

- B. Every client has the right to receive assistance from the client representative in making complaints and to receive copies of the complaint procedure.
- C. Written policies pertaining to visitation, communication, dress, and personal possessions may be established and implemented. These policies shall only limit a client's rights to ensure the protection of the client, staff, and program from unreasonable and unnecessary intrusions and disruptions and from health and safety hazards.
- D. Client rights may only be denied for good cause by the physician lead inter-disciplinary team providing treatment for that client.
- E. If the PRTF enforces any restriction upon the client's rights, the facility shall review any denial or limitation at least every seven (7) days and document in the individual plan of care.

7.705.104 PROFESSIONAL SERVICES [Rev. eff. 6/1/12]

PRTF clientele shall receive six hundred (600) minutes of documented professional clinical services each week they are in PRTF residence, with one hundred twenty (120) of those minutes dedicated to individual treatment. The remainder of the professional clinical services (480 minutes) may include any or all of the following: group therapy, family therapy, medication management, psychological services, weekly physician contact, and post emergency intervention de-briefing, which the client may be excused from if clinically contraindicated. These services will be based on the recommendations of the interdisciplinary team and reviewed each week for clinical appropriateness.

The facility team shall meet weekly to review and document the client's general progress in treatment and make any needed adjustment(s) to the service plan for each PRTF resident. If it is clinically contraindicated that this (600 minutes) total of professional clinical services be delivered to the client, it shall be documented as such on a weekly basis by the licensed professional managing the care of this client; documentation shall include a description of those services that will be delivered to the client.

7.706 RULES REGULATING DAY TREATMENT CENTERS [Rev. eff. 6/1/12]

All day treatment centers must comply with the "General Rules for Child Care Facilities" found at Section 7.701, et seq., the restraint and seclusion rules found at Section 7.714.53, et seq., the applicable definitions in Section 7.714.1, and these "Rules Regulating Day Treatment Centers".

7.706.1 DEFINITIONS [Rev. eff. 10/1/15]

A "day treatment center" is a facility which provides less than twenty-four (24) hour care for groups of five or more children from three (3) to twenty-one (21) years of age. Nothing prohibits a day treatment center from allowing a person who reaches twenty-one (21) years of age after the commencement of an academic year from attending an educational program at the day treatment center through the end of the semester in which the twenty-first birthday occurs or until the person completes the educational program, whichever comes first. The center will provide a structured program of various types of psycho-socio and/or behavioral treatments to prevent or reduce the need for placement of the child out of the home or community.

This definition shall not include special education programs operated by a public or private school system or programs which are licensed by other regulations of the Colorado Department of Human Services for less than twenty four (24) hour care of children, such as day care centers or centers for developmentally disabled children.

"De-escalation" is the use of therapeutic interventions with a child during the escalation phase of a crisis. The interventions are designed to allow children to contain their own behavior so that acute physical behavior does not develop that would lead to the need to use a physical management.

“Reasonable” as used in these rules means appropriate and suitable, or not excessive or extreme.

7.706.11 Governing Body

- A. The governing body is the individual, partnership, corporation or association in whom the ultimate authority and legal responsibility is vested for the conduct of the day treatment center.
- B. The governing body shall be identified by its legal name. The names and addresses of individuals who hold primary financial control, members of the board of directors and officers of the governing body shall be disclosed fully to the Colorado Department of Human Services. When changes of persons holding any of these positions occur, the department shall be informed of the names and addresses of the new individuals annually.

7.706.12 Statement of Purpose

Each day treatment center shall formulate a written statement which includes the purpose and objective of the day treatment center, description of the services to be offered by the day treatment center, ages of children and type of children to be accepted by the day treatment center, and the geographic area in which children may reside for acceptance by the day treatment center.

7.706.13 Financial Operation

- A. An annual budget reflecting anticipated income by source and expenses by purpose, plus an accompanying balance sheet, must demonstrate that the agency has assured resources to carry out its defined purpose through its first year of operation and must be submitted with the original license application.
- B. The center shall maintain a competent accounting system, and the financial records of the center shall be available for inspection by staff members of the department.
- C. Each day treatment center whose total annual expenditures exceed \$100,000 shall provide for an annual audit of all accounts by a certified public accountant who is not an employee of the center nor a member of the governing body. Centers with less than \$100,000 total annual expenditures may submit un-audited financial statements compiled by agency personnel.

7.706.14 Personnel

- A. Each staff member of the day treatment center shall evidence an interest in and knowledge of children and concern for their proper care and well-being.
- B. Each staff member of the day treatment center shall obtain a physical examination which shall be performed during the six-month period preceding employment by the center. This examination shall have been performed by a physician or a qualified nurse practitioner licensed to practice in the State of Colorado and shall verify that she/he suffers from no illness or communicable disease, including tuberculosis, that would adversely affect children in care. A statement, signed by the physician or nurse practitioner, shall be submitted to the center and retained in the personnel files. Subsequent statements shall be submitted annually and as required in a written plan signed by the physician.
- C. There shall be at least one written reference regarding each staff member of the center verifying the individual's character and suitability to work with children. This reference shall be retained in the staff member's personnel file.

- D. The administrator of the day treatment center shall have received a bachelor's degree from an accredited college and have completed two years of verifiable work experience with children in the field of psychiatry, psychology, social work, child development and child care, education, nursing, or other allied professions.

The director and governing body shall be responsible for assuring that the Rules Regulating Day Treatment Centers are being met.

- E. There shall be at least one treatment leader on the staff of the day treatment center who shall be responsible for the coordination of treatment of each child registered at the day treatment center. The treatment leader shall have at least a master's degree in the behavioral science field such as social work, psychology, psychiatric nursing; or the treatment leader shall be a psychiatrist who is qualified and licensed to practice in the State of Colorado. In addition to education, the treatment leader shall have completed three years of treatment-oriented experience.

1. If properly qualified, the treatment leader and the administrator may be the same individual.
2. The treatment center may contract with a recognized agency for the provision of treatment services. The staff IT Member of the agency who is to fulfill the responsibility of treatment leader must meet the requirements stated in Section 7.706.14, E.
3. There shall be at least one treatment leader employed by the day treatment center for each 25 children enrolled at the day treatment center. The treatment leader(s) shall be employed and actively involved in the services prescribed for each child through supervision or direct service for the number of hours per day the treatment program operates.

- F. There shall be counselors hired by the day treatment center, sufficient in number, to supervise the children and carry out the program of the day treatment center. Each counselor shall have completed a bachelor's degree in behavioral sciences or four years of experience with appropriate-aged children and be at least 21 years of age. The counselors shall work under the supervision of the treatment leader.

1. The ratio of counselors and/or treatment leader(s) to children in care shall be not less than the following schedule:

<u>Age of Children</u>	<u>Staff Necessary</u>
5 years-13 years	1 staff member: 8 children
13 years-16 years & over	1 staff member: 10 children

2. There shall be at least one counselor or treatment leader on duty at the day treatment center at any time children are present. If only one counselor is on duty, there shall be a second staff member on call and immediately available to be summoned in case of emergency.
 3. Substitute counselors shall be of the same minimum qualifications as regularly assigned counselors.
- G. Para-professionals must be at least 21 years of age and, under direct supervision, may assist the director, teachers, counselors, and treatment leaders with the children.
- H. There shall be one staff member on duty at the center at all times who holds a current Red Cross first aid card or equivalent and CPR card.

7.706.15 Child Care Services [Rev. eff. 6/1/12]

- A. Admission of the children to the day treatment center shall be limited to and in keeping with the stated purpose and goals of the center.
1. Intake policies of the center shall be clearly defined in writing and shall be reviewed and modified as necessary.
 2. At intake the center shall obtain:
 - a. Identifying information necessary for the child's record as required at Section 7.706.18, A.
 - b. Psycho-social history of the child.
 - c. A statement about the health history of the child which includes at least the immunization record; information and instruction for care of each child who has a chronic or handicapping problem such as seizures, asthma, diabetes, allergies, heart or respiratory illness or drug addiction; date of last physical examination. If child has not had a physical examination within the past twelve months, such examination shall be completed within thirty days of admission to the program. Subsequent examinations shall be obtained as required by a physician or nurse practitioner licensed to practice in Colorado.
 - d. The center shall obtain written permission for the following from the person or agency having custody:
 - 1) Permission to treat the child.
 - 2) Permission to obtain emergency medical care in the event that the child has an accident or illness requiring medical attention when parent or guardian is unavailable.
 - 3) Permission to provide transportation to and from the center or for center-sponsored activities if necessary.
 - 4) Permissions for physical management, restraint and seclusion as required in Section 7.714.53, et seq.
- B. For each child in the day treatment program, long range and short term goals shall be established and a case plan written which includes anticipated behavioral changes of the child and projected length of participation in the day treatment program. Goals and case plans shall be evaluated at least monthly. The discharge plans shall become part of the case plan and shall describe the child's behavior at the time of discharge from the day treatment program. The treatment leader shall be responsible for establishment and signing the case plans.
1. Persons to be involved in the process of case planning and periodic evaluation shall include a staff member of the agency having referred the child, the parent or guardian, as appropriate, and staff members of other agencies serving the child.
 2. A monthly progress report shall include a description of the child's behavior, summary of the treatment activities, and revision of the case plan. The report shall be forwarded to the referring agency and reviewed with parent or guardian monthly for the first six months that the child is in the center and quarterly thereafter.

3. The center shall maintain open communication with parents, guardians and/or referring agency and include each party in the treatment plan and reviews, as may be appropriate for each family and student.
- C. Treatment shall be provided to each child enrolled in the center pursuant to his/her case plan. Treatment sessions with members of the child's family shall be included, as deemed necessary and as part of the case plan. Each child and/or his/her family shall participate in at least two weekly sessions of individual therapy, group therapy or family therapy. All services shall be documented in the child's file.
 - D. If the child is attending a school operated by the day treatment program, a plan shall be established with appropriate school personnel of the school most recently or currently attended and with the child's parent(s) or guardian(s) for the education of the child based upon his/her particular needs and special ability.
 - E. Each day treatment center shall establish a schedule or a plan of activities which shall indicate the plan for educational and treatment services, as well as other services such as recreation and employment as appropriate for children in care.
 - F. Outdoor and indoor recreational equipment and material shall be provided in sufficient variety and quantity so the center may adequately sponsor and supervise necessary recreational activities. Games, toys, equipment, and arts and crafts material shall be selected according to age, number of children, and with consideration of the needs of children to engage in both active and quiet play. All equipment and materials shall be of quality to assure safety, and shall be of a type which allows for imaginative play and creativeness.
 1. The center shall establish a written policy related to the participation of children in potentially dangerous recreational activities which include the use of such equipment as trampolines, trail bikes, snowmobiles, boats, bodybuilding equipment and such activities as archery, riflery, horseback riding and backpacking (see Rules Regulating Children's Camps).
 2. A staff member shall be assigned the responsibility for supervision and coordination of the total recreational program including training and supervision of staff and volunteers.
 - G. As appropriate to the child's age and ability and as indicated in the case plan, the child shall be offered guidance and help in obtaining paid or voluntary work assignments. If employment services are part of the program of the day treatment center, one center staff member shall be assigned the responsibility of coordinating such work arrangement and shall know the employer of the child, the specific type of work and conditions of employment.
 - H. Each child shall receive assistance or supervision needed to help him/her establish good habits of personal care, grooming and hygiene.
 - I. Only prescribed medicines labeled with the child's name, name and strength of the medicine, directions for use, date filled, prescription number and name of practitioner shall be given with the written consent from the child's parent or guardian. Medicines must be in the original container. A record of medication administered which includes the child's name, the date and time the medication was administered, the name and dosage of the medication, and the name or initials of the staff person who administered it shall be maintained in the child's file. There shall be one staff member on duty at all times designated to administer and record all medication. The responsible staff person must have completed State approved medication administration training and have documentation on file. All medicines and drugs shall be kept in a locked storage area inaccessible to children.

- J. Children who are in the day treatment center for more than four hours, day or evening, shall receive a meal.
1. If the facility provides the meal, menus shall be kept for at least a two week period, and there shall be a documented review periodically by a qualified nutritional consultant. Children shall not be given foods which are contrary to their religious beliefs or which are known to cause an allergic reaction or health hazard.
 2. Drinking water shall be freely available to children.
- K. Any vehicle used for transportation of children and the vehicle driver shall meet the following regulations:
1. Vehicles shall be licensed in accordance with Colorado state law, and drivers shall comply with applicable laws of the Colorado State Department of Revenue, Motor Vehicle Division, and ordinances of the municipality in which the day treatment center is located.
 2. The drivers shall hold a valid Standard First Aid Certificate or equivalent and CPR card.
 3. Only enclosed vehicles shall be used to transport children except an enclosed pickup truck shall not be permitted. All seats must be forward-facing and shall be securely fastened to the vehicle body. A seat belt or booster seat for children under 40 pounds shall be provided for each seat. Only the number of passengers that can be comfortably seated on passenger seats shall be permitted in the vehicle. Each occupant shall be sitting when the vehicle is moving. Passengers shall not sit on the floor.
 4. Each vehicle shall be equipped with a first aid kit, an operable fire extinguisher and seat belts in the front seats.
 5. The day treatment center shall carry public liability insurance on vehicles used for transportation of children in the day treatment program.
 6. The staff ratio required at the day treatment center shall be maintained in any vehicle when transporting children from the day treatment center. The driver may be considered in the staff ratio.
 7. The center shall receive written permission from parents or guardians for transportation of a child to and from a center or for center-sponsored excursions.

7.706.16 Behavior Management [Rev. eff. 6/1/12]

- A. Each day treatment center will have written documentation of policies and procedures that describe the treatment model upon which the behavior management system is based and who shall be responsible for disciplinary measures.
- B. The behavior management system must be explained to parents/guardians and to children taking into account the child's developmental and cognitive level.
- C. The behavior management system must include, at a minimum:
1. Positive constructive or educational components including but not limited to diversion, withholding of privileges, talk with the child about the situation, positive reinforcement, skill training, and skill development.

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2. Clear rules and expectations with predictable, consistent consequences or interventions that will be used by staff members to reinforce positive behaviors and to address disruptive, off-task or unsafe behaviors in the program.
 3. A continuum of de-escalation and redirecting techniques to deal with disruptive, escalating or unsafe behaviors.
 4. A review process for addressing chronic behavior problems or serious acute problems in which a child is not responding to the behavior management program as being implemented.
- D. The program will have a monitoring process of the behavior management system to assure both consistency in implementation and for continuous quality improvement as needed to address changing client needs and behaviors.
- E. Physical management will be considered an extreme level of intervention at the day treatment level. The occurrence of restraints for a particular child will require a review as described in Section C, 4 above. The goal of these reviews will be to eliminate restraints for the child by reassessing the identified problem, adjusting the treatment plan, utilizing additional resources or other such interventions including the evaluation of whether day treatment is a level of care at which the child can successfully function.
- F. The behavior management system will include, but not be limited to, any of the following:
1. No child shall be punched, shaken, pinched, bitten, roughly handled or struck by an inanimate object by staff members of the day treatment center.
 2. Authority to discipline shall not be delegated to other children.
 3. Separation when used as discipline shall be brief and appropriate to the child's age and circumstances, and the child shall be within hearing and visual observation of an adult in a safe, lighted, well-ventilated room. No child shall be secluded in a locked room or closet.
 4. No child shall be punished for toileting accidents.
 5. Verbal abuse or derogatory remarks about the child, his family, his race, religion or cultural background shall not be used or permitted.
 6. No child shall be force-fed.
 7. Meals may be provided individually, but deprivation of meals shall not be used as punishment.
 8. No child shall be subjected to physical harm or humiliation.
 9. Seclusion.
- G. Disregard of any of the foregoing disciplinary rules or any disciplinary measure resulting in physical injury or abuse of any child shall be grounds for the denial, revocation, suspension, or making probationary of the license.

7.706.17 Physical Management [Rev. eff. 6/1/12]

Any physical management, restraint and seclusion shall comply with the rules found at Section 7.714.53, et seq., and the applicable definitions in Section 7.714.1.

7.706.18 Records

- A. A record of admission shall be completed for each child prior to, or at the time of, admission to the day treatment program and shall include:
1. Necessary identifying information including the child's name, address, telephone number, birth date, sex; name, address, telephone number of parent(s) or guardian(s); name and relationship of person with whom child is living, if different from parent(s) or guardian(s); address and telephone number at the location person(s) responsible for child can be reached when child is participating in the treatment program; name, address and telephone number of individual to contact in emergency if parent(s) or guardian(s) is unavailable; name, address and telephone number of referring agency and referring worker; physical description of the child, description of child's behavior and personal habits, health and immunization record; name and address of individual who may call for the child if the child is not to leave the center on his own; name, address and telephone number of child's physician or the clinic where medical care is obtained.
 2. A current medical statement, records of medication provided to the child and records of all injuries occurring while in care at the center.
 3. Written permissions as required at Section 7.706.15, A, 2, d.
 4. A case plan, a summary of the periodic evaluations of the child's progress and resultant changes in the case plan. The evaluation summary shall include the date and the individuals who participated, as well as a description of the child's progress toward the objectives outlined in the case plan.
 5. A summary of the discharge of the child from the center which includes at least the date of the discharge and reason for child's discharge from program.
- B. A daily attendance chart indicating the names of children who attended each session each day shall be maintained.
- C. Personnel record for each staff member which includes the following shall be maintained: name, address, telephone number, birth date, education and training, work experience, employment reference, statements of physician or nurse practitioner; names, addresses and telephone numbers of persons to be notified in event of an emergency; date of employment; copy of first aid card or equivalent and CPR training, and medication administration training, if appropriate.
- D. Administrative records which shall be on file at the center include: current health department inspection report, current fire department inspection report, a list of current staff members and substitutes, and a staffing pattern.

7.706.19 Physical Requirements for a Safe and Adequate Center [Rev. eff. 4/1/15]

- A. The day treatment center must declare to the Colorado Department of Human Services the address of each building which will be used by the day treatment center, the anticipated hours of use of the building by the day treatment center, and the type of use of each building by the day treatment center.

- B. The licensing representative must inspect and approve the entire premises of each facility to be used or in use by the day treatment center, including, but not limited to, the building, the grounds surrounding the building, the basement or attic, if accessible, any other buildings on the grounds, such as garage, storage areas and carports.
- C. Each facility used by the day treatment center must be equipped with adequate heat, light and ventilation for safe and comfortable occupancy.
- D. All heating units must be installed and maintained with safety devices to prevent fire, explosions, and other hazards. No open-flame gas or oil stoves, hot plates or un-vented heaters must be used or heating purposes.
- E. Closets, attics, basements, cellars, furnace rooms and exit routes must be kept free from accumulation of extraneous material such as discarded furniture, furnishings, newspapers or magazines. Combustibles, such as cleaning rags, mops, cleaning compounds, must be labeled and stored in well-ventilated areas. Storage of gasoline, kerosene, fuel oil and other flammable materials must meet requirements of the safety and fire code.
- F. In each facility there must be at least two approved, alternate, widely-separated means of egress from each floor of the building to safe and open space at the ground level.
- G. No lock or fastening to prevent free escape from the inside of the room or building used by children must be permitted. Exit hardware must be of the single-action type.
- H. Exit doors must be obvious and marked by exit signs.
- I. The route to each exit must be conspicuously indicated in such a manner that each occupant of a building or structure who is physically and mentally capable will readily know the direction of the escape from any point. Each path of escape must be so arranged or marked in such a manner that the way to a place of safety outside is unmistakable. Exitways and pathways to exitways must be unobstructed at all times.
- J. Any accessible areas beneath stairways which will be used as exitways by children must be enclosed with one-hour fire resistant material.
- K. In each building used by the treatment center, fire alarm facilities must be provided to warn occupants of the existence of a fire so that they may escape, or to facilitate the orderly conduct of fire exit drills.
- L. Each facility must have a telephone, and near the telephone must be located the numbers of an emergency medical facility, the local fire and police departments, and other emergency numbers including poison control, if available.
- M. If weapons are on the property of the facility, they must be rendered totally inoperable and must be locked up to prevent unauthorized use. Ammunition, projectiles such as arrows or other items which can be used to make the weapon operable, must be; locked separately. Weapons must not be transported in any vehicle in which children are riding unless the weapons are made inoperable and inaccessible.
- N. When a swimming pool is provided, it must meet the requirements of the Colorado Department of Public Health and Environment or local unit. Safety precautions must include protective fencing, nonskid surface of at least four feet adjoining pool sides, and winter coverage which must exclude plastic or inflatable-type domes. A lifeguard, who holds an advanced life saving certificate, must be in attendance at all times when the pool is in use.

- O. The Colorado Department of Human Services will establish the number of children who may be served at any one time in the building(s) used by the day treatment center for school, recreation or therapy, established on the basis of one child per twenty square feet of space within the rooms which are to be used. Areas within the building which are to be used for bedroom, kitchen, office, hallways, or bathroom cannot be counted as space available for use by the children at the day treatment center.
- P. Within the buildings to be used by children in the day treatment program, there must be one toilet and one lavatory for every thirty children in attendance.
- Q. Arrangement must be made for personal belongings of each child while in attendance at the center.

7.707 RULES REGULATING FAMILY CHILD CARE HOMES [Rev. eff. 1/1/10]

All family child care homes must comply with the “General Rules for Child Care Facilities”, “Rules Regulating Special Activities”, and the “Rules Regulating Family Child Care Homes.”

7.707.1 (None) [Rev. eff. 6/1/12]

7.707.2 DEFINITIONS AND TYPES OF FAMILY CHILD CARE HOMES [Rev. eff. 1/1/10]

7.707.21 Definitions [Rev. eff. 1/1/10]

“AAP” means the American Academy of Pediatrics.

“ASTM” means the American Society for Testing and Materials. ASTM is an organization that coordinates the development of voluntary industry standards that supplement mandatory standards such as information to the public on Standard Consumer Safety Specification on Toy Safety (ASTM F-963) and other voluntary standards that cover specific children’s products.

“Accessible” means children being able to obtain equipment and materials without adult aid, may be age/development specific.

“Adverse or negative licensing action” means a final agency action resulting in the denial of an application, the imposition of fines, or the suspension or revocation of a license or the demotion of such a license to a probationary license.

“Age of child(ren) in child care” means any child(ren) that will count towards provider’s license capacity, is between the age of birth to eighteen years of age, is in care for supervision in the parent(s) absence for a part or the whole of any day, and is not the provider’s own child(ren).

“Age of provider’s own child(ren) that counts towards license capacity” means any birth, adopted, step or foster child(ren) of a provider whose age ranges from birth to twelve years of age.

“Aide or staff aide” means an individual who assists the provider or substitute provider in the care of children at a family child care home. An aide or staff aide must never be allowed to supervise a child(ren) alone. The provider or substitute provider must always be present at all times when the aide or staff aide is providing care for a child(ren).

“Approved sleeping equipment” means equipment that is appropriate for the age of the child, is intended for sleep or rest, and allows the child freedom of movement in a safe and sanitary manner.

“Available” means materials or equipment that is not immediately accessible to children, but which may be introduced with adult aid.