

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

APPENDIX

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

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Iowa Department of Human Services

APPLICATION FOR LICENSE OR CERTIFICATE OF APPROVAL

Agency Name		Phone	
Address	City	Zip	

Complete a separate block for each facility included in this application.  
Choose the facility type from the following list:

- |                                                                                                                                                                                |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. License to operate a child-placing agency (Chapter 238, Code and IAC 498--108)</p> <p>1a foster care only</p> <p>1b adoption only</p> <p>1c foster care and adoption</p> | <p>2. Certificate of approval (Chapter 232, Code and IAC 498--105)</p> <p>2a shelter care home (county or multi-county operated)</p> <p>2b detention home (county or multi-county operated)</p> | <p>3. License to operate group foster care facility (Chapter 237, Code and IAC 498--112, 114, 115 and 116)</p> <p>3a community residential facility</p> <p>3b comprehensive residential facility</p> <p>3c community residential facility for mentally retarded children</p> <p>3d comprehensive residential facility for mentally retarded children</p> <p>3e private shelter care home</p> <p>3f private detention home</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Facility Name	Phone	County	
Address	City	Zip	Type

Facility Name	Phone	County	
Address	City	Zip	Type

Facility Name	Phone	County	
Address	City	Zip	Type

Facility Name	Phone	County	
Address	City	Zip	Type

Facility Name	Phone	County	
Address	City	Zip	Type

Signature of Agency Representative	
Title	
Phone	Date

Send white and yellow copies to:

Department of Adult, Children and Family Services  
Program Support Unit  
Hoover State Office Building, Fifth Floor  
Des Moines, Iowa 50319

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

APPLICATION FOR LICENSE OR CERTIFICATE OF APPROVAL, FORM SS-3105-0

This form is to be used in making application for a certificate of approval to operate a juvenile detention or shelter care facility.

When Prepared

If the applicant has never had a certificate of approval, the application should be made out as soon as a definite decision is reached to operate a juvenile detention or shelter care facility. If an applicant wishes to renew an approval, the application should be submitted between 30 and 90 days prior to expiration of present certificate.

By Whom Prepared

Person or persons applying for a certificate of approval.

Number of Copies

Three.

Specific Instructions

The application form is sent to the facility upon request. The application is to be signed by the chairman of the Board of Directors or designated person, or by the owner or co-owners of the facility.

Disposition

The white and yellow copies of the completed application are sent to the Bureau of Adult, Children and Family Services. The white copy will be forwarded to the licensing manager by the Bureau of Adult, Children and Family Services. The applicant retains the pink copy for the facility's records.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

CERTIFICATE OF INSPECTION FIRE SAFETY RULES, REGULATIONS AND STANDARDS, FORM H-9757

This form is used by the Fire Marshal when the application for certificate of approval or renewal to operate a detention or shelter care facility has been made.

When Prepared

At the time of application and annually thereafter.

By Whom Prepared

The State Fire Marshal or designee.

Number of Copies

Three

Specific Instructions

The inspection is to be signed by the State Fire Marshal or designated person, noting any deficiencies on an attached sheet of paper.

Disposition

The inspection is sent to the Bureau of Children's Services, Department of Social Services. The applicant retains a copy for the facility's records, as may the State Fire Marshal or his designee.

CERTIFICATE OF INSPECTION

FIRE SAFETY RULES, REGULATIONS AND STANDARDS

(Promulgated and adopted pursuant to 680-5.800(100) 1 thru 14  
and 5.801(6) and Chapter 237, Code of Iowa)

TO: STATE DEPARTMENT OF SOCIAL SERVICES  
Hoover State Office Building  
Des Moines, Iowa 50319

RE: \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(ADDRESS)

I, \_\_\_\_\_, being the State Fire Marshal, Deputy  
State Fire Marshal, or duly appointed State Fire Marshal's representative for  
\_\_\_\_\_ (Name of Municipality) have caused an inspection  
to be made of the above named premises, and certify that it:

(Check One)       DOES COMPLY       DOES NOT COMPLY

with the fire hazard policies, rules, regulations and standards promulgated by  
the State Fire Marshal, pursuant to the authority granted by the Code of Iowa  
for the center as defined in Section 237 of the Code of Iowa, indicated below.

AMBULATORY            NON-AMBULATORY     

COMMENTS:

DATE OF INSPECTION \_\_\_\_\_  
\_\_\_\_\_  
\*(Signature)  
\_\_\_\_\_  
(Title)

\*State Fire Marshal, Deputy State Fire Marshal or State Fire Marshal's appointed  
representative ONLY.

White - Facility copy  
Green - State Fire Marshal  
Yellow - Local Fire Dept.  
Pink - State Dept. of Social Services

H-9757

<u>PHYSICAL STANDARDS (Cont'd)</u>		Yes	No
<u>Below Ground</u>			
105.2(2)d(1)	6'8" ceilings	_____	_____
d(2)	Window area 2% of floor area, unless adequate mechanical ventilation	_____	_____
d(3)	Floor and walls have impervious finish, free from ground water leakage	_____	_____
<u>Bedrooms</u>			
105.2(3)a	Solidly constructed bed	_____	_____
(3)b	Sheets, pillow cases, blankets clean and in good repair	_____	_____
(3)c	Adequate storage space	_____	_____
(3)d	No child over 5 shares bedroom with opposite sex	_____	_____
<u>Heating</u>			
105.2(4)a	65°F and 55°F	_____	_____
(4)b	Space heaters, etc., vented to outside	_____	_____
(4)c	No rubber or plastic tubing for gas or oil heater lines	_____	_____
(4)d	Heating or cooling plant checked at least annually, and in safe condition at all times	_____	_____
<u>SANITATION, WATER AND WASTE DISPOSAL</u>			
<u>Bathrooms</u>			
105.2(5)a	Adequate hot and cold running water	_____	_____
(5)b	Properly equipped	_____	_____
(5)c	Toilets, baths, showers provide privacy	_____	_____
(5)d	Shower or tub for each 10 children	_____	_____
(5)e	Showers and tubs have slip-proof surfaces	_____	_____
(5)f	1 toilet and 1 lavatory for each 6 children	_____	_____
(5)g	Toilet facilities vented to remove odors and moisture	_____	_____
(5)h	Toilet facilities completely separated from adjacent food preparation areas by windowless door that fills complete door frame	_____	_____
(5)i	Toilet facilities kept clean	_____	_____
(5)j	Partition if more than one stool	_____	_____
(5)k	Toilets, wash basins, other plumbing and sanitary facilities in good operating condition	_____	_____
<u>Food Preparation and Storage</u>			
105.2(6)a	No cracked dishes or utensils	_____	_____
(6)b	45°F storage area for perishable foods	_____	_____
(6)c	0°F storage area for frozen foods	_____	_____
(6)d	Hot food maintained at 140°F or above	_____	_____
(6)e	Cold food maintained 45°F or below	_____	_____
(6)f	Kitchen and food storage area clean and neat; no food stored on floor	_____	_____
(6)g	Floors and walls of smooth construction and good repair	_____	_____
<u>Personnel Handling Food</u>			
105.2(7)a	Free of infection which might be transferred	_____	_____
(7)b	Clean and neatly groomed	_____	_____
(7)c	Wear clean clothes	_____	_____
(7)d	No tobacco use during preparation or serving food	_____	_____

<u>SANITATION, WATER AND WASTE DISPOSAL (Cont'd)</u>		Yes	No
<u>Dishwashing Facilities</u>			
105.2(8)b	Commercial dishwasher if over 15 people	_____	_____
b(1)	If commercial dishwasher, chemicals for sanitation are automatically added	_____	_____
b(2)	Single temperature machine at least 165°F 150°F washwater and 180°F rinse	_____	_____
b(3)	Cleaned at least daily, and as needed	_____	_____
105.2(8)c	Dish table space available to separate soiled from clean dishes for a meal	_____	_____
(8)d	All hand-held food equipment cleaned and sanitized each meal	_____	_____
(8)e	Dispensers, urns, etc., cleaned and sanitized daily	_____	_____
<u>Food Not Prepared at Site of Serving</u>			
105.2(9)a	Preparation site meets standards for on-site preparation	_____	_____
(9)b	Food transported in covered containers, completely wrapped to avoid contamination	_____	_____
(9)c	During transportation and until serving 140°F for hot foods and 45°F for cold food	_____	_____
<u>Milk Supply</u>			
105.2(10)	If fluid milk, it is pasteurized Grade "A"	_____	_____
<u>Water Supply</u>			
105.2(12)	Public water supply or private supply which annually checked for deficiencies (including NO <sub>3</sub> content); multiple sources analyzed	_____	_____
	OR		
	written statement regarding how potable water will be obtained, transported and stored		
<u>Heating and Storage of Hot Water</u>			
105.2(13)	Pressure and temperature relief valve	_____	_____
<u>Sewage Treatment</u>			
105.2(14)	Public system (if available) or private system designed, constructed and maintained so that no unsanitary or nuisance conditions exist	_____	_____
<u>Garbage Storage and Disposal</u>			
105.2(15)a	Sufficient # of garbage and rubbish containers	_____	_____
(15)b	Fly-tight, leak-proof, rodent-proof and maintained in sanitary condition	_____	_____
<u>SAFETY</u>			
105.2(16)a	Sufficient measures taken to ensure safety of children	_____	_____
(16)b	Stairways, halls and aisles		
	Substantial nonslippery material	_____	_____
	Good state of repair	_____	_____
	Adequately lighted	_____	_____
	Kept free of obstructions	_____	_____
	Handrail on stairways	_____	_____

<u>SAFETY (Cont'd)</u>		Yes	No
105.2(16)c	Radiators, registers and steam and hot water pipes have protective coverings	_____	_____
	Electrical outlets and switches have wall plates	_____	_____
(16)d	Fuse boxes are inaccessible to children	_____	_____
(16)e	Written procedures exist for the handling and storage of hazardous materials	_____	_____
(16)f	Firearms are prohibited	_____	_____
<u>All Swimming Pools</u>			
105.2(16)g	Conform to state and local health and safety rules	_____	_____
	Have adult supervision when children use the pool	_____	_____
(16)h	Written policies regarding any fishing ponds, lakes or other bodies of water on or near institution grounds and accessible to children	_____	_____
<u>Emergency Evacuation</u>			
105.2(17)	All units have posted plan for evacuation of children in case of fire or disaster	_____	_____
	Practice drills are held at least every 6 months	_____	_____
105.2(18)	Annual fire inspection by state fire marshal; meets recommendations	_____	_____
105.2(19)	Facility meets local building, zoning, sanitation and fire safety ordinances. Where no local standards exist, state standards shall be met	_____	_____
<u>PERSONNEL POLICIES</u>			
105.3(1)	Current written personnel policies and practices of the specific facility accessible to staff include:		
(1)a	Affirmative action and equal employment	_____	_____
(1)b	Job descriptions for all positions	_____	_____
(1)c	Provisions for vacation, holidays and sick leave	_____	_____
(1)d	Effective, time-limited grievance procedures	_____	_____
(1)e	Authorized procedures for suspension and dismissal for just cause	_____	_____
(1)f	Written procedures for annual evaluations	_____	_____
105.3(2)	Staff with direct contact with clients who are involved in the preparation of food shall:		
	Be medically free of serious infectious communicable diseases and able to perform job duties	_____	_____
	Obtain a statement by a physician at the time of employment and every 3 years verifying the above conditions	_____	_____
105.3(3)	The following information is maintained in a personnel record for each employee:		
(3)a	Name, address and social security number	_____	_____
(3)b	Job application and justification of initial and current employment	_____	_____
(3)c	Certified copy of transcript, diploma or verification for educational requirements. Verification of experience, if required	_____	_____

PERSONNEL POLICIES (Cont'd)

Yes No

- |           |                                                                                                                                                           |       |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 105.3(3)d | Written verification of any required licensure                                                                                                            | _____ | _____ |
| (3)e      | At least two written or documented oral references and with documentation of further investigation if negative references received                        | _____ | _____ |
| (3)f      | Written, signed and dated statement disclosing any founded instances of child abuse, neglect or sexual abuse committed by the applicant                   | _____ | _____ |
| (3)g      | Documentation of the submission of form SS-1606-0, Request for Child Abuse Information, to the registry and the registry response                         | _____ | _____ |
| (3)h      | Written, signed and dated statements by new applicants disclosing any convictions of crimes involving mistreatment or exploitation of a child             | _____ | _____ |
| (3)i      | Documentation of check with Iowa Department of Public Safety on all new applicants for employment after 7/1/83 prior to permanently employing individual  | _____ | _____ |
| (3)j      | No employment of any individual convicted of a crime involving the mistreatment or exploitation of a child                                                | _____ | _____ |
|           | Documentation of criminal records check if hired after 5/1/82                                                                                             | _____ | _____ |
| (3)k      | Current information relative to work performance evaluation                                                                                               | _____ | _____ |
| (3)l      | Records of pre-employment health exam or health report plus written record health services rendered to the employee to ensure employee able to do the job | _____ | _____ |
| (3)m      | Information on written reprimands or commendations                                                                                                        | _____ | _____ |
| (3)n      | Information on position in agency and date of employment                                                                                                  | _____ | _____ |

NUMBER OF STAFF

- |           |                                                                                                                                                         |       |       |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 105.5(1)a | Adequate coverage at all times                                                                                                                          | _____ | _____ |
|           | At least one staff person on duty per facility                                                                                                          | _____ | _____ |
|           | If six or more residents, two staff on duty at all times residents usually are awake and present                                                        | _____ | _____ |
|           | Coed facility having more than five residents: male and female staff on duty at all times                                                               | _____ | _____ |
|           | Child care staff at least eighteen years of age                                                                                                         | _____ | _____ |
| (1)b      | On-call system for coed facilities to provide staff of same sex for all personal body searches and supervision of personal care                         | _____ | _____ |
| (1)c      | Minimum of 1 child care staff to 5 residents during prime programming time                                                                              | _____ | _____ |
|           | Client ratio is _____ to _____                                                                                                                          |       |       |
|           | Prime programming time is _____                                                                                                                         |       |       |
| (1)d      | At night, one staff person awake in each living unit, making regular visual checks at least every hour in shelter and every ½ hour in detention         | _____ | _____ |
|           | Night checks are logged, including time of checks and observations                                                                                      | _____ | _____ |
|           | On-call to provide back-up to child care and casework personnel within minutes                                                                          | _____ | _____ |
| 105.5(2)  | Composition of staff determined by facility, based on needs of residents, facility goals, programs provided and federal, state and local laws and rules | _____ | _____ |

STAFF DEVELOPMENT

Yes No

- 105.5(3) Staff development is appropriate to the size and nature of the facility. There is a written format for staff training that includes:
- (3)a Orientation for all new employees to acquaint them with the philosophy, organization, program practices, and goals of the facility
  - (3)b Training of new employees in areas related to their job assignments
  - (3)c Provisions for all staff members to improve their competency. This may be accomplished through such means as:
    - (1) attending staff meetings
    - (2) attending seminars, conferences, workshops and institutes
    - (3) visiting other facilities
    - (4) access to consultants
    - (5) access to current literature, including books, monographs, and journals relevant to the facility's services
  - (3)d An individual designated responsible for staff development and training, who completes a written staff development plan which is updated annually

ORGANIZATION AND ADMINISTRATION

- 105.5(4) Any change in name of facility, address, executive or capacity has been reported to licensing manager within 30 days of change
- A table of organization identifies the lines of responsibility and authority from policy making to service to clients
- An executive director shall have full administrative responsibility for carrying out policies, procedures, and programs

INTAKE PROCEDURES

- 105.6(1) Court, child's attorney, parents notified as soon as possible by agency when child is placed in facility
- Court, child's attorney, parents given reasons for admission
- Capacity not exceeded
- Service responsibilities agreement at admission

Code 232.21 Shelter Care

- No placement in shelter care unless one of the following applies:
- a. Child has no parent, guardian, custodian, etc., approved by court to provide proper shelter;
  - b. Child wants to be placed in shelter care;
  - c. Child held until parent or guardian can arrive to take child;
  - d. Child held until transfer to another jurisdiction;
  - e. Child is placed by court order.

INTAKE PROCEDURES (Cont'd)

Yes No

105.6(1)

Time Limits:

1. Court order within 48 hours of placement
2. Child held for parents up to 72 hours

\_\_\_\_\_  
\_\_\_\_\_

Code 232.22, Detention

No child is placed in detention unless one of the following applies:

\_\_\_\_\_  
\_\_\_\_\_

- a. Child being held under warrant for another jurisdiction
- b. Escapee from juvenile detention or penal institution
- c. Violated conditions of release; probability child will run away
- d. Believe child has committed delinquent act and:
  - (1) Child will run, or
  - (2) Be unavailable for court appearance, or
  - (3) Might inflict harm on self or others, or
  - (4) May damage property

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Limits:

No child shall be held for a period in excess of 24 hours without a court order authorizing detention.

\_\_\_\_\_  
\_\_\_\_\_

105.6(2)

Agency or court placing child has provided the following:

(2)a

A placement agreement at the time of admission. If this is not feasible, within 24 hours

\_\_\_\_\_  
\_\_\_\_\_

(2)b

For court-ordered placements, court order authorizing placement within 48 hours

\_\_\_\_\_  
\_\_\_\_\_

(2)c

When the child is in the facility over 4 days:

1. All available psychological and psychiatric information
2. Any available family social history
3. Any available school information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

105.6(3)

Children referring themselves received services  
Facility notifies child's parents, guardian or juvenile court as soon as possible, at least within 48 hours  
No self-referrals for detention

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

105.6(4)

The agency has designated a person or persons to have authority to do intake

\_\_\_\_\_  
\_\_\_\_\_

105.6(5)

Intake sheet including at least information in 105.17(2)

\_\_\_\_\_  
\_\_\_\_\_

ASSESSMENT

105.7(1)

Identification of personal needs

\_\_\_\_\_  
\_\_\_\_\_

105.7(2)

An educational assessment is developed by the staff and referring worker. Parents or guardian, area education agencies and public schools are involved as appropriate

\_\_\_\_\_  
\_\_\_\_\_

PROGRAM SERVICES

Yes No

Care Plan

105.8(1)

Individual care plan developed:

- a. For each child remaining over four days
- b. Based on individual needs determined through assessment
- c. Developed in consultation

Care plan including:

- a. Identification of special needs
- b. Description of planned services
- c. Assignment of staff persons to implement plan
- d. Where services are to occur
- e. Frequency of activities or services

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Program

105.8(2)

All children in school continue in that school if possible or alternative school

If educational assessment indicates school for nonattending resident, alternative developed

If educational program within facility, must meet educational and teaching standards

Child can only be compelled to attend educational program in compliance with compulsory education laws

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily Program

105.8(3)

Consistent, well structured, yet flexible framework

Periodically reviewed and revised

Attention given to special nature and needs of residents

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Optional Services

105.8(4)

If facility provides optional services, they are clearly defined in writing

\_\_\_\_\_  
\_\_\_\_\_

Recreational Program

105.8(5)

The facility provides adequately designed and maintained indoor and outdoor activity areas equipment, and equipment storage facilities appropriate for the age group it serves. There is a variety of activity areas and equipment so that all children can be active participants in different types of individual and group sports and other motor activities. Games, toys, equipment, and arts and crafts material are selected according to the age and number of children with consideration to the needs of the children to engage in active and quiet play. Safety ensured and imaginative play and creativeness allowed

The facility plans and carries out efforts to establish and maintain workable relationships with community recreational resources so these resources may provide opportunities for children to participate in community recreational activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care

105.8(6)a

Documented 24-hour emergency and routine medical and dental services available and provided

\_\_\_\_\_  
\_\_\_\_\_

PROGRAM SERVICES (Cont'd)

Yes No

- 105.8(6)b The facility does not require medical treatment when the parents or guardian of the child, or the child, objects to treatment on the grounds that it conflicts with the tenets and practices of a recognized church or religious denomination of which the parents, guardian or child is an adherent. In potentially life-threatening situations, the facility refers the child's care to medical and legal authorities. \_\_\_\_\_
- (6)c Written procedures for emergencies \_\_\_\_\_

Counseling Services

- 105.8(7) Identified in individual care plan \_\_\_\_\_  
Name of person providing service \_\_\_\_\_

Dietary Program

- 105.8(8) The facility provides properly planned, nutritious and inviting food and takes into consideration the special food needs and tastes of children \_\_\_\_\_

DRUG USE AND CONTROL

General

- 105.9 Agency has written policies and procedures governing methods of handling prescription and over-the-counter drugs. \_\_\_\_\_  
No prescription or narcotic drugs are allowed without authorization of licensed physician \_\_\_\_\_
- 9(1) Only drugs approved by Federal Food and Drug Administration for use in U.S. are used \_\_\_\_\_
- 9(2) Such drugs are prescribed by a physician licensed in the state in which the physician is currently practicing \_\_\_\_\_
- 9(3) Drugs provided to residents are dispensed from a licensed pharmacy or by a licensed physician \_\_\_\_\_
- 9(13) No prescribed medications are administered to a resident without the order of a licensed physician \_\_\_\_\_
- 9(15) Dilution or reconstitution of drugs and their labeling is done only by a licensed pharmacist \_\_\_\_\_
- 9(11) Prescriptions are refilled only with the permission of the attending physician \_\_\_\_\_

Storage of Drugs

- 9(4) All drugs are maintained in a locked cabinet \_\_\_\_\_  
Controlled substances are maintained in a locked box within the locked cabinet \_\_\_\_\_  
The cabinet key is always in the possession of a staff person \_\_\_\_\_  
Bathrooms are not used for drug storage \_\_\_\_\_  
Exceptions to these policies for self-administration of drugs are documented by a physician \_\_\_\_\_
- 9(5) All medications requiring refrigeration are kept in a locked box in the refrigerator and separated from food and other items \_\_\_\_\_

DRUG UTILIZATION AND CONTROL (Cont'd)

Yes No

- 105.9(6) All potent poisonous or caustic drugs are plainly labeled, stored separately from other drugs in a specific well-illuminated cabinet, closet or storeroom and only accessible to authorized people \_\_\_\_\_
- 9(7) All prescribed medications are clearly labeled indicating the resident's full name, physician's name, prescription number, name and strength of the drug, dosage, directions for use and date of issuance. Medications are packaged and labeled according to state and federal guidelines \_\_\_\_\_
- 9(8) Medication containers having soiled, damaged, illegible or makeshift labels are returned to the issuing pharmacist \_\_\_\_\_

Administration of Drugs

- 105.9(16) Medications are administered only in accordance with the instructions of the attending physician \_\_\_\_\_
- Controlled substances are administered only by qualified personnel \_\_\_\_\_
- The type and amount of the medication, the time and date, and the staff member administering the medication are documented in the child's record \_\_\_\_\_
- 9(17) Self-administration of prescription medications by residents is covered by written policies and procedures and occurs only when: \_\_\_\_\_
- a. Medications are prescribed by a physician;
  - b. The physician, referring worker and facility staff agree that the resident can self-administer the medication;
  - c. What is being taken and when is documented in the record of the resident
- 9(12) No prescription medication prescribed for one resident is administered to or allowed to be in the possession of another resident \_\_\_\_\_
- 9(14) Any unusual patient reaction to a drug is reported to the attending physician immediately \_\_\_\_\_

Unused Medication

- 105.9(9) When a resident is discharged or leaves the facility, any unused prescriptions are sent with the resident or with a responsible agent, with the approval of the physician \_\_\_\_\_
- 9(10) Unused controlled prescription drugs are returned to the issuing pharmacist or physician for credit or destruction according to state law \_\_\_\_\_
- Other unused prescription drugs are destroyed by staff in the presence of a witness; destruction is documented \_\_\_\_\_

For Information of Pharmacy Board

- 620-8.16(1) Approved medication administration course completed by staff administering controlled substances \_\_\_\_\_

CONTROL ROOM (DETENTION ONLY)

- 105.10(1) Written policies for use indicating: \_\_\_\_\_
- a. Behaviors resulting in placement \_\_\_\_\_

CONTROL ROOM - DETENTION ONLY (Cont'd)

Yes No

- 105.10(1) b. Staff authorized to use and procedures for notification of supervising personnel in place \_\_\_\_\_
- c. Documentation of behaviors leading to control room placement \_\_\_\_\_
- Documentation of agreement of conditions allowing child to leave control room \_\_\_\_\_
- 10(2) Compliance with physical requirements:
- a. All switches outside room \_\_\_\_\_
- b. Total observation at all times \_\_\_\_\_
- c. Protected recessed ceiling light \_\_\_\_\_
- d. No electrical outlets in room \_\_\_\_\_
- e. Properly heated, cooled and ventilated \_\_\_\_\_
- f. Doors, ceilings and walls constructed to prevent harm to child \_\_\_\_\_
- g. If window, secure and protected \_\_\_\_\_
- h. Minimum of 6' X 9', 7½' ceiling \_\_\_\_\_
- 10(3) Only used when less restricted alternative has failed \_\_\_\_\_
- Use of control room is in accordance with following policies:
- a. One child at a time \_\_\_\_\_
- b. Visually observable at all times \_\_\_\_\_
- c. Room shakedown before child placed \_\_\_\_\_
- d. Child checked before placed in room, check recorded \_\_\_\_\_
- e. Child has sufficient clothing \_\_\_\_\_
- f. Staff member always within hearing distance of control room \_\_\_\_\_
- Child visually checked every 15 minutes and recorded \_\_\_\_\_
- g. Only one hour unless supervisor agrees. No more than 12 hours in any 24-hour period without consultation of referring agency or court. Never longer than 24 hours. Time in control room, reasons for the control and reasons for the extension are documented. \_\_\_\_\_
- h. Parents, referring worker and child's attorney notified if child in control room over 30 minutes in any 24-hour period. \_\_\_\_\_

Clothing

- 105.11 All children have clothing which is: \_\_\_\_\_
- Suited to existing climate and seasonal conditions \_\_\_\_\_
- Clean, dry and in good repair \_\_\_\_\_

Staffings

- 105.12 Staff available to participate \_\_\_\_\_
- Written recommendation when requested \_\_\_\_\_

CHILD ABUSE

- 105.13 The facility has written policies prohibiting mistreatment, neglect, or abuse of children and specify reporting and enforcement procedures for the facility. Alleged violations are reported immediately to the director of the facility and appropriate DHS personnel. Any employee found to be in violation of child abuse reporting requirements, as founded by DHS investigation, is subject to the agency's policies concerning dismissal \_\_\_\_\_

CHILD ABUSE (Cont'd)

Yes No

Daily Log

105.14

Daily log maintained  
Notes general progress in regard to care plan  
Indicates any problem areas or unusual behavior

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILDREN'S RIGHTS

Policies In Writing

105.15(1)

All policies and procedures on children's rights are in writing, are provided to the child upon the child's admission to the facility and are available to parents or guardians. Written policies and procedures are provided to a child's parent or guardian when the child remains in care over 4 days.  
The rationale and circumstances of any deviation from these policies is discussed with the child's parents or guardian and the referring worker, and entered in the child's case record.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Confidentiality

105.15(2)

Information regarding children and their families is kept confidential and released only with proper authorization

\_\_\_\_\_  
\_\_\_\_\_

105.15(3)

Communication

(3)a

Visits are allowed with members of the child's immediate family unless otherwise regulated by the court

\_\_\_\_\_  
\_\_\_\_\_

(3)b

Family visits monitored only to extent necessary to assure child's safety and facility security. Reason for monitoring visits documented in child's case record.

\_\_\_\_\_  
\_\_\_\_\_

(3)c

The child is permitted to communicate with legal counsel and referring worker and communication not monitored.

\_\_\_\_\_  
\_\_\_\_\_

(3)d

The child is allowed to conduct telephone conversations with family members. Phone calls monitored only to extent necessary to assure the child's well-being and facility security. Rationale for monitoring entered in child's record. Incoming calls may be screened by staff to verify the identity of the caller before approval is given.

\_\_\_\_\_  
\_\_\_\_\_

(3)e

Staff do not open or read resident's mail. Residents are allowed to send and receive mail. The facility may require the child to open incoming mail in the presence of a staff member when it is suspected to contain contraband articles, or when there is money that should be receipted and deposited.

\_\_\_\_\_  
\_\_\_\_\_

(3)f

When limits on visits, calls or other communications are indicated, they are determined with the participation or knowledge of the child, family or guardian, and the referring worker. All restrictions have specific bases which are made explicit to the child and family and documented in the child's case record

\_\_\_\_\_  
\_\_\_\_\_

Privacy

105.15(4)

Reasonable provisions are made for the privacy of residents

\_\_\_\_\_  
\_\_\_\_\_

105.16	<u>DISCIPLINE</u>	Yes	No
105.16(1)	The facility has written policies regarding methods used for control and discipline of children which are available to all staff and to the child's family. Discipline does not include the withholding of basic necessities such as food, clothing, or sleep. Staff are in control of and responsible for discipline at all times.	_____	_____
105.16(2)	The facility has a policy that clearly prohibits staff or the children from using corporal punishment as a method of disciplining or correcting children. This policy is communicated, in writing, to all staff of the facility.	_____	_____
105.16(3)	The use of physical restraint is employed only to prevent behavior extremely disruptive to others or to prevent the child from injury to self, to others, or to property. The rationale and authorization for the use of restraint and staff action and procedures carried out to protect the child's rights and to ensure safety are set forth clearly in the child's record by responsible staff.	_____	_____
16(4)	A child is only confined to the child's room for illness, at the child's own request, for disciplinary reasons or, in detention facilities, during normal sleeping hours.	_____	_____
16(5)	The facility provides to the child written policies specifying inappropriate behaviors, reasonable consequences for misconduct and due process procedures available to the child.	_____	_____

CASE FILES

105.17(1)	Case file maintained for each child	_____	_____
17(2)	Face sheet for each child includes:		
	a. Full name, current address and date of birth	_____	_____
	b. Parents' full names	_____	_____
	c. Parents' address and phone number	_____	_____
	d. Religious preference of child and parents, if available	_____	_____
	e. Statement of who has legal custody and guardianship	_____	_____
	f. Name of referring worker and agency making referral	_____	_____
	g. Telephone number and address of referring agency or court	_____	_____
	h. Name, address and telephone number of child's attorney	_____	_____
17(3)	Written summary requested (discussed 105.12)	_____	_____
17(4)	a. Notes on significant contacts by staff with parents, referral person and other	_____	_____
	b. Summary related to discharge, including name, address and relationship to person to whom discharged	_____	_____
17(5)	The following information is requested if the child remains over four days and, when available, is placed in the child's record:		
	a. Current family history or social history	_____	_____
	b. Case plan submitted by referring worker or court	_____	_____
	c. Psychological and psychiatric records	_____	_____
	d. Medical information including:		
	1. Record of illness, immunizations, communicable diseases and follow-up treatment	_____	_____
	2. Medical and surgical authorizations	_____	_____

CASE FILES (Cont'd)

Yes No

- |           |                                                                                              |       |       |
|-----------|----------------------------------------------------------------------------------------------|-------|-------|
| 105.17(5) | 3. Record of medical and dental examination findings                                         | _____ | _____ |
|           | 4. Date of last physical prior to placement                                                  | _____ | _____ |
|           | e. Educational information including:                                                        |       |       |
|           | 1. Name and address of school attended                                                       | _____ | _____ |
|           | 2. Grade placement                                                                           | _____ | _____ |
|           | 3. Current school in which enrolled                                                          | _____ | _____ |
|           | 4. Specific education problems                                                               | _____ | _____ |
|           | 5. Remedial action                                                                           | _____ | _____ |
| 105.17(5) | f. Placement agreement, court order and releases including:                                  |       |       |
|           | 1. Agreement authorizing facility to accept child                                            | _____ | _____ |
|           | 2. Agreement setting forth the terms of payment                                              | _____ | _____ |
|           | 3. Medical release authorizing emergency medical and surgical treatment including anesthesia | _____ | _____ |
|           | 4. All releases and authorizations signed by parent and legal guardian                       | _____ | _____ |
|           | 5. All court orders affecting custody or guardianship                                        | _____ | _____ |

UNANNOUNCED VISIT

- |        |                                                                                           |       |       |
|--------|-------------------------------------------------------------------------------------------|-------|-------|
| 237.2. | Unannounced visit conducted in last year. (Indicate NA for initial licensing or approval) | _____ | _____ |
|--------|-------------------------------------------------------------------------------------------|-------|-------|

DISCHARGE

- |        |                                                                                                                                        |       |       |
|--------|----------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 105.18 | a. Shelter Care                                                                                                                        |       |       |
|        | 1. Children discharged at earliest possible time                                                                                       | _____ | _____ |
|        | 2. 30 days from date of admission                                                                                                      | _____ | _____ |
|        | 3. Extension request due by 25th day in shelter care                                                                                   | _____ | _____ |
|        | 4. Maximum should not exceed 45 days                                                                                                   | _____ | _____ |
|        | b. In detention, maximum length of stay should not exceed 21 days                                                                      | _____ | _____ |
|        | A summary of any significant medical or dental services provided while the child was at the facility is supplied to the next placement | _____ | _____ |

INTENSIFIED STUDY

SUMMARY

RECOMMENDATION

Denial

License

Approval

Shelter

Detention

Full

Provisional

If provisional, corrective action plan:

Facility Name \_\_\_\_\_

Capacity \_\_\_\_\_

Prepared By \_\_\_\_\_

Date \_\_\_\_\_

LICENSING DECISION

Denial

License

Approval

Shelter

Detention

Full

Provisional

Decision Maker \_\_\_\_\_

Date \_\_\_\_\_

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

ANNUAL EVALUATION AND RECOMMENDATION FOR CERTIFICATE OF APPROVAL OR LICENSE FOR JUVENILE SHELTER CARE AND DETENTION HOMES, FORM SS-0703

This form is to be used in making the initial and annual evaluation for the recommendation of a certificate of approval or license to operate a juvenile shelter care or detention facility.

When Prepared

When all information has been submitted to the Bureau of Adult, Children and Family Services for original approval or license or for renewals.

By Whom Prepared

Licensing Manager

Number of Copies

One

Specific Instructions

The recommendation is to be signed by the Licensing Manager and reviewed and approved or disapproved by the Chief of the Bureau of Adult, Children and Family Services or his designee.

Disposition

The completed form is sent to the Bureau of Adult, Children and Family Services which makes photocopies.

The original is returned to the facility. A copy is sent to the licensing manager and district office. The Bureau of Adult, Children and Family Services retains a copy for the records.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESNOTIFICATION OF ACTION, FORM SS-3307

This Notification of Action is mailed out on completion of the approval.

When Prepared

The notification is completed after the certificate of approval is signed.

By Whom Prepared

Bureau of Adult, Children and Family Services

Number of Copies

Four (minimum)

Specific Instructions

Only the juvenile detention homes may be approved for the use of a control room.

The notification is to be signed by the Chief of the Bureau of Adult, Children and Family Services.

Disposition

The original is sent to the facility (or parent agency if there is more than one facility).

Copies shall be sent to the following:

1. The Licensing and Certification Manager who prepared the evaluation and recommendation for license/certification/approval.
2. The Purchase of Service Manager for the district(s) involved. (Shelter care only).
3. Facility record retained in the Bureau of Adult, Children and Family Services.

Iowa Department of Human Services

NOTICE OF ACTION

Date \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Identification Number \_\_\_\_\_

This is to inform you that a (check one) full  provisional

(check one) certificate of license  certificate of approval

to operate a (check one)  preschool

day care center

developmentally handicapped center

child-placing agency  adoption  foster care

child care facility

community residential facility

comprehensive residential facility

community residential facility for mentally retarded children

comprehensive residential facility for mentally retarded children

shelter care facility

detention facility

has been issued for the period from \_\_\_\_\_ to \_\_\_\_\_.

The maximum number of children to be cared for at one time in this facility is \_\_\_\_\_.

Special Provisions:

Licensor \_\_\_\_\_

POS manager \_\_\_\_\_ D.O.

Local Office \_\_\_\_\_

POS manager Central Office

Bureau file

\_\_\_\_\_  
Chief, Bureau of Adult, Children  
and Family Services

State of Iowa  
Department of Social Services

UNSAFE WATER SAMPLE APPROVAL

I, \_\_\_\_\_, agree to supply safe drinking water to all foster children placed in my home. I also agree to assure that foster children drink only safe water.

I will obtain safe drinking water from \_\_\_\_\_  
(Place name where supply will be obtained)

- This is \_\_\_\_\_ a. Purchased bottled water  
\_\_\_\_\_ b. A public water supply  
\_\_\_\_\_ c. A private water supply (Attached Form SS-2202 and water analysis included)

The following storage procedures will be utilized to insure that the safe water supply identified above does not become contaminated: (briefly identify gathering and transportation process, storage containers, length of storage, location of storage, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following steps will be taken to insure that foster care children don't drink unsafe water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of purchased water, I will keep all the receipts for review by the licensing worker.

Signature of Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_

The above plan is to insure that any foster care child placed in this home will drink only safe water. I certify that I believe this to be an appropriate plan. I feel assured that the foster group care facility will honor this agreement. I agree to monitor compliance to this plan when visits are made to the facility.

Licensing Worker: \_\_\_\_\_ Date: \_\_\_\_\_

I approve the above conditions

\_\_\_\_\_  
(Signature of Licensing Administrator) Date: \_\_\_\_\_

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

UNSAFE WATER SAMPLE APPROVAL, FORM SS-2208

This form is a sample form which may be utilized by an applicant(s) whose private water supply is unsafe. Applicants may also choose to provide the same general information on another form.

When Prepared

Whenever an applicant whose private water supply is unsafe chooses to use this form to make a commitment to supply safe water to foster children.

By Whom Prepared

Applicant and licensing worker

Number of Copies

Two

Specific Instructions

Applicants need to be informed that they have the option of utilizing Form SS-2208 or providing a similar written statement.

Disposition

The original is submitted to the Bureau of Children's Services and a copy retained by the licensing worker until the original is returned with the Licensing Administrator's decision.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESFOSTER CARE PRIVATE WATER SUPPLY SURVEY, FORM SS-2202

Although this form is for foster care it can also be used for juvenile detention and shelter care facilities. This form is to give additional information on private water supplies.

When Prepared

At the time of initial evaluation, and reviewed and updated at the subsequent evaluations.

By Whom Prepared

Licensing worker

Number of Copies

Two

Specific Instructions

Items I through IX are completed for the initial evaluation and each re-evaluation. However, at the time of re-evaluation when there has been no change in the information, the worker can indicate for each item "No Change".

Sketch - The sketch showing location of house, well, garage, septic tank, roads, ponds, streams, and any other items considered relevant only at the time of initial evaluation or any change.

Disposition

The copy is sent to the Bureau of Children's Services. The original is kept in the licensing worker's record.

State of Iowa  
Department of Social Services

FOSTER CARE PRIVATE WATER SUPPLY SURVEY

Applicant(s) Name(s) \_\_\_\_\_

I. WELL LOCATION

Distance From: House \_\_\_\_\_  
Barnyard \_\_\_\_\_  
Cesspool/Septic Tank/Privy \_\_\_\_\_  
Abandoned Wells \_\_\_\_\_  
Other \_\_\_\_\_

Drainage: Ground surface sloped away from well. \_\_\_\_ Yes \_\_\_\_ No

II. WELL CONSTRUCTION

Diameter of well casing: \_\_\_\_\_  
Well Casing Material: Steel \_\_\_\_ Brick \_\_\_\_ Concrete \_\_\_\_ Other \_\_\_\_  
Describe Well or Pit Cover: \_\_\_\_\_  
\_\_\_\_\_

Is there a well pit? \_\_\_\_ Yes \_\_\_\_ No It is \_\_\_\_ dry or \_\_\_\_ wet?

III. WATER STORAGE

Pressure Tank \_\_\_\_\_ Cistern \_\_\_\_\_

IV. WATER QUALITY

Any problem with taste \_\_\_\_, odor \_\_\_\_, color \_\_\_\_.  
Laboratory Report of Analysis Indicates: \_\_\_\_ Satisfactory, \_\_\_\_ Unsafe,  
\_\_\_\_ Nitrate Level

V. If water is boiled or hauled, give specific reasons for doing so. Give source and describe means of transport: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. REMARKS AND COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Worker: \_\_\_\_\_

SKETCH OF PROPERTY

(On the back of this sheet, show locations of: house wells, garage, septic tank, roads, ponds, streams, and any other items considered relevant.)

STATE OF IOWA  
DEPARTMENT OF HUMAN SERVICES

IOWA DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF CRIMINAL INVESTIGATION  
WALLACE STATE OFFICE BUILDING  
Des Moines, Iowa 50319

- FOSTER FAMILY HOME PARENTS
- STAFF OF FOSTER GROUP CARE FACILITY
- FAMILY DAY CARE HOMES
- GROUP DAY CARE HOMES
- CHILD DAY CARE CENTERS AND PRESCHOOLS

ATTN: BUREAU OF IDENTIFICATION

Please check your records to determine if the following individual has been convicted of a crime involving the mistreatment or exploitation of a child, (or a crime of violence against a person for day care facilities ).

\_\_\_\_\_  
(Name of Person Last First Middle) (Birthdate)

\_\_\_\_\_  
(Maiden Name - if any) (Social Security # if provided)

If records do not show that this person has been convicted of this type of crime, please check (x) this box  or otherwise indicate.

If this individual has been convicted of a crime involving mistreatment or exploitation of a child, (or a crime of violence against a person for day care facilities ) please attach information.

Thank you for your assistance.

Please return this form to:  
(Print or Type Address)

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESDEPARTMENT OF PUBLIC SAFETY CHECK, FORM SS-2203

This form and a statement acknowledging that a Public Safety Check will be conducted which is signed and dated by the applicant are sent to the Bureau of Children's Services on all new applications for employment at these public facilities. (Refer to XII-C-98 for a discussion of this type of check.) Current employees may be checked if there is reason to believe that the employee has been convicted of a crime involving the mistreatment or exploitation of a child. A signed statement of acknowledgement must also accompany requests for checks on current employees.

When Prepared

At the time of initial application for employment or, in special cases, during employment.

By Whom Prepared

Facility staff

**Note:** County and Multicounty facilities currently do not have access to this information and therefore shall not use this form until the law is changed to allow access.

Number of Copies

Two

Specific Instructions

The form is self-explanatory. Since this is confidential information, only D.S.S. licensing staff and the juvenile detention or shelter care facility staff have access to this information. The facility submits the request to the Bureau of Children's Services who verifies that it is appropriate and forwards it to the Department of Public Safety. Public Safety returns the completed form to Children's Services who in turn sends it to the facility.

Disposition

The original of Form SS-2203 and the signed statement of acknowledgement are sent to the Bureau of Children's Services and a copy of SS-2203 is maintained by the facility until the original is returned by the Bureau of Children's Services. The signed original is placed in the applicant's record and the copy is destroyed.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESCERTIFICATE OF APPROVAL, FORM SS-1205-0

This approval to operate a juvenile detention or shelter care home is awarded upon completion of requirements for same.

When Prepared

The certificate of approval is completed only after the application has been approved by the Chief of the Bureau of Children's Services.

By Whom Prepared

Bureau of Children's Services

Number of Copies

One

Specific Instructions

For juvenile shelter care homes, enter "N/A" for each special provision. These facilities are not allowed to utilize these forms of restraint.

For juvenile detention homes, enter a "Yes" or "No" depending on whether or not the special form of restraint has been approved.

The certificate of approval is to be signed by the Chief of the Bureau of Children's Services and a gold seal affixed indicating (1) date of expiration and (2) provisional status if any.

Disposition

The certificate of approval is sent to the facility along with civil rights statement if this is a new certificate. The certificate is to be displayed on premises certified in a conspicuous place.

Renewal

Only a gold seal is mailed out after the first year if there have been no changes in the approval provisions.

State of Iowa

CERTIFICATE OF APPROVAL

A \_\_\_\_\_ is hereby granted to \_\_\_\_\_  
to care for a maximum number of \_\_\_\_\_ at any one time in the premises  
located at \_\_\_\_\_  
for the period beginning \_\_\_\_\_ as provided by Chapter \_\_\_\_\_ of the Code of Iowa.

This facility does comply with the standards established by the Department of Social Services and the sanitary provisions prescribed by the State Department of Health.

DEPARTMENT OF SOCIAL SERVICES

Issued by the authority of the Department of Social Services

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Licensing Authority

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Supervisor</u>	<u>Last Survey Date</u>	<u>Approved Tests</u>
1. Municipal Water Plant Municipal Building Ames, 50010 (515)232-6210	Jim McDonald	1/29/81	Coliforms
2. Engineering Research Institute Analytical Services Laboratory 123 Town Engineering Building Iowa State University Ames, Iowa 50011 (515)294-8768	Jim Gaunt	8/21/80	Ba, Cd, Cr, Pb, Hg, F-, NO <sub>3</sub>
3. Veterinary Diagnostic Laboratory Iowa State University Ames, 50011	Lorraine Hoffman	4/03/81	Coliforms
4. Municipal Water Plant 500 North 3rd Street Box 768 Burlington, 52601 (319)752-7611	Carl Stonoff	6/10/81	Coliforms
5. Serco Laboratories 1922 Main Street Box 625 Cedar Falls, 50613 (319)277-2401	Kathy Smit	11/13/80	Coliforms, As, Ba, Cd, Cr, F-, Pb, Hg, Ag, NO <sub>3</sub>
6. Municipal Water Plant 761 J Avenue N.E. Cedar Rapids, 52402 (319)398-5357	Tom North	6/28/82	Coliforms, F-, NO <sub>3</sub>
7. Sanitation Laboratory No. 1 Twixt Town Road Cedar Rapids, 52402 (319)377-8285	Nadine Drennan	6/29/82	Coliforms, Cd, Cr, Pb, Ag, NO <sub>3</sub>
8. Linn Co. Health Department 751 Center Point Road N.E. Cedar Rapids, 52402 (319)398-3551	Sam Dronebarger	6/29/82	Coliforms, NO <sub>3</sub>
9. Rathbun Regional Water Asso. Rural Route 3 Centerville, 52544 (515)647-2416	Ron Wedlund	8/21/80	Coliforms, F-

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Supervisor</u>	<u>Last Survey Date</u>	<u>Approved Tests</u>
10. Clinton Water Company 120 Fifth Avenue Clinton, 52732 (319)242-3041	Ed Stoltenberg	4/07/82	Coliforms
11. Municipal Water Plant 2000 North 25th Street Box 309 Council Bluffs, 51501 (712)328-5920	Jim Wilson	1/30/81	Coliforms
12. Davenport Water Company 130 East 2nd Street Davenport, 52801 (319)322-0161	Howard Thompson	6/09/81	Coliforms
13. Municipal WWTP 2606 South Concord Street Davenport, 52801 (319)326-7932	Bill Kenney	6/25/80	Coliforms, Ba Cd, Cr, Pb, Hg, NO <sub>3</sub>
14. Municipal Water Plant 1003 Locust Street Des Moines, 50307 (515)283-8761	Bill Boller	12/24/81	Coliforms, F-
15. Department of Agriculture H.A. Wallace Building Des Moines, 50319 (515)281-5861	Marie Barclay	12/29/80	Coliforms, NO <sub>3</sub>
16. Polk County Health Dept. 602 East 1st Street Des Moines, 50319 (515)286-3929	Jack Schoop	8/11/81	Coliforms, NO <sub>3</sub>
17. Municipal Water Plant City Hall 13th and Central Dubuque, 52001 (319)582-3111	Mort Wilke	7/16/82	Coliforms
18. Municipal Water Plant Phinney Park Drive Municipal Building Ft. Dodge, 50501 (515)576-6101	Ken Cunningham	9/23/80	Coliforms

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Supervisor</u>	<u>Last Survey Date</u>	<u>Approved Tests</u>
19. University Hygienic Laboratory University of Iowa Oakdale Hospital Iowa City, 52242 (319)353-5990	R.C. Splinter	3/21/79	All SDWA parameters
20. Municipal Water Plant 415 Blondeau Street Keokuk, 52632 (319)524-2011	Joe Samuel	7/08/81	Coliforms
21. Unit Milk Laboratory 301 East Main Street Manchester, 52057 (319)927-3212	John Schechtman	8/04/81	Coliforms
22. Manchester Laboratories 105½ North Franklin Street Box 65 Manchester, 52057 (319)927-5115	Dianne Gehrke	11/20/81	As, Ba, Cd, Cr, Ag, F-, NO <sub>3</sub> , Se, Pb, Hg
23. Municipal Water Plant 23 North Center Street Marshalltown, 50158 (515)753-3997	Ralph Allen	8/19/81	Coliforms, F-
24. Municipal Health Dept. City Hall Mason City, 50401 (515)423-2614, ex.49	Tim Yezek	9/10/81	Coliforms
25. No. Central Professional Lab. 905 South Carolina Street Box 1554 Mason City, 50401 (515)423-3826	Lisa Hedrick	9/10/81	Coliforms, As Ba, Cd, Cr, Pb, Hg, Ag, F-, NO <sub>3</sub>
26. Iowa Army Ammunition Plant Middletown, 52638 (319)753-7884	Bill Layne	6/19/81	Coliforms
27. Power & Water Company 3205 Cedar Street Muscatine, 52761 (319)263-2631, ex. 348	Jerry Doering	7/09/81	Coliforms

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Supervisor</u>	<u>Last Survey Date</u>	<u>Approved Tests</u>
28. Minnesota Valley Testing Lab. 35 West Lincoln Way Nevada, 50201 (515)382-5486	Neil Schreyer	10/19/81	Coliforms, As, Ba, Cd, Cr, F-, Pb, Hg, NO <sub>3</sub> , Se, Ag
29. Municipal Water Plant 310 South Wapello Street Ottumwa, 52501 (515)684-4606	Virlyn Robinson	8/26/81	Coliforms
30. Sioux-Preme Packing Company Highway 75 South Sioux Center, 51250 (712)722-2555	Gordon Brand	7/30/81	Coliforms, NO <sub>3</sub>
31. Siouxland District Health Dept. 411 Seventh Street Sioux City, 51101 (712)279-6116	Dan Weakly	6/03/81	Coliforms
32. MCL Laboratory 1171 North Lake Avenue Storm Lake, 50588 (712)732-6718	Brent Mangold	6/18/82	Coliforms, NO <sub>3</sub>
33. Milk & Sanitation Laboratory City Hall Box 27 Waterloo, 50705 (319)291-4394	Ralph Sander	7/16/82	Coliforms, NO <sub>3</sub>

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED NON-RESIDENT SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Last Approval Date</u>	<u>Approved Tests</u>
1. Davy Water Laboratory 421 South Third Street LaCrosse, Wisconsin 54601	6/30/82	Coliforms
2. Woodson-Tenet 345 Adams Memphis, Tennessee 38191	1/11/82	Inorganics, Organics
3. Utility Consultants 1621 Grant Street Box 206 Unionville, Missouri 63563	8/28/80	Coliforms
4. U.S. Army Environmental Hyg. Ag. Aberdeen Proving Ground Maryland, 21010	4/10/81	Inorganics, Organics, Radiation
5. Water Department Thirty 18th Street Moline, Illinois 61265	4/05/81	Coliforms
6. Aqua-Tech Environmental Consultants, Inc. State Route 100 Box 76 Melmore, Ohio 44845	1/27/82	Coliforms, Inorganics

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

EVALUATION AND RECOMMENDATION TO OPERATE A CONTROL ROOM, FORM SS-2209-3

This form is used when a juvenile detention facility wishes to operate a control room.

When Prepared

When an applicant or reapplicant for a license or approval as a juvenile detention facility wishes to operate a control room.

By Whom Prepared

The licensing worker and the executive director of the facility.

Number of Copies

One

Specific Instructions

The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form and sends it to the Bureau of Adult, Children and Family Services.

Disposition

The completed form is sent to the Bureau of Adult, Children and Family Services which makes photocopies. The original is returned to the agency. A copy is sent to the licensing manager and district office. The Bureau of Adult, Children and Family Services retains a copy for the records.

Iowa Department of Human Services

EVALUATION AND RECOMMENDATION FOR APPROVAL TO OPERATE A CONTROL ROOM

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

		Yes	No	NA but Policy in Place
115.7(1) (only)	The control room is used for treatment purposes only	_____	_____	_____
115.7(1) (only)	The facility was approved for use of a control room before the room was used	_____	_____	_____
115.7(2) or 105.10	The facility has written policies which:			
115.7(2)a or 105.10(1)a	Specify the types of behavior which may result in control room placement	_____	_____	_____
115.7(2)b or 105.10(1)b	Delineate the staff members who may authorize its use as well as procedures for notification of supervisory personnel.	_____	_____	_____
115.7(2)c or 105.10(1)c	Require documentation in writing of the types of behaviors leading to control room placement and the conditions that will allow the child to return to the living unit. The child is informed of these conditions.	_____	_____	_____
115.7(2)d (only)	Limit the use of the control room to one of the following circumstances: The child's care plan includes and explains how this use of the control room fits into the treatment plan for the child. A one-time placement in an emergency without a care plan outlining the rationale for its use. (The second placement of a child in the control room must be outlined in the case plan.)	_____	_____	_____
115.7(3) or 105.10(2)	The control room is designed to ensure a physically safe environment with:			
115.7(3)a or 105.10(2)a	All switches controlling lights and ventilation outside the room.	_____	_____	_____
115.7(3)b or 105.10(2)b	Allowance for observation of the child at all times.	_____	_____	_____

		Yes	No	NA but policy in place
115.7(3)c or 105.10(2)c	Protected recessed ceiling lights	_____	_____	
115.7(3)d or 105.10(2)e	No electrical outlets in the room.	_____	_____	
115.7(3)f or 105.10(2)g	Any window secured and protected in a manner to prevent harm to the child.	_____	_____	_____
105.10(2)f (only)	All doors, ceilings and walls constructed of such strength and materials as to prevent damage to the extent that no harm could come to the child.	_____	_____	_____
115.7(3)g (only)	A minimum of fifty-four square feet in floor space with at least a seven-foot ceiling.	_____	_____	_____
105.10(2)h (only)	A minimum of 6 feet by 9 feet with at least a 7½-foot ceiling.	_____	_____	_____
115.7(4) or 105.10(3)	The control room is used only when a less restrictive alternative to quiet or allow the child to gain control has failed and, for comprehensive residential facilities only, when it is in the care plan.	_____	_____	_____
115.7(4)a or 105.10(3)a	No more than one child is in the control room at any one time.	_____	_____	_____
115.7(4)b or 105.10(3)b	There are provisions for visual observation of the child at all times, regardless of the child's position in the room.	_____	_____	_____
115.7(4)c or 105.10(3)c	The control room is checked thoroughly for safety and the absence of contraband prior to placing the child in the room.	_____	_____	_____
115.7(4)d or 105.10(3)d	The child is thoroughly checked before placement in the control room and all potentially injurious objects removed including shoes, belts and pocket items.	_____	_____	_____
115.7(4)d or 105.10(3)d	The staff member placing the child in the room documents each check.	_____	_____	_____
115.7(4)e or 105.10(3)e	The child is provided sufficient clothing to meet seasonal needs. All clothing and underwear is not removed.	_____	_____	_____
115.7(4)f or 105.10(3)f	A staff member is always within hearing distance of the control room, the child is usually checked by staff at least every 15 minutes and the check is recorded.	_____	_____	_____

Yes No NA but policy in place

115.7(4)g or 105.10(3)g	A child remains in the control room longer than one hour only with consultation and approval from the supervisor.	_____	_____	_____
115.7(4)g or 105.10(3)g	The time in the control room, the reasons for the control and the reasons for the extension of time are entered in the child's case record	_____	_____	_____
	Use of the control room for a total of more than 12 hours in any 24 hour period occurs only after authorization of the psychiatrist or upon court order (for comprehensive residential facilities) or the referring worker or court (for juvenile detention and shelter homes)	_____	_____	_____
115.7(4)g or 105.10(3)g	No child remains in the control room for a period longer than 24 hours.	_____	_____	_____
115.7(4)h (Only)	The child's parent or guardian and the referring worker are made aware of the control room as part of the treatment program.	_____	_____	_____
105.10(3)h (only)	The child's parents, referring worker and child's attorney are notified when the control room is used for more than a total of 30 minutes in a 24-hour period.	_____	_____	_____

I, \_\_\_\_\_, as executive director of \_\_\_\_\_ commit myself and the staff of this agency to adhere to the standards for use of a control room as found in Iowa Administrative Code 498--115.7(237) or 498--105.10(232) and specified in agency policies. Any change in these will be approved by the licensing authority prior to its enactment.

Signature of Executive Director	Date
---------------------------------	------

RECOMMENDATION

- Approve the use of control room
- Disapprove use of control room

Prepared by
Date

DECISION

- Use of control room approved
- Not approved

Decision maker
Date
Effective period of approval

State of Iowa  
 Department of Human Services  
 Bureau of Adult, Children and Family Services

EVALUATION AND RECOMMENDATION FOR APPROVAL TO USE MECHANICAL RESTRAINTS

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

		Yes	No	NA but Policy in Place
115.9 or 105.21	Facility has written policies regarding the use of mechanical restraints.	_____	_____	
	The use of mechanical restraint was approved by the licensing authority prior to use.	_____	_____	
	The written policies are made available to clients, parents or guardian and referral sources at the time of admission.	_____	_____	_____
	Policies are also made available to staff.	_____	_____	_____
115.9(1)a or 105.21(1)	Mechanical restraints have not inflicted physical injury.	_____	_____	_____
105.9(1)b (only)	Each use of mechanical restraint was authorized by administrator or case supervisor.	_____	_____	_____
115.9(1)c (only)	Each authorization of mechanical restraint did not exceed one hour in duration.	_____	_____	_____
115.9(1)d (only)	No child is kept in mechanical restraint for more than two hours in a 12 hour period.	_____	_____	_____
105.21(1)b (only)	Each use of mechanical restraint was authorized by executive director or staff with: -BA in social work, psychology or related behavioral science and one year in shelter care, detention or foster group care, or -Five years supervised experience in shelter care, detention or foster group care, or -Some combination advance education and experience equal to five years.	_____	_____	_____
105.21(1)b (only)	Written list of all staff qualified and designated to authorize mechanical restraint (105)	_____	_____	_____

Yes No NA but Policy in Place

105.21(1)c (only) When emergency mechanical restraint is necessary and utilized without prior authorization, a person designated to provide authorization was contacted immediately, visited the child and either authorized continued use of the restraint or immediately released the child

105.21(1)d (only) Each authorization of mechanical restraint did not exceed one hour in duration without visit by and written authorization from a licensed psychologist, psychiatrist or physician or psychologist employed by a local mental health center.

105.21(1)e (only) No child is kept in mechanical restraint for more than one hour in a 12 hour period without a visit by and written authorization from a licensed psychologist, psychiatrist or physician or psychologist employed by a local mental health center.

115.9(1)e or 105.21(1)f Any time that a child is placed in mechanical restraint a staff person is assigned to monitor the placement with no duties other than to ensure the child's physical needs are properly met. This staff person remains in continuous auditory and visual contact with the child.

115.9(1)f or 105.21(1)g Each child is released from mechanical restraint as soon as the restraints are no longer needed.

105.21(2)a (only) Each use of mechanical restraint is documented in the clients record and includes at least the following: (1) Date and time child was placed in restraint (2) Type of restraint (3) Reason for restraint (4) Signature of person authorizing and the time (5) Signature of person placing in restraint (6) Signature of person providing continuous auditory and visual contact (7) Signature of person releasing and time

105.21(2)b (only) Each use of mechanical restraint is documented in a master file for restraint use and includes above information and child's name.

105.21(2)c (only) Facility provides quarterly reports to Department providing above information.

		Yes	No	NA but Policy in Place
115.9(2) or 105.9(3)	When a child requires mechanical restraints on more than four occasions during any 30 day period, the facility holds immediate emergency meeting to discuss the appropriateness of the child's continued placement at the facility (for 105 within 3 days of 4th incident and have a licensed psychologist or psychiatrist or psychologist employed by a local mental health center at the staffing).	_____	_____	_____
115.9(3) or 105.21(4)	When a facility provides transportation and an exception to rule 115.9(1)"d" or 105.21(1)"d" is made because of the serious risk of the child exiting the vehicle while the vehicle is in motion, the facility places a written report in the child's case record which documents the necessity for the use of the restraint.	_____	_____	_____
105.21(3) (only)	Agency policies encourage the use of seat belts while transporting children.	_____	_____	_____

I, \_\_\_\_\_, as Executive Director of \_\_\_\_\_ do hereby commit myself and the staff of this agency to adhere to the standards for the use of mechanical restraint as found in the Iowa Administrative Code 770--115.9(237) or 498--105.21(232) and specified in agency policies. Any change in these policies will be approved by the licensing authority prior to their enactment.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

RECOMMENDATION

Approval to use mechanical restraints

Prepared by \_\_\_\_\_

Disapproval

Date \_\_\_\_\_

DECISION

Use of mechanical restraints approved

Decision maker \_\_\_\_\_

Disapproved

Date \_\_\_\_\_

Effective period of approval \_\_\_\_\_

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

EVALUATION AND RECOMMENDATION TO UTILIZE MECHANICAL RESTRAINTS, FORM-2212-3

This form is used when a juvenile detention facility wishes to utilize mechanical restraints.

When Prepared

When an applicant or reapplicant for a license or approval as a juvenile detention facility wishes to utilize mechanical restraints.

By Whom Prepared

The licensing worker and the executive director of the facility.

Number of Copies

One

Specific Instructions

The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form and sends it to the Bureau of Adult, Children and Family Services.

Disposition

The completed form is sent to the Bureau of Adult, Children and Family Services which makes photocopies. The original is returned to the agency. A copy is sent to the licensing manager, and district office. The Bureau of Adult, Children and Family Services retains a copy for the records.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESREQUEST FOR CHILD ABUSE INFORMATION, FORM SS-1606-0

This form is provided for authorized persons to request information from the Central Abuse Registry.

When Prepared

When a licensed foster group care facility is checking with the Central Abuse Registry for all new staff prior to permanent hiring.

By Whom Prepared

Staff of the juvenile detention and shelter care homes; staff of local or district offices; staff of the Central Abuse Registry.

Number of Copies

Three

Specific Instructions

A separate form must be completed for each family about which information is requested.

Part A of the form is completed by the shelter or detention staff person filing the request. When Part A is completed, the form is sent to the local or district office of the Department.

Part B of the form is completed by the local or district office, indicating the method used to verify the requestor's identify, e.g., positive voice identification (when emergency Registry approval has been given by phone), positive visual identification, positive signature identification. When Part B is completed by the local or district office, it is sent to Central Abuse Registry, Hoover State Office Building, Fifth Floor, Des Moines, IA 50319.

Part C of the form is completed by Registry personnel and returned to the local or district office from which it originated.

Disposition

All forms which are completed by the Registry and returned to the local or district office shall be transmitted to the requestor.

The local or district office retains one copy of the completed form for its records. This reproduced copy is subject to this Chapter's expungement requirements. The Registry retains a completed form when necessary to record the dissemination of information. The third copy is to be retained by the requestor.

State of Iowa  
Department of Human Services  
REQUEST FOR CHILD ABUSE INFORMATION

This form must be used to request child abuse information from the Iowa Central Abuse Registry. A separate form must be completed for each family unit about which information is requested. Forms which are not fully completed will be returned to the requestor. Requests are approved only for persons who have lawful access to child abuse information. You need to be aware of certain legal provisions about the handling of child abuse information. These provisions appear on the reverse side of this form.

**PART A:** To be completed by the person requesting information

1. Name of person filing request: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address to which response should be sent: \_\_\_\_\_  
\_\_\_\_\_
2. What information is requested?
3. The information requested concerns: (Provide as much of the following information as possible)
  - a. Name of child(ren): \_\_\_\_\_  
County of Residence: \_\_\_\_\_
  - b. Name(s) of parent(s): \_\_\_\_\_  
Parent's(s)' SSN(s): \_\_\_\_\_  
County of Residence: \_\_\_\_\_
  - c. Name(s) of Perpetrator(s): \_\_\_\_\_  
County of Residence: \_\_\_\_\_
4. What is your official or legal relationship to the person(s) named in item 3?
5. For what purposes will you use the requested information?

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**PART B:** To be completed by the Department of Human Services

1. \_\_\_\_\_ To the best of my knowledge, the information contained in Part A of this form is correct. The validity of the requestor's identity has been verified by the following method:
2. \_\_\_\_\_ To the best of my knowledge, all or part of the information contained in Part A of this form is incorrect. Specifically:

Date: \_\_\_\_\_ Signature \_\_\_\_\_

PART C: To be completed by the Central Abuse Registry

1. \_\_\_\_\_ This request for information is approved. The following information may be released to the requestor:
2. \_\_\_\_\_ This request for information is denied because:

Date: \_\_\_\_\_ Signature \_\_\_\_\_

LEGAL PROVISIONS ON THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (235A.17)

A person, agency or other recipient of child abuse information authorized to receive such information shall not redisseminate such information, except that redissemination shall be permitted when:

1. The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
2. The person to whom such information would be redisseminated would have independent access to the same information under section 235A.15.
3. A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
4. The written record is forwarded to the registry within thirty days of the redissemination.

Criminal Penalties (235A.21)

1. Any person who willfully requests, obtains or seeks to obtain child abuse information under false pretense, or who willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with sections 235A.15 and 235A.17, or any person connected with any research authorized pursuant to section 235A.15 who willfully falsifies child abuse information or any records relating thereto, is guilty of a criminal offense and upon conviction for each such offense shall be punished by a fine of not more than one thousand dollars or by imprisonment in the state penitentiary for not more than two years, or by both such fine and imprisonment. Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with sections 235A.15 and 235A.17 shall for each such offense be fined not more than one hundred dollars or be imprisoned not more than ten days.
2. Any reasonable grounds for belief that a person has violated any provision of this chapter shall be grounds for the immediate withdrawal of any authorized access such person might otherwise have to child abuse information.

State of Iowa  
Department of Human Services  
Des Moines

November 5, 1985

GENERAL LETTER NO. 12-A-AP-7

SUBJECT: Employees' Manual, Title XII, Chapter A, Appendix, "Approval of Juvenile Detention and Shelter Care Homes", page 1, revised; and Form SS-3105-0, Application for License or Certificate of Approval, revised.

This letter updates the application for a certificate of approval to operate a juvenile detention or shelter care facility to reflect changes in Department and Bureau names and Iowa Administrative Code references.

Effective Date

Immediately

Material Superseded

Employees' Manual, Title XII, Chapter A, Appendix, page 1, dated February 1, 1983, and SS-3105-0, Application for License and/or Certificate of Approval, dated 2/83, shall be removed from the Manual and destroyed.

Additional Information

Use up the current supply of Form SS-3105-0. Questions concerning this material shall be directed to the District Office.

DEPARTMENT OF HUMAN SERVICES  
Michael V. Reagen, Ph.D.  
Commissioner



Ronald D. Stahl, Chief  
Bureau of Adult, Children and  
Family Services

Central Office  
District Offices  
Local Offices

State of Iowa  
Department of Human Services  
Des Moines

September 9, 1986

GENERAL LETTER NO. 12-A-APP-8

SUBJECT: Employees' Manual, Title XII, Chapter A, "Approval of Juvenile Detention and Shelter Care Homes," Appendix, form SS-3105-0, Application for License or Certificate of Approval, form SS-0703, Evaluation and Recommendation for Juvenile Shelter Care and Detention Homes, form SS-3307, Notice of Action, and form SS-2209-3, Evaluation and Recommendation for Approval to Operate a Control Room, revised.

Form 3105-0, Application for License or Certificate of Approval, is revised to specify two types of facilities for mentally retarded children, community and comprehensive.

Form SS-0703-0, Evaluation and Recommendation for Juvenile Shelter Care and Detention Homes, is revised to reflect the following: (1) prohibition on employing individuals who have been convicted of a crime involving mistreatment or exploitation of a child; (2) change in policy on notification when control room used; (3) change in policies on children's family visits, communication with worker and legal counsel, and telephone calls; and (4) change in policy on confining children to their rooms. Documentation of the unannounced visit is also added.

SS-3307, Notice of Action, is revised to specify the two types of facilities for mentally retarded children, community and comprehensive.

SS-2209-3, Evaluation and Recommendation for Approval to Operate a Control Room, is revised to reflect change in the policy on notification when control room used.

Effective Date

This material is effective upon receipt.

Material Superseded

The following forms shall be removed from the Manual and destroyed:

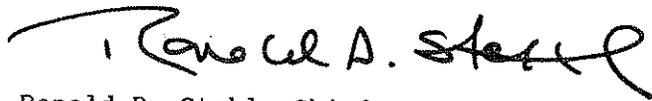
<u>Form</u>	<u>Date</u>
SS-3105-0	10/85
SS-0703	10/83
SS-3307	10/83
SS-2209-3	10/83

Additional Information

Existing supplies of all four forms shall be destroyed and new forms ordered in the usual manner.

Questions concerning this material shall be directed to the district administrator.

DEPARTMENT OF HUMAN SERVICES  
Michael V. Reagen, Ph.D.  
Commissioner



Ronald D. Stehl, Chief  
Bureau of Adult, Children  
and Family Services

Central Office  
District Offices  
Local Offices