual observation of the resident and reaction to staff reports on the resident.

4. The method and procedures for administering or monitoring resident self-administration of a psychotropic medication shall have been approved by either the prescribing physician or a psychiatrist.

(d) *Emergency procedures.* For emergency administration of a psychotropic medication to a resident, a center shall do all of the following:

1. Have authorization from a physician.

2. Whenever feasible, obtain written informed consent before using the medication from the resident's parent or guardian and legal custodian, if any, and from the resident if 14 years of age or older.

3. Comply with the center's emergency medical procedures under s. HFS 52.41 (1) (c) 10.

4. If written informed consent of the resident's parent or guardian and legal custodian, if any, was not obtained before administration of the medication, notify by phone the parent or guardian and legal custodian if any, as soon as possible following emergency administration, and document the dates, times and persons notified in the resident's treatment record.

5. Document in the resident's treatment record the physician's reasons for ordering emergency administration of psychotropic medication.

(e) *Revocation of consent or refusal to take.* 1. A resident, if 14 years of age or older, or a resident's parent or guardian or legal custodian, if any, may at any time revoke consent for non-emergency use of psychotropic medications, as provided under s. HFS 94.03.

2. When a consent is revoked, the center shall do all of the following:

a. Stop administration of the medication in accordance with good medical practice for withdrawal of the specific medication.

b. Inform the prescribing physician and the placing person or agency of consent revocation and document the revocation in the resident's treatment record.

3. When a resident refuses to take a prescribed psychotropic medication, the center shall do all of the following:

a. Document in the resident's treatment record the resident's reasons for refusal and have 2 staff members who personally witnessed the refusal sign a written statement to that effect.

b. Notify the resident's physician.

c. Notify the parent or guardian and legal custodian, if any, and the resident's placing person or agency, if different. Notification shall be immediate if the resident's refusal threatens the resident's well-being and safety.

(f) *Administration standards.* In administering psychotropic medications, a center shall comply with requirements for administration of prescription medications in this section and clinically acceptable standards for good medical practice. Conformance to guidelines of the department's division of care and treatment facilities for use and monitoring of the effects of psychotropic medications satisfies the requirement for clinically acceptable standards and for good medical practice.

Note: For a copy of the guidelines for use and monitoring of psychotropic medications, write: Bureau of Regulation and Licensing, P.O. Box 8916, Madison, WI 53708.

HFS 52.47 Transportation. (1) **APPLICABILITY.** This section applies to transportation of residents by any of the following:

- (a) Center-owned or leased vehicles.
- (b) Vehicles driven by volunteers, student interns or center staff.
- (c) Center-contracted transportation.

(2) **SCHOOL BUSES.** A school bus, as defined in s. 340.01 (56), Stats., that is used to transport residents shall be in compliance with ch. Trans 300.

(3) **DRIVER INFORMATION.** (a) When a center provides transportation, the name of each driver, type of license held and the date of expiration of the license shall be on file at the center.

(b) When a center contracts for transportation services, the center shall have on file the name, address and telephone number of the contracting firm and the name and home telephone number of a representative of the firm.

(4) **DRIVER QUALIFICATIONS.** (a) The driver of a center-operated or center-contracted vehicle shall hold a current valid operator's license for the type of vehicle being driven, be at least 18 years of age and have one year of experience as a licensed driver.

(b) A center shall obtain and keep on file before initial service and annually thereafter a copy of each center driver's driving record.

(c) Before a driver may transport residents, the center shall check the driver's driving record for any reckless driving safety violation under s. 346.62, Stats., and for operation of a motor vehicle under the influence of an intoxicant or other drug under s. 346.63, Stats. A driver having a driving record with any of these violations in the last 12 months may not transport residents.

Note: For a copy of a driver's driving record, contact the Bureau of Driver Services, Department of Transportation, P.O. Box 7918, Madison, Wisconsin 53707.

(5) **VEHICLE CAPACITY AND SUPERVISION.** (a) A center shall provide one adult supervisor in a vehicle in addition to the driver in either of the following circumstances:

1. When transporting more than 2 residents unable to take independent action and having limited ability to respond to an emergency.

2. When transporting a resident with a recent history of physically aggressive or acting out behavior.

(b) A center vehicle may only carry as many passengers as the vehicle is rated for by the manufacturer.

(6) **VEHICLE.** (a) *Operation.* A vehicle used to transport residents shall meet all of the following conditions:

1. Be in safe operating condition and carry vehicle liability insurance with minimums no less than those provided in s. 121.53 (1), Stats. Once a year for a vehicle 2 years of age or older, the licensee shall place on file evidence of the vehicle's safe operating condition on a form provided by the department.

Note: Copies of Form CFS-52, Safety Inspection for Day Care Vehicles, may be obtained from any field office of the Department's Division of Children and Family Services. See Appendix D for addresses of the Division's field offices.

2. Be registered in Wisconsin.

3. Carry emergency information such as local police and ambulance service phone numbers and phone numbers of center personnel to notify in case of accident.

4. Be clean, uncluttered and free of obstructions on the floors, aisles and seats.

5. Be enclosed.

6. Have a Red Cross-approved first aid kit.

(b) *Seat belts.* Seat belts shall be available in vehicles as prescribed under s. 347.48 (1), Stats., and shall be worn by vehicle occupants as required under s. 347.48 (2m), Stats.

(c) *Doors locked.* Passenger doors shall be locked at all times when a vehicle transporting residents is moving.

(d) *No smoking.* Smoking is prohibited in vehicles while transporting residents.

(7) **ACCIDENT REPORT.** A center shall submit to the department a copy of the official police report of any accident involving a center vehicle transporting residents, within 5 days after occurrence of the accident.

HFS 52.48 Clothing and laundry. (1) **CLOTHING.** Residents may wear their own clothing. Residents who do not have enough of their own clothing shall have appropriate non-institutional clothing of proper size furnished by the center. Each center shall do all of the following:

(a) Develop a list of clothing required for residents and maintain a resident's wardrobe at or above this level. The list shall be approved by the department.

(b) Furnish each resident with appropriate size clothing, appropriate to the season and comparable to that of other children, youth or young adults in the community, and arrange for each resident to participate in the selection and purchase of his or her own clothing to the maximum extent feasible. Each resident's clothing shall be identified as his or her own.

(c) Have shoes fitted to the individual resident and kept in good repair. Shoes that were worn by one resident shall not be given to another resident.

(2) LAUNDRY. Each resident shall have access to laundry service at reasonable intervals or to a washer and dryer.

HFS 52.49 Resident records. (1) GENERAL REQUIREMENTS. (a) A center shall provide safeguards against loss or damage of resident records by fire, theft or destruction.

(b) Child-placing agencies and county departments shall have access to the case records of children they place.

(c) Student interns may have access to resident records only under the supervision of center staff and after signing the confidentiality statement under s. HFS 52.12 (7) (d).

(d) When a center closes, the center shall arrange for safe and secure storage of resident case records.

(2) INDIVIDUALCASE RECORDS. (a) A center shall maintain a case record on a resident at the licensed location where the resident resides. A resident's case record is confidential and shall be protected from unauthorized examination pursuant to ss. 48.78 and 938.78, Stats., or, where applicable, s. 51.30 (4), Stats., and ch. HFS 92. The center shall maintain a resident's case record for 7 years after the resident's discharge or until the child reaches age 19, whichever is later.

(b) Each document in a resident's case record shall be legible, dated and signed by the person submitting the document. A resident's case record shall include all of the following:

1. A treatment record which contains all of the following:
 - a. A history of the resident and resident's family.
 - b. The pre-admission screening required under s. HFS 52.21 (2).
 - c. The written needs assessment and treatment plan required under s. HFS 52.22 (2).
 - d. Treatment progress notes and implementation and review documentation required under s. HFS 52.22 (3).
 - e. Progress reports on residents receiving non-center professional services, as required under s. HFS 52.12 (8) (a) 3. and, if applicable, follow-along or support efforts under s. HFS 52.12 (8) (b).
 - f. The aftercare plan required under s. HFS 52.23 (1) (b).
 - g. The discharge summary required under s. HFS 52.23 (3).
 - h. All signed written consents required under s. HFS 94.03, including consent to non-emergency use of psychotropic medications under s. HFS 52.46 (5) (b) 2. and consent for locked unit use under s. HFS 52.42 (7) (a) 3. d.

i. Documentation of denial of resident rights and copies of the resident's grievances and responses to them.

j. Incident reports under ss. HFS 52.41 (1) (a) 10. and 52.42 (6).

k. A recent photo of the resident.

l. Any report of child abuse or neglect under s. HFS 52.12 (9).

2. A health record which contains all of the following:

a. All health and medications information and documentation required under ss. HFS 52.45 and 52.46.

b. Written informed consents for medical services required under s. HFS 52.21 (5).

c. Documentation about any special nutritional or dietary needs identified by a physician or dietician, and a copy of the resident's nutritional care plan if required under s. HFS 52.44 (2) (c).

3. The educational record required under s. HFS 52.43 (5).

4. All of the following information:

a. The name, sex, race, religion, birth date and birth place of the resident.

b. The name, address and telephone number of the resident's parent or guardian and legal custodian, if any, at the time of admission.

c. The date the resident was admitted and the referral source.

d. Documentation of current court status if applicable, and current custody and guardianship arrangements. Documentation shall include copies of any court order, placement agreement or other authorization relating to the placement and care of the resident.

e. For a resident from another state, interstate compact approval for placement required under s. HFS 52.21 (3) (a).

f. Any records of vocational training or employment experiences.

g. Records on individual resident accounts under s. HFS 52.41 (8).

(3) OTHER RECORDS ON RESIDENTS. (a) A center shall maintain the following additional records relating to residents:

1. A register of all residents as required under s. HFS 52.21 (9). The register shall be kept permanently.

2. Records under s. HFS 52.11 (2) (g) of all complaints and grievances received and of investigation of complaints and grievances conducted within the licensing period.

3. All reports to the department under s. HFS 52.11 (2) (j) concerning the hospitalization or death of a resident.

(b) A center shall maintain the records under par. (a) 2. and 3. at least 5 years after the date of the final entry.

(4) ELECTRONIC RECORD STORAGE. A center may store records electronically if it obtains the approval of the department and follows department procedures.

SUBCHAPTER VI - PHYSICAL ENVIRONMENT AND SAFETY

HFS 52.51 Buildings and grounds. (1) REQUIRED COMPLIANCE. (a) *Standards.* All buildings of a residential care center shall comply with the following requirements:

1. The applicable state building code requirements in chs. Comm 50 to 64.

2. All requirements in this subchapter, regardless of when a facility was built, except as otherwise provided in this subchapter.

(b) *Building inspections.* Before beginning operation as a residential care center, all buildings of the residential care center shall be inspected by the Wisconsin department of commerce and every 2 years thereafter by a certified building inspector and as needed.

(c) *Construction approval.* The licensee shall submit for approval to the department and to the department of commerce, division of safety and buildings, plans for any new buildings or for alterations which will affect the structural strength, area dimensions, safety or sanitary conditions of existing buildings. The center shall have in writing the approval of both the department and the department of commerce before letting contracts for construction.

Note: Send building plans to the appropriate Building, Grounds and Safety field office of the Department of Commerce and to your licensing representative at the appropriate field office listed in Appendix D.

(d) *Exclusive use of space.* Center living or work space designated on approved building plans for use by residents or staff may not be used for other purposes, except with approval of the department's licensing specialist.

(e) *Center grounds.* Center grounds shall be maintained in a clean and orderly condition and shall be free of refuse, debris and hazards.

(2) HOUSING BLIND AND DISABLED RESIDENTS. (a) Except as provided under par. (b), buildings housing residents unable to take independent action for self-preservation shall be of fire-resistive construction as defined in s. Comm s. 51.03 (1) and (2) or protected by a complete, automatic fire sprinkler system. Sprinkler systems installed shall have residential sprinkler heads or fast response sprinkler heads. A sprinkler system shall meet the requirements of s. Comm 57.016 (2) (a) for a building of 16 or fewer beds or s. Comm 57.016 (2) (b) for a building

with 17 or more beds. A sprinkler system shall be installed in accordance with the manufacturer's instructions.

Note: See s. HFS 52.55 (7) for inspection and maintenance requirements for sprinkler systems.

(b) Sprinklered residential living areas in a building shall be separated from adjacent non-sprinklered or non-fire proof construction areas in the same building by at least a 2-hour rated fire wall separation.

(c) A center which serves residents who are not able to walk or are able to walk only with crutches or other means of support shall comply with accessibility requirements found in appendix B of this chapter.

(3) INTERIOR DOORS. (a) Except for locked rooms or units under s. HFS 52.42, all interior doors, including those for closets, shall have fastenings or hardware that will allow opening from the inside with one hand without the use of a key.

(b) The design of a door equipped with a lock or latch shall permit opening the door from either side in case of emergency.

(c) In a building housing residents, an employe on each work shift shall have a key or other means of opening doors with locks or closing devices in that area.

(4) ACCESSIBILITY. Accessibility requirements in appendix B of this chapter shall be met for residents.

(5) ELECTRICAL. (a) Electrical wiring, outlets and fixtures shall be properly installed and maintained in safe working condition as required under ch. Comm 16.

(b) The minimum number of fixtures and outlets shall be as follows:

1. At least one approved ceiling or wall-type electric light fixture for every lavatory, bathroom, kitchen or kitchenette, dining room, laundry room and furnace room, with no less than 5 footcandles of light at floor level in the center of the room, and with switches or equivalent devices for turning on at least one conveniently located light in each room and passageway to control the lighting in the area. The center may substitute a switched fixture for a ceiling or wall fixture in lavatories, bathrooms and dining rooms.

2. Duplex outlets as follows:

a. At least one outlet in each resident bedroom and in each laundry area and bathroom.

b. At least 2 outlets in any other habitable room including a dining room.

c. At least 3 outlets in the kitchen, with separate outlets for the refrigerator and electric stove.

3. Ground fault interrupt protection for any electrical outlet within 6 feet of a water source in a bathroom, kitchen area, laundry room or basement and on the exterior of the facility and in the garage.

(c) Extension cords may not be used inside buildings to provide regular electrical service. Where extension cords are used inside buildings, the center shall plug extension cords into underwriters laboratories (U.L.) approved fused convenience outlets or outlet banks.

(d) A center may not have any temporary wiring or exposed or abandoned wiring.

(e) Center electrical service inspections shall be completed by a certified inspector as required under s. Comm 16.

HFS 52.52 General physical environment. (1) RESIDENT LIVING SPACE. (a) *Center buildings housing 9 or more residents.* Buildings constructed or other facilities converted to resident living space for 9 or more residents after February 1, 1971 shall contain resident living space at least equal to 60 square feet per resident. In this paragraph, "resident living space" means indoor living and recreation space in addition to bedroom space and dining space and exclusive of hallways less than 7 feet in width, bathrooms, lockers, offices, storage rooms, latched or locked time-out rooms, locked units, staff rooms, furnace rooms, any unfinished part of a building and that part of the kitchen occupied by stationary equipment.

(b) *Center buildings housing 8 or fewer residents.* Center buildings housing 8 or fewer residents shall provide at least 200 square feet of combined resident living space, bedroom space and dining space for each occupant. In this paragraph, "resident living space" includes all areas of the house except an unfinished basement, attic, or similar areas not usually occupied in daily living.

(2) DINING SPACE. A center shall provide at least 15 square feet of dining space for each occupant.

(3) WINDOWS. (a) All windows through which sunlight enters shall have appropriate coverings, and all openable windows shall have insect-proof screens in the summer.

(b) A center which is licensed for the first time or moves to a new location after the effective date of this chapter [revisor to insert effective date] shall meet the window requirements of s. Comm 57.13.

(4) TEMPERATURES AND AIRFLOW. (a) The inside temperature of a center building for residents may not be lower than 67degrees F. (20 degrees C.).

(b) 1. The inside temperature of a center building for residents may not be higher than 85 degrees F (30 degrees C.).

2. A center without a system to maintain the inside temperature below 85 degrees F (30 degrees C.) shall provide direct air circulation with electrical fans and have openable windows or provide fresh air flow or give residents access to air conditioned areas for heat relief.

(5) **FURNISHINGS.** Each room used by residents shall contain furnishings appropriate for the intended use of the room. Furnishings shall be safe for use by residents and shall present a comfortable and orderly appearance.

(6) **UPKEEP.** (a) Centers shall keep all rooms used by residents clean and well-ventilated.

(b) Residents shall be responsible only for the cleanliness of their bedrooms or living areas. A center may not hold residents responsible for the general cleanliness of the center.

(7) **TELEPHONE.** (a) A non-pay telephone shall be available for use by residents in each building housing residents.

(b) Each phone shall have emergency numbers posted near it for the fire department, police, hospital, physician, poison control center and ambulance service.

HFS 52.53 Bath and toilet facilities. A center shall meet all of the following requirements for bath and toilet facilities and the use of them:

(1) (a) The center shall provide in buildings housing residents one toilet and either a tub or shower for every 8 residents or fraction thereof and one handwashing sink with hot and cold running water for every 4 residents or fraction thereof. At least one-half of the required toilets, tubs or showers and handwashing sinks shall be on the same floor or floors as the sleeping rooms.

(b) Where 9 or more residents reside in a building, the center shall also provide at least one toilet and handwashing sink with hot and cold running water near living rooms and recreation areas for every 8 residents or fraction thereof and provide separate bath and toilet facilities for staff.

(c) In buildings housing both male and female residents, the center shall provide separate bathrooms for each sex and provide separate combination toilet and handwashing sink facilities where center resident activities include both sexes.

(2) Bathroom facilities accessible only through a resident bedroom shall be counted only for the residents of the bedroom.

(3) Every room with a toilet shall have a handwashing sink with hot and cold running water.

(4) If a resident needs assistance in toileting and bathing, a center shall direct a staff member to provide that assistance.

(5) All sinks, tubs and showers shall have an adequate supply of hot and cold water. Hot water shall be regulated by a plumbing industry approved temperature control device such as a mixing valve. The temperature of water delivered at the tap may not exceed 110 degrees F. (43 degrees C.).

(6) All bath and toilet areas shall have good lighting and ventilation and be maintained in a sanitary condition. Safety strips shall be applied to the floors of tubs and showers to prevent slipping.

(7) Toilets, bathtubs and showers used by residents shall be equipped for privacy unless specifically contraindicated for a particular resident by that resident's treatment or care needs, and even then privacy in relation to other residents shall be provided.

(8) The center shall provide each resident with items, conditions and access necessary for personal hygiene and self-grooming including, but not limited to, all of the following:

- (a) An individual toothbrush and tube of toothpaste.
- (b) Access to a shower or bathtub daily, unless medically contraindicated.
- (c) An individual hair brush and comb and regular services of a barber or beautician.
- (d) Equipment and facilities for shaving and washing.
- (e) Mirrors.
- (f) Clean individual towels, washcloths and individually dispensed soap.

HFS 52.54 Bedrooms. (1) **MINIMUM SPACE.** (a) *Single occupancy.* Each center bedroom for one resident shall have a minimum of 80 square feet of floor space except that if the resident is not able to walk or is able to walk only with crutches or other means of support the bedroom shall have a minimum of 100 square feet of floor space.

(a) *Shared occupancy.* Each center bedroom for more than one resident shall have a minimum of 60 square feet of floor space for each resident except that if a resident is not able to walk or is able to walk only with crutches or other means of support, the bedroom shall have a minimum of 80 square feet of floor space for each resident.

(2) **MAXIMUM NUMBER OF RESIDENTS.** No bedroom may accommodate more than the following:

(a) Four residents in a facility initially licensed before the effective date of this chapter [revisor to insert effective date].

(b) Two residents in a facility initially licensed on or after the effective date of this chapter [revisor to insert effective date].

(3) **WALLS OR PARTITIONS AND DOORS.** (a) Each bedroom shall be enclosed on 4 sides by walls or partitions. The walls or partitions shall be:

1. At least 6 feet in height in facilities initially licensed prior to the effective date of this chapter [revisor to insert effective date].

2. Floor-to-ceiling fixed partitions or walls in facilities initially licensed on or after the effective date of this chapter [revisor to insert effective date].

(b) Each bedroom shall have an outside wall with a window that is openable to the exterior.

(c) Each bedroom shall have a door.

(4) PROHIBITED LOCATIONS. A center may not locate a resident bedroom in an unfinished basement or attic or in any other area not normally used as a bedroom.

(5) PROHIBITED USE. (a) No bedroom may be used by anyone who is not an occupant of the bedroom to gain access to any other part of the center or any required exit.

(b) No resident bedroom may be used for purposes other than as sleeping and living space for bedroom occupants.

(6) BEDS AND BEDDING. (a) A center shall provide each resident with a single bed appropriate to the resident's needs. The bed may not be less than 36 inches wide or shorter than the height of the resident. A bed shall have all of the following:

1. A mattress that is firm, clean, comfortable and in good condition.

2. A mattress pad, 2 sheets, 2 blankets, a pillow case, a clean, comfortable pillow and a bedspread.

3. A mattress cover that is waterproof if the resident is incontinent.

(b) 1. A center shall provide a change of sheets and pillow case at least once a week for each resident.

2. A center shall provide a change in bedding immediately when a resident wets or soils the bed.

3. A center shall provide a complete change of bedding upon a change in bed occupancy.

(c) A bed may not be located closer than 18 inches to a hot contact type of heat source such as a hot water radiator.

(d) Beds shall be at least 3 feet apart at the head, foot and sides, except that a bunkbed shall be at least 5 feet apart at the sides from another bed. Bunk beds shall provide at least 36 inches of headroom between the bedroom ceiling and the top mattress. A triple decker bed may not be used.

(7) STORAGE SPACE. A center shall provide each resident with sufficient private space in or near the resident's bedroom for personal clothing and possessions. Each resident shall have a closet or wardrobe located in or next to the bedroom.

(8) ASSIGNED BEDROOMS. (a) In assigning a resident to a bedroom, a center shall consider the resident's age and developmental needs and be guided by any clinical recommendations.

(b) Male and female residents may not share the same bedroom.

(9) **SLEEPING SCHEDULE.** Residents shall have set routines for waking and sleeping. Each resident in the daily routine shall have available at least 8 hours of sleep.

(10) **DISABLED RESIDENTS.** Bedrooms for residents who are not able to walk or who can walk only with a means of support such as crutches shall be located on a floor level that has an exit discharging at grade level.

(11) **RESIDENT POSSESSIONS.** A center shall permit a resident to have personal furnishings and possessions in the resident's bedroom, unless contraindicated by the resident's treatment plan.

HFS 52.55 Fire safety. (1) **EVACUATION PLAN.** A center in consultation with the local fire department shall develop a detailed flow chart type evacuation plan for each building with arrows pointing to exits. The center shall do all of the following:

(a) Post the evacuation plan for a building in a conspicuous place in the building.

(b) Be able to provide through plan procedures for both of the following:

1. Safe conveyance of all residents promptly from the center by staff in one trip.

2. Designated places away from the center to which all residents are evacuated or at which all are to meet so that it can be determined if all residents are out of danger.

(c) Make the evacuation plan familiar to all staff and residents upon their initial arrival at the center.

(2) **EVACUATION DRILLS.** (a) Each center shall conduct evacuation drills as follows:

1. An announced drill at least once every 2 months.

2. An unannounced drill at least every 6 months.

(b) A center shall maintain a log of all evacuation drills that records the date and time of each drill, the time required to evacuate the building and any problems associated with the evacuation.

(3) **FIRE DEPARTMENT INSPECTION.** A center shall arrange for the local fire department to conduct a fire inspection of the center each year. The center shall maintain on file a copy of inspection report.

(4) **SMOKE DETECTION SYSTEM.** (a) Smoke detectors shall be installed and in accordance with ss. Comm.16 and 51.245 and this section. Individual smoke detectors shall be tested according to the manufacturer's instructions but not less than once a month. Interconnected smoke detectors shall be inspected and maintained in accordance with the manufacturer's or installer's instructions and shall be tested not less than every 3 months. The center shall keep a log of the tests with dates and times.

(b) A center built or initially licensed before 1982 shall have, at minimum, a battery operated smoke detection system meeting the requirements under pars. (a) and (c) 3. and 5.

(c) A center built in 1982 or later or a licensee moving a center to a different building after the effective date of this chapter [revisor to insert effective date] shall have an interconnected smoke detection system meeting all of the following requirements:

1. Except as provided under subd. 2., a building housing residents shall have, at a minimum, a smoke detection system to protect the entire building. That system shall either trigger alarms throughout the building or trigger an alarm located centrally. The alarm shall be audible throughout the building when the detector activates.

2. A building that has no more than 8 beds may have a radio-transmitting smoke detection system located in a central area of the building. That system shall trigger an audible alarm heard throughout the building.

3. A smoke detection system shall be installed in accordance with the manufacturer's instructions.

4. An interconnected smoke detection system installed on or after the effective date of this chapter [revisor to insert effective date] shall have a secondary power source.

5. A center shall have a smoke detector located in at least the following locations in each building housing residents:

a. In the basement.

b. At the head of every open stairway.

c. At the door on each floor level leading to every enclosed stairway.

c. In every corridor, spaced in accordance with the manufacturer's separation specifications.

d. In each common use room, including every living room, dining room, family room, lounge and recreation area.

e. In each sleeping area of each living unit or within 6 feet from the doorwf each sleeping area.

5. Smoke detectors shall not be installed in a kitchen.

(5) STAIRWAY SMOKE CONTAINMENT. A center shall provide floor-to-floor smoke cut-off through a one hour labeled fire-resistant self-closing door for open interior stairways and for all enclosed interior stairways at each floor level to provide floor to floor smoke separation.

(6) HEAT SENSING DEVICES. A center shall have heat-sensing devices in the kitchen and attic.

Note: It is recommended that a rate-of-rise heat detector be used in an attic rather than a fixed temperature heat detector. Rate-of-rise heat detectors respond to a fire sooner, particularly when it is cold outside. It is recommended that a fixed temperature heat detector be used in the kitchen.

(7) **SPRINKLER SYSTEM INSPECTION.** Where a sprinkler system has been installed under s. HFS 52.51 (2), the system shall be inspected and tested in accordance with NFPA Code 25. The center shall keep a copy of the certification of inspection on file.

(8) **FIRE SAFETY TRAINING.** All center staff shall take a technical college course or receive training from someone who has taken a technical college "train the trainer" course on fire safety and evacuation developed for community-based residential facilities regulated under ch. HFS 83. New center staff shall take the training within 6 months after beginning work at the center. All center staff shall be familiar with all of the following:

- (a) Facility fire emergency plans and evacuation procedures.
- (b) Fire extinguisher use.
- (c) Fire prevention techniques.

(9) **FLAMMABLES.** (a) A center shall keep all flammable liquid fuels in separate buildings not attached to buildings housing residents. Flammable liquid fuels shall be inaccessible to residents. Storage and labeling of flammable liquid fuel containers shall meet requirements for portable tank storage in s. Comm 10.28. A center shall limit total storage to 10 gallons in each of the separate buildings, except for the contents of the gasoline tanks of motor vehicles.

(b) Other flammables such as paints, varnishes and turpentine shall be stored in fire-proof cabinets meeting the requirements of s. Comm 10.27. The center shall keep these flammables locked and inaccessible to residents, unless a flammable is used in an activity supervised by staff with experience in using these kinds of flammable liquids.

(10) **FIRE EXTINGUISHERS.** A center shall meet all of the following requirements for fire extinguishers:

- (a) Buildings or areas in which flammable liquids are stored, and kitchen areas, shall have a fire extinguisher with a 2A, 40 BC rating.
- (b) Other buildings shall have fire extinguishers with a minimum 2A, 10 BC, rating.
- (c) The number, location, mounting, placement and maintenance of fire extinguishers shall comply with ss. Comm 51.22 and 57.18.
- (d) Each floor used for resident activities shall have at least one fire extinguisher.

(11) **PROHIBITED HEATING AND COOKING DEVICES.** (a) Center buildings housing residents may not use portable space heaters or any device which has an open flame.

- (b) Bedrooms may not contain cooking devices.

(12) ISOLATION OF HAZARDS. Centers shall comply with s. Comm 57.14 on isolation of hazards within buildings.

(13) USE OF LISTED EQUIPMENT. Smoke and heat detectors and sprinkler equipment installed under this section shall be listed by a nationally recognized laboratory that maintains periodic inspection of production of tested equipment. The list shall state that the equipment meets nationally recognized standards or has been tested and found suitable for use in a specified manner.

HFS 52.56 General safety and sanitation. (1) PRIVATE WELL WATER SUPPLY. Use of a private well for the center's water supply is subject to approval by the Wisconsin department of natural resources as required by s. HFS 190.05 (2). Testing of water samples shall be done annually by the state laboratory of hygiene or a laboratory approved under ch. ATCP 77. Water samples from an approved well shall be taken between April and October. Water sample tests shall show that the water is safe to drink and does not present a hazard to health. Water sample test results shall be on file and available for review by the department.

(2) MAINTENANCE. (a) A center shall maintain all of its buildings, grounds, equipment and furnishings in a safe, orderly and proper state of repair and operation. Broken, run down, defective or inoperative furnishings and equipment shall be promptly repaired or replaced.

(b) The center's heating system shall be maintained in a safe condition as determined through an annual inspection by a certified heating system specialist, installer or contractor. The center shall keep on file copies of annual heating system inspection and service reports.

(3) HAZARDOUS BUILDING MATERIALS. Buildings shall be lead-safe if lead-based paint is present, shall have any friable asbestos maintained in good condition and shall be free of urea formaldehyde insulation and any other harmful material which can pose a hazard.

(4) FLOORS. The surface condition of all floors in a center shall be safe for resident use.

(5) EXITS. (a) *Egress requirements.* A center shall comply with s. Comm 57.03 for number and location of exits, with s. Comm 57.05 for type of exits, with s. Comm 57.09 for exit passageways and with s. Comm 57.10 for illumination of exits and exit signs.

(b) *Time delayed door locks.* Before a center installs time delayed door locks on exits, the center must first request and obtain department of commerce and department approval. Before a center installs time delayed door locks on any interior doors, the center must also request and obtain department of commerce and department approval.

(6) WALKS. Walks shall provide convenient all-weather access to buildings and shall be in a safe condition. Porches, elevated walkways and elevated play areas shall have barriers to prevent falls.

(7) ROOMS BELOW GRADE. Habitable rooms with floors below grade level shall be in compliance with s. Comm 57.11 (1), (3) and (4).