

<h2 style="margin: 0;">Regulatory Analysis Form</h2> <p style="margin: 0;">(Completed by Promulgating Agency)</p> <p style="margin: 0;">(All Comments submitted on this regulation will appear on IRRC's website)</p>		<p>INDEPENDENT REGULATORY REVIEW COMMISSION</p> <p style="font-size: 24pt; font-weight: bold; margin: 10px 0;">RECEIVED</p> <p style="font-size: 10pt;">Independent Regulatory Review Commission April 9, 2026</p>
<p>(1) Agency</p> <p>Pennsylvania Department of Human Services</p>		<p>IRRC Number: 3483</p>
<p>(2) Agency Number: 14- Identification Number: 559</p>		
<p>(3) PA Code Cite:</p> <p>55 Pa. Code Chapters 3800, 3900, 3910 and 3920</p>		
<p>(4) Short Title:</p> <p>Residential Services for Children and Youth</p>		
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: Caitlin Robinson, 215-560-2825, cairobinso@pa.gov Secondary Contact: Michele Walsh, michelewal@pa.gov</p> <p>Resource account: RA-PWOCYF3900sReview@pa.gov</p>		
<p>(6) Type of Rulemaking (check applicable box):</p> <p style="padding-left: 20px;">Proposed Regulation X Final Regulation Final Omitted Regulation</p>		<p>Emergency Certification Regulation; Certification by the Governor Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>The purpose of this proposed rulemaking is to update requirements to strengthen and improve minimum health and safety standards for these facilities to protect the health, safety and well-being of children and youth receiving care in child residential, secure residential or secure detention facilities.</p> <p>The proposed rulemaking incorporates practice, policy and statutory changes that have occurred since the existing Chapter 3800 regulations were promulgated in 1999. The proposed rulemaking also provides a coordinated regulatory framework to support compliance and consistency in the application and enforcement of licensing requirements and are based on current policies, practices and research.</p>		

(8) State the statutory authority for the regulation. Include specific statutory citation.

The Department of Human Services (Department), under the authority of Articles IX and X of the Public Welfare Code (62 P.S. § 911(a)(1) and 62 P.S. § 1021(a)(1)).

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as any deadlines for action.

Although this regulatory amendment is not mandated, the regulatory amendment reflects a number of updates to Federal laws enacted since the 1999 adoption of the current Chapter 3800.

Federal laws addressing issues relevant to the residential placement of children include, but are not limited to, the Safe and Timely Interstate Placement of Foster Children Act of 2006 (Pub. L. No. 109-239), the Child and Family Services Improvement and Innovations Act of 2011 (Pub. L. No. 112-24), the Child and Family Services Improvement Act of 2006 (Pub. L. No. 109-288), the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections) (Pub. L. No. 110-351), the Preventing Sex Trafficking & Strengthening Families Act of 2014 (Pub. L. No. 113-183), the Justice for Victims of Trafficking Act of 2015 (JVTA) (Pub. L. No. 114-22), the Every Student Succeeds Act (ESSA) of 2015 (Pub. L. No. 114-95), Promoting Safe and Stable Families Amendments of 2001 (Pub. L. No. 107-133), Foster Care Independence Act of 1999 (Pub. L. No. 106-169), Prison Rape Elimination Act (PREA) of 2003 (Pub. L. No. 108-79) and the Family First Prevention Services Act (FFPSA) (Pub. L. No. 115-123).

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The purpose of the proposed regulation is to provide the minimum health and safety standards for child residential facilities. The court may direct that children and youth who cannot remain in the care and supervision of their family or in the community be placed in child residential facilities. Although individual counties exercise decisions as to which facilities to use and are responsible for contracting and paying for services purchased, the Department retains responsibility for the licensing and oversight of each facility. These facilities provide child residential care and secure residential care or secure detention services to children and youth. Meeting this public responsibility requires an updated regulatory foundation that will protect the health, safety and well-being of children and youth receiving care in child residential facilities.

This comprehensive regulatory amendment is needed to support updated programming requirements and elevated monitoring efforts reflecting research, data and current practice models. Characteristics of the population of children and youth referred to and served in child residential and secure settings have changed since Chapter 3800 was promulgated in 1999. Advances in research and practice related to trauma, evidence-based interventions and the increased complexity of the needs of children and their families, are directly connected to the proposed regulatory standards under the new Chapters 3900, 3910 and 3920. This proposed regulation incorporates practice, policy and statutory changes that have occurred over the past 26 years. It also provides a coordinated regulatory framework to support compliance and consistency in the formulation, application and enforcement of licensing requirements by the Department.

While Chapter 3800 does address requirements for secure residential care and secure detention, references are minimal and dated. While the inclusion of secure levels of care for juvenile offenders in Chapter 3800 may have made sense as the 1999 version was being drafted, it does not reflect current thinking and practice expectations given differences in juvenile offender philosophies, treatment interventions and court oversight. Community safety concerns, Federal laws, and the scope of authority delegated to staff in a secure residential care or secure detention program are significantly different than in more traditional 24-hour child residential care settings. Creating a separate, but related Chapter 3920, allows for incorporation of current practices and expectations specific to juvenile offenders. Responsive and targeted supports and interventions available through secure residential care and secure detention programming ensures that those youth deemed to be in need of these intensive and restrictive levels of care can be effectively and safely served within the Commonwealth. This also supports continued family involvement while children and youth are in placement and eases reintegration back into the community easier.

Child welfare practice is a continually evolving area of service that requires implementation of new programs and approaches to respond to the changing needs of children and youth, their families, and the responses of the involved professionals and the courts. These priorities are addressed in the new proposed chapters. The new proposed chapters are needed to ensure that regulatory requirements are relevant, appropriate, reflect advances in research and practice and increase the potential of better outcomes for children and youth.

Overall benefits anticipated as a result of this proposed regulation include improved safety measures and outcomes for children and youth, shorter lengths of stay in residential care facilities as children, youth and their families are more directly involved in planning processes, and achievement of the goals individually identified for each child or youth. Changes in staffing ratios and increased staff training requirements will elevate the quality of services delivered.

The proposed updates and revisions are critical if the Commonwealth is to maintain a viable and responsive system of child residential facilities for those children and youth requiring this level of care. Continued access to Federal funding is also supported with these changes.

There are several groups of Commonwealth residents and businesses that will benefit from this regulation. The primary benefits will be realized by the children and youth who are referred to and placed in child residential facilities, including both open settings in the community and secure residential care and secure detention settings. Based on the invoiced data for the most current finalized fiscal year for child welfare funding, SFY 2021-2022, a total of 4,361 children and youth were served in child residential facilities (this is a duplicated count as individual children may re-enter care within a fiscal year). A total of 2,638 youth (duplicated count) were served in secure detention and 242 youth (duplicated count) were served in secure residential settings in FY 2021-2022.

Providers of affected services represent a diverse group of not-for-profit and for-profit businesses and county governments choosing to operate regulated programs. As of March 2025, there are 117 private legal entities operating 464 licensed child residential, secure residential and secure detention facilities. In addition, 11 counties operate their own residential facilities, and 14 counties operate secure detention facilities. These entities will all benefit from the proposed updated requirements. There is a total daily licensed capacity for 6,127 children and youth in the residential settings, 138 in outdoor programs, 235 in secure residential facilities and 537 in secure detention facilities.

Families will also benefit from new measures to maintain their involvement in planning for their child or youth.

All 67 county governments, including county children and youth agencies (CCYA) and juvenile probation offices (JPO), as the primary payers of services, will all benefit from the proposed updated requirements. The details to be addressed in each service description will support more appropriate referrals being made and increased accountability related to the programming delivered. The increased attention to youth and family involvement complements the efforts of the county offices in achieving the identified goals for the child or youth and their family.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

There are no provisions in the proposed regulation that are more stringent than Federal standards. This proposed regulation incorporates the requirements specific to implementation, intent, interpretation and compliance related to Federal laws.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

The utilization of child residential facility services for a child or youth is driven by their individual needs. The utilization of secure residential facilities and secure detention facilities for youth is also driven by their individual needs as well as the need for community safety. Placement is required to be ordered by the court for all levels of care. Pennsylvania does not adopt a competitive posture with other states for the services addressed in this regulation.

In drafting the proposed regulations, the Department reviewed regulations in other states that govern child residential, secure residential care and secure detention services. Comparable regulations were reviewed from neighboring states of New Jersey, New York, and Ohio related to staffing patterns. The proposed 1 to 6 staff to child ratios are equivalent to existing regulations in New Jersey. The proposed ratio of 1:6, however, is more stringent than in Ohio (1:10 when children and youth are awake and 1: 5 infants and toddlers) and New York (1:9 and 2:19); however, the existing ratios of 1:8 are also more restrictive than those two states. The proposed requirements that there be two residential program workers scheduled and on duty is based on discussions with a diverse grouping of stakeholders including licensing staff, contracting agencies, providers, and family members. Documented experiences of medical emergencies, mental health episodes, and behavioral outbursts posing safety threats to children and youth and facility staff with current ratios of 1: 8 (awake) and 1: 16 (asleep) support these proposed changes in ratios and the need to have two facility staff available at all times.

Pregnant and parenting youth are currently placed in facilities licensed under the existing Chapter 3800 regulation. With the proposed amendments under Chapter 3900 and 3910, this population's unique health, safety and supervision needs will be better addressed through Chapter 3910: Subchapter A: Specialized Setting Programming for Pregnant and Parenting Youth. These proposed provisions are modeled after regulatory requirements for pregnant and parenting adolescent programs in New Jersey in the areas of parent and infant health planning, parenting education, infant stimulation, case management teaming and family engagement.

Staff training requirements in New Jersey, New York, and Ohio were reviewed and found to vary significantly from those in Chapter 3800 and in the expanded requirements addressed in Chapter 3900. New Jersey requires a minimum of 12 hours every year with limited topics listed. New York requires 39 hours every 2 years with a minimum of 5 hours each 12-month period. Ohio's requirements are most similar to the current and proposed hours; however, they are also less requiring only 20 hours for orientation and 32 hours each year.

The Department has long supported a robust orientation and annual training program for child welfare and juvenile justice program staff. The proposed staff training requirements included in Chapter 3900 slightly increase the total annual hours and offer increased specificity as to the topics to be covered. Stakeholders strongly advocated for even more hours and topics than are included in the proposed rule.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

The proposed regulation will not impact any other regulations.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

With the decision to amend Chapter 3800 in 2019, the Department invited stakeholder groups to open forum sessions held regionally across the Commonwealth. Full day regional meetings were held with licensed residential and day treatment providers. An additional one-half day session was held with the entities who placed children into the care of the residential facilities as funders of service including county children and youth agencies, county juvenile probation offices, managed care organizations and county behavioral health offices. The Department further engaged cross-program office staff, the Juvenile Court Judges Commission, Administrative Office of the Pennsylvania Courts and the Department of Education. Input and recommendations were sought from key advocacy groups such as the Juvenile Law Center, Disability Rights Pennsylvania and the Educational Law Center. The voice of youth who have been involved with the child welfare/juvenile justice systems and placed in residential settings was obtained through a focus group held at the Older Youth Retreat. These stakeholder sessions were held in July, August and September of 2019.

With the planning for the implementation of the Family First Prevention Services Act, the Department convened a stakeholder group of residential and day treatment providers to develop standards for the specialized settings as defined in the Federal statute. This stakeholder group, consisting of residential providers and county children and youth and juvenile probation staff crafted the standards for settings serving youth who are, or at risk of becoming, victims of sex trafficking as well as settings serving youth transitioning to adulthood and those that serve pregnant and parenting youth. The standards developed through the stakeholder input have been incorporated into the proposed regulations. These stakeholder sessions were held during October, November, and December of 2019.

Through the review of the stakeholder input from the initial round of regional meetings as well as the specialized settings workgroup discussions, the Department identified that based on the amount of amendments needed to the existing regulatory chapter that a complete re-write was necessary resulting

in the new regulatory chapters proposed. Based on this identified approach, the Department engaged a group of general residential providers, secure residential and secure detention providers for targeted chapter specific discussions.

The charts below identify the meeting dates and topic areas.

Date	Stakeholder Group	Topic
Oct 6, 2019	General Child Residential Facilities	Program Descriptions Staffing Admissions/Discharge
Oct 13, 2019	General Child Residential Facilities	Trauma Practices Health Care Issues Medication Administration
Oct 20, 2019	General Child Residential Facilities	Child Rights Grievances
Oct 27, 2019	General Child Residential Facilities	Restrictive Procedures Education Physical Site Safety
Nov 3, 2019	General Child Residential Facilities	Reportable Incidents Child Protective Services Investigations Complaint Investigations

Date	Stakeholder Group	Topic
Nov 12, 2019	Secure Care/Detention	Program Descriptions Staffing Education
Nov 19, 2019	Secure Care/Detention	Restrictive Procedures Transportation
Dec 3, 2019	Secure Care/Detention	Trauma Health and Safety Assessments Discharge/Transfer Out-of-state runaway youth

In addition to these provider meetings, a meeting was held on June 24, 2021, with representatives from the Juvenile Probation Chief’s Association, specifically Chiefs from three counties, to obtain input specific to juvenile justice language and approach needing to be added to the secure residential and secure detention provisions of the proposed regulations.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

The children and youth receiving care and services in the licensed facilities comprise the most directly affected population as they are the consumers on whom this proposed rulemaking focuses. The affected programs serve alleged and adjudicated dependent and delinquent youth. There is a total daily licensed

capacity for 6,127 children in the residential settings, 138 in outdoor programs, 235 in secure residential facilities and 537 in secure detention facilities.

Similarly, the families of the children and youth receiving care and services are also affected by the proposed rulemaking because of their role and involvement in the health, safety and quality of care of their children and youth. New regulatory requirements specifically address family involvement in service planning and facility staff obligations to communicate with identified family members.

As of March 2025, there are 117 private legal entities operating 464 licensed child residential, secure residential and secure detention facilities. In addition, 11 counties operate their own residential facilities and 14 counties operate secure detention facilities. These are the entities will be affected by the proposed regulatory chapters.

These programs will be affected through the implementation of this rulemaking. These programs may incur additional costs for staffing and training and facility management identified modifications to the physical sites, if necessary, to address elevated security and safety requirements. The providers may experience a decrease in costs related to physical health exams, as a result of the extended timeframes for physical health exams, including dental and vision. Additionally, providers will benefit from the additional clarity and consistency of the proposed regulation, which will improve implementation and monitoring.

Section 3 of the Regulatory Review Act (71 P.S. § 745.3) includes the following definition of “small business,” as defined in accordance with the size standards described by the United States Small Business Administration’s Small Business Size Regulation under 13 CFR Ch. 1 Part 121 (relating to Small Business Size Regulation) or its successor regulation. The Federal regulations reference the North American Industry Classification System (NAICS) standards. The NAICS small business standard for children and youth services (NAICS Code 624110) is an annual revenue of \$15,500,500. The Department does not have access to information on the total revenue generated by each provider, as these providers contract directly with counties to provide services. As such, a search of public facing information from legal entity websites and other sites, such as ProPublica Non-Profit Explorer was conducted. Based on this review, it was identified that 69 (64%) of the 103 private legal entities meet the definition of a small business. The counties that operate their own residential programs and secure detention facilities are not a small business.

Under the proposed regulation, the 69 legal entities that meet the definition will have to meet the same minimum health and safety requirements as the other facilities. The proposed rulemaking does not have any exemptions for small businesses because these are minimum health and safety requirements for licensure. These minimum requirements will equally affect all child residential, secure residential and secure detention facilities under the scope of the proposed rulemaking.

(16) List the persons, groups or entities, including small businesses, which will be required to comply with the regulation. Approximate the number that will be required to comply.

As of March 2025, there are 117 private legal entities operating 464 licensed child residential, secure residential and secure detention facilities. In addition, 11 counties operate their own residential facilities and 14 counties operate secure detention facilities. These entities will be required to comply with the proposed regulatory chapters. As noted above, based on the Department’s review of public facing

information, 69 private legal entities meet the definition of a small business. The counties that operate their own residential programs and secure detention facilities are not a small business.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

Currently, there are 15 counties that directly operate a child residential and/or a secure detention facility. Funding for these programs is supported through Federal, State and county dollars. Increased costs incurred by these county operated facilities will directly increase the county share of funds needed to provide these services. The fiscal impact will vary depending upon the configuration and utilization of these facilities within these 15 counties.

The majority of child residential services and secure residential care are provided by private agencies through purchase of service contracts with counties. Private agencies receive payment through a combination of Federal, State and local county funds based on the services provided and the eligibility and number of children served, as configured by funding statutes.

Projections of financial impacts resulting from the proposed regulatory requirements on private organizations involved in providing child residential services will vary reflecting the diversity of private agency organizational configurations. Factors influencing the financial impacts to a child residential facility also include historical experiences, facility capacity and utilization. Larger, more diversified providers are able to distribute expenses over a number of cost centers, often reducing administrative overhead. This organizational structure may distribute some of the additional anticipated costs from the increased staff training requirements and implementation of a trauma informed approach. Larger facilities often have access to private resources, endowments, or internal staff supports that can be used to cover the time and costs incurred in directly developing and delivering trainings. Staffing within a larger organization often supports direct access to professionals who have the expertise to create new program descriptions or support the compilation of data elements and increased reporting requirements without incurring the higher costs related to securing outside consultant services or creating new positions. Projections of the impacts of these costs for smaller organization, especially providers who offer only child residential care, are likely to be higher as they are unable to distribute these costs internally and may need to secure external expertise and supports to develop and deliver required program components.

Increased staffing patterns and staff ratios in this proposed rulemaking will have a financial impact for both county and private agencies. Competitive wages and benefits vary geographically across the Commonwealth; however, the challenges related to staff recruitment and retention are more equally experienced. Based on a salary study of affected facility staff, the 2023 median salary of a residential program worker is \$37,440 (\$18.00 per hour). Should a facility need to add staff to meet the proposed rulemaking ratios, the addition required would at a minimum be three FTE staff per day to cover a 24-hour day assuming 8-hour shifts, which would be \$157,680 annually. The amount would increase for those facilities that also need to add staff to meet the proposed rulemaking of a minimum of 2 staff on-duty at all times children or youth are at the facility. There are no changes proposed to staffing ratios or staffing patterns for secure residential or secure detention facilities.

The projected benefits to the population served include heightened efforts to achieve permanency and stability and increased efforts to ensure child safety. Family and youth involvement in the development of service planning will support better outcomes. The proposed training for youth addresses the

development of life skills and personal safety awareness, supporting an easier and more stable transition to adulthood. A heightened focus on supporting delinquent youth in their competency development and demonstration of increased accountability is incorporated in the proposed requirements.

Additional staff training requirements will increase the skill set and awareness of staff directly working with children and youth in child residential, secure residential and secure detention facilities. Increased staff satisfaction, staff retention and internal staff promotion are also anticipated. Because research establishes a positive correlation between these issues and successful programming interventions, the proposed regulatory requirements support projections for achieving a higher rate of positive outcomes for the children and youth served related to their permanency, stability and overall well-being.

Social impacts will vary based on the population served by the affected facilities and the individual needs of those children and youth. There is a significant degree of diversity within the private provider community reflecting history, community connections, organizational structures and governance structures. As individual facility program descriptions are refined and expanded, children and youth most appropriately served by the various residential facilities will be more accurately identified, referred and accepted. This will likely reduce moves for the child or youth and improve continuity in relationships, educational programming and treatment interventions.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

Updating and elevating the minimum standards for child residential, secure residential and secure detention facilities will benefit children and youth by improving their safety, permanency and well-being, which are the goals of the Commonwealth's child protection system. Additionally, reducing recidivism and increasing effective interventions and applying graduated sanctions are priority concerns of the Commonwealth's juvenile justice system which benefit the youth and enhance community safety. Better trained staff will be more effectively positioned and prepared to respond to the needs of the children and youth in each residential setting. Enhanced staffing requirements will decrease risks to children and youth by increasing levels of supervision and accessibility and supporting appropriate responses. Increased staff awareness of the impacts of trauma achieved through training and practice will increase the effectiveness and responsiveness of interventions offered to children and youth at the facilities. Although there are additional training costs identified, potential benefits and cost savings in terms of increased safety of the children, youth and facility staff, fewer days in care, and increased long term stability related to the involvement of family and youth in planning processes, are projected. Clarity in the proposed regulations will improve consistency in practice across the array of child residential facilities. Although there may be increased costs incurred by the facilities as they implement new operating procedures and develop better defined and detailed service descriptions to support compliance with the proposed regulations, these changes are long overdue as the current regulatory chapter governing child residential services is almost 25 years old. Purchasers of services, including county government children and youth and juvenile probation offices, are affected by the proposed rulemaking in their role as payor and monitor. The increased level of detail proposed to be included in service descriptions will increase the accountability of all parties in both the selection and provision of services.

Work force issues are an existing challenge across employers, including providers under this proposed regulation. Although these updated staffing requirements may initially create additional challenges for facilities as they work to fill positions and develop a stable workforce, the increased training and ratios are expected to better support development of a stable workforce. Further, the public benefit and the enhanced ability to respond to safety concerns, for both the staff and the children and youth in the

facilities, justify these increased requirements and costs. Increased staffing ratios and training requirements will elevate the level of practice, and the quality of services delivered.

The benefits anticipated as a result of this proposed regulation include improved safety measures, shorter lengths of stay in residential care as children, youth and their families are a more directly involved partner in the planning and service delivery processes, and achievement of the permanency goals and positive outcomes individually identified for each child and youth. The proposed standards addressing the safety, service planning and program staffing are directly related to the quality of care the children and youth will receive while at the facilities

This is the first time that residential programming for pregnant, expecting and parenting youth will operate within a regulatory framework that specifically addresses the needs of infants and toddlers living in a facility with their parent in addition to specific supports and services to be made available to pregnant and expecting youth in a facility.

Lastly, families of the children and youth receiving care and services will benefit from new regulatory requirements that specifically address family involvement in service planning and facility staff obligations to communicate with identified family members.

(19) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The primary costs in implementation of the amendments for the regulated community are related to increased staff needed to meet the updated residential worker to child and youth ratio, updated residential program supervisory ratios, maintaining a minimum of 2 staff on-duty at all times, and the addition of a parent advocate/peer support specialist. Additional fiscal implications may be experienced by providers of residential services related to: staff training requirements, revising and updating program descriptions and facility policies and data and record keeping requirements and trauma-informed certifications may also have fiscal implications.

The proposed residential program worker staff ratios and staffing patterns will impact child residential facilities licensed under Chapter 3910. The increased staffing necessary to comply with the proposed rulemaking are a result of a revised staff to child ratio (from 1:8 to 1:6 during awake hours and 1:16 to 1:12 during sleep hours) will become effective six months after publication of the final-form rulemaking. The impact of the staffing changes in the proposed rulemaking was calculated using a median salary of a residential program worker obtained through a 2023 provider group survey. It should be noted that these salaries were not adjusted to account for the current salary offerings, including signing bonuses. Workforce recruitment challenges are acknowledged by the Department; however, the safety of the children and youth, facility staff and the community remain the priority in presenting these proposed staffing changes. A significant number of affected facilities already report operating at reduced ratios to better respond to the needs of the children and youth receiving services.

If a facility does not currently have staff to meet the proposed ratios, additional residential program workers would need to be added to the complement. Additionally, the proposed rulemaking of a minimum of 2 staff on duty at all times children or youth are at the facility will particularly impact facilities that are currently licensed for a capacity of 8 or fewer residents. The impact of these staffing

changes will vary across providers based on the capacity of the facility and the current staffing patterns of the program.

Based on a salary study of affected facility staff, the 2023 median salary of a residential program worker is \$37,440 (\$18.00 per hour). Should a facility need to add staff to meet the proposed rulemaking ratios, the addition required would at a minimum be three FTE staff per day to cover a 24-hour day assuming 8-hour shifts, which would be \$157,680 annually. The amount would increase for those facilities who also need to add staff to meet the proposed rulemaking of a minimum of 2 staff on-duty at all times children or youth are at the facility. There are no changes proposed to staffing ratios or staffing patterns for secure residential or secure detention facilities.

The proposed rulemaking decreases the residential program supervisor ratio to children and youth from 1:16 to 1:12. If a facility does not currently staff the residential program supervisor role at the proposed ratio, additional residential program supervisors would need to be added to the complement. The residential program supervisor median salary for 2023 is calculated as \$51,020. The impact of these staffing changes would vary across providers based on the capacity of the facility and the current staffing patterns of the program.

The addition of a parent advocate/peer support specialists in all facilities subject to this proposed rulemaking would be a required position that would need to be established within 2 years of publication of the final-form rulemaking. If this position does not exist, providers would need to create and fill such a position. It is projected that this position would be comparable in salary to that of a residential program worker, with the 2023 median salary being \$37,440.

Orientation training requirements remain consistent with current requirements. Orientation must occur prior to any contact with children or youth at the facility. The proposed rulemaking also maintains training hour requirements during the first 120 days of employment. However, proposed requirements in Chapters 3910 and 3920 for residential program workers add attainment of listed training certifications prior to working alone with children or youth or being counted in staff to child and youth ratios. Ongoing annual training hours have been increased from 40 to 42 hours with additional requirements related to the required topics and an annual training calendar. These training hours and enhanced topics will impact all facilities subject to this proposed rulemaking.

Additional training topics include cultural sensitivity, child development, diagnoses and treatment options specific to the population served at the facility and trauma-informed care principles. These additional training topics were added as a result of feedback from workgroup members and stakeholders and support the Commonwealth's initiative of becoming a trauma-informed and healing-centered state. Facilities providing services to children and youth adjudicated delinquent will also need to provide training to staff specific to juvenile justice practices and goals as addressed in the proposed regulatory language. If a facility does not currently provide training on the additional topics and does not have the resources to provide training on the additional training topics, they may incur costs in securing training from an outside vendor.

The proposed rulemaking does provide entities with the opportunity to provide 20 of the 42 hours of annual training through supervisory conferences. This is a change in training delivery that will afford the entities the opportunity to utilize the facility's training budgets in areas where substantive costs may be experienced by the facility, such as trauma-informed certification and restrictive procedures. Additionally, the Commonwealth has also made free resources available to facilities related to training on trauma-informed practices as well as the opportunity to have staff complete a train-the-trainer

module allowing for training to then become in-house. A facility may incur additional costs including some overtime payments from providing coverage for staff attending training sessions which will vary from program to program.

The proposed rulemaking imposes additional paperwork requirements (see #22 for additional information). Should an entity not meet the program description requirements of the proposed rulemaking, the one-time cost for the legal entity to develop the program description and update and/or develop agency documents will be approximately \$2,627. The cost is based on an average hourly rate of \$32.84 for a program director needing an estimated 80 hours to complete the work.

The development and updating of the policies and procedures noted throughout the proposed rulemaking and the infusion of trauma-informed tenets throughout these policies will also cause facilities to incur additional costs. Projected areas of potential increased costs incurred by affected facilities are also identified related to the development of new required policies and procedures referenced throughout the proposed chapters, the new training requirements for facility staff and youth and data tracking and compilation requirements. These costs will vary based on the size and organizational structure of the legal entity operating the affected facilities. Some facilities may have internal resources and staff who can be directed to addressing the new proposed requirements while others may need to purchase external professional expertise. Similarly, some facilities have internal training units or departments available to develop and deliver training on the proposed topics for staff and youth while other facilities will need to purchase curriculum and presenters.

Additional enhanced paperwork requirements are identified related to tracking data on the use of searches of person and property, restrictive procedures and errors in medication administration. The required format for tracking these activities is not prescribed except for a requirement that the information is maintained in an electronic format. Through stakeholder sessions it was reported that many entities already have an established tracking system related to the use of restrictive procedures. Compiling data on searches of person and property and medication errors and a system for tracking and documenting will likely need to be developed by the majority of facilities. The development of the procedure and format for tracking this data would be included within the previous projections for the program director. The child and youth specific incident documentation which details the use of searches of person and property and errors in medication administration already exists. The proposed rulemaking adds data elements to be recorded in a tracking log. It is difficult to assess the time or financial implications of this additional step as the frequency of these activities is currently not reported to the Department and is unable to be quantified. It is projected that this work can be completed within the workday of assigned staff and with the addition of staff to the units based on increased ratios and staffing patterns would not require overtime or additional work hours to complete.

Additional data elements addressed in the proposed regulation and the electronic logs maintained at the facility will be subject to Departmental review. The methods used by a facility to gather and document the required information related to restraints and recordable incidents are left to the discretion of the facility management. This will result in variations of associated costs (minimal costs such as developing an excel spreadsheet or a higher cost establishing a database) while still supporting consistency in the information to be made available upon the request of the Department.

These additional projected costs to be incurred under the scope of the proposed rulemaking will be incorporated into the facilities' proposed operating budgets. Costs incurred as a result of the changes in the proposed rulemaking will be reflected in the provider's budget reporting submitted to the Department which serves as the basis for determination of maximum Federal and State reimbursement

amounts and the resulting county costs. Providers may utilize these calculated allowable costs in negotiations with the counties in finalizing contracted payment rates with counties that chose to purchase the services.

There is a fiscal impact with the proposed requirement for video surveillance systems in child residential facilities serving 25 or more children, secure detention and secure residential facilities. A review of current providers affected by the proposed regulation shows that the existing secure settings currently have video surveillance systems in their facilities. Of the 43 currently licensed child residential facilities that serve 25 or more children, 40 currently have video surveillance systems. For the 3 facilities that would need to install such systems, there would be a cost to come into compliance. The fiscal impact of establishing and maintaining a video surveillance system is projected utilizing projected placement of 8 cameras per floor (4 for common areas and 4 for hallways) and an additional 2 per stairwell for multiple floor facilities. Based on current costs of video surveillance systems as identified through websites such as homeguide.com and eufy.com, for a one-story facility, using the 8-camera system, the cost of hardware and installation is projected at \$4,400. This is calculated using the costs of \$350 per camera and \$200 per camera installation. There would also be a recurring storage fee with an average of \$300 per year for video storage.

No new legal, accounting or consulting procedures will be required as a result of the proposed rulemaking.

(20) Provide a specific estimate of the costs and/or savings to the local governments associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

Child residential services are paid through Federal, State and county dollars. Secure residential and secure detention facilities are funded through State and county dollars. County child welfare and juvenile probation offices reserve the right to select providers with which they chose to contract and the degree to which they utilize residential services for children and youth.

Estimated costs to local governments for the purchase of child residential, secure residential and secure detention facility services from private entities have been projected. The Department reimburses expenses incurred by the county for children and youth social services, including services to alleged and adjudicated dependent and delinquent children according to an approved county plan and budget estimate up to the amount of State funds allocated to the county. (62 P. S. § § 704.1, 709.3). Reimbursement is made at varying percentages based on the type of service or activity for which the expenditure was incurred.

Costs incurred as a result of the proposed rulemaking will be incorporated in the provider's budget reporting for determination of maximum Federal and State reimbursement and the resulting county costs which the provider can utilize in the negotiations with the counties in finalizing contracted payment rates. The costs incurred by the regulated community as a result of implementation of the amendments as outlined in #19 will be incorporated in the provider rate negotiations with counties for

purchase of service contracts. Costs associated with facility operational costs to comply with the proposed regulations will need to be assumed by the local and State government with Federal participation for those eligible services and eligible children and youth. Counties submit invoices to the Department for reimbursement of those costs eligible for Federal or State funding. The remaining costs are assumed by local governments.

The proposed rulemaking staff ratios and staffing patterns (as detailed in #19) impact on child residential facilities that will be licensed under Chapter 3910 are quantified below on a statewide basis. Using an 80% daily census, based on general budgeting practice, of total licensed capacity for all licensed facilities, the number of additional staff required was calculated. Note that the total bed capacity may differ from the bed capacity as of October 2024 due to ongoing changes in the provider landscape with openings and closings and increases/decreases of populations served within facilities. As noted above, the Department utilized the median salary of a Residential Program Worker and a Residential Program Supervisor based on 2023 median salaries in calculation.

It is unrealistic that all impacted residential programs would experience 100% occupancy 365 days of the year. In recent years occupancy in residential programs has continued to decrease for many programs. The calculations below utilize the ratio calculations from above but with the assumption that facilities are on average operating at 80%. Additionally, benefits and administrative overhead has been added to the calculation below.

Total Bed Capacity: 6127
 Capacity reduction (80%): 4902

Awake Hours Staffing Requirement

Current "Awake Hours" Staff Required at 1:8: 613
 Proposed "Awake Hours" Staff Required at 1:6: 817
 Additional staff needed for awake hours: 204

Sleep Hours Staffing Requirement

Current "Sleep Hours" Staff Required at 1:16: 306
 Proposed "Sleep Hours" Staff Required at 1:12: 409
 Additional staff needed for sleep hours: 102

Total additional Residential Program Worker Staff Needed: 306
 Median Salary of Residential Program Worker: \$37,440
 Average Benefit Rate 60%
 Increased Residential Program Worker costs: \$ 18,330,624

Supervisor Staffing Requirement

Current Supervisor Staff Required at 1:16: 306
 Proposed Supervisor Hour Staff Required at 1:12: 409
 Total Additional Supervisor Staff Needed: 102
 Median Salary of Supervisors: \$51,020
 Average Benefit Rate: 60%
 Increased Supervisor costs: \$ 8,326,464

Total Increased Staffing Costs: \$ 26,657,088
 Administrative Overhead: \$ 7,997,126

Total Increase Cost with Proposed Regulations: \$ 34,654,214

As it is recognized that staff salaries average 3-5% annual salary increases, the subsequent 5-year cost data was updated to reflect the impact of 4% annual salary increases over the 5-year span.

Funding for placement costs in child residential facilities is a combination of Federal, State and county dollars. The Federal funding is limited due to the congregate care restrictions of Family First Prevention Services Act. The local share of costs projected to be 30% of the staff costs identified equates to increased cost to county government of \$12,162,159 in the first full year of implementation.

The addition of a parent advocate/peer support specialists in all facilities subject to this proposed rulemaking would be a required position to be established within 2 years of final form publication of the proposed rulemaking. If this position does not exist, legal entities would need to create and fill such a position. It is projected that this position would be comparable in salary to that of a residential program worker. The aggregate projected costs of hiring for the 114 legal entities (11 counties and 103 private agencies) would be \$4,268,160. These roles and responsibilities may be assigned to existing staff and do not require the creation of new staffing positions.

The proposed rulemaking imposes additional paperwork requirements (see #22 for additional information). Should a facility not meet the program description requirements of the proposed rulemaking, the one-time cost for the facility to develop the program description and update and/or develop agency documents will be approximately \$2,627. The cost is based on an average hourly rate of \$32.84 for a program director needing an estimated 80 hours to complete the work. The aggregate for all 117 legal entities would be \$307,359.

Any other additional costs for entities under the scope of the proposed rulemaking to comply with the new requirements of the proposed rulemaking will be incorporated into the provider proposed budgets which will be the basis for contract negotiations with counties. It is anticipated that provider contracted rates will be adjusted as needed to include the increased costs related to meeting the new requirements.

The requirements for secure residential and secure detention facilities under the proposed rulemaking specified in Chapter 3920 can be implemented with minimal fiscal impact on providers. These facilities are included in the statewide calculations for the parent mentor/peer support specialist and program description/document updates as outlined. There are no proposed changes from what is currently regulated though Chapter 3800 to physical sites or staffing positions or ratios. The local share of costs is 50% of the cost for secure detention and 40% of the cost for secure residential.

The Federal funding restrictions of congregate care placement settings based on the Federal Family First Prevention Services Act will be alleviated when the proposed regulatory amendments are implemented resulting in savings to local governments of \$1,004,037 in the first full year of implementation. The Department regulations for child residential facilities incorporate the standards of care necessary to address the health, safety and well-being of children who are, or at risk of becoming, victims of sex trafficking. As such, these standards are those defined as specialized settings for this population and are deemed a Federal IV-E reimbursable setting. These savings are identified based on the Department's previously projected revenue loss.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

Based on the assumptions as detailed in questions #20, the total projected increased staffing costs are \$ 34,696,683. The state share of the projected staffing increases for implementation of this amendment is \$28,378,371 in the first full year of implementation.. This is a 70% reimbursement average, as the facilities that are community-based have an 80% reimbursable cost and those that are institutional settings have a 60% reimbursable cost.

The Department also identifies that there will be costs to update the Home and Community Services Information System (HCSIS) due to the additional incidents identified in the amendments that will be required to be reported to the Department. There are four specific areas in the proposed amendments that will need to be addressed through either revision or addition to the current HCSIS data elements. The HCSIS data element changes are estimated to cost \$70,000 - \$102,000, which can be absorbed within the current Information Systems budget. The potential costs would be incurred in FY 2025-26 or FY 2026 -27 based on projected promulgation and effective dates of this proposed rulemaking.

The Federal funding restrictions of congregate care placement settings based on the Federal Family First Prevention Services Act will be alleviated when the proposed regulatory amendments are implemented resulting in a savings to the state of \$4,016,148 in the first full year of implementation. The Department's regulations for child residential facilities incorporate the standards of care necessary to address the health, safety and well-being of children who are, or at risk of becoming, victims of sex trafficking. As such, these standards are those defined as specialized settings for this population and are deemed a Federal IV-E reimbursable setting. These savings are identified based on the Department's previously projected revenue loss.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

The paperwork requirements under the proposed rulemaking do not differ from what exists currently in practice. While there is a significant expansion of the content required in program descriptions, providers shared through stakeholder sessions that detailed descriptions of services were utilized for contracting and many of the additional requirements are already included. The reportable incidents, though enhanced, will be reported electronically into the Home and Community Services Information System (HCSIS) which is the current system for reporting critical incidents required by regulation.

Additional requirements include the requirement that facilities maintain an electronic log as identified in § 3900.213 of data related to the use of restrictive procedures and § 3900.41 which addresses data requirements for searches of person and property conducted by the facility staff. During stakeholder sessions, providers shared that they already maintain restrictive procedure data. The addition to the regulation formalizes this data capturing, including identification of the elements in the restrictive procedures record. A debriefing process was added to the regulation and is required to be included in the individual child's record as well as the electronic log of all restrictive procedures. The new regulatory section addressing facility policies, procedures and data gathering responsibilities related to

searches of person and property has been added to incorporate current Departmental requirements. The format for collection and maintenance of these data logs is not prescribed by the Department allowing for facility management flexibility in meeting these new regulatory requirements. Compilation of information related to medication errors is now proposed to include documentation of facility staff consultation with the child's or youth's health care provider if the child or youth shows any reactions due to a medication error. Identification of any follow-up actions taken by the qualified individuals administering medications are also to be documented. While this expands record keeping requirements, each facility will be able to readily incorporate these additional requirements within existing medication administration tracking systems.

(22a) Are forms required for implementation of the regulation?

There are no new forms required for implementation of this proposed rulemaking.

(22b) If forms are required for implementation of the regulation, attach copies of the forms here. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

As noted above, the Federal funding restrictions of congregate care placement settings based on the Federal Family First Prevention Services Act (FFPSA) will be alleviated when the proposed regulatory amendments are implemented. The Department regulations for child residential facilities incorporate the standards of care necessary to address the health, safety and well-being of children who are, or at risk of becoming, victims of sex trafficking. These standards are those defined as specialized settings for this population and are deemed a Federal IV-E reimbursable setting. PA FFPSA Implementation was effective 10/01/2021. As such IV-E Invoicing claims data was utilized to project savings for local and state governments. The data utilized was extracted on a FFY reporting period comparing the average pre-FFPSA Implementation IV-E maintenance claims for FFY 19-20 and 20-21 from the average post-FFPSA Implementation IV-E maintenance claims for FFY 21-22 and 22-23. Data was not pulled prior to FFY 19-20 due to PA's participation in CWDP as well as IV-E Deferral impact. Also, it's important to note that FFY22-23 data may not yet reflect full IV-E maintenance claims as positive invoicing may still occur through 6/30/2025. Due to incomplete FY claiming being reported, FY 22-23 has been excluded from the calculation.

Note that 2027-2028 calculation is prorated for the proposed regulation effective date in the fourth quarter of calendar year 2027.

	Current FY 2024-2025	FY +1 2025-2026	FY +2 2026-2027	FY +3 2027-2028	FY +4 2028-2029	FY +5 2029-2030
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	\$0	\$0	\$0	\$627,523	\$1,004,037	\$1,004,037
State Government	\$0	\$0	\$0	\$2,510,093	\$4,016,148	\$4,016,148
Total Savings	\$0	\$0	\$0	\$3,137,616	\$5,020,185	\$5,020,185
COSTS:						
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	\$0	\$0	\$0	\$7,694,877	\$12,648,735	\$13,154,681
State Government	\$0	\$0	\$0	\$17,954,713	\$29,513,716	\$30,694,256
Total Costs	\$0	\$0	\$0	\$25,649,590	\$42,162,451	\$43,848,937
REVENUE LOSSES:						
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	\$0	\$0	\$0	\$0	\$0	\$0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue Losses	\$0	\$0	\$0	\$0	\$0	\$0

(23a) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY - 3 2021-2022	FY - 2 2022-2023	FY - 1 2023-2024	Current FY 2024-2025
County Child Welfare	\$1,318,809,000	\$1,482,362,000	\$1,492,635,000	\$1,494,733,000
Information Systems	\$91,434,000	\$93,694,000	\$103,049,000	\$112,656,000
Youth Development Institutions and Forestry Camps	\$64,565,000	\$64,565,000	\$91,255,000	\$146,818,000

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

(a) An identification and estimate of the number of small businesses subject to the regulation.

The NAICS small business standard for children and youth services (NAICS Code 624110) is an annual revenue of \$15,500,500. As noted previously, the Department identifies 69 (64%) of the 103 private legal entities that meet the definition of a small business.

(b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.

The proposed rulemaking includes new documentation requirements (see #22 for more information) are enhancements to the work already being completed by program directors and residential program staff and do not necessitate any additional professional skills that would require specialized training or certification to complete.

(c) A statement of probable effect on impacted small businesses.

It is not anticipated that there will be significant adverse impacts on small businesses providing services in child residential, secure residential care and secure detention facilities as a result of the proposed regulations. While budget adjustments will be necessary to address the additional staff needed in child residential facilities (§ 3900.54 and § 3900.55) to comply with the increased staff to child ratios and the requirement for two staff on duty at all times, the related costs will be reflected in rate calculations and addressed in rate adjustments paid by contracting entities. More intense training requirements for staff and the youth served in facilities (§§ 3900.57, 3900.164-5 and 3910.224) will likely result in increased operational costs, which will also be reflected in the calculation of increased costs and rates for these services. Additionally, there are three small businesses serving 25 or more children who will be affected by the proposed requirement for video surveillance systems (§ 3900.88).

(d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

Background information included as part of the Federal DHHS Office of Inspector General report on “State Oversight of Residential Facilities for Children (May 2000; OEI-02-98-00570) indicates that “To be eligible to receive federal reimbursement for foster care (which includes child residential services), a state must place the child in a facility that is licensed or approved by the state in which it is situated. States are also required to establish and maintain standards for federally funded residential facilities. These standards should include admissions policies, safety, sanitation and protection of civil rights.”

The Department accesses a variety of Federal funding streams including the Title IV-E dollars that are used to cover room and board costs for child residential services. Child residential services in the Commonwealth have been operating under regulatory requirements since the 1970’s. The last major re-write of the regulatory chapter governing child residential services was promulgated in 1999. The proposed regulatory requirements in Chapters 3900, 3910 and 3920 include practice and policy updates as well as new provisions addressing Federal law requirements. The proposed regulation supports a

regulatory framework that addresses the federal priorities and includes updated requirements elevating professional practice and staffing in these 24-hour residential settings.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

The proposed Chapters 3900 and 3910 apply to facilities providing daily care and supervision of dependent and delinquent children who cannot safely remain in their homes or communities. Special provisions related to interventions to address the trauma experienced by children and youth, and additional safeguards to address the increased risks related to sex trafficking activity, have been incorporated into these proposed chapters.

Proposed rights for children and youth in § 3900.32 have been updated to include consideration of the trauma experienced, the right to dignity and respect with consideration of racial and ethnic backgrounds and religious beliefs and access to clothing that reflects gender expression. New proposed staff training requirements in § 3900.57 address the impacts of the trauma experienced by children and youth. Consideration of the child's or youth's responses to implementation of restrictive procedures and search of person and property procedures are addressed in §§ 3900.165 and 3900.43. Increased staff awareness and sensitivity to diversity, equity and inclusion, sexual orientation and gender identification considerations are addressed in non-discrimination requirements addressed in § 3900.32(a) and individual child and youth needs, food preferences (§ 3900.133(b)), room accommodations (§ 3900.83), and personal hygiene needs (§ 3900.84(h)).

Newly defined requirements in §§ 3900.181-184 addressing family and youth involvement and youth training are included in the proposed regulation, which will better support consistency in the services and supports available to affected children, youth and families.

A new proposed area of defined residential care is included in Subchapter A on Chapter 3910 specific to pregnant, expecting and parenting youth. This population is specifically addressed in Federal law (Pub. L. No. 115-123). Although these populations have been historically served by facilities, this proposed subchapter specifically addresses provisions for programming for this specialized population including staff and youth training requirements and adds additional physical site and programming safeguards.

This proposed Chapter 3920 applies only to facilities providing daily care and supervision of delinquent youth and alleged delinquent youth who cannot safely remain in their homes or communities. This segment of youth is a very specialized population by virtue of their behaviors which require this level of secure intervention. Provisions included in Chapter 3920 that specifically address considerations for youth adjudicated delinquent address opportunities for this population of youth to achieve goals related to victim awareness, increased accountability for their action, restitution and development of job skills.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

Diverse stakeholder input solicited by the Department identified alternative regulatory provisions that were considered. Several recommendations, including expanding the facility management responsibilities related to education of children and youth and defining more stringent timelines for the provision of behavioral health services, were identified as being beyond the scope of authority of the Department and beyond the responsibility of the facilities. The proposed regulatory language addresses these issues but identifies achievable expectations as part of child and youth residential facility programming.

A variety of staffing ratios and staff education and experience requirements were considered in the development of the proposed regulation. Stakeholder input, historical experiences, and review of practices in other states guided the decision to reduce ratios while increasing staff training requirements. Well-trained and experienced staff are critical not only to maintaining child and youth safety but also to achieving the goals identified for each child or youth in residential care. The proposed regulation identifies areas of training required but allows for individual facility determinations as to how trainings are developed and presented. The only exception to this process is medication administration training which remains a single Department-approved option.

The Department believes that the proposed regulatory requirements present the least burdensome acceptable alternative while still ensuring that they are relevant, appropriate, reflect advances in research and practice. The proposed regulations address Commonwealth responsibilities to address admissions policies, safety, sanitation and protection of civil rights.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;

The Department could not identify or propose less stringent requirements as the primary purpose of this regulation is to assure the safety, permanency and well-being of the children and youth placed by the court in the affected facilities. The overall minimum health and safety requirements of the chapters will be applicable to all entities operating a child residential facility in the Commonwealth, regardless of size.

- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;

Facilities will have some flexibility in how they choose to implement minimum licensing requirements. In the proposed regulation, the Department has identified required orientation and ongoing training topics for staff but allows flexibility in the manner in which facility management can select curricula and provide these trainings to meet the required hours, including allowing for one-half of the annual training hours to be met through supervision rather than potentially costly out-sourced trainings. Additionally, the regulations require services to be provided within a trauma-informed organization; however, the proposed regulation does not mandate a specific model or accreditation requirement.

- c) The consolidation or simplification of compliance or reporting requirements for small businesses;

The Department did not propose to further consolidate or simplify compliance or reporting requirements for small businesses as the licensure standards are the proposed minimum requirements for health and safety and as such the Department did not consolidate or further simplify them.

d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and

The Department did not propose to establish performance standards for small businesses to replace design or operational standards required in the regulation. The licensure standards are the proposed minimum requirements for health and safety.

e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

The Department did not propose to exempt small businesses from all or any part of the requirements. The Department considers all of the proposed minimum requirements critical for the health and safety of the children served.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

A review of comparable regulations from neighboring states of New York, Ohio and New Jersey was conducted through the following websites:

New York:

<https://ocfs.ny.gov/main/sppd/child-welfare-manuals.php>
[2021 Policy Directives](#) | [Policy](#) | [Office of Children and Family Services \(ny.gov\)](#)
[Training Requirements](#) | [Division of Child Care Services](#) | [OCFS \(ny.gov\)](#)

Ohio:

[Chapter 5101:2-9 - Ohio Administrative Code](#) | [Ohio Laws](#)

New Jersey:

Chapter 55 Manual of Requirements for Residential Child Care Facilities, State of New Jersey
Department Of Children and Families:[3A.55.pdf](#)

(29) Include a schedule for review of the regulation including:

A. The length of the public comment period: 60 days

B. The date or dates on which any public meetings or hearings will be held:

The Department will meet and discuss specific issues relating to the proposed regulation with affected individuals and organizations, based on the public comments received.

C. The expected date of delivery of the final-form regulation:

Second Quarter 2027

D. The expected effective date of the final-form regulation:

6 months after publication in the Pennsylvania Bulletin with the exception of § 3900.55 (d), which will be effective 18 months after the effective date of the final-form regulation..

E. The expected date by which compliance with the final-form regulation will be required:

While regulatory compliance is mandated upon the proposed effective dates, licensing inspections will continue to occur throughout a 12-month period on a staggered basis.

F. The expected date by which required permits, licenses or other approvals must be obtained:

Existing facilities will continue to operate under existing licenses and legal entities will submit for annual renewal given their licensure expiration dates.

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

As done with previous regulatory changes, the Department will issue a licensing measurement instrument, Regulatory Compliance Guide (RCG), that will be provided to all affected entities and will

assist in implementation of the regulations. The draft RCG will be shared with external statewide stakeholder organizations for review and comment prior to implementation of the regulation.

The Department will also provide training and orientation on the new regulations, in each of the Department's regions, for providers and interested persons, prior to implementation of the amendments.

Lastly, the effectiveness of the amendments in meeting the purpose of protecting the health, safety and well-being of children and youth receiving care in child residential, secure residential care and secure detention facilities will be assessed through information gathered as a result of annual licensing, monitoring and technical assistance contacts with facility management and staff conducted by the Department, as well as stakeholder meetings facilitated through provider organizations.

CDL-1

RECEIVED

Independent Regulatory
Review Commission

April 9, 2026

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved
as to form and legality.
Attorney General

Amy M Elliott
By: Amy M Elliott
(Deputy Attorney General)

Digitally signed by
Amy M Elliott
Date: 2026.03.27
09:40:20 -04'00'

3/27/2026

Date of Approval

Check if applicable
Copy not approved.
Objections attached.

Copy below is hereby certified to be a true and correct
copy of a document issued, prescribed or promulgated
by:

DEPARTMENT OF HUMAN SERVICES

(Agency)

LEGAL COUNSEL: Megan R. Rubin

DOCUMENT/FISCAL NOTE NO. 14-559

DATE OF ADOPTION: _____

BY: [Signature]

TITLE: SECRETARY OF HUMAN SERVICES
(Executive Officer, Chairman or Secretary)

Copy below is hereby approved as
to form and legality. Executive or
Independent Agencies.

Cynthia K. Montgomery
BY: [Signature]
Digitally signed by Cynthia K.
Montgomery
DN: cn=Cynthia K. Montgomery, o
ou, email=cymontgenc@pa.gov,
c=US
Date: 2025.12.09 14:07:46 -05'00'

(Deputy General Counsel)
(Chief Counsel, Independent
Agency)
(Strike inapplicable title)

December 9, 2025

Date of Approval

Check if applicable. No Attorney
General approval or objection
within 30 days after submission.

NOTICE OF PROPOSED RULEMAKING

DEPARTMENT OF HUMAN SERVICES

OFFICE OF CHILDREN, YOUTH AND FAMILIES

55 Pa. Code, Chapters 3800, 3900, 3910 and 3920

Chapter 3800 - Child Residential and Day Treatment Facilities

Chapter 3900 - Child and Youth Facility Requirements

Chapter 3910 - Child Residential Facilities

Chapter 3920 - Secure Residential and Secure Detention Facilities for Youth

Residential Services for Children and Youth

Statutory Authority

Notice is hereby given that the Department of Human Services (Department) under the authority of sections 911(a)(1) and 1021(a)(1) of the Human Services Code (62 P.S. §§ 911(a)(1) and 1021(a)(1)) intends to adopt the regulation set forth in Annex A.

Purpose of Regulation

The Department is proposing to update the licensure requirements for children and youth facilities. Specifically, the Department is proposing to revise Chapter 3800 (relating to child residential and day treatment facilities) to clarify that Chapter 3800 does not apply to child residential facilities or secure residential and secure detention facilities for youth. Instead, the Department proposes to establish three new, updated regulatory licensure chapters for children and youth facilities: Chapter 3900 (relating to child and youth facility requirements), Chapter 3910 (relating to child residential facilities) and Chapter 3920 (relating to secure residential and secure detention facilities for youth).

The purpose of this proposed rulemaking is to update requirements to strengthen and improve the minimum health and safety standards for these facilities to protect the health, safety and well-being of children and youth receiving care in residential facilities. For example, the proposed rulemaking increases staffing patterns, staffing ratios and training requirements to increase the skill set and awareness of the staff directly working with children and youth in these facilities. Better trained facility staff will be more effectively positioned and prepared to respond to the needs of the children and youth. Further, enhanced staffing requirements will decrease risks to the children, youth and staff by increasing levels of supervision and accessibility and supporting appropriate responsiveness.

In addition, the proposed rulemaking incorporates additional practice, policy and statutory changes that have occurred over the past 26 years since the existing Chapter 3800 regulations were first promulgated. The proposed rulemaking also provides a coordinated regulatory framework to support compliance and consistency in the formulation, application and enforcement of licensing requirements. These proposed changes reflect advances in research and practice responsive to the current needs presented by children requiring this level of care. The proposed rulemaking also incorporates enhanced standards for service delivery focused on supporting positive outcomes.

All children and youth facilities seeking to operate in the Commonwealth will be required to comply with provisions of Chapter 20 (relating to licensure or approval of facilities and agencies) and the new Chapter 3900. In addition, child residential facilities, including specialized settings for pregnant, expecting and parenting youth and outdoor programs will be required to also comply with the new Chapter 3910. All secure residential and secure detention facilities for youth will also be required to comply with the new Chapter 3920 requirements. Creating the separate, but related, Chapter 3920 regulations allows for incorporation of current practices and expectations specific to juvenile offenders.

Background

Child welfare and juvenile justice practice is a continually evolving area of service that requires the implementation of new programs and practices to respond to the changing needs of children, youth, their families and communities to produce better outcomes for everyone involved. The proposed regulatory chapters are needed to ensure that regulatory requirements are relevant and appropriate, reflect advances in both research and practice, and are responsive to the current needs presented by the children and youth requiring this level of care.

These proposed regulatory provisions will significantly amend and update regulatory requirements under current Chapter 3800, which was adopted in 1999. Since their promulgation, there have been significant changes in the techniques, interventions and knowledge base needed to effectively respond to the needs of children and youth in care. As discussed in further detail under the requirements sections, Chapters 3900, 3910 and 3920 propose to update these minimum health and safety requirements to more effectively serve the children and youth in care.

The following is a summary of the specific provisions in the proposed rulemaking in Chapters 3800, 3900, 3910 and 3920:

Chapter 3800. Child Residential and Day Treatment Facilities

Chapter title; § 3800.1, Purpose

Under § 3800.1 (relating to purpose), the proposed rulemaking proposes to remove child residential facilities, including secure residential and secure detention facilities, from the purpose section of the chapter. As proposed, Chapter 3800 will apply to transitional living residences and child treatment centers until amended in a forthcoming rulemaking. The title of the chapter is also proposed to be renamed as Transitional Living Residences and Child Day Treatment Facilities.

§§ 3800.2 – 3800.3, Applicability; and Exemptions

As provided previously, the Department proposes to rename and revise Chapter 3800 to clarify that that the chapter will no longer apply to either child residential facilities or secure residential and secure detention facilities for youth. Under § 3800.2 (relating to applicability), the proposed rulemaking proposes to reserve paragraphs (d)(1), (2), (3) and (6), with Chapter 3800

applying only to those facilities under paragraphs (d)(4) and (5). The Department also proposes to reserve the secure care and secure detention sections of Chapter 3800; specifically, §§ 3800.271-3800.274 and 3800.281-3800.283. In addition, the proposed rulemaking proposes to add two new paragraphs under § 3800.3 (relating to exemption) that explicitly provides that Chapter 3800 does not apply to these facilities.

In addition, under § 3800.2, the Department proposes a change to paragraph (d)(3) regarding mobile settings. Under the proposed rulemaking, the Department proposes to remove the authority for mobile child residential facility settings. Specifically, outdoor programs will be incorporated into Chapters 3900 and 3910 and Chapter 3800 will no longer authorize mobile settings. The Department proposes to reserve the outdoor and mobile program sections of Chapter 3800; specifically, §§ 3800.301—3800.303 (relating to applicability; exceptions for outdoor and mobile programs; and additional requirements). The provisions relating to outdoor programs are moving to Chapter 3900, and the Department will no longer license mobile programs as there has not been recent utilization of this model.

No additional amendments are proposed to Chapter 3800 in relation to child day treatment centers and transitional living residences in this rulemaking. These provisions, among others, will be revised in a subsequent rulemaking.

§ 3800.5 – Definitions

The Department proposes to delete the definitions of “mobile program”, “outdoor program,” “secure care” and “secure detention” from Chapter 3800.

Chapter 3900. Child and Youth Facility Requirements

Subchapter A. General Provisions (§§ 3900.1 – 3900.5)

§ 3900.1. Purpose.

In § 3900.1 (relating to purpose), the Department proposes language consistent with § 3800.1 (relating to purpose).

§ 3900.2. Applicability.

In § 3900.2 (relating to applicability), the Department proposes to set forth the scope of applicability of this new chapter. The proposed language tracks current language in § 3800.2 (relating to applicability). Specifically, the proposed rulemaking applies to child residential facilities and secure residential or secure detention facilities for children and youth.

In addition, proposed language in § 3900.2(d)(3)-(4) identifies that this chapter will also apply to emergency shelter programs and child residential specialized settings facilities that serve pregnant, expecting and parenting youth and their infants and toddlers reflecting the redefined scope.

§ 3900.3. Exemptions.

In § 3900.3 (relating to exemptions), the Department is proposing to offer clarity in a revised list of programming and facilities to be exempted from requirements of proposed Chapter 3900. The list of exemptions in § 3900.3(1)-(10) is consistent with those listed in § 3800.3(1)-(9). Language identifying child day care facilities as an exemption addressed in § 3800.3(10) is not included as these facilities are not a residential option for children. Proposed language in § 3900.3(11) carries over the intent of § 3800.3(11) with a minor change to add clarification.

§ 3900.4. Inspections and certificates of compliance.

In § 3900.4 (relating to inspections and certificates of compliance), the Department is proposing to carry over language from § 3800.4(a) – (b). In subsection (c), the Department proposes additional language that clarifies that distinct programming provided on separate floors or in discrete residential living units within a building is considered a separate facility for purposes of qualifying for a separate certificate of compliance. This clarification confirms that the configuration of separate and discrete program areas within a common building may qualify for designation as a separate facility and a separate certificate of compliance.

§ 3900.5. Definitions.

In § 3900.5 (relating to definitions), the Department is proposing definitions for terminology used throughout the chapter. Many definitions included in § 3900.5 have been carried over from § 3800.5 (relating to definitions).

Subchapter B. General Requirements (§§ 3900.11 – 3900.23)

3900.11. Licensure or approval of a facility.

In § 3900.11 (relating to licensure and approval of a facility), the Department proposes to mirror language in § 3800.11(a) including that all requirements of Chapter 20 (relating to licensure or approval of facilities and agencies) must be met.

New requirements are being proposed in § 3900.11(b)-(c). In subsection (b), the legal entity responsible for the facility must ensure that the facility is organized, administered and operated in a manner that ensures compliance with the requirements of this chapter. This proposed requirement addresses facility management responsibility to monitor overall facility operations to support regulatory compliance. In § 3900.11(c) proposed language addresses requirements of facility management to conform with all Federal and State statutes, regulations

and local ordinances relating to health, safety and rights. This includes compliance with the Department of Labor and Industry's Uniform Construction Code requirements under 34 Pa. Code Chapters 401-405 (relating to uniform construction code training and certification of code administrators; administration; and elevators and other lifting devices).

§ 3900.12. Appeals.

In § 3900.12 (relating to appeals), the Department is proposing language consistent with § 3800.12 (relating to appeals). This requirement establishes that a facility must file an appeal within 10 days of a licensing determination made by the Department. The Department is proposing to maintain current regulatory language and existing practice.

§ 3900.13. Maximum capacity.

In § 3900.13 (relating to maximum capacity), the Department is proposing language consistent with § 3800.13 (relating to maximum capacity).

§ 3900.14. Fire safety approval and notifications.

In § 3900.14 (relating to fire safety approval and notifications), the Department is proposing consistent language with § 3800.14, with minor changes to support clarity. Proposed language in §3900.14(d) will require facility staff to notify local fire officials in writing of the address of the facility, location of bedrooms and assistance needed to evacuate in an emergency. The notification must be kept current, and a copy made available to the Department upon request. This new requirement reflects stakeholder input and presents an additional protective child and youth safety component.

§ 3900.15. Child abuse.

In § 3900.15 (relating to child abuse), the Department is proposing consistent language with the child abuse reporting requirements addressed in § 3800.15(a) (relating to child abuse).

Proposed language in § 3900.15(b) expands upon language in § 3800.15(b) to address confusion expressed by stakeholders related to the initiation of a plan of supervision if an alleged perpetrator is employed or contracted by the facility. If an allegation of child abuse involves an individual employed or contracted by the facility, the facility management must implement and then submit a plan of supervision to the Department regional office in accordance with 23 Pa.C.S. § 6368(i) (relating to investigation of reports) and § 3490.56(b) (relating to county agency investigation of suspected child abuse perpetrated by persons employed or supervised by child care services and residential facilities). This requirement clearly addresses the steps to be taken by facility management in developing and implementing a plan of supervision and then submitting it to the Department for review and approval. This proposed change reflects Child Protective Services Law (CPSL) requirements and current practice and offers immediate safeguards for children and youth by removing direct exposure to a facility employee identified as an alleged perpetrator.

§ 3900.16. Reportable incidents.

In § 3900.16 (relating to reportable incidents), the Department is proposing to carry over language and expand the listing of incidents to reflect current practice requirements. Proposed language in this section serves to clarify and update situations requiring a facility to report an event as a reportable incident and the process to be used to submit reportable incidents to the Department. Proposed language in § 3900.16(a) identifies reportable incidents as those occurring at the facility, or while the child or youth is under the supervision of the facility staff in the

community, to differentiate from those incidents occurring while the child is at school or under the supervision of another adult.

The proposed language in subsection (a) carries over the reportable incidents included in § 3800.16 (a)(1)-(2) as reflected in § 3900.16(a)(1)-(2). Language proposed in § 3900.16(a)(3) adds to the current language in § 3800.16 (a)(3) to include inpatient admission and treatment as a reportable incident in response to stakeholder input. A minor change is proposed to § 3800.16 (a)(4) to add outpatient treatment at an urgent care center in addition to a hospital as reflected in § 3900.16(a)(4). This proposed change updates options for outpatient treatment for injuries or trauma beyond what is addressed in § 3800.16(a)(4) to include the option of urgent care center as now being available for outpatient treatment.

A new reportable incident is proposed as § 3900.16(a)(5) to address requirements proposed in §§ 3900.41 and 3900.42 (relating to searches of person and property; and child rights). This new incident identifies a body cavity search of a child or youth conducted by medical personnel as addressed in § 3900.41(c)-(d) as a cause for a report to be made to the Department.

Language proposed in § 3900.16(a)(6) varies from the language in § 3800.16(a)(5). The proposed language clarifies that only substantiated violations of a child's rights as delineated in § 3900.32 (relating to specific rights) are to be reported to the Department following the filing of a grievance by the child or youth and investigation by the facility as addressed in § 3900.31 (relating to notification of rights and grievance procedures) to decrease the number of unsubstantiated reports submitted.

In § 3900.16(a)(7) the Department is proposing language consistent with § 3800.16(a)(6). In § 3900.16(a)(8)-(9), there are proposed changes that include immediate reporting of a child's

or youth's absence from the facility premises without facility staff knowledge or awareness of the child's or youth's whereabouts. Facility staff must notify law enforcement of a missing child or youth as soon as the determination is made that the child or youth is missing, removing the 4-hour allowance before making a report that is in § 3800.16(7). An incident report is also required if a child or youth does not return as planned from a scheduled family home visit and facility staff are unable to contact adult family members to identify child's or youth's status or plans to return to the facility. Stakeholders, including juvenile probation staff, requested these updates.

Two additional proposed reportable incidents are proposed to be carried over from § 3800.16(a)(8)-(9) in § 3900.16(a)(10)-(11).

Stakeholder input supports a minor addition to § 3800.16(a)(10) as reflected in § 3900.16(a)(12) which identifies an event that results in emergency services, including but not limited to law enforcement or fire services, being called to the facility as a reportable incident. Proposed language in this section clarifies that those incidents requiring emergency services including fire or police departments, must be reported as incidents if such services are called to the facility to differentiate from situations where community practices automatically dispatch police or fire upon calls for an ambulance service.

The proposed reportable incident language in § 3900.16(a)(13) is consistent with § 3800.16(a)(11).

In § 3900.16(b), the Department is proposing a requirement that facility staff also notify law enforcement as soon as a determination is made that a child or youth is missing.

Based on stakeholder input, in addition to filing a reportable incident report, proposed language in subsection (c) will require facility staff to make an oral report to the appropriate

Department regional office and the contracting agency within 12 hours of an incident listed in paragraphs (1)— (3). Slight modifications are proposed to add updated language to include an oral and written report (subsection (f)) being required for a child or youth whose whereabouts are unknown to facility staff and the child or youth is identified as being missing.

In subsection (d), the Department proposes a new requirement for facility staff to make an oral report to the appropriate Department regional office and the contracting agency following implementation of mitigation efforts to meet the needs of the children and youth in the event of a disruption in access to water, heat, cooling or power. This proposed requirement is in response to stakeholder input and the need for the Department to be made aware of significant changes in the facility management's ability to respond to the basic needs of the children and youth.

In § 3900.16(e), the Department is proposing a requirement for facility staff to orally notify the contracting juvenile probation office as soon as it is determined that a child or youth under their supervision has not returned as planned from a scheduled home pass or if the child or youth has failed to comply with the home pass provisions. Documentation of date, time and persons involved in this conversation must be maintained in the child's file. This new requirement is in response to input from stakeholders and the need for juvenile probation staff to be aware of the whereabouts of children and youth under their supervision.

The Department is proposing to carry over language consistent with § 3800.16(c) in § 3900.16(f) with minor modification. In addition to the verbal reports required in the previous subsections, facility staff will be required to complete a written report in the Department's prescribed format for all reportable incidents and then electronically submit the report to the Department within 24 hours.

As proposed in subsection (g), facility staff will be required to initiate an investigation of a reportable incident immediately following the report of the incident and must, within 5 business days, provide the Department with a timeline and plan, including a projected date for completion of the investigation. This language adds a timeframe for notification to the Department of the investigation plan within 5 business days for reportable incidents other than suspected child abuse. This language modifies the requirement from § 3800.16(e). The current language in § 3800.16(f) only requires that a final reportable incident report be submitted to the Department at the conclusion of the investigation. Incidents of suspected child abuse will still need to be reported to the Department using the prescribed process under the CPSL, which is currently through ChildLine.

The proposed language in subsection (h) will require facility management to develop written policies and procedures on the prevention, reporting, investigation and management of reportable incidents, including a post-incident debriefing process. This will establish the internal facility protocols needed to support compliance with the new and carried over requirements proposed in the various subsections of § 3900.16.

In subsection (i), a written debriefing summary is being proposed as a required part of the internal facility investigation process. This summary is to specifically identify and address the cause and resolution of the incident. Facility staff will be required to complete a written summary of the debriefing meeting following the investigation of each incident to identify staffing, training, physical site or program-related components pertaining to the cause and resolution of the incident. The Department has identified this debriefing process as a mechanism to support internal review of policies, procedures and actions taken, and address potential remedies to avoid future reportable incidents. Debriefing is recognized as a valuable tool to

address management of critical incidents as it enables participants to emotionally process the event and analyze the decisions they made and their outcomes. This facilitates learning and improving how individuals respond to future situations.

Subsection (j) will require facility staff to incorporate the debriefing findings and related data into the facility quality improvement process. These findings are to be incorporated into data compiled and quality improvement plans developed by the facility. While not prescribing the format or content, the Department believes that this requirement will support responsive and quality improvement planning within each facility.

In subsection (k), the Department is proposing that facility staff be required to submit a final reportable incident report in the Department's prescribed format that includes the debriefing summary following the conclusion of the investigation. Final notification to the Department of the investigation's findings, debriefing outcomes and modifications made to facility policies and procedures as part of the quality improvement plan will support the Department's review of the reported incident. This proposed requirement expands the current final report submission process addressed in § 3800.16(f).

Subsection (l) carries over language consistent with § 3800.16(g) while adding additional detail for clarification as to where copies of the reportable incidents are to be kept. Facility staff will be required to maintain a copy of reportable incident reports in the child's or youth's file, if applicable, and in the facility's administrative files. This proposed language adds additional clarity as to the locations that incident reports are to be maintained.

Lastly, the language in § 3900.16(m) is consistent with existing § 3800.16(h).

§ 3900.17. Recordable incidents.

In § 3900.17 (relating to recordable incidents), the Department is proposing three events currently listed as recordable incidents in § 3800.17 (relating to recordable incidents) be maintained. These include seizures in § 3900.17 (a)(1), suicidal gestures in § 3900.17(a)(2) and any incident of intentionally striking or physically injuring a child that does not involve a facility staff person in § 3900.17(a)(3). Proposed language consistent with § 3800.17(3), has been modified in § 3900.17(a)(3) to add clarity. If the perpetrator is a facility staff or other adult responsible for the care and supervision of the child or youth, incidents of intentionally striking or physically injuring a child or youth result in a written report of suspected child abuse being submitted to and investigated by the Department. However, if the action is initiated by any individual who is not facility staff or other adult responsible for the care and supervision of a child or youth, a recordable incident report is to be maintained in the facility's administrative files and in the child's or youth's record. A report may also be filed with law enforcement if circumstances warrant such a report being made.

The Department is proposing language to add an additional recordable incident in § 3900.17(a)(4) addressing grievances filed by a child or youth or their parent determined to be unsubstantiated. This record of alleged violation of the child's or youth's rights will support review by the Department and provide documentation of the steps taken by facility management to thoroughly investigate all grievances filed as addressed in §§ 3900.31 and 3900.32 (relating to notification of rights and grievance procedures; and specific rights).

The Department is proposing language to identify how and where these events are to be recorded in § 3900.17(a) which indicates that a recordable incident electronic log is to be maintained by the facility and the information related is also to be recorded in the individual

child's and youth's record as addressed in § 3900.17(b) and as part of § 3900.203 (relating to content of records), making the information more child specific and accessible.

The proposed language in § 3900.17 does not include three events currently in § 3800.17 as they are proposed to be eliminated as recordable incidents. The Department is proposing this change as this information will now be captured in more relevant and accessible locations. Property damage of more than \$500 caused by the child or youth, currently included as a recordable incident in §3800.17(4), is now to be documented in a written report in the child's or youth's ISP and record as a report filed with law enforcement if circumstances warrant such a report being made. This is referenced in §§ 3900.191(c)(15) (relating to content of ISP) and 3900.203(a)(11).

Requiring a report to be made to law enforcement when the whereabouts of a child or youth are unknown to facility staff negates the process currently addressed in § 3800.17(5) requiring a child's or youth's absence not approved by facility staff to be documented as a recordable incident. Copies of reports of a missing child or youth are now to be included in the child's or youth's record for reference as addressed in § 3900.203(a)(11). This proposed change as part of § 3900.17 reduces duplication of reporting requirements and supports inclusion of child or youth specific documentation in the child's or youth's record, while still meeting the original intent of the regulation in § 3800.17(5) for the facility to maintain a record of these events.

Language proposed in § 3900.203(2) will require that all medical information related to a child's or youth's health history be included as part of the child's or youth's record. Integrating injuries, traumas and illnesses of children and youth which occur at the facility that do not meet the definition of reportable incident (addressed as a recordable incident in § 3800.17(6)) into

§ 3900.203 will better support complete health information specific to a child or youth being contained in one location.

§ 3900.18. Child and youth funds.

In § 3900.18 (relating to child funds), the Department is proposing to maintain the requirements addressed in § 3800.18 (relating to child funds). Based on input from juvenile justice stakeholders, the Department is proposing several additional requirements in § 3900.18(g)(1)-(5) specifically for facilities serving youth who are adjudicated delinquent. Facility management will need to develop and implement policies and procedures to ensure compliance with any restrictions to the child's or youth's access to personal funds imposed by the contracting juvenile probation office. The proposed language would allow funds to be directed to satisfy restitution orders. Documentation of community service hours completed and the process to credit these hours toward the child's or youth's restitution or community service obligations are addressed in § 3900.18(g)(2) - (3); and monthly notification to the contracting juvenile probation office of funds earned and the balance held in the child's or youth's account is also proposed under paragraph (g)(4). Finally, there must be a process to address any restrictions to the release of funds upon discharge without the approval of the contracting juvenile probation office to consider payment of any outstanding restitution. These proposed additional requirements specific to children or youth who are adjudicated delinquent will allow for review and determinations of available child funds by juvenile probation offices to be directed to pay outstanding restitution orders.

§ 3900.19. Consent to treatment.

In § 3900.19 (relating to consent to treatment), the Department is proposing to mirror § 3800.19 (relating to consent to treatment). Consents for emergency care or treatment are not

required; however, the facility management is required to develop an emergency medical plan in § 3900.119 (relating to emergency medical plan) to address the process to be followed in the event of a medical emergency.

§ 3900.20. Confidentiality of records.

In § 3900.20 (relating to confidentiality of records), the Department is proposing to maintain the listing of applicable statutes and regulations addressing confidentiality of records currently reflected in § 3800.20 (relating to confidentiality of records). In addition, the Department is proposing two additional citations be included in the listing in § 3900.20(8) and (9): The Family Education Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. § 1232g) and the regulations promulgated thereunder at 34 CFR Part 99), which addresses the confidentiality of educational records; and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936).

Consistent with existing language under § 3800.20(b)(2), the proposed rulemaking provides that information may also be released to a youth (14 years of age or older) unless the information may be harmful to the youth. Stakeholder input supports the language proposed by the Department to add additional requirements as reflected in § 3900.20(b)(2)(i) and (ii). These include that the risk of harm to the youth and the decision to withhold information must be agreed to by the contracting agency. The determination to withhold the information must also be documented in writing and maintained in the youth's record.

As part of § 3900.20(c), the Department is proposing new language that will require that facility management develop and implement a confidentiality and privacy policy which addresses the process to secure signed releases for photos of children or youth and their use. The privacy policy must also address limitations specific to facility staff and children's or youth's

social media activity which may include photos or any identifying information about any child or youth at the facility. This additional requirement addresses consideration of exposure and risk related to the use of technology that was not in existence when the underlying existing Chapter 3800 was promulgated and will provide further safeguards specific to technology and social media risks to the confidentiality of a child or youth while at the facility.

§ 3900.21. Applicable health and safety laws.

In § 3900.21, the Department is proposing to be consistent with § 3800.21 (relating to applicable health and safety laws).

§ 3900.22. Emergency preparedness plan.

In § 3900.22 (related to emergency preparedness plan), the Department is proposing language that will require the facility management to develop an emergency preparedness plan to prepare for, respond to and recover from a disaster, disease outbreak or other emergency. The plan is to address emergencies that may require a facility to shelter in place or the emergency evacuation to another location and include areas that will address identification of alternate shelter sites; modes of transportation; evacuation routes; maintaining contact with parents and contracting agencies; and special accommodations for infants, toddlers, children, and youth with disabilities or chronic medical conditions. The proposed new language also requires annual review and updates of the emergency preparedness plan; initial and ongoing training for staff; and the sharing of the plan with the Department, local municipalities and county emergency management agencies.

§ 3900.23. Waivers.

In § 3900.23 (relating to waivers), the Department is proposing language consistent with § 3800.22 (relating to waivers).

Subchapter C. Rights (§§ 3900.31 – 3900.33)

§ 3900.31. Notification of rights and grievance procedures.

In §3900.31 (relating to notification of rights and grievance procedures), the Department is proposing changes from existing § 3800.31 (relating to notification of rights and grievance procedures) to clarify several provisions. Current language in § 3800.31(a) requires that upon admission, information regarding child rights, the right to lodge grievances without fear of retaliation and applicable consent to treatment protections be provided to each child, youth and available parent. Carrying over the intent of § 3800.31(a), modified language in §3900.31(1) addresses the responsibilities of facility management and facility staff to guarantee that a child or youth and the child's or youth's family have the right to lodge a verbal or written grievance with the facility without fear of retaliation for an alleged violation of a child's rights as defined in this chapter or a civil right.

Changes proposed in § 3900.31(2)(i) and (ii) will require opportunities for a child or youth and their parent to have access to this information prior to and again at the time of the child's or youth's admission. This includes information regarding their right to lodge grievances without fear of retaliation and applicable consent to treatment protections specified in § 3900.19. New language under § 3900.31(2) will require that this information be reviewed with the child or youth and their parent by facility staff to better support their awareness and understanding. Stakeholder input supports this change given the emphasis on child rights and the desire to better support the child's or youth's ability to exercise the grievance procedures available to them.

A timeframe of 48 hours following admission, as outlined in § 3900.31(2)(iii), by which the child's or youth's parent must be informed of the child's rights and grievance process, has been added to ensure that timely notification is provided if the parent is not present at the time of the child's or youth's admission to a facility. These additions support compliance with section 5 of the Children in Foster Care Act (11 P.S. § 2635) which stipulates that a notation must be made in the child's or youth's record to affirm that the child or youth is aware of the grievance policy and procedure and that a copy of the grievance policy and procedure has been provided to the child or youth and their parent.

In § 3900.31(2)(iv), the Department is proposing that facility staff be required to provide information and again review the documents related to grievance procedures with the child or youth and parent at the initial individual service plan (ISP) meeting to support their understanding of the provisions of this grievance process. This review also includes the right of a child or youth to ask for assistance in filing a grievance at any time as referenced in this subsection. Proposed language elevating attention directed to the grievance procedures and process also addresses concerns included in the recommendations of the 2022 Grand Jury Report on the Delaware County Juvenile Detention Center. Defining the proposed process clarifies the applicability of these new requirements to all child and youth residential facilities.

Language in § 3900.31(3) is largely consistent with the provisions of § 3800.31(b).

Requirements for posting policies at the facility addressed in § 3800.31(c) have been expanded in § 3900.31(4) to include not only posting and providing copies of grievance procedures, but also discipline policy, person and property search policy, restrictive procedures policy, visitation and contact policy, emergency preparedness plan and applicable consent to treatment protections. This change, supported by stakeholder input, reflects the elevated

attention to assuring that youth and their parent are aware of these policies and procedures and have ready access to this information. Clarification that these documents must also be posted in a location at the facility easily visible to facility staff and children is included as part of § 3900.31(4).

Language in § 3900.31(5) – (6) is consistent with § 3800.31(d) and (f) with the addition that documentation of efforts to obtain the signatures is to be maintained in the child’s or youth’s record.

§ 3900.32. Specific rights.

In § 3900.32 (relating to specific rights), the Department is proposing to update and expand the language currently included § 3800.32 (relating to specific rights). Current requirements in § 3800.32(a) have been expanded and modified in § 3900.32(a) to include that a child or youth may not be discriminated against because of religious affiliation, gender, gender identity or expression, in addition to criteria listed § 3800.32(a). Further, references to handicap have been deleted as it is captured in disability protection.

Language proposed in § 3900.32(b), identifying that a child or youth may not be subject to harassment, corporal punishment, unreasonable restraint or physical, sexual, emotional, or other abuse, reflects statutory language in section 3 of the Children in Foster Care Act (11 P.S. § 2633(3)) and slightly modifies current provisions in § 3800.32(b). Proposed language in § 3900.32(c) expands protections currently in § 3800.32(c) related to the child’s right to be treated with respect to include consideration of their racial and ethnic cultural needs and their trauma history, to reflect statutory language related to trauma-informed approaches.

The child’s or youth’s right to be informed of the facility’s rules in existing § 3800.32(d) is proposed to be expanded in § 3900.32(d) to include language addressing the child’s or youth’s

right to be informed of the facility's grievance policy. Grievance procedures are addressed in greater detail in § 3900.31.

Under this proposed section, a child or youth also has the right to be involved in the development of their permanency and transition plans under § 3900.32(e). These plans provide a child or youth with safety, stability, permanence and well-being, including safe housing and opportunities for post-secondary education and training, employment and a stable source of income, health insurance and a plan for future treatment. They also address options to support long term connections with safe, stable and reliable adults. These considerations reflect practice and policy priorities in developing permanency and transition plans with children and youth.

Section 3900.32(f) also provides a child's or youth's right to receive notification that they may request to remain under the court's jurisdiction under the Juvenile Act (See, 42 Pa.C.S. § 6351(j) (relating to disposition of dependent child)).

Communication options addressed in § 3800.32(e) are proposed to be updated with language proposed in § 3900.32(g) identifying additional options for a child or youth to communicate with others, including access to and use of technology, electronics and cell phones that were not accessible when Chapter 3800 was promulgated. These communication options remain subject to written limitations imposed by the court or contracting agency regarding circumstances, frequency, time and privacy. The right of a child or youth to visit with family in § 3800.32(f) is proposed to be expanded in § 3900.32(h) to include contact with family members including siblings, with contacts and visits as frequently as possible, consistent with the family service plan and the child's or youth's service plan, but no less than that prescribed by statute or regulation unless prohibited by court order. This change deletes the reference in § 3800.32(f) to required visits being at least once every 2 weeks. This change also reflects current child

involvement practice and Federal Child and Family Service Review

(www.acf.hhs.gov/cb/monitoring/child-family-services-reviews) criteria supporting the value of frequent contact and maintaining continuity in relationships and achievement of reunification and community reintegration, when that is the child's or youth's discharge goal.

Under § 3900.32(i), a child or youth has the right to receive and send mail unless prohibited by a court order similar to the existing provision under § 3800.32(g). Under this subsection, a child's or youth's incoming mail may not be opened by facility staff unless there is reasonable cause to suspect that contraband, or other information or material that poses a risk to the child's or youth's health, safety or well-being may be enclosed. Under these circumstances, the child or youth may open the mail in the presence of facility staff.

Language proposed in § 3900.32(j) expands the right of a child or youth to communicate and visit privately with their attorney and clergy addressed in § 3800.32(h) to also include contracting agency staff, including juvenile probation officers and county children and youth staff. This change was supported by stakeholder input to support the child's ready access to assigned contracting agency staff.

Under § 3900.32 (k), the right of a child or youth to have access to contact information of their guardian ad litem, attorney, court-appointed special advocate and members of the integrated services planning team is codified. Proposed subsection 3900.32 (l) further provides the right to contact those persons, notice of and the ability to attend court hearings relating to the child's or youth's case, and to have the opportunity to be heard.

Proposed language in § 3900.32(m) is consistent with § 3800.32(i). Additional regulatory requirements related to this specific right are also proposed under § 3900.41 (relating to person and property searches).

In § 3900.32(n), new language is being proposed to address the right of a child or youth to have meaningful age and developmentally appropriate involvement in case planning, including efforts to successfully transition them to self-sufficiency and adulthood.

The identified right ensuring the child's or youth's educational stability is proposed to be added under § 3900.32(o). New language is being proposed to address the right of a child or youth to education stability and an appropriate education.

Language proposed in § 3900.32(p) is consistent with § 3800.32(j) with minor modifications. This subsection addresses participation in religious observances and activities and attending religious services of the child's or youth's preference or the religion of the child's or youth's family of origin or culture, as may be reasonably accommodated. The proposed language also addresses a child's or youth's right to choose to not practice or participate in any religious activity.

Language proposed in § 3900.32(q) and (r) expands requirements in § 3800.32(k)-(m) to address a child's or youth's right to appropriate to medical, dental, vision, mental health, behavioral health, and drug and alcohol abuse and addiction services, rehabilitation and treatment. This includes information related to services including medication and medication options and the opportunity to communicate a preference regarding a treatment plan, medication or medication options. It also includes the opportunity to consent to medical and mental health treatment consistent with applicable law. This is consistent with the requirements under section 3(7) – (9) of the Children in Foster Care Act (11 P.S. § 2633(7) - (9)). Subsection (r) also clarifies that if a child or youth objects to or refuses treatment including medication, their objection must be noted in the child's or youth's record.

Language referenced in § 3800.32(n) is proposed to be mirrored in § 3900.32(s).

The proposed language in § 3900.32(t) carries over the intent of § 3800.32 (d) and requires a child or youth to be informed of the facilities discipline policy. This right is also referenced in § 3900.31(4).

Proposed language in § 3900.31(u) is similar to the current provision under § 3800.32(o) indicating that a child or youth has the right to clean, seasonal clothing that is age and gender-expression appropriate.

§ 3900.33. Prohibition against deprivation of rights.

In § 3900.33 (relating to prohibition against deprivation of rights), the Department is proposing that § 3800.33 (relating to prohibition against deprivation of rights) be mirrored with one minor change. In subsection (c), the Department is proposing language addressing the prohibition of visits with family being used as a reward or sanction by expanding the prohibition to also include contacts with family in addition to visits.

Subchapter D. Search of Person and Property (§§ 3900.41 – 3900.44)

§ 3900.41. Person and property searches.

In § 3900.41 (relating to person and property searches), the Department proposes language addressing the circumstances of a search of a child's or youth's person and property. The Department is proposing new provisions under this section to reflect input from a diverse group of stakeholders. These proposed requirements prompting a search are all based on reasonable cause that a child or youth is in possession of an item that is illegal or potentially harmful to the child, youth or others at the facility. These circumstances include consideration of verbal threats or gestures of self-harming behaviors. Searches conducted must balance the need for security in the facility and the child's or youth's expectation of privacy and must reflect the trauma-informed approach adopted by the facility.

Searches deemed necessary based on criteria in § 3900.41(a) must be limited to a level of intrusiveness no greater than what is necessary for facility staff to address concerns as addressed in § 3900.41(b).

Permissible options related to searches at the facility are addressed in § 3900.41(c). The options are presented in the order of least to most intrusive search, which includes searches of a child's or youth's personal property or bedroom which must be conducted in a private and respectful manner in the child's or youth's presence whenever possible. The Department is not proposing to require the use of metal detectors or wands. However, if they are available and used by a facility as the initial and least intrusive option for a search of child or youth, they may be used upon the child's or youth's initial entry to the facility or upon returning from a location where weapons or other types of contraband may have been obtained as proposed in § 3900.41(c)(2).

Proposed language in § 3900.41(c)(3) also addresses and defines pat down searches involving physical contact with the child or youth. A pat down search is defined as running of the hands over the clothed body of a child or youth to determine whether they are in possession of a concealed weapon, potentially harmful item or other contraband.

Proposed language in § 3900.41(c)(4) addresses and defines the most intrusive search permitted in this chapter as visual body searches by facility staff that involve the child or youth removing clothing that exposes underwear or private body parts. Visual body searches may be deemed reasonable for a child or youth with a documented history of aggressive or violent behavior, self-harming behavior or threats, or alleged or known access to weapons, potentially harmful items or other types of contraband.

Proposed language in § 3900.41(d) addresses the prohibition of facility staff to conduct a body cavity search of a child or youth. This type of search includes an anal or vaginal cavity. The basis for establishing reasonable cause to suspect that a child or youth is concealing contraband in a body cavity includes observations made during the course of a visual body search; a child's or youth's disclosure that they have contraband in an anal or vaginal cavity; indications that a child or youth is hiding contraband in an anal or vaginal cavity following use of a metal detector; or if a child's or youth's parent discloses to facility staff that the child or youth possesses contraband.

Under 3900.41(e), body cavity searches are proposed to be added to the list of reportable incidents under § 3900.16(a)(5) and facility staff will now be required to report each body cavity search conducted to the Department on the prescribed incident reporting form.

Proposed language in 3900.41(f) will require facility staff to notify the child's or youth's parent within 4 hours following the submission of a reportable incident relating to a child or youth being subjected to a body cavity search, unless otherwise restricted by confidentiality requirements or court order.

§ 3900.42. Appropriate use of person and property searches.

The Department is proposing a new section under § 3900.42 (relating to appropriate use of person and property searches), which addresses specific facility management responsibilities related to search of persons and property.

In § 3900.42(a), proposed language will require facility management to develop and implement policies and procedures addressing when and how searches of a child's or youth's person or property, and the related seizure of contraband, are deemed appropriate, reasonable and necessary to protect the child or youth and other children or youth at the facility and facility staff.

Language proposed in § 3900.42(b) requires that facility policies and practices limit the intrusiveness of searches to no greater than what is necessary to accomplish the purpose of the search or detect the potentially harmful items or contraband, prior to conducting person and property search procedures.

Proposed language in § 3900.42(c) will require that searches be conducted only if there is reasonable cause to suspect that the child or youth possesses contraband. All searches must be conducted in a way to support minimizing the intrusive effect. These criteria reflect the requirements under § 3900.41.

An additional safeguard proposed in § 3900.42(d) will require the facility staff who suspects the presence of prohibited items and contraband to consult with at least one supervisory facility staff to ensure that the decision to initiate a search is in accordance with facility policy.

In § 3900.42(e), the Department is identifying the components that must be included in the facility's search policies and procedures. Proposed language in § 3900.42(e)(1) will require that the facility's search policies and procedures define the types of searches approved for use by approved facility staff. The facility's search policies and procedures must also address how the practices used by the facility align with the principles of the trauma-based approach adopted by the facility as included in § 3900.42(e)(2). Proposed language in § 3900.42(e)(3) addresses the criteria warranting the need for a search, including the reasonable cause to suspect, which must be clear and articulable, and able to be explained verbally or in writing in reasonable and understandable terms.

The facility's policies and procedures must also reflect consideration of a number of factors related to the individual child's or youth's history, age, gender identity and medical conditions as listed in § 3900.42(e)(4).

Requirements proposed in § 3900.42(e)(5) address the specific steps to be taken by facility staff to mitigate the need for a search of hidden contraband prior to initiating a search, including informing the child or youth about the suspicion and asking the child or youth if the suspicion is accurate as a component of the facility's policies and procedures. Facility staff are to remind the child or youth that disclosing the possession of a prohibited item and willingly surrendering it to facility staff will enable the facility staff to help the child or youth potentially avoid the search. Facility policies must reinforce facility staff attempts to anticipate and de-escalate the child's or youth's behavior using methods of intervention less intrusive than search procedures.

Proposed language in § 3900.42(e)(6) requires that facility's policies and procedures also include elements such as the location where the search will be conducted, and the facility's planned response following the search regardless of whether prohibited items are found, including proactively anticipating the child's or youth's reactions and behaviors. The facility's policies and procedures must reinforce that all searches are to be conducted in a manner that affords respect and privacy for the child or youth, as provided under § 3900.42(e)(7).

Proposed language in § 3900.42(e)(8) address a facility's policies and procedures that must include providing a transgender or intersex child or youth the opportunity to request and confirm in writing their preference that staff of a particular gender conduct any pat down or visual search of the child or youth. Facility staff must comply with the child's or youth's request unless circumstances demand immediate action. Any deviation from the child's or youth's stated preference as a result must be clearly documented and entered into the child's or youth's record and search log. If a child or youth does not indicate a preference, the staff member of the child's self-identified gender must perform the search. The provisions under § 3900.42(e)(8) reflects

Federal requirements under 34 U.S.C. Chapter 303 (relating to prison rape elimination) and accompanying regulations at 28 CFR 115.215 (relating to limits to cross-gender viewing and searches), which is applicable to facilities for youth adjudicated delinquent. The Department is proposing application of these standards reflecting special sensitivity and consideration of a transgender or intersex child or youth to all facilities licensed under Chapter 3900 as an evolving area of practice and awareness.

Proposed language in § 3900.42(e)(9) will require facility policies and procedures to stipulate that at least two facility staff of the same gender as the child or youth, except for a transgender or intersex child's or youth's stated preference, are to be involved in conducting a search of the child's or youth's person. This requirement is based on stakeholder feedback and serves as an additional protection for the child or youth and facility staff involved.

Proposed language in § 3900.42(e)(10) will require the facility's policies and procedures to include a process for an internal review and debriefing process after each search incident, to review compliance with facility policies and to identify any additional staff training needed. Documentation of each debriefing process must be maintained as proposed under § 3900.44(b)(2) (relating to person and property search documentation and records).

A copy of the facility's person and property search policy is to be provided to a child or youth and their parent upon admission to the facility as proposed under §§ 3900.42(f) and 3900.31(4) to inform them of the types of searches that are conducted in the facility and the circumstances under which the child or youth is subject to being searched.

§ 3900.43. Search procedures staff training.

In § 3900.43 (relating to search procedures staff training), the Department is proposing a new regulatory section addressing training to be completed by facility staff who may be involved

in a search procedure as a result of their job responsibilities. Training includes the facility's search policies and procedures as required in § 3900.57 (relating to staff training) and includes the topics and procedures addressed in § 3900.42 (relating to appropriate use of person and property searches).

Proposed language in § 3900.43(b) will require that facility staff must be designated by the facility management as being approved to conduct searches once they have completed the required training. A record of this training including the name of the person trained, the date, curriculum used, name of trainer and their qualifications and length of training must be kept in the facility's files as proposed under § 3900.43(c).

§ 3900.44. Person and property search documentation and records.

The Department is proposing a new regulatory section under § 3900.44 (relating to person and property search documentation and records) addressing requirements for facility staff to maintain a record of each search of person or property conducted in both an electronic search log and in the child's or youth's record. Documentation of any search conducted must include the details addressed in § 3900.44(a) and include details as to why the search was necessary and reasonable.

Proposed requirements in § 3900.44 (b) will require facility staff to maintain a record of each search of a person or property conducted in both an electronic search procedures log and the child's or youth's record and a searchable electronic log of aggregate data relevant to incidents of search procedures utilized. This log must reflect facility data addressing the elements required in this section and include child or youth, facility staff and site-specific related experiences as required in § 3900.44(b). While the Department is not requiring that each search conducted be reported as an incident, the facility must maintain records internally. The Department is

proposing a requirement that this data be maintained in an electronic format to support ease in sorting and accessing the information. The program and formats used are left to the discretion of the facility management.

Facility-specific analysis of the aggregate data compiled, and any quality improvement plans developed as a result of the analysis, are to be made available to the Department on an annual basis at the time of licensure renewal as addressed in § 3900.44(b)(1) - (6). The Department will not require any specific components related to a quality improvement process as implemented within each facility, requiring only that one be adopted and updated based on facility experiences. Aggregate search procedures data must be made available to the Department within 2 business days upon request.

Facility staff will also be required to include documentation of each debriefing process conducted as proposed under § 3900.44(b)(2) and § 3900.42(e)(10).

Language under § 3900.44(b)(6) proposes to require facility staff to notify the child's or youth's parent and contracting agency of each search of the child or youth that results in contraband or other dangerous items being found within 4 hours following completion of the search.

Subchapter E. Staffing (§§ 3900.51 – 3900.57)

§ 3900.51. Child abuse and criminal history checks.

The Department is proposing language in § 3900.51(a) (relating to child abuse and criminal history checks) to mirror current language under § 3800.51 (relating to child abuse and criminal history checks) requiring that all facility employees and volunteers having contact with children at a facility must secure child abuse and criminal history certifications. Although stakeholders raised concerns related to hiring, limited access options and delays experienced in

securing the certifications from the FBI, these clearances and certification requirements are being maintained consistent with the statutory requirements of section 6344 of the CPSL (23 Pa.C.S. § 6344) (relating to employees having contact with children; adoptive and foster parents).

The Department is proposing an additional requirement in § 3900.51(b) that maintenance and repair service personnel secured through outside entities working unsupervised by facility staff while on site at the facility be required to present documentation of child abuse certifications and criminal history certifications prior beginning work at the facility. This proposed requirement in § 3900.51(b) addresses stakeholder concerns related to background checks for maintenance workers who are not employees of the facility.

§ 3900.52. Staff hiring, retention and utilization.

In § 3900.52 (relating to staff hiring, retention and utilization), the Department is proposing to mirror § 3800.52 (relating to staff hiring, retention and utilization).

§ 3900.53. Residential program director.

In § 3900.53 (relating to residential program director), the Department is proposing a change in position title from “director”, as referenced in § 3800.53 (relating to director) to “residential program director” to differentiate this role more clearly from an agency or executive director. This proposed title change, however, does not preclude an individual from acting as both agency director and a residential program director. This change is referenced throughout this section and Chapter 3900. Language in § 3900.53(a) otherwise mirrors § 3800.53(a).

Proposed language related to a residential program director also clarifies the scope of responsibility. Under §§ 3900.53(a) - (b), a residential program director is responsible for facility operations and program administration and management, including regular and direct contact

with the children at the facility to ensure their safety and protection. The Department proposes this language to address stakeholder requests for clarification of the residential program director's responsibilities. The Department is also proposing the regular and direct contact with children and youth provision to ensure that this contact is recognized as part of this residential program director's responsibility. Proposed language addresses the residential program director's responsibility to ensure that a quality trauma-informed approach is demonstrated in accordance with 42 Pa.C.S. Chapter 63 Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting).

This proposed addition clarifies that a residential program director is required to complete all staff training requirements under § 3900.57 (relating to staff training). This proposed addition addresses related concerns raised by stakeholders.

Language proposed in § 3900.53(c) pertaining to qualifications mirrors § 3800.53(c). Although the recommendations made in the 2022 Grand Jury Report on the Delaware County Juvenile Detention Center related to required experience for a secure detention facility director were reviewed and considered, they were not incorporated as a requirement. The proposed language addresses requirements for work experience in administration or human services but does not include the Grand Jury recommended requirements for specific juvenile justice or juvenile detention experience. Section 3900.53 addresses requirements for a residential program director fulfilling this role in any child and youth residential facility which includes community based and secure settings for both dependent and delinquent children and youth.

§ 3900.54. Residential program supervisor.

In § 3900.54 (relating to residential program supervisor), the Department is proposing different language than is found in § 3800.54 (relating to child care supervisor). A change is

proposed from identifying this position as a “child care supervisor” to a position title as “residential program supervisor.” This proposed new title better reflects the focus of this role and defines the responsibilities for supervising the program operations. The new proposed title also recognizes the critical role that this position holds in ensuring appropriate care, programming and scheduling of activities for children and youth at a facility. This proposed change responds to stakeholders’ requests for clarification related to the purpose and responsibilities of this position and supporting recognition of the professional nature of this position.

Proposed language in § 3900.54(a) mirrors existing language under § 3800.54(a). Specifically, § 3900.54(a) maintains the option to have the residential program director available by telephone and not physically present, allowing for the director’s absence during the day when youth are in school and not at the facility.

Proposed language in § 3900.54(b) provides the ratios requiring a residential program supervisor be present at the facility during times children or youth are present. The requirements that a residential program supervisor must be present on site whenever 16 or more children or youth are present at the facility currently required in § 3800.54(b) is proposed to decrease to a ratio of one residential program supervisor being required on site whenever 12 or more children or youth are present at the facility under § 3900.54(b). This change reflects stakeholder input and recognition of the needs of the children and youth at the facility.

In § 3900.54(c), proposed language adds clarity specific to the residential program supervisor being counted in the child to staff ratios when they are temporarily acting in the capacity of a residential program worker and involved in the direct care and supervision of the children or youth. This shift in role and calculation of child and youth to staff ratios is permitted

only in emergency situations affecting the availability of scheduled residential program workers as addressed in §§ 3910.21 and 3920.11 (relating to residential program worker).

Primary responsibilities of the residential program supervisor are more clearly addressed in proposed language in § 3900.54(d) which modifies the existing requirements set forth in § 3800.54 (c). The proposed rulemaking identifies the residential program supervisor as being responsible for developing and implementing the daily programming and schedule for the children or youth, while clarifying the focus of this position as being the children's or youth's safety, supervision and security. The requirement addressing the responsibilities of this position to supervise the residential program workers, as addressed under existing § 3800.54(c), has been maintained. In addition, the requirement that a residential program supervisor have knowledge of the facility policies, procedures and regulations related to child residential care; supervisory techniques; and personnel policies and procedures in § 3900.54(d) further reinforces the responsibilities of this position.

Based on stakeholder input, the Department is proposing clarification of acceptable areas of study reflecting human service-related educational background under § 3900.54(e)(1)-(2) for the residential program supervisor. The proposed areas include a bachelor's or associate degree in social work, sociology, psychology, family ecology, family or child development, counseling and guidance, criminal justice, community services, family studies, counseling psychology, education, early childhood education, secondary education or special education, or other human services related field. Further, required work experience has been defined as needing to be work experience with children or youth in a group or residential setting. In addition, the Department proposes inclusion of relevant military training or education. Accepting relevant military training or education for this position reflects stakeholder input to recognize this as an acceptable option

for required work experience. This proposed change adds a detailed listing of relevant and related areas of education to current requirements set forth in § 3800.54(d)(1)-(2). The proposed language also clarifies that an associate degree is acceptable when combined with 3 years of paid or volunteer work experience with children or youth in a group or residential setting.

In § 3900.54(e)(3), the Department is proposing language based on stakeholder input and the need to create an internal career ladder to support retention, addressing a third education and experience option. Five years of experience working with children or youth in a group residential setting with demonstration of progressive responsibilities and relevant trainings, skill and competency development documented is being added as an acceptable option for experience for this position. This additional option will support retention and promotion of experienced facility staff interested in pursuing a supervisory role.

In § 3900.54(f), additional requirements applying to a residential program supervisor working in a facility serving youth who are adjudicated delinquent include documented work experience with youth in a group activity or setting that may be paid or volunteer. This proposed language reflects input from juvenile justice professionals who identified the need for experience working with youth in a group setting as being a relevant and a better predictor of success as they comprise the majority of the population of youth who are adjudicated delinquent and served in residential facilities.

§ 3900.55. Additional staff responsibilities.

In § 3900.55 (relating to additional staff responsibilities), the Department is proposing to require additional roles and responsibilities for identified facility staff positions. The Department is not proposing that facility management create new staff positions to fulfill the newly defined responsibilities in this section. Instead, it is anticipated that these identified responsibilities will

be added to existing position descriptions. These activities are often currently being addressed by existing staff even though they may not be clearly defined in their current job responsibilities or descriptions or reflect the specific proposed regulatory language. Further, the Department is not setting standards as to how each facility addresses these staff roles and responsibilities but rather is allowing facility management to make this determination. These additional responsibilities reflect the recommendation of stakeholders.

The Department is proposing in § 3900.55(a) (1) – (5) that at least one facility staff be identified as being the primary contact responsible for communication with a child’s or youth’s family. Responsibilities for supporting communications with family members and scheduling family visits and family contacts with the child or youth must also be assigned to a facility staff. A facility staff must also be identified as being responsible for supporting the timely exchange of information with the family, providing details of the child’s or youth’s experiences at the facility. Responsibility for coordinating the child’s or youth’s transition planning throughout placement must also be delegated to an identified facility staff. Designation of a facility staff to be present with a child in labor is required in accordance with the statutory provisions of 42 Pa.C.S. Chapter 63, Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting).

The Department is proposing in § 3900.55(b) that at least one facility staff in each facility be identified as the lead person in scheduling and providing information to members of the child’s or youth’s team configured to support them while they are in placement at the facility.

The Department is also proposing in § 3900.55(c) that at least one facility staff in each facility be identified as having responsibility for care management for each child or youth at the facility, including acting as an advocate on their behalf within the facility. These changes in

roles and responsibilities of staff reflect the changes in the expectations of staff in child residential facilities in response to the complexity of needs of the children and youth served.

In addition, in § 3900.55(d), the Department is proposing that a position as parent advocate or peer support specialist be created and filled within 2 years of publication of the final form rulemaking. Facility management will be required to employ at least one or more persons having responsibility as parent advocate or peer support specialist.

Language in § 3900.55(e), confirms that the Department is not requiring facility management to create new staff positions to fulfill these newly defined responsibilities in this section. It is anticipated that the majority of these identified responsibilities will be added to existing position descriptions. In many facilities, the activities are currently being addressed by existing staff even though they may not be clearly defined in their current job responsibilities or descriptions or reflect the specific proposed regulatory language.

The new role as a parent advocate or peer support specialist proposed in § 3900.55(d) is the proposed addition that is anticipated to result in increased costs to be incurred by a facility. However, facility management may choose to assign these responsibilities to a new or existing facility staff. This position has been identified by stakeholders as key to supporting quality family and youth involvement, which are directly related to the achievement of case goals and supporting continuity of relationships for a child or youth and achievement of permanency and stability.

§ 3900.56. Exceptions for staff qualifications.

The Department is proposing in § 3900.56 (relating to exceptions for staff qualifications) to support an exception for an individual who is actively employed as a residential program director or supervisor and who does not meet the proposed education criteria for these positions.

Under the proposed rulemaking, the staff qualification requirements specified in §§ 3900.53(c) and 3900.54(e) will not apply to facility staff hired or promoted to the specified positions prior to the effective of this chapter. The Department determined that the exceptions noted in § 3800.56(b) were no longer relevant and, therefore, are not referenced in this new chapter.

§ 3900.57. Staff training.

In § 3900.57 (relating to staff training), the Department is proposing significant changes from the language in § 3800.58 (relating to staff training) based on extensive stakeholder input and comparison with other state's training requirements. New understanding of child development and trauma and recognition of the awareness, skills and knowledge needed by facility staff working with children and youth in residential settings were also considered and incorporated (www.childwelfare.gov/pubPDFs/trauma_informed.pdf). The Department recognizes that the needs of the population of children and youth served in residential programming have changed considerably during the more than two decades since the adoption of Chapter 3800 and that facility staff training requirements must change accordingly. Proposed required training topics include those recommended in the 2022 Grand Jury Report on the Delaware County Juvenile Detention Center and those required under 42 Pa.C.S. Chapter 63 Subchapter G and will apply to all facilities licensed under this chapter.

To provide greater clarity and consistency in training provided to facility staff, changes are proposed in § 3900.57 to the orientation training, training topics to be addressed while new staff are working with children and youth under supervision and training topics to be addressed with staff on an annual basis while they are working directly with children and youth.

Current language in § 3800.58(a) requires that each facility staff who will have regular and significant direct contact with children, including part-time and temporary facility staff and

volunteers, must complete an orientation. The Department is proposing in § 3900.57(a) that new employees and volunteers who will have regular and significant contact with children and youth complete this orientation prior to having any contact with children or youth in the facility. This change from current regulatory requirements will no longer allow for this orientation to occur while working with children or youth under supervision. In addition, in response to stakeholder input, the Department is not recommending a specific number of training hours to meet orientation requirements with one exception. No fewer than 4 hours training on the trauma - informed approach adopted by the facility must be completed to comply with 42 Pa.C.S. § 6384(d)(3) (relating to training and education requirement). The proposed language provides a detailed listing of required orientation subject areas in § 3900.57(a).

In § 3900.57(b), the Department is proposing that the training topics addressed during the first 120 days of employment and prior to working alone with children or youth be expanded from the listing currently in § 3800.58(b). Current regulations require 30 hours of training prior to working alone with children and this hour requirement is being retained in § 3900.57 as a minimum, although proposed topic areas are being expanded.

In addition to the topics addressed subsection (b), the Department is proposing in § 3900.57(c) that staff working in facilities serving children or youth who are adjudicated delinquent also be required to complete training in additional topics as listed that have direct relevancy to the children or youth adjudicated delinquent.

If facility staff have contact with a pregnant, laboring or postpartum child or youth, training on topics included in 42 Pa.C.S. Chapter 63 Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting) are also required. These topics focus on

the physical and mental health of the pregnant or postpartum child or youth and the unborn infant as addressed in § 3900.57(d).

To reduce duplication of effort and support effective use of time and resources, the Department is proposing that if a new facility staff has completed the training listed in § 3900.57(b)(1) through (5) within 12 months prior to the new facility staff's date of hire, and can provide documentation of current certifications, the requirement for training in those areas listed above does not apply until the next certification cycle. This change proposed in § 3900.57(e) recognizes the mobile nature of staff in these positions and the desire to reduce repetitious sessions and carries over the intent of the language in § 3800.58(c).

The Department is also proposing significant changes related to annual and ongoing training requirements for the facility staff, increasing the number of hours from the 40 hours currently required in § 3800.58(d) to 42 hours a year in § 3900.57(f) to support easier calculation and compliance monitoring. The 2 additional hours also reflect time needed to present the expanded listing of required topics. Stakeholders offered diverse opinions related to the process for calculating and tracking training hours following completion of the 120-day period before working alone with children and to reflect time needed to present the expanded listing of required topics. To streamline this process and make calculation of hours more consistent, annual training requirements and topics are proposed in § 3900.57(f)(1) – (8).

In addition to the topics addressed subsection (f), the Department is proposing in § 3900.57(g) that staff working in facilities serving children or youth who are adjudicated delinquent also be required to complete annual training in additional topics as listed that have direct relevancy to the children or youth adjudicated delinquent.

Stakeholders offered diverse opinions related to the process for calculating and tracking training hours following completion of the 120-day period before working alone with children and youth. Confusion was noted by providers and licensing staff as to how to accurately calculate hours and compliance. Each facility will now be required to develop an annual training year and plan as proposed under § 3900.57(h). As new employees complete the initial 120-day period of employment, the number of training hours required for the remainder of the facility training year can be calculated at 3.5 hours a month. Once the training year is completed, all employees begin a new annual period and are required to meet the 42 hours in the next training year cycle.

For example, if the facility has adopted a calendar training year plan and a new facility staff completes their initial 120-day period of employment in February, they are required to complete an additional 35 training hours (10 months x 3.5 hours) through December and begin a new training year with 42 hours training required beginning in January to be aligned with other facility staff.

Replicating existing language from Chapter 3680 (relating to administration and operation of a children and youth social service agency), the Department is proposing under § 3900.57(i) that at least 22 hours of the annual training hours required be met through formal in-service training or academic programs, conferences, institutes or workshops. Up to 20 hours may also be obtained by participation in supervisory conferences as proposed under § 3900.57(j) if the training is clearly documented in individual facility staff training records.

In response to stakeholder concerns regarding the need for clarity and reasonableness related to training hour requirements for volunteers, the Department is proposing additional changes. Under § 3900.57(k), volunteers who are not responsible for the direct care and

supervision of children or youth and who are not counted in the child and youth to staff ratios are required to participate in and complete the same orientation process provided to facility staff under subsection (a). However, these volunteers are not required to complete the initial 120-day or annual trainings required for facility staff. Volunteers may choose to participate in additional facility staff trainings with facility management approval. If volunteers are responsible for the care and supervision of children or youth and counted in staff ratios, all facility staff training requirements will apply.

Documentation requirements for all trainings under § 3900.57(1) include the facility defined qualifications of the trainer conducting the training session in addition to the other information currently required in § 3800.58(h), including the name of the person trained, date, source and length of the training. This expands current requirements to include the name of the trainer and their facility defined qualifications. Records of both facility staff and volunteer trainings are to be maintained in the facility training records file, which adds clarity to the current language in § 3800.58(h).

Subchapter F. Physical Site (§§ 3900.61 – 3900.88)

§ 3900.61. Outside access and visitors to the facility.

The Department is proposing new regulatory language in § 3900.61 (relating to outside access and visitors to the facility) to address additional specific physical site safety requirements. These requirements respond to the heightened risks of children in congregate care settings. Language included in this section also reflects input from a diverse stakeholder workgroup convened to address requirements for specialized settings for child or youth victims of sex trafficking and those at risk of being trafficked. Consistent with Section 50741(k)(2)(D) of the Family First Prevention Services Act (Title VII of Division E, Pub. L. 115-123, 132 Stat. 64)

(codified at 42 U.S.C. § 672(k)(2)(D) (relating to foster care maintenance payments program)), this proposed section addresses specific residential programming considerations for children or youth who are, or who are at risk of becoming, sex trafficking victims. For example, proposed language in § 3900.61(a) will require that each facility develop and implement procedures addressing who may have access to the facility and grounds, including maintenance and delivery personnel and business-related visitors.

In addition, under § 3900.61(b), facility management will be required to establish site specific security measures including but not limited to a sign-in and sign-out protocol enforced with photo identification provided by adult visitors and a posting of items that are prohibited from being brought into the facility. The facility management must also post a notice that the facility reserves the right to inspect any item being brought into the facility as another measure to protect the safety of the children, youth and staff present as proposed under § 3900.61(b)(3).

In § 3900.61(c), the Department is proposing that management at each facility establish a process to maintain a child or youth specific list of approved family members and visitors which reflect court orders and contracting agency directives. This process must also address how this list will be updated and made accessible to all facility staff to ensure that the child or youth only has contact with approved visitors. Stakeholder input was incorporated into this requirement and the need for facility staff to have easy access to a current list of approved visitors was reinforced as a priority related to human trafficking concerns.

Increased opportunities for family contacts and visits are addressed in § 3900.32 (g) (relating to specific rights). Research confirms the importance of regular contacts with family members while a child or youth is in a placement setting. To support increased access and frequency of family contacts while still assuring the safety of each child or youth at the facility,

the Department is proposing that facility management develop and implement site safety operating policies and procedures that address facility site access specific to child and youth visitation.

These physical site safety policies addressed in § 3900.61(d) must include how the need for, and level of staff supervision and observation will be determined based on the assessed needs of the child or youth. The process for family members and approved visitors to arrange for visitation in advance, and the options available to support flexibility to accommodate specific needs identified by family members or the child or youth must also be addressed in the policies as referenced in § 3900.61(d)(2).

If staff supervision or observation of visits is needed, facility policies must also identify if there are designated areas or times for these visits to support compliance with direction from the contracting agency or the court or as addressed in the child's or youth's health and safety plan or ISP as included in § 3900.61(d)(3).

Proposed language in § 3900.61(d)(4) recognizes the value of family involvement and provides that reasonable flexibility to accommodate specific needs for time and location identified by the child, youth, or their family is to be demonstrated by the facility staff.

§ 3900.62. Physical accommodations and equipment.

The Department is proposing language in § 3900.62 (relating to physical accommodations and equipment) to address a broader application of requirements for physical accommodations and equipment to meet the health and safety needs of all children and youth at the facility, including those who may have a disability that requires special accommodations. This language expands the regulatory requirement included in § 3800.81.

§ 3900.63. Poisons.

The Department is proposing language in § 3900.63 (relating to poisons) to expand and update regulatory requirements currently in § 3800.82 and to reflect current requirements for handling toxic materials included under Chapter 3270 (relating to child care centers).

Although emergency telephone numbers and contact information are required to be posted at visible locations in the current § 3800.91 (relating to emergency telephone numbers), new language in § 3900.63(b) will require that the contact information for the poison control center be posted near the areas used to store toxic materials as an additional safeguard.

§ 3900.64. Heat sources.

In § 3900.64 (relating to heat sources), the Department is proposing language consistent with § 3800.83 (relating to heat sources).

§ 3900.65. Sanitation.

In § 3900.65 (relating to sanitation), the Department is proposing to mirror § 3800.84 (relating to sanitation).

§ 3900.66. Ventilation.

In § 3900.66 (relating to ventilation), the Department is proposing language that expands upon current requirements for ventilation addressed in § 3800.85 (relating to ventilation). Current language which requires living areas, recreation areas, dining areas, bathrooms, bedrooms and kitchens to have at least one operable window or mechanical ventilation has been modified to require that natural or mechanical ventilation must be available in all areas used by children and youth, including living areas, recreation areas, dining areas, bathrooms, bedrooms and kitchens.

The proposed language in § 3900.66(b) and (c) adds clarity regarding requirements in § 3800.85 to ensure adequate and safe ventilation and includes language in § 3800.92 (relating to screens) requiring that all operable windows are screened and that screens are in good repair.

As an additional safeguard to the children and youth at the facility, § 3900.66(d) requires that windows or doors above the ground floor that open directly to the outdoors and are accessible meet related requirements for limits on openings under Chapter 3270 (relating to child care centers). The Department will offer additional guidance related to this requirement in the Regulatory Compliance Guide to address exceptions for those windows and doors used as emergency exit routes.

§ 3900.67. Lighting.

In § 3900.67 (relating to lighting), the Department is proposing to mirror § 3800.86 (relating to lighting).

§ 3900.68. Surfaces.

The Department is proposing language in § 3900.68 (relating to surfaces) that incorporates requirements currently included in the § 3270.77 (relating to paint) and requirements in § 3800.87 (relating to surfaces). Proposed language in § 3900.68(a) mirrors § 3800.87(a).

Facility management are required to comply with § 3270.77 requirements related to indoor and outdoor surfaces being free from peeling or damaged paint as added in § 3900.68(b). Proposed language in § 3900.68(c) will require that when indoor or outdoor surfaces are repaired or when new indoor or outdoor surfaces are painted, the paint must not contain more than .06% lead.

As an additional safeguard, the proposed changes in § 3900.68(d) also require that a child or youth not be present during paint removal of paint from a facility's indoor or outdoor surfaces, mirroring language in § 3270.77(c).

Requirements in § 3900.68(e) - (f) mirror § 3800.87(b) - (c).

§ 3900.69. Water.

In § 3900.69 (relating to water), the Department is proposing to carry over current language in § 3800.88 (relating to water). The Department is recommending a minor change to add clarification that water pressure must be sufficient to meet the needs of the children or youth at the facility.

A facility that is not connected to a public water system is required to have a coliform water test done at least every 3 months, by a Department of Environmental Protection-certified laboratory confirming that the water is safe for drinking. The Department is recommending a minor modification from the current language in § 3800.88(c) as reflected in § 3900.69(c) requiring that documentation of the certification be maintained in facility files and made available for review by the Department upon request.

§ 3900.70. Temperature.

In § 3900.70 (relating to temperature), the Department is proposing to substantially mirror § 3800.89 (relating to temperature).

§ 3900.71. Communication system.

In § 3900.71 (relating to communication system), the Department is proposing to carry over current language from § 3800.90 with minor changes. Stakeholders identified that a variety of communication systems (cellular phones, intercoms, pagers, and the like) are used by facilities and the Department supports a variety of options as they are effective. A change is being

proposed to reflect that telephone connections may be either hard wired landlines or cellular and must be accessible to facility staff at all times.

§ 3900.72. Emergency telephone numbers.

In § 3900.72 (relating to emergency telephone numbers), the Department is proposing to carry over language from § 3800.91 (relating to emergency telephone numbers) with a minor addition. The Department is proposing language to address the diversity of locations of telephones within a facility given the increased use of cordless and cellular phones. Posting emergency numbers is still required although the Department is proposing that facility management identify an area or areas suitable for posting to ensure that emergency numbers are easily visible to facility staff and children or youth rather than on or by each phone as required in § 3800.91. If possible, the emergency numbers must also be programmed into each phone.

§ 3900.73. Handrails and railings.

In § 3900.73 (relating to handrails and railings), the Department is proposing language consistent with § 3800.93 (relating to handrails and railings).

§ 3900.74. Landings and stairs.

In § 3900.74 (relating to landings and stairs), the Department is proposing language consistent with § 3800.94 (relating to landings and stairs).

§ 3900.75. Furniture and equipment.

In § 3900.75 (relating to furniture and equipment), the Department is proposing consistent language with § 3800.95 (relating to furniture and equipment) with a minor addition to add clarity to requirements for a child or youth to operate power equipment, excluding normal household appliances. The addition of a requirement in § 3900.75(e) that a child or youth be

permitted to use power equipment under the supervision of a facility staff following thorough instruction as to the safe usage of the equipment addresses safety issues while still supporting age and developmentally appropriate opportunities and concerns voiced by stakeholders.

§ 3900.76. First aid supplies.

In § 3900.76 (relating to first aid supplies), the Department is proposing to carry over language that lists items needed for a complete first aid kit as listed in § 3800.96 (relating to first aid supplies) with one addition. A new requirement for a first aid kit to be available on each floor of a facility to support ready and easy access by facility staff is proposed in § 3900.76(b). Costs related to this requirement are minimal while the benefits of easily accessible supplies when needed are clear. The language proposed in this section also eliminates the requirement in § 3800.96 that each first aid kit include syrup of Ipecac as this is no longer medically recommended.

§ 3900.77. Elevators.

In § 3900.76 (relating to elevators), the Department is proposing to mirror § 3800.97 (relating to elevators).

§ 3900.78. Indoor activity space.

In § 3900.78 (relating to indoor activity space), the Department is proposing to mirror § 3800.98 (relating to indoor activity space).

§ 3900.79. Recreation space.

In § 3900.79 (relating to recreation space), the Department is proposing to mirror § 3800.99 (relating to recreation space).

§ 3900.80. Exterior conditions.

In § 3900.80 (relating to exterior conditions), the Department is proposing consistent language with § 3800.100 (relating to exterior conditions).

§ 3900.81. Firearms and weapons.

In § 3900.81 (relating to firearms), the Department is proposing to add language requiring that a facility have a written policy regarding the possession of firearms, weapons and ammunition on the premise and grounds of a facility in accordance with Federal and State laws. A facility is not required to permit firearms, weapons and ammunition.

§ 3900.82. Bedrooms.

In § 3900.82 (relating to bedrooms), the Department is proposing to carry over language in § 3800.102 (relating to child bedrooms) with one change. In § 3900.82(c), proposed language addresses that only two youth may share a bedroom, while maintaining the current requirement of no more than four children sharing a room in § 3800.102(c).

§ 3900.83. Bedroom accommodations.

In § 3900.83 (relating to bedroom accommodations), the Department is proposing a new requirement to specifically address physical site safety considerations for child or youth victims of sex trafficking. These requirements respond to research related to the heightened risks of children and youth in congregate care settings being or becoming victims of sex trafficking and the provisions of section 101 of the Preventing Sex Trafficking and Strengthening Families Act (Pub. L. No. 113-83, 128 Stat. 1919) (relating to identifying, documenting and determining services for children and youth at risk of sex trafficking). As addressed in § 3900.83(a), facility management will be required to maintain an ability to make single room accommodations

available to a child or youth in response to their assessed safety or clinical needs identified as part of the child's or youth's assessment and treatment plan. Facility management will also be required to develop and implement policies that address the process and criteria to be considered as the basis for bedroom assignments under § 3900.83(b). Proposed language included in § 3900.83(c) requires that a child's or youth's need for privacy, confidentiality and personal safety also be considered in determining bedroom assignments.

Proposed language in § 3900.83(d) will require that beds used by a pregnant child or youth not be elevated more than 3 feet from the floor to comply with statutory requirements in 42 Pa.C.S. Chapter 63, Subchapter G.

§ 3900.84. Bathrooms.

In § 3900.84 (relating to bathrooms), the Department is proposing to carry over language from § 3800.103 (relating to bathrooms), with minor changes. Language in § 3900.84(h) adds a requirement that lotion and hair moisturizer/hair grease be provided for each child or youth in addition to the other personal hygiene items listed. This change reflects stakeholder input and is an effort to respect the cultural and ethnic needs of a child or youth. Menstrual hygiene and incontinence products have also been added to the listing of toiletry and other personal hygiene products to be issued as needed as required under 42 Pa.C.S. Chapter 63, Subchapter G.

§ 3900.85. Kitchen areas.

In § 3900.85 (relating to kitchen areas), the Department is proposing language consistent with § 3800.104 (relating to kitchen areas).

§ 3900.86. Laundry.

In § 3900.86 (relating to laundry), the Department is proposing language consistent with § 3800.105 (relating to laundry).

§ 3900.87. Swimming.

In § 3900.87 (relating to swimming), the Department is proposing to carry over language from § 3800.106 (relating to swimming) with several additions to address safety concerns. In § 3900.87(a) and (b), language is proposed to clarify limits on the responsibility of the facility to safeguard pools that are on facility grounds by fencing or other means to make them inaccessible to children when not in use. Proposed language in § 3900.87(c) adds a requirement for a certified lifeguard to be present during swimming and water play activities at both facility and community locations. This change addresses stakeholder concerns related to child drownings in natural bodies of water. While additional staffing and potential cost considerations for a facility are recognized if lifeguards are not provided at public swimming and community water play locations, child and youth safety remains the priority consideration in proposing this regulatory change.

§ 3900.88. Video surveillance system.

In § 3900.88 (relating to video surveillance system), the Department is proposing new language requiring installation and operation of a video surveillance system. This addition captures the intent of the recommendation included in the Grand Jury report on the 2022 Delaware County Juvenile Detention Center and reflects input from stakeholders. This proposed language expands this recommendation to include all child residential facilities that have

capacity for 25 or more children or youth, and each secure residential and secure detention facility for children and youth in the Commonwealth.

In addition to requirements that a video surveillance system be installed in the facility to allow for viewing of all areas accessible to children and youth excluding bathrooms, showers and sleeping rooms, facility management must also develop and implement policies addressing the use of this camera surveillance system. Required components of the policy are listed in § 3900.88(b)(1) – (8). These components include the posting of notices that such a system is in use. Copies of this policy must be provided to each child or youth, the child’s or youth’s parent, facility staff, contracting agency and the Department. The policy must also address retention practices for the recorded information and identification of individuals having access to this information. Although specific time frames for retention are not addressed as recommended in the Grand Jury Report, facility policies must address retention time frames that are sufficient to allow for completion of investigations related to allegations of abuse, reportable incidents, criminal activity or litigation.

In addition, facility management who are not required to install a video surveillance system but voluntarily choose to install and use a video surveillance system must also comply with the proposed requirements listed in this section.

Subchapter G. Fire Safety (§§ 3900.91 – 3900.100)

§ 3900.91. Exits.

In § 3900.91(relating to exits), the Department is proposing consistent language with § 3800.122 (relating to exits).

§ 3900.92. Evacuation procedures.

In § 3900.92 (relating to evacuation procedures), the Department is proposing consistent language with § 3800.123 (relating to evacuation procedures).

§ 3900.93. Flammable and combustible materials.

In § 3900.93 (relating to flammable and combustible materials), the Department is proposing consistent language with § 3800.125 (relating to flammable and combustible material).

§ 3900.94. Furnaces.

In § 3900.94 (relating to furnaces), the Department is proposing consistent language with § 3800.126 (relating to furnaces).

§ 3900.95. Portable space heaters.

In § 3900.95 (relating to portable space heaters), the Department is proposing consistent language with § 3800.127 (relating to portable space heaters).

§ 3900.96. Wood and coal burning stoves.

In § 3900.96 (relating to wood and coal burning stoves), the Department is proposing language consistent with § 3800.128 (relating to wood and coal burning stoves).

§ 3900.97. Fireplaces.

In § 3900.97 (relating to fireplaces), the Department is proposing to carry over language from § 3800.129 (relating to fireplaces), with minor changes. Proposed language in § 3900.97(a) and (b) mirrors § 3800.129(a) and (b). Language in § 3800.129(c) requires that a fireplace chimney and flue be cleaned when there is an accumulation of creosote. Stakeholder input

identifying safety concerns, and the absence of clarity related to frequency in checking for creosote build-up is reflected in the proposed language in § 3900.97(c). The proposed language will require annual inspection and cleaning of a log burning fireplace which is in use, by a professional furnace cleaning company or trained maintenance facility staff. Documentation of the inspection and cleaning must be kept in the facility's administrative files as directed in § 3900.97(d).

§ 3900.98. Detectors and fire alarms.

In § 3900.98 (relating to detectors and fire alarms), the Department is proposing to carry over language from § 3800.130 with a minor addition. Proposed language in § 3900.98(a) - (h) mirrors § 3800.130(a)-(h). Proposed language to be added in § 3900.98(i) will require that an approved carbon monoxide alarm be installed in the facility not less than 15 feet from any fossil fuel-burning device or appliance. This additional requirement responds to stakeholder input related to children and staff safety. It also reflects common practice in many facilities and the provisions of the Care Facility Carbon Monoxide Alarm Standards Act (35 P.S. §§ 7241 – 7245). In addition, carbon monoxide detectors and alarm systems installed must be tested and cleaned by facility staff as indicated in the manufacturer's guidelines.

§ 3900.99. Fire extinguishers.

In § 3900.99 (relating to fire extinguishers), the Department is proposing to mirror § 3800.131 (relating to fire extinguishers).

§ 3900.100. Fire drills

In § 3900.101 (relating to fire drills), the Department is proposing to carry over requirements from § 3800.132 (relating to fire drills), with several changes. The proposed

changes add clarification to address several points of confusion identified by stakeholders related to current language addressing unannounced fire drills and the practical need for supervisory staff to know about the drills in advance. These proposed changes in § 3900.100(a) modify language that will now restrict advance notice of monthly unannounced fire drills from being provided to residential program workers or children and youth at the facility, recognizing that supervisory staff need to be aware of the schedule to initiate the drill. Proposed language in § 3900.100(b) - (d), (i) and (l) mirrors § 3800.132(b) - (d), (i) and (j).

Stakeholders identified concerns related to the interpretation of the current language in § 3800.132(e), which requires that a fire drill must be held during sleeping hours at least every 6 months. The Department is proposing a change in § 3900.100(e) to require a fire drill during sleeping hours two times every calendar year, reducing the focus on drills being exactly 6 months apart. This change provides for a more flexible twice a year schedule while still reflecting variations in seasonal and sleep disruption times and conditions and maintaining the focus on the drill itself rather than the exact timing of the drill.

Proposed language in § 3900.100(f) addressing monthly changes in the hypothetical locations of exit routes modifies the language from § 3800.132(f). The proposed change offers greater clarity and requires that the hypothetical locations of the fire be changed for each drill and alternate exit routes be used during fire drills.

The minor addition proposed to § 3900.100(g) offers additional clarity as to compliance requirements. Fire drills are to be held during various program activities as well as being on different days of the week, at different times of the day and night and on different staffing shifts.

Language in § 3800.132(h) is to be carried over in § 3900.100(h) indicating that children and youth must be directed to evacuate the facility to a designated meeting place outside the

building or within the fire-safe area during each fire drill. In § 3900.100(j), the Department is proposing an additional requirement based on stakeholder input that evacuation routes be posted in highly visible locations identifying at least two exit routes. Language in § 3900.100(k) that facility evacuation plans shall provide for removal of all persons from the facility in a single trip is based on language in § 3270.94(a)(6) (relating to fire drills).

Subchapter H. Child and Youth Health (§§ 3900.111 – 3900.119)

§ 3900.111. Health and safety admission screening.

In § 3900.111 (relating to health and safety admission screening), the Department is proposing changes to language carried over from § 3800.141 (relating to child health and safety assessment) to clarify and update regulatory requirements identified by stakeholders as being unclear.

Proposed language in § 3900.111 reflects stakeholder discussions that identified the purpose of this initial assessment is to provide a point-in-time screening and review of information known and available as of the day of admission. This focus supports the compilation of information about immediate risks and health related needs based on referral information and initial input from the child or youth and their parent, if available. This screening information provides facility staff with relevant information as the child or youth enters the facility. The proposed section title more accurately reflects the purpose and process related to this initial contact with a child or youth.

Proposed language in § 3900.111(a) and (b) mirrors § 3800.141(a) and (b).

Proposed minor changes to language carried over from § 3800.141(c) included in § 3900.111(c) address the focus of this regulatory requirement as being the compilation and

documentation of information that is immediately available at the time of admission. This clarification removes confusion expressed by stakeholders regarding the document continually being updated as additional information was obtained after admission and developmental of the ISP. As additional information is made available to the facility, stakeholder input indicated that it is more appropriate for this information to be documented in the child's or youth's record and included in a child's or youth's ISP, which must be completed within the first 30 days of placement. The ISP is updated on a regular basis as required in § 3900.190 (relating to development and implementation of the ISP) creating a "living" document that includes input from the child's or youth's team. The ISP is the document that is shared with the contracting agency, the youth over age 14, and the child's or youth's parent.

Information in § 3800.141(c)(1) is carried over in § 3900.111(c)(1) with a minor change. The requirement that this admission process include information about issues experienced by the child's mother during pregnancy has not been included based on stakeholder feedback that this information is generally not known to the child, not provided by a parent if one is available and does not substantively add to awareness or understanding of the child's or youth's immediate needs. Proposed language in § 3900.111(c)(2) mirrors the current requirements under § 3800.141(c)(2).

Placement history and reasons for discharge or transfer is proposed as an assessment component in § 3900.111(c)(3). This reflects input from stakeholders to support access to background information as of the date of placement which often provides a frame of reference as to the child's or youth's ability to adjust to a new environment and their prior experiences with placement settings. The Department is also proposing to include any history of leaving home, school or a facility without adult awareness or permission. This addition is supported by research

and practice experience that identifies a child or youth who is prone to running away most often makes attempts to do so during a transition period, which includes admission to a new placement setting.

Proposed language included in § 3900.111(c)(4) and (5) mirrors § 3800.141(c)(3) and (4). Proposed language in § 3900.111(c)(6) expands requirements in § 3800.141(c)(5) by adding that verification of the child or youth having been a victim or a perpetrator of abuse, if applicable, must also be made part of the initial health and safety screen.

The Department is proposing new language in § 3900.111(d) for facilities serving children or youth who are adjudicated delinquent. The initial admission screening will also need to include other community-based services the child or youth has received and the status of other intervention programs in which the child or youth previously participated. This requirement, which was supported by juvenile justice stakeholders, will support compilation of information to avoid subjecting a child or youth to repetitive programming or duplicate interventions.

Proposed language under § 3900.111(e) and (f) clarifies the purpose and scope of this admission screening as a process to document sufficient detail to provide facility staff with information at the time of admission about potential triggers, immediate health concerns, and any special considerations needed to ensure the immediate safety of the child or youth and others at the facility and in the community. Facility policies will now be required to address how the assessment information will be shared with staff who will be working directly with the child or youth as soon as it is compiled and becomes available for review.

The Department is proposing language in § 3900.111(g) which is consistent with § 3800.142(d).

§ 3900.112. Health and safety plan.

In § 3900.112 (relating to health and safety plan), the Department is proposing to carry over language from § 3800.142 (relating to health and safety plan) and adding to the purpose and process of creating a health and safety plan. If the health and safety admission screening addressed in § 3900.111 identifies a health or safety risk, current regulatory language in § 3800.142 requires that a written plan to protect the child must be developed and implemented. The proposed scope of safety concerns to be considered and addressed in § 3900.112(a) has been expanded to include plans to not only protect the child or youth, but also the other children or youth at the facility, facility staff and those in the community.

Proposed language in § 3900.112(b) will require facility management to develop a process through which facility staff having regular and significant contact with the child or youth are made aware of the child's or youth's health and safety plan and its contents. This allows staff to have the necessary background information to be better prepared to appropriately and safely respond to any actions or reactions by the child or youth. This includes any additional referral materials, documented observations, and information related to the child's or youth's health and safety needs that become available during the initial 30 days of placement but prior to the development of a child's or youth's ISP.

Proposed language in § 3900.112(c) requires that until the child's or youth's ISP is developed, the health and safety plan must be updated as additional information is obtained to keep this document up to date.

§ 3900.113. Health examination.

In § 3900.113 (relating to health examination), the Department is proposing a number of changes to the language carried over from § 3800.143 (relating to child health examination).

Proposed language § 3900.113(a) updates access information and the document title for the referenced periodicity schedule published by the American Academy of Pediatrics (AAP). This reference tool is now readily available online at www.aap.org by searching “Periodicity Schedule” and this proposed change updates the information from that which is presented in § 3800.143(a).

Proposed language in § 3900.113(a) also adds clarity to the timeframe in which the facility must secure an in-person physical examination for a child or youth, changing the existing § 3800.143(a) requirements of 15 days to 15 business days. Challenges were noted by facility staff responsible for scheduling these examinations, indicating that their ability to comply with this timeframe was limited to scheduling an appointment, as medical care providers control the appointment availability and timing. This proposed change acknowledges challenges in scheduling while still holding facility staff accountable to secure a health exam appointment within the initial 3 weeks of placement. This extended time frame also has potential for reducing selection of health care providers based on appointment availability rather than on a health care provider’s familiarity with the child or youth or specialization in pediatrics. The Department remains committed to working with facility staff experiencing delays in accessing appointments and recognizes that regulatory requirements should remain focused on requirements that are within the ability of the facility staff to control and comply.

In § 3900.113(b), the Department proposes to mirror § 3800.143(b). Proposed language in § 3900.113(c) addresses the scope of the required health exam modifying language in § 3800.143(e).

In § 3900.113(c), the Department is proposing that the details of a physical exam, as addressed in § 3800.143(e)(2) – (15), be omitted and instead require that this initial in-person

comprehensive health and developmental history exam including both physical and behavioral health development that meets the requirements of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. As proposed in § 3900.113(c) an exam must be completed for each child or youth using the EPSDT criteria, regardless of whether the child or youth qualifies for Medicaid, to satisfy this requirement. This proposed change allows medical practitioners to exercise their professional judgment as to the scope of exam deemed necessary and the tests to be scheduled based upon their review of the child's or youth's history using the EPSDT criteria as references. Stakeholders have historically raised concerns with facility staff limitations on imposing the regulatory requirements listed in § 3800.143(e)(2) – (15) on medical providers. This change also reflects the limits of the authority and ability of the facility staff to comply with the components of the medical exam listed in § 3800.143(e) if those medical considerations are not considered necessary by the examining health care practitioner. This has been a long-standing concern voiced by affected stakeholders.

Proposed language in § 3900.113(d) mirrors § 3800.143(d). In § 3900.113(e) the Department is proposing a minor modification to the language carried over from § 3800.143(d) addressing that documentation be kept in the child's or youth's record.

Proposed language in § 3900.113(f) and (g) expands upon the provisions of § 3800.143(c) and will require that documentation of the medical exam prior to a child or youth participating in a program that requires significant physical exertion be maintained in the child's or youth's record. Language proposed in § 3900.113(h) is consistent with § 3800.143(f).

§ 3900.114. Dental care.

In § 3900.114 (relating to dental care), the Department is proposing language to modify current requirements addressed in § 3800.144 (relating to dental care). Language included in

§ 3900.114(a) reflects the intent of § 3800.144(a) - (b) while updating requirements to reflect current American Academy of Pediatric Dentistry (AAPD) recommendations.

Proposed changes in § 3900.114(b) changes the age of a child's first dental exam from age 3 as referenced in § 3800.144(b) to 12 months of age to reflect current AAPD recommendations. Additional clarification is proposed in § 3900.114(b) to address the timeframes for dental examinations in response to stakeholder concerns regarding insurance coverage limitations and availability of appointments. The Department is proposing adding "or as approved by the child's or youth's dental coverage" to the existing requirement for exams and cleanings to occur twice within a 12-month period.

Proposed language in § 3900.114(c) modifies the timeframe for the initial dental exam carried over from § 3800.144(b) from 30 to 60 days, recognizing long standing challenges voiced by stakeholders related to scheduling dental exams with Medical Assistance-enrolled providers. The option of a dental examination not being required within the specified time frame if documentation is available that a child or youth has had a dental examination and teeth cleaning within 6 months prior to admission as referenced in § 3800.144(b) is proposed to be mirrored in § 3900.114(c).

Language proposed in § 3900.114(d) and (e) mirrors § 3800.144(c) and (d).

§ 3900.115. Vision care.

In § 3900.115 (relating to vision care), the Department is proposing several changes to the language carried over from § 3800.145 (relating to vision care). Language in § 3900.115(a) mirrors § 3800.145(a). Proposed language § 3900.115(b) updates access information and the document title for the referenced periodicity schedule published by the American Academy of Pediatrics (AAP). This reference tool is now readily available online at www.aap.org by

searching “Periodicity Schedule” and this proposed change updates the information presented in § 3800.145(b).

A change is proposed in § 3900.115(b) to extend the timeframe for a vision exam from 30 days as required in § 3800.145(b) to 60 days if a referral to an eye specialist is indicated. This change is based on stakeholder input identifying challenges in scheduling eye exams due to limited numbers of Medical Assistance-enrolled providers.

Stakeholder input indicated that most often a vision screening is completed as part of the initial child or youth health examination and EPSDT guidelines referenced in the proposed language to be added to § 3900.115(c). This screening may occur as part of the child or youth health exam in § 3900.113. If issues are identified, a referral for a follow-up examination by an ophthalmologist or optometrist is made by the medical care provider.

Language in § 3800.145(c) - (e) is carried over into the requirements proposed in § 3900.115(d) - (f) with a minor change addressing time frames of previous vision exams.

§ 3900.116. Hearing care.

In § 3900.116 (relating to hearing care), the Department is proposing several changes. Proposed language in in § 3900.116(a) mirrors § 3800.146(a) (relating to hearing care).

Proposed language in § 3900.116(b) updates the document title and access information for the referenced periodicity schedule published by the American Academy of Pediatrics referenced in § 3800.146. This reference tool is now readily available online at www.aap.org. by searching “Periodicity Schedule.”

Stakeholder input indicated that most often a hearing screening is completed as part of the initial child or youth health examination and EPSDT requirements. This is reflected in language proposed in § 3900.116(c), indicating that this screening may occur as part of the child

health exam in § 3900.113. A change is also proposed to extend the timeframe for the initial hearing exam from 30 days after admission required by § 3800.146(b) to 60 days after admission.

Language in § 3900.116(d) - (f) mirrors § 3800.146(c) - (e).

§ 3900.117. Use of tobacco and smoking materials.

In § 3900.117 (relating to use of tobacco and smoking materials), the Department is proposing several changes to current language carried over from § 3800.147 (relating to use of tobacco). These changes incorporate current medical guidance related to vaping and smoking cessation. References in this section modify § 3800.147 language by addressing possession of tobacco to reference smoking materials as including tobacco, vaping equipment and e-cigarette materials.

Changes to the language carried over from § 3800.147(a) and (b) are reflected in § 3900.117(a) and (c) to add vaping equipment and materials to the list of tobacco products prohibited for use by children or youth. Proposed language also prohibits the use or possession of tobacco products including vaping equipment and materials by facility staff while in the facility and during facility-provided transportation.

Recognizing the addictive aspects of smoking and the child's or youth's experiences or history of smoking when they enter the facility, the Department is proposing a new requirement that the facility must offer smoking cessation aids and support to the child or youth in § 3900.117(b).

The Department is proposing language in § 3900.117(d) that mirrors § 3800.147(c).

§ 3900.118. Health and behavioral health services.

In § 3900.118 (relating to health and behavioral health services), the Department is proposing minor changes to language carried over from § 3800.148 (relating to health and behavioral health services). Reference to behavioral health has been added to § 3900.118(a) to reinforce the responsibility of facility staff to promptly respond to any identified acute or chronic conditions of a child or youth and to arrange for appropriate medical and behavioral health treatment.

Stakeholder input was offered specific to § 3900.118(b) that reflected diverse opinions related to the timelines for scheduling appointments, especially those related to behavioral health needs. While advocates suggested there was a need for specific timelines to be included in the regulations, facility staff responded that the availability of appointments with community-based providers was beyond their control. Proposed language in § 3900.118(b) addresses these concerns by requiring that medically necessary physical and behavioral health services, diagnostic services, follow-up examinations and treatment, such as medical, nursing, pharmaceutical, dental, dietary, hearing, vision, blood lead level, psychiatric and psychological services that are planned or prescribed for the child or youth, be arranged for, and scheduled within 48 hours of identification of the child's or youth's need for an appointment.

§ 3900.119. Emergency medical plan.

In § 3900.119 (relating to emergency medical plan), the Department is proposing language consistent with § 3800.149 (relating to emergency medical plan).

Subchapter I. Staff Health (§§ 3900.121)

§ 3900.121. Staff health statement.

In § 3900.121, the Department is proposing to modify the content carried over from § 3800.151 (relating to staff health statement) and to incorporate the regulatory requirements for adult health assessments under §§ 3270.151 – 3270.155 as the language is more comprehensive, detailed and current.

Proposed language in § 3900.121(a) is consistent with existing language in § 3800.151. Language carried over from § 3800.151(a) addressing documentation has been expanded as reflected in § 3900.121(b). Facility management will be required to maintain documentation of facility staff and volunteer health assessments conducted, with the reports written and signed by a physician, physician's assistant or certified registered nurse practitioner, in facility files. The signature must include the individual's professional title. This process is consistent with other proposed requirements for documentation in this chapter as proposed.

The Department is proposing that facility management policies related to the required components of the health assessment in § 3900.121(c) mirror those in under §§ 3270.151 – 3270.152, which currently include a physical examination, tuberculosis screening and required follow-up to a positive test result, examination for communicable diseases, and identification of any medical problems that may threaten the health of the children or youth at the facility or prevent a facility staff from providing adequate care to the children or youth.

Proposed language in § 3900.121(d) carries over the intent of language in § 3800.151, adding clarity that a health assessment is valid for 24 months following the date of signature of the health care practitioner if the facility staff or volunteer does not contract a communicable

disease or develop a medical problem preventing a facility staff from providing adequate care to the children or youth.

Subchapter J. Nutrition (§§ 3900.131 – 3900.134)

§ 3900.131. Three meals a day.

In § 3900.131 (relating to three meals a day), the Department is proposing a minor terminology change to current language carried over from § 3800.161 (relating to three meals a day) to include reference to proper nourishment.

§ 3900.132. Quantity of food.

In § 3900.132 (relating to quantity of food), the Department is proposing to mirror § 3800.162 (relating to quantity of food).

§ 3900.133. Food groups and alternative diets.

In § 3900.133 (relating to food groups and alternative diets), the Department is proposing several changes to language carried over from § 3800.163 (relating to food groups and alternative diets) in response to stakeholder input related to the availability of water at all times and individual dietary preferences.

Language in § 3900.133(a) is consistent with the language in § 3800.163(a). Dietary alternatives listed in § 3800.163(b) have been expanded in § 3900.133(b) to include vegan preferences in addition to others listed.

New proposed language in § 3900.133(c) reflects stakeholder input and will require that weekly written menus be posted for review by staff and children or youth and maintained for review by the Department during annual inspections. The written menus provide easily referenced information to confirm and monitor compliance with regulatory nutrition

requirements. Any food allergies experienced by a child or youth at the facility are to be noted on the weekly menus to reduce the risk of exposure. While identifying information about the affected child or youth is not to be noted, dietary considerations are to be included on the menu forms.

Language proposed in § 3900.133(d) directs that water shall be made available to children or youth at all times.

§ 3900.134. Withholding or forcing of food prohibited.

In § 3900.134 (relating to withholding or forcing of food prohibited), the Department is proposing language consistent with § 3800.164 (relating to withholding or forcing of food prohibited).

Subchapter K. Medications (§§ 3900.141 – 3900.151)

§ 3900.141. Storage of medications.

In § 3900.141 (relating to storage of medications), the Department is proposing a change to current language carried over from § 3800.181 (relating to storage of medications). Proposed language in § 3900.141(a) and (b), and (d) - (g) mirrors § 3800.181(a) - (f).

Proposed language to be added in § 3890.141(c) will require that all controlled prescription medications be kept in their original containers and stored separately from other prescribed medications in a locked container reflecting stakeholder input to add additional safeguards related to the storage of controlled prescription medications.

§ 3900.142. Labeling of medications.

In § 3900.142 (relating to labeling of medications), the Department is proposing a change to current language carried over from § 3800.182 (relating to labeling of medications) to respond

to stakeholder requests for ready access by facility staff to Naloxone. A minor change to requiring the name of the prescribing health care provider rather than prescribing physician is proposed to include a broader option of approved medication prescribers.

The proposed language in § 3900.142 (a) and (b) mirrors § 3800.182. The proposed language in § 3900.142(c) will require that Naloxone be maintained at the facility for use as indicated without a prescription or designated patient reflected on the label.

§ 3900.143. Use of prescription medications.

In § 3900.143 (relating to use of prescription medications), the Department is proposing to mirror § 3800.183 (relating to use of prescription medications).

§ 3900.144. Medication log.

In § 3900.144 (relating to medication log), the Department is proposing two changes to the language carried over from § 3800.184 (relating to medication log). Proposed language in § 3900.144(a) mirrors § 3800.184(a) with a minor change proposing language identifying a prescribing health care provider in place of prescribing physician. A proposed change to the language carried over from § 3800.184(b) is reflected in § 3900.144(b) which adds a requirement that the person administering the medications also sign the log in addition to the other information addressed. The Department is proposing that the signature of the individual administering or self-administering the medication also be included in the log to add an additional point of accountability. This information is to be logged at the time each dosage of medication is administered or self-administered.

Language in § 3900.144(c) mirrors § 3800.184(c). A proposed addition in § 3900.144(d) addresses actions to be taken by facility staff, and the required documentation in the medication log and child's or youth's record if a child or youth refuses to take medication as prescribed. This

refusal is not considered a medication error; however, stakeholder input supports that attempts to administer the medication and the child's or youth's refusal be made part of the medication log. This change reflects stakeholder suggestions that a record of refusal by a child or youth to take medications should be readily available for review by the child's or youth's prescribing health care provider and the Department as needed.

§ 3900.145. Medication errors.

In § 3900.145 (relating to medication errors), the Department is proposing several changes to the language carried over from § 3800.185 (relating to medication errors). Proposed requirements in § 3900.145(a) mirror § 3800.185(a).

In § 3900.145 (b), the Department is proposing a new requirement which will require facility staff to consult with the child's or youth's prescribing health care provider if the child or youth shows any reactions due to a medication error. In § 3900.145(c), the Department is proposing a change to language carried over from § 3800.185(b), identifying that any follow-up actions taken by the qualified individuals administering medications are to be documented after each medication error in addition to actions to prevent future medication errors and any medical direction obtained. These changes reflect stakeholder input addressing additional safeguards related to medication error protocols.

§ 3900.146 Adverse reaction.

In § 3900.146 (relating to adverse reaction), the Department is proposing to mirror § 3800.186 (relating to adverse reaction) with minor changes to add clarity and identifying the qualified individuals administering medications as being responsible for the required documentation.

§ 3900.147 Administration.

In § 3900.147 (relating to administration), the Department is proposing several changes to the language carried over from § 3800.187 (relating to administration) to update language and regulatory requirements. The listing of individuals approved to administer prescription medications and injections in § 3800.187(a) has been carried over in § 3900.147(a) with a change in paragraph (4). This proposed change adds inhaled prescriptions to the list of medications that may be administered to address the use of medications administered through nasal sprays. A change from “insulin injections” to “diabetes medications” has also been added in § 3900.147(a)(4) to update terminology.

Language proposed in § 3900.147(b) mirrors § 3800.187(b). A new regulatory requirement has been proposed in § 3900.147(c) to ensure that a facility employee or other individual who is qualified to administer medications is available either on-site or on call during all hours children or youth are present at the facility.

§ 3900.148. Medication administration during facility sponsored off-grounds activities.

In § 3900.148 (relating to medication administration during facility sponsored off-grounds activities), the Department is proposing a new regulatory section addressing the administration of medication while children or youth are off grounds on a staff-supervised activity. This proposed language adds requirements to support consistent practices and documentation related to the administration of medications while staff and children or youth are away from the facility. This proposed section is in response to stakeholder input and reflects practices in other states. Off grounds medication administration requirements in New York, Washington State and Washington DC, Nevada, Oklahoma and Florida provided examples of existing practices, some of which were incorporated into the proposed language.

This section addresses facility staff responsibilities for safeguarding medications while on an off-grounds activity and also addresses documentation requirements, reflecting stakeholder input. This addition structures expectations and provides a framework to support proper administration and documentation of administration and to ensure the safety of the child or youth and the accountability of facility staff and was developed based on stakeholder input and review of similar requirements in other states.

The Department is proposing that facility management develop and implement a policy and procedure addressing the safe management of medications for children or youth during facility sponsored off-grounds activities that include the listing of components addressed in § 3900.148(a) (1) and (2). These include that consideration should be given to scheduling activities during times when off-grounds administration is not required and that consultation with the prescriber about adjusting the medication administration times to accommodate the off-grounds event and the process to determine if it is possible to safely administer medications at another designated time should be addressed. Any such direction from the prescribing health care provider shall be documented.

In § 3900.148(b), the Department is proposing that the qualified facility staff who administer the medications must be the same person, who upon return to the facility, documents that the medications were properly administered in the medication administration log. Proposed language in § 3900.148(c) and (d) indicates that medications shall still be clearly labeled as addressed in § 3900.142 and kept inaccessible to children and youth and non-medication administration certified facility staff as addressed in § 3900.141. The qualified facility staff responsible for administering the medication on the trip is also responsible for the security of the

medication during the outing as addressed in § 3900.141(e) and log entry of administration as addressed in § 3900.141(f).

§ 3900.149. Medication administration during off-grounds family visits.

In § 3900.149 (relating to medication administration during off-ground family visits), the Department is proposing a new regulatory section addressing the administration of medication while children and youth are off grounds during family visits.

This proposed language adds requirements to support the consistent transfer of both information and medications from facility staff to the family member taking responsibility for the child or youth during an off-ground visit. It structures expectations and clarifies responsibilities in this exchange process. Stakeholder input identified the need for guidance related to consistently documenting practice and increased accountability for medications used. A review of similar requirements in other states served to provide language and content suggestions. Relevant medication administration requirements in New York, Washington State and Washington DC, Nevada, Oklahoma and Florida provided examples of existing practices, some of which were incorporated into the proposed language.

The Department is proposing that facility management develop and implement a policy and procedure addressing the safe management and administration of child's or youth's medications during a family home visit or family time away from the facility site. This policy and procedure must at a minimum address the requirements for facility staff listed in § 3900.149(1) - (4) to document that the parent was provided with information that addresses the medication sent with the child or youth; options for the parent to ensure the security of medication during a family home visit or family time away from the facility; the medication's

purpose, potential side effects, administration directions and prescriber information; and an agreement to return refused or unused medication with the child or youth.

Only the amount of controlled medication necessary for the length of the home visit or family time away from the facility is to be provided to the parent as referenced in § 3900.149(2). Multiple dose medication packs are not to be routinely sent home with exceptions to this practice listed in § 3900.149(3).

Upon the child's or youth's return to the facility, documentation of receipt of unused medications, if any, by facility staff and confirmation from the parent that the medications were given to the child or youth as prescribed, or that the child or youth refused to take them as offered, is to be maintained as part the medication log as addressed in § 3900.149(4).

§ 3900.150. Medications administration training.

In § 3900.150 (relating to medications administration training), the Department is proposing to mirror § 3800.188 (relating to medications administration training) with minor changes. A technical change is noted in § 3900.150(a), changing “a” to “the” to reflect a change in process since Chapter 3800 was adopted in 1999 and changing facility to facility staff to better identify who needs to be trained. Currently there is only one Department approved medication administration training option, and it is the required course for facility staff to become qualified and responsible for medication administration at a facility.

§ 3900.151. Self-administration of medications.

In § 3900.151 (relating to self-administration of medications), the Department is proposing to mirror § 3800.189 (relating to self-administration of medications) with a minor change. This change adds self-administered use of epinephrine injections for insect bites or

allergic reactions occurring for other reasons and the use of inhalers to § 3900.151 to allow for self-administered use of an epinephrine injection if a child or youth ingests a food item or has exposure to a substance that causes an allergic reaction.

Subchapter L. Restrictive Procedures (§§ 3900.161 – 3900.170)

§ 3900.161. Appropriate use of restrictive procedures.

In § 3900.161 (relating to appropriate use of restrictive procedures), the Department is proposing changes to the language carried over from § 3800.202 (relating to appropriate use of restrictive procedures) to incorporate language from section 3 of the Children in Foster Care Act (11 P.S. § 2633) and stakeholder input. The proposed additions in § 3900.161(a) add details identifying that a restrictive procedure should not be used for coercion or in a punitive manner, for the convenience of facility staff or as a program substitution, for discipline, punishment, retaliation, staff shortages, other administrative convenience. Proposed language also reinforces the stakeholder input related to restrictions of use and the purpose of a restrictive procedure. A restrictive procedure may only be used as a temporary response to a child's or youth's behavior that poses a serious and immediate risk of physical harm to self or others as addressed in § 3900.161(a), expanding the language in § 3800.202(a). Limitations and situations related to the use of restrictive procedures and related reporting requirements under 42 Pa.C.S. Chapter 63, Subchapter G are addressed in § 3900.161(b) and apply to a child or youth who is in any stage of pregnancy, labor or delivery, who has given birth within the last 30 days and is in postpartum recovery or is being transported to a medical facility as a result of the conditions listed in this section.

Language is being proposed in § 3900.161(c) to add clarification that emergency safety interventions do not constitute unreasonable restraint. Restrictive procedures may be

appropriately used to prevent harm to self or others where less restrictive alternatives have failed, or the nature and timing of the emergency situation prevents use of less restrictive interventions. This expands the circumstances supporting use of a restrictive procedure currently included as part of § 3800.202(b).

A new requirement proposed in § 3900.161(d) will require that the use of restrictive procedures conforms to and reflects the trauma-informed approach adopted and implemented by the facility. This integration supports the inclusion of trauma informed principles and values in restrictive procedures training and practices as implemented within the facility. This focus on trauma-informed approaches has been addressed throughout the proposed language in this chapter and is presented as a new requirement related to the use of restrictive procedures.

Language proposed in § 3900.161(e)(3) addresses limitations on the use of restrictive procedures identifying use only if the nature of the child's or youth's behavior presents an emergency which prevents use of less restrictive techniques as the first response. This change expands requirements carried over from § 3800.202(c).

§ 3900.162. Restrictive procedure plan.

In § 3900.162 (relating to restrictive procedure plan), the Department is proposing changes to the current language carried over from § 3800.203 (relating to restrictive procedure plan) to respond to stakeholder requests for clarification. Additional guidance related to the development of a restrictive procedures plan and circumstances constituting an unanticipated use of a restrictive procedure is included. Language proposed in § 3900.162(a) addresses stakeholder concerns related to the definition of unanticipated use by deleting this reference. Proposed language establishes a look-back time frame of 6 months to consider a child's or youth's experiences with restrictive procedures. The proposed language requires that an individualized

restrictive procedure plan is to be written and included in the individual service plan (ISP) (specified in § 3900.191 (relating to content of the ISP)), prior to use of restrictive procedures for each child or youth with a history of use of restrictive procedures within the past 6 months, and for whom restrictive procedures may be needed.

This 6-month look-back period being proposed as the basis for anticipating that a restrictive procedure intervention may be needed, removes consideration of an extended history which may not be reflective of the child's or youth's current coping abilities, behaviors or needs. Establishing this look-back time frame also reduces the number of plans monitored by the facility, allowing resources to be directed to those children or youth whose behaviors currently reflect a potential need for a restrictive procedure intervention.

Proposed language in § 3900.162(b) also addresses stakeholder concerns related to children or youth with a behavioral health history and anticipated adjustment issues to a new setting. If the child's or youth's behavioral health history identifies them as being at greater risk of having restrictive procedures applied, an individualized restrictive procedure plan shall be developed within 24 hours of admission. This time frame is not addressed in the current language in § 3800.203.

Proposed language in § 3900.162(c) - (e) mirrors § 3800.203(b) – (d).

Proposed language in § 3900.162(f)(1) and (5) are new requirements added to the components of a restrictive procedures plan carried over from § 3800.203(e)(1) - (7). Health and safety considerations must be addressed in addition to the child's or youth's trauma history as proposed in § 3900.162(f)(1). A requirement that trauma-informed considerations be reflected in the plan is proposed as an addition in § 3900.162(f)(5).

Several modifications to language in other subsections of § 3800.203(e) are also proposed. In § 3900.162(f)(2) proposed language expands the requirements carried over from § 3800.203(e)(1) to include that suspected antecedents or reasons for the behavior be identified, which mirrors existing language under Chapter 6400 (relating to community homes for individuals with an intellectual disability or autism). Language proposed in § 3900.162(f)(8) offers clarification to current language carried over from § 3800.203(e)(6) and reflects requirements under 42 Pa.C.S. Chapter 63, Subchapter G that a restrictive procedure plan must address any known health conditions of the child or youth, including pregnancy and postpartum considerations, which may prohibit, limit or be affected by the use of specific restrictive procedures.

Proposed language in § 3900.162(g) and (i) mirrors § 3800.203(f) and (g). Proposed language in § 3900.162(h) adds an additional requirement that a copy of the plan be provided to the child's or youth's parent.

§ 3900.163. Unanticipated use.

In § 3900.163 (relating to unanticipated use), the Department is proposing language to correspond to changes in § 3900.162 and expanding upon language carried over from § 3800.204 (relating to unanticipated use). This language directs that if use of a restrictive procedure becomes necessary for a child or youth who has not presented a need for this intervention for the past 6 months, a restrictive procedure plan is not required until any type of restrictive procedure is used four times for the same child or youth in any 3-month period.

This section modifies current language carried over from § 3800.204 and addresses responses to a child's or youth's emerging issues and behavior changes, given the absence of a need for restrictive procedures with the child or youth for a period of at least 6 months. This

proposed language also addresses isolated incidents requiring a restrictive procedure, as an exception to current and repeated behavior demonstrated by a child or youth. This alleviates the need for a restrictive procedures plan to be developed if and until a pattern of such behavior and resulting response is established.

§ 3900.164. Restrictive procedures staff training.

In § 3900.164 (relating to restrictive procedures staff training), the Department is proposing language to update the required components of restrictive procedures training curricula presented to facility staff. Changes proposed to the current language carried over from § 3800.205(a) (relating to staff training) identify training on restrictive procedures as a requirement for facility staff who, as a result of their job responsibilities, may be involved in a restrictive procedure directly or as an observer. Proposed language § 3900.164(a) adds a requirement that the curriculum used by a facility is both professionally recognized, and based on practice evidence, supporting a trauma-informed approach to responding to the needs of a child or youth in crisis.

Recognizing a positive decrease in the overall use of restrictive procedures as reflected in experiences reported by a variety of stakeholders, the need to increase the frequency of training has been addressed by the Department in a variety of stakeholder forums. As utilization of the restrictive procedures is reduced, there is a corresponding increase in the need for more frequent training to maintain awareness of the processes involved and a skill level of the approved techniques.

Proposed additions to the training curriculum content required by § 3800.205(b)(1) – (7) carried over in § 3900.164(b)(2) includes understanding the relationship of behaviors, use of restrictive procedures and trauma experienced by the child or youth. Proposed language in

§ 3900.164(b)(3) and (4) modifies the language carried over from § 3800.205(b)(1) addressing use of de-escalation techniques and alternative nonrestrictive strategies by adding de-escalation as the initial step to defuse a situation. Training must address understanding the value of addressing the child's or youth's feelings with them after use of a restrictive procedure. Training on restrictive procedures is also referenced as a staff training requirement in § 3900.57.

The Department is also proposing new language in § 3900.164(b)(10) – (11) that the curriculum used by a facility for staff training on use of restrictive procedures address the responsibilities of a facility staff as an observer to a restrictive procedure and staff roles in the debriefing process following use of a restrictive procedure. This is in addition to training also addressing the purpose and value of prompt debriefing.

Although certifications are usually issued for a 1 or 2-year period, the Department is proposing a requirement for restrictive procedures training on a more frequent basis. Restrictive procedures and safe crisis management training must be provided twice within a 12-month period with certification occurring as required by the model adopted. These restrictive procedures trainings must include de-escalation techniques and debriefing techniques as addressed in the required staff trainings listed in § 3900.57. If a facility staff has a formal certification from a recognized crisis management training program which is valid for more than 1-year, full retraining is not required until expiration of the certification. An abbreviated version of the restrictive procedures training curriculum may be offered on an interim basis but must include essential components related to de-escalation and staff roles during application of a restrictive procedure as addressed in § 3900.57(f).

Proposed language in § 3900.164(c) expands on the language carried over from § 3800.205(c) by adding identification of the name of the curriculum used and the trainer's qualifications to the required training documentation.

§ 3900.165. Aversive conditioning.

In § 3900.165 (relating to aversive conditioning) the Department is proposing consistent language with § 3800.207 (relating to aversive conditioning).

§ 3900.166. Pressure points.

In § 3900.166 (relating to pressure points), the Department is proposing consistent language with § 3800.208 (relating to pressure points).

§ 3900.167. Chemical restraints.

In § 3900.167 (relating to chemical restraints), the Department is proposing consistent language with § 3800.209 (relating to chemical restraints) with only minor changes to add clarity.

§ 3900.168. Physical restraints.

In § 3900.168 (relating to physical restraints), the Department is proposing changes to current language carried over from § 3800.211 (relating to manual restraints). This includes identifying these interventions as physical restraints rather than using the outdated terminology of manual restraints. This change supports consistency across regulatory chapters within Title 55.

Minor changes are proposed to the existing § 3800.211 definition of a (manual) physical restraint in § 3900.168(a) as a physical hands-on technique that restricts the movement or function of a child or youth or portion of a child's or youth's body, eliminating any time frame.

Proposed language in § 3900.168(b) adds examples of physical assist interventions that are not considered to be physical restraints including verbal redirection, physical prompts, or escorting and guiding a child or youth, providing the child or youth does not resist. This change omits language in § 3800.211(a) that includes a therapeutic hold for a child who is 8 years of age or younger for less than 10 minutes during which the child does not physically resist as not being a physical restraint. This clarification was requested by stakeholders and is projected to result in more accurate accounting and documentation of actual restrictive procedures implemented.

An additional change in § 3900.168(c) broadens the prohibition of any prone position, which would include use of prone restraints for girls who are pregnant, eliminating the need for the language in § 3800.211(c) which prohibits prone restraints for girls who are pregnant. To reflect language similar to § 6400.208(d) (relating to physical restraint), the Department is proposing adding clarification in § 3900.168(d) that a physical restraint that inhibits digestion, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor is prohibited.

In § 3900.168(e) and (f) the Department is proposing to mirror § 3800.211(d) - (e).

§ 3900.169. Exclusion.

In § 3900.169 (relating to exclusion), the Department is proposing changes to the language carried over from § 3800.212 (relating to exclusion). Additional clarification to the definition of exclusion is offered in § 3900.169(a) (relating to exclusion) identifying exclusion as the involuntary isolation or removal of a child or youth from their immediate environment and restricting the child or youth to being alone in a room or area. Exceptions noted include that if a facility staff remains in the exclusion area with the child or youth, it is not exclusion. Exclusion

also does not include a child or youth voluntarily choosing to move to and remain by themselves in an area to self-regulate.

Language proposed in § 3900.169(b) identifies that no form of exclusion is permitted for any reason other than as a temporary response to a child's or youth's behavior that poses a serious and immediate risk of physical harm to self or others. A child or youth placed in exclusion must be released as soon as the serious and immediate risk of physical harm abates.

Compliance with 42 Pa.C.S. Chapter 63, Subchapter G related to the use of exclusion involving a child or youth who is pregnant or postpartum is addressed in § 3900.169(c). Authorization requirements to approve use of exclusion with a pregnant or postpartum child or youth and documentation requirements are addressed in this statute.

Proposed regulatory requirements listing actions to be taken by facility staff before a child or youth can be placed in exclusion addressed in § 3900.169(d) include that a staff member must explain the reason for the isolation and inform the child or youth that release will occur as soon as the child or youth regains self-control and the serious and immediate risk of physical harm is no longer present. The proposed changes to subsections (b) and (d) reflect stakeholder input and research related to the potential effects of exclusion on a child or youth.

In § 3900.169(e) – (h), the Department is proposing to mirror § 3800.212(b) – (e).

§ 3900.170. Restrictive procedures records.

In § 3900.170 (relating to restrictive procedures records), the Department is proposing changes to the language carried over from § 3800.213 (relating to restrictive procedures records) to require that a record of restrictive procedures be maintained in both in an electronic restrictive procedures log and in the child's or youth's record. This proposed change in § 3900.170(a) is to ensure that an aggregate experience log is maintained in addition to a record of child or youth

specific experiences. Documenting information in this manner will support monitoring by the Department.

Proposed additions to the content of the restrictive procedures log in § 3900.170(a)(1) - (9) expanding the content required in existing § 3800.213(1) - (8) include the addition of information related to the circumstances that led to the restrictive procedure being used, the location the procedure was used in addition to the date, time, and the facility staff involved in the procedure.

Proposed language in § 3900.170(b) will require facility management to develop and implement a process to support debriefing after each restrictive procedure. Details of requirements related to the debriefing process are addressed in § 3900.170(b)(1) - (2) and include a listing of participants to be involved in this debriefing process and the time frame of 48 hours by which the debriefing process must occur. Related research and guidance offered by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) support these proposed changes. Resources reviewed include <https://psychology.town/advanced-social/importance-of-debriefing-social-psychological-research/>; [R3 Report: New and Revised Restraint and Seclusion Requirements for Behavioral Health Care and Human Services Organizations](#) released by the Joint Commission (accreditation standards); Federal guidance including CFR :: 42 CFR 483.370 -- Postintervention debriefings; and research often cited Everly, G.S. & Mitchell, J.T. (1997). *Critical Incident Stress Management (CISM): A New Era and Standard of Care in Crisis Intervention*. Ellicott City, MD : Chevron and a SAMHSA [Issue Brief #1: Promoting Alternatives to the Use of Seclusion and Restraint: A National Strategy to Prevent Seclusion and Restraint in Behavioral Health Services](#).

The outcomes of the debriefing process including identification of the need to modify facility policies or procedures, facility operations, staffing and supervisory patterns, interventions used, or staff and child training needed, are to be documented and maintained as part of the event record as proposed in § 3900.170(c). Additional requirements are proposed in § 3900.170(d) and (e) will require facility management to establish a policy addressing the analysis and use of restrictive procedures data gathered as part of the facility's continuous improvement process. Facility staff must then incorporate the debriefing findings and related data into the facility quality improvement process.

Proposed language in § 3900.170(f) and (g) will require the aggregate data relevant to incidents of restrictive procedures implemented be used in the facility's continuous quality improvement process. Facility specific analysis of the aggregate data compiled, and any quality improvement plans developed as a result of the analysis, are to be made available to the Department on an annual basis at the time of licensure renewal. In addition, a facility will be required to make aggregate restrictive procedures data available to the Department within 2 business days upon request as proposed in § 3900.170(h). Proposed language in § 3900.170(i) will require facility staff to document that the child's or youth's parent was notified of the use of a restrictive procedure within 4 hours of use ending.

Subchapter M. Services (§§ 3900.181 – 3900.195)

§ 3900.181. Supporting family contact and involvement.

In § 3900.181 (relating to supporting family contact and involvement), the Department is proposing language to address new requirements related to family involvement. Family engagement is a prerequisite for helping the family achieve their goals, particularly reunification and long-term stability. National attention has also been focused on the practice priority of

increasing family involvement with juvenile justice services. This is directly reflected in the research and practice changes promoted by the Pennsylvania Council of Chief Juvenile Probation Officers and addressed in the handbook developed for families “Pennsylvania Juvenile Justice Family Guide”, available at [Family Engagement - Pennsylvania Council of Chief Juvenile Probation Officers](#).

The importance of family engagement in identifying individual child and parental needs, as well as areas for system improvement, is also well established in the literature and research. The Child Welfare Information Gateway, a resource developed by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Children's Bureau, offers a long listing of resources and research addressing techniques, models and benefits related to effectively engaging families. <https://www.childwelfare.gov/>. A bulletin issued by ACF in July 2021, *Family Engagement: Partnering with Families to Improve Child Welfare Outcomes*, also identifies the benefits of family engagement noting that this is central to successful practice. This resource can be found at: [Family Engagement: Partnering With Families to Improve Child Welfare Outcomes | FamilyFirstAct.org](#). The article identifies that “Effective family engagement occurs when child welfare practitioners actively collaborate and partner with the family network, including maternal and paternal relatives throughout their involvement with the child welfare system and recognizing them as the experts on their respective situations and empowering them in the process.” *Id.*

The proposed language in § 3900.181 addresses expectations of facility management and facility staff specific to supporting family involvement, which is not referenced in Chapter 3800. This addition will require updated child residential, secure care and detention facility policy

requirements to reflect current priorities established at both the National and Commonwealth level.

In § 3900.181(a), the Department is proposing that facility management develop policies and procedures that demonstrate support for contact between the child or youth and those individuals, including parents, guardians, former caregivers, siblings, and other persons identified by the child or youth as having a positive, significant connection with them. Soliciting this information is a significant change in requiring that facility policies reflect the value of maintaining these connections for children and youth. Supporting continuity in these relationships supports the child's or youth's long-term stability and positive outcomes and is included as a child right in § 3900.32(h).

The proposed language in § 3900.181(b) and (c) includes requirements that facility management develop and implement policies that support family involvement in service and treatment planning, visitation, educational programming, and discharge planning and that these policies be reflected in the program description. These policies, in addition to child rights and grievance procedures, discipline, person and property search, emergency preparedness plan, restrictive procedures policies and others listed in this subsection are to be included in the written information packets provided to the child or youth and parent at admission as required in § 3900.31(d). Facility management and facility staff have a critical role in creating an environment which makes it comfortable and realistic for a child's or youth's family to remain connected to their child or youth while at the facility

The Department is proposing specific components in § 3900.181(e) that must be reflected in a facility's family involvement policy. This listing of 8 required components has been developed with stakeholder input which reflects requests made and questions asked by family

members. Stakeholders agreed that providing this information in written facility policies as a routine practice allows the family to review it as needed. Information to be included in a facility's family involvement policy includes basic information related to phone, virtual or in-person contacts and specifics related to the scheduling of family visits and any additional restrictions specific to the courts or home pass requirements, if applicable.

To support family involvement, proposed § 3900.181(f) will require that facility management identify a point of contact for the family of the child or youth to support coordination of their contacts and visits as well as exchange of information and updates. Designated facility staff must engage the family in identifying their preferences for the facility staff to inform them about health care services scheduled and provided for the child or youth if their parent is not present, reportable incidents filed as required in § 3900.16(m), use of restrictive procedures addressed in § 3900.162 and ISP and discharge planning meetings referenced in § 3900.190 and § 3900.195 (relating to transfer or discharge).

Compliance with court orders that restrict contacts, and consideration of clinical recommendations related to the appropriateness of contacts with identified individuals based on the child's or youth's history, are addressed in § 3900.181(g).

New requirements proposed recognize that facilities often must defer to the contracting agency preferences to exercise a lead role in coordination and communication with family members. However, newly defined staff roles defined in §§ 3900.55 and 3900.181(h) clearly address facility staff responsibilities for communicating with and engaging family members.

As proposed in § 3900.181(i), a copy of the facility's visitation and contact policies must be posted in an easily accessible and visible location at the facility.

Language proposed in § 3900.181(j) is specific to the child or youth, and the child's or youth's parent, being informed about the facility's policies in an easily understood manner and in the child's and in the child's or youth's and the child's or youth's parent's primary language or mode of communication. A copy of the facility's policies shall be given to the child or youth and the child's or youth's parent upon admission.

Documentation of receipt of this policy by the child or youth, and the child's or youth's parent, is proposed as a requirement in § 3900.181(k). If the parent is unable or unavailable to sign verification of receipt, facility staff must document efforts made to obtain a parent's signature in the child's or youth's record.

As addressed in § 3900.181(l), the Department is requiring that to support the child or youth having a substantive relationship with at least one adult, facility staff are to work with the contracting entity to support family finding efforts and support identification of potential connections for the child or youth if no family members are identified by the contracting entity or child or youth. This relates to the right of a child or youth to have a relationship with a safe, stable and reliable adult as addressed in § 3900.32(e)(4).

§ 3900.182. Family time and home visit follow-up.

In § 3900.182 (relating to family time and home visit follow-up), the Department is proposing new requirements that will require facility staff to document the experiences of a child or youth while they are engaging with family members during family time away from the facility and during home visits. Proposed § 3900.182(a) requires that facility policies include requirements for facility staff to initiate contact and check-in with the child or youth and parent during family time and home visits that occur away from the facility.

This contact process addressed in § 3900.182(b) is to include at least one attempted documented verbal contact with the child or youth and parent every 24 hours during family time and home visits. The content of this communication with the parent and child or youth must be documented and recorded in the child's or youth's record with the intended focus on monitoring the child's or youth's safety and comfort. These requirements related to facility staff contacts during family time and home visits and follow-up contacts addressed in § 3900.182(c) were developed based on stakeholder workgroup input and discussions of options to address the safety and comfort of children and youth as they were returning to their homes and communities for time with their family.

Proposed language in § 3900.182(c) will also require that within 2 business days of the child's or youth's return, the facility staff initiate and engage in a focused discussion with the parent regarding the visitation experiences, unless the child or youth shares a concern or issue related to their health or safety which supports that a more immediate conversation occur with the parent.

A proposed requirement in § 3900.182(d) addresses expectations that a discussion initiated by facility staff with the child or youth within 72 hours of the child's or youth's return to the facility will also be required. This discussion with the child or youth will serve to review their experiences while with their parent and family. This is intended to support follow-up to document and address any concerns shared by the child and to reinforce and document positive experiences. The 3-day period identified for this discussion to occur allows for consideration of the scheduling and availability of the facility staff responsible for primary coordination of family time and home visits.

Language proposed in § 3900.182(e) will require that facility staff document the experiences of a child or youth, including information shared by both the parent and the child or youth, while they are engaging in time with family away from the facility. The content of the conversations with the parent and child or youth are to be documented and recorded in the child's or youth's file with the intended focus on monitoring the safety and comfort level of the child or youth during these visits.

Language proposed in § 3900.182(f) requires that facility staff communicate to the contracting agency if contact with the child, youth or parent is not made during the course of family time away from the facility or a home visit despite documented efforts. Facility staff are to work with the contracting agency to factor this inability to connect with the family into planning for future visits.

Stakeholder input supports the additional requirements proposed in this section as they create a process to gather and document feedback from family and the child or youth, which were identified as productive opportunities to engage both the child or youth and family in moving toward identified goals. While opportunities for home visits may be limited for children or youth adjudicated delinquent in secure settings, the Department is proposing the provisions in this section to provide a frame of reference and a regulatory structure for when home visits do occur.

3900.183. Child and youth involvement.

In § 3900.183 (relating to child and youth involvement), the Department is proposing language to address new requirements related to child and youth involvement. Maintaining open lines of communication and engaging a child or youth in their case planning provides them with the opportunity to be directly involved in decisions that affect and concern their lives. The Child

Welfare Information Gateway, a resource developed by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Children's Bureau, offers a long listing of research articles and practice guidance related to the value and benefits of actively engaging youth in the decision-making processes. The site notes that youth engagement can be an effective approach in promoting self-esteem, a greater sense of control, and the acquisition of new skills (<https://acf.gov/cb/policy-guidance/im-19-03>; see also ACYF-CB-IM-19-03). The Children in Foster Care Act (11 P.S. §§ 2631—2636) also addresses the right of a child in placement to be provided with the opportunity to be involved in the development of a permanency plan and transition plan. See, 11 P.S. § 2633(22). Further, older youth have provided feedback that they are more likely to participate and become engaged in planning discussion if they believe the process is real and relevant to their individualized circumstances. This expectation of child or youth involvement in planning activities as their right is also addressed in § 3900.32(e).

Proposed language in § 3900.183(a)(1) identifies that facility policies must address how communication between facility staff and a child or youth will be encouraged and maintained while respecting appropriate interpersonal and confidentiality boundaries. These issues are also addressed in facility staff training in § 3900.57 and youth training in § 3900.184. Policies must also address how a child or youth is provided with opportunities to be directly involved in their case planning process and decisions that affect and concern their lives as required in § 3900.183(a)(2) and as referenced in § 3900.32(n).

Reflecting provisions under Sections 111 and 113 of The Preventing Sex Trafficking and Strengthening Families Act (Pub. L. No. 113-83, 128 Stat. 1919), the Department is also proposing eight additional areas that facility policies need to address related to child or youth

involvement in § 3900.183(a)(3) – (10). These requirements include how age and developmentally appropriate opportunities for social, cultural, extracurricular and enrichment activities and experiences are supported within the facility, if appropriate, or identification of options for post-discharge opportunities and how a child or youth will be engaged in planning for their academic education or vocational development. Proposed language in § 3900.183(a)(5) also includes requirements that facility policies address how a child or youth will be provided an opportunity to work and develop job skills at an age-appropriate level. Further, § 3900.183(a)(6) includes requirements to address how a child or youth will be supported to receive appropriate life skills training and independent living services to prepare them for the transition to adulthood.

Special considerations for the involvement of a child or youth who is adjudicated delinquent are being proposed by the Department in § 3900.183(a)(7) – (10) based on juvenile justice stakeholder input. There is an expectation that even in a secure setting, a child or youth will be provided with opportunity to work and develop job skills at an age-appropriate level as may be reasonably accommodated, especially if there are directed by the court to make restitution for harm done to a victim. Further, restitution opportunities are specifically addressed § 3900.183(a)(7), including how a child or youth will have opportunities to engage in activities that allow them to earn money and complete community service hours to meet their restitution obligations. Under § 3900.183(a)(8) and (9), facility policies are required to address how a child or youth will have opportunities to be engaged in activities to increase their awareness of the impacts of their action on their victim or victims is included and how a child or youth will have opportunities to engage in programming that addresses the child's or youth's identified criminogenic risks and needs. Facility policy requirements addressed in §3900.183(a)(10)

include opportunities for a child or youth to develop vocational skills and obtain certifications to prepare them for employment reflecting areas addressed in § 3900.32.

The Department is proposing in § 3900.183(b) that facility staff demonstrate meaningful age and developmentally appropriate child or youth engagement in case planning including what efforts will be made to successfully transition the child or youth to self-sufficiency and adulthood.

§ 3900.184. Youth training.

In § 3900.184 (relating to youth training), the Department is proposing new regulatory requirements for each facility to select or develop and deliver training and educational supports to youth that address sex-trafficking related issues. The Preventing Sex Trafficking and Strengthening Families Act (Pub. L. No. 113-183, 128 Stat. 1919) , the Trafficking Victims Protection Act of 2000 (Pub. L. No. 106-386, 114 Stat. 1464) and the Family First Prevention Services Act (Title VII of Division E. Pub. L. No. 115-123, 132 Stat. 64) (codified at 42 U.S.C. § 671(a)(9)(C)) require policies and procedures for identifying and documenting experiences and determining appropriate services for any child or youth under their care and supervision for whom the state has reasonable cause to believe is, or is at risk of being, a victim of sex trafficking or a severe form of trafficking in persons. The Commonwealth enacted 23 Pa.C.S. Chapter 57 (relating to sex trafficking and missing and abducted children), which includes provisions to ensure that suspected or known child or youth victims of human trafficking are properly identified, screened, and assessed. All reports involving children or youth who are suspected or known to be victims of sex trafficking must be properly investigated, and victims are to be provided with necessary treatment and services. Children and youth involved with child welfare and juvenile justice systems are determined to be at elevated risk of human trafficking or

being commercially sexually exploited based on their vulnerability due to pre-placement experiences. Although a trafficker can target any child or youth, children and youth experiencing trouble at home or in the community are especially vulnerable.

Further, 42 Pa.C.S. Chapter 63, Subchapter G requires additional educational programming on specified topics related to prenatal, medical care and other pregnancy and postpartum issues that must be provided to a child or youth who is pregnant or postpartum.

The Field Center for Children’s Policy, Practice & Research, University of Pennsylvania conducted a study in 2018 titled, “*Trafficking Prevalence and Child Welfare Risk Factors Among Homeless Youth.*” <https://fieldcenteratpenn.org/wp-content/uploads/2022/12/6231-R9-DC-Site-Report-Web.pdf>. This study investigated the role of child welfare risk factors for trafficking victimization, including history of maltreatment, involvement in the child welfare system, social support networks, living situation, and preparation for independence. Children and youth who have been maltreated were particularly vulnerable, with 95% of those who were sex trafficked reporting a history of child abuse or neglect. The literature further reveals that children and youth within the care of the child welfare system are particularly susceptible to traffickers who target and take advantage of their emotional and physical vulnerability. When a child or youth exits the foster care system, or are discharged from congregate care, having reached the age of majority (“aging out”), they frequently do so without the benefit of the skills or resources needed to be successful. Without access to jobs or adequate wages, skills for independence, a place to live, or connection to a caring adult, youth exiting the child welfare system are particularly vulnerable to traffickers.

As a result, the proposed training topics for youth listed in § 3900.184(a)(1) – (5) address the heightened risks for being or becoming involved in sex trafficking activities experienced by a

youth in placement settings. These trainings include a focus on sex trafficking warning signs and grooming techniques used by sex traffickers. Personal and social media safety, relationship boundaries, developing healthy connections and reducing risks are also to be discussed with youth. Training curriculum selected, however, must be youth-friendly as proposed under § 3900.184(b). Specific topics to be addressed in sessions for youth are included in § 3900.184(c)(1) – (8).

In addition to the above proposed requirements, training on youth rights and facility grievance procedures as addressed in § 3900.184(d) is to be provided to youth at admission, as their ISP is being developed and as part of each ISP review. This requirement does not limit facility management from also offering similar training in a group setting jointly to youth and facility staff. Training must also be provided to youth related to the facility's policies for searches of person and property as proposed in § 3900.184(e).

Special training topics for youth who are adjudicated delinquent are being proposed by the Department in § 3900.184(f)(1) – (3) to reflect practice priorities developed by juvenile probation as the contracting agency. These requirements to be reflected in facility policies and training opportunities presented to youth include decision making and logical consequences, vocational and employment opportunities and related skills and education required, and anger and frustration management.

In § 3900.184(g), the Department is proposing language to support compliance with 42 Pa.C.S. Chapter 63, Subchapter G related to educational programming topics required for pregnant or postpartum children or youth.

In § 3900.184(h), facility-defined qualifications of individuals delivering these trainings are identified as required components of the facility's program description. This allows each

facility to identify and access available resources, which may include facility staff, to support the delivery of the required trainings. Relevant information describing trainings available to youth is also proposed as an addition to the program description in § 3900.185 (relating to description of services).

As addressed in § 3900.184(i), facility staff may attend these training sessions with youth, which may count as training hours and be included in meeting staff training requirements addressed in § 3900.57 (relating to staff training). The Department recognizes the potential benefits of this shared learning opportunity and is proposing this option in response to stakeholder input.

Additional proposed requirements outlined in § 3900.184(j) include that facility management document all training completed including the name of the staff person or youth trained, date, source, facility defined qualifications of the trainer, content, length of each course, and copies of any certificates received in the facility's files. Youth attendance at the training sessions shall also be documented in the youth's record.

§ 3900.185. Description of services.

In § 3900.185 (relating to description of services), the Department is proposing significant changes to current language carried over from § 3800.221 (relating to description of services) based on input from diverse stakeholder groups. Contracting agency staff identified a need for greater details in the descriptions of services provided and purchased. This expanded language supports clarity in services and interventions to be delivered to the children, youth and families, and increases the level of accountability of all parties. Stakeholders were very vocal about the need for facility management to maintain compliance with the description of services as presented in the daily operations of the facility.

The proposed requirements are also based on comparison with other regulatory chapter requirements, including Chapters 3270, 3680, 6400 and 6500. Changes in State and Federal laws addressing service planning requirements, family participation in planning, youth input and participation in transition planning, opportunities and rights extended to children and youth in placement and safeguards related to risks of youth involvement in sex trafficking have occurred over the past two decades since adoption of the Chapter 3800. Advances in practice including evidence-based models and trauma-informed approaches also support these proposed additions. These changes are reflected in the proposed requirements in this section.

New program description requirements proposed by the Department reflected in § 3900.185 include specific obligations of the facility management to ensure that a written description of each child residential service addressed in Chapter 3900 is provided to the Department and contracting agency. The Department has included proposed language in § 3900.185(a) that a program description may apply to more than one facility.

Components of a written program description proposed in § 3900.185(b)(1) and (4) include easily identifiable program activities and objectives and anticipated outcomes. The methods by which the program services are delivered; whether they are provided directly by the agency, or through written agreement with another community-based or social service agency are also to be addressed in detail. This proposed language replaces current requirements in § 3800.221(1) and (3) that the written program description includes the scope and general description of the services provided by the facility and specific activities and program provided by the facility.

Proposed language in § 3900.185(b)(2) and (3) expands the language carried over from current § 3800.221(2) and includes criteria and procedures for a child's or youth's acceptance

into the program including admissions process and facility-required referral information and a description of the number and types of children and youth served, including age, sex, and significant emotional or behavioral characteristics. Any exclusions to admission are also to be included in the description of services as addressed in § 3900.185(b)(3). If facility policies prohibit admission of a pregnant child or youth, facility management is required to submit a written request to the Department for exemption from compliance with 42 Pa.C.S. Chapter 63, Subchapter G.

The number and qualifications of facility staff responsible for providing daily child and youth supervision and the individual and group program services, including identification of the person responsible for administering the program required in § 3900.185(b)(5) was specifically requested by contracting agencies to address the qualifications of staff involved in the delivery of direct services and activities with children and youth. While staff qualifications for select positions are addressed in §§ 3900.53-3900.54, 3910.21, and 3920.11-3920.12 there are also many additional facility staff who are involved in the delivery of services to children and youth at a facility.

Recognizing that staff recruitment and retention will likely continue to be a long-term challenge for facility management, stakeholders still voiced a direct need to have information specific to staffing patterns and a presentation of the overall organizational structure of the facility as a significant consideration in making referrals.

Proposed language will require that facility management provide a detailed description of the trauma-informed approach adopted by the facility. This includes confirmation of facility staff training and credentialing, monitoring conformity to the model, and incorporation of the adopted approach in policies, procedures and interactions with children and youth in the facility as

addressed in § 3900.185(b)(6). These proposed requirements reflect the increased attention and requirements related to trauma that are integrated throughout this chapter. This focus reflects the requirements in the Family First Prevention Services Act (Title VII of Division E, 132 Stat. 64) (See 42 U.S.C. § 671(e)(5)(B)(viii)) addressing trauma and related Department activity.

Any specialized training provided to facility staff and youth on sex trafficking awareness, assessment and screening practices, and social media and cyber security cautions as required in staff and youth training sections §§ 3900.57 and 3900.184 is included under § 3900.185(b)(7). The process used to provide screening, assessment and services for children and youth who are victims and children and youth at risk of becoming victims of sex trafficking is proposed under §§ 3900.187 - 3900.189 must also be addressed in the program description as referenced in § 3900.185(b)(8). These proposed requirements reflect the increased attention and requirements related to sex trafficking that are integrated throughout this chapter.

Proposed language in § 3900.185(b)(9) addresses the degree and method of family and youth involvement in the program and methods used to maintain family involvement and support family contacts as required in §§ 3900.181- 3900.183, which must also be included in the program description.

Other professional services available to a child or youth, such as psychological and psychiatric services, and support groups are addressed under proposed § 3900.185(b)(10). Under the proposed rulemaking, the program description must include details describing the extent to which these services are available, including the number of professionals available to provide the service and the average number of hours per week the service is available. Additional program elements to be included in program description are behavior management

policies and techniques, including policies related to person and property searches conducted by facility staff under § 3900.185(b)(11), which also reflect proposed requirements in § 3900.41.

Proposed language in § 3900.185(b)(12) - (14) will require that information related to core program areas, including grievance policies, discipline practices and education and vocation services provided or available in the community to be detailed in the program description. Age and developmentally appropriate recreational and enrichment activities, including community-based opportunities, are addressed in § 3900.185(b)(15). Life skill, enrichment and personal safety training sessions under § 3900.184 are also included as part of the program description in § 3900.185(b)(16). Further, basic child and youth rights under § 3900.32(p) – (r) regarding religious and cultural observances and physical health care services are to be addressed in the program description as proposed in § 3900.185(b)(17) - (18).

Reinforcing the value and benefits of evidence-based practices, § 3900.185(b)(19) proposes to require a detailed description of evidence-based practices adopted by the facility. This includes confirmation of staff qualifications and training, fidelity monitoring processes, and evidence of the incorporation of the approach in policies, procedures, and interactions with children and youth in the facility as required components of the program description, when such a practice is in use by a facility. While neither evidence-based practices are required, nor specific models are prescribed, contracting agency stakeholders identified a need to have ready access to this information if such a practice is offered as it impacts the interventions available, as well as cost considerations.

In addition, the proposed requirements under paragraphs (20) and (21) reflect the increased attention and requirements related to human trafficking that are integrated throughout this chapter. Additional components of a program description included in § 3900.195(b)(20)

address safety considerations; specifically, any enhanced physical site safety or personal safeguards incorporated into facility programming, including runaway prevention planning. If a facility permits children and youth to have cell phones or internet access, specific policies and practices are required to be developed and implemented to support the child or youth participating in safe social media and electronic communications, as proposed under § 3900.185(b)(21). Social media, cell phone and internet access are not required; however, it is a consideration in creating and supporting age and developmentally appropriate opportunities for children and youth at a facility.

Any special program components and admission procedures addressing emergency or unplanned placements accepted by the facility, are to be addressed in the program description as referenced in § 3900.185(b)(22). Discharge planning and teaming processes, including transition and aftercare services, are to be described, as applicable, under § 3900.185(b)(23).

The proposed language in § 3900.185(b)(24) will require that details related to the emergency preparedness plan adopted by facility management be reflected in the program description.

The proposed language in § 3900.185(b)(25) will require a description of the quality improvement process adopted by facility management to compile, analyze and evaluate data as part of the program description. This quality improvement process provides a foundation to assess overall performance and areas needing improvement.

Facilities identified in § 3900.88(a) required to install and use a video surveillance system and those voluntarily installing and using such a system must include the facility policies developed and implemented related to system use in the program description as addressed in § 3900.185(b)(26).

The proposed requirements listed in § 3900.185(c) are based on input from juvenile justice contracting agency stakeholders. Proposed requirements in § 3900.185(c)(1) address areas specific to juvenile justice priorities including interventions available to directly respond to a delinquent child's or youth's identified risks and needs in the juvenile justice identified domains, and the recommended dosage and duration of programming.

Opportunities available to a child or youth to engage in community service and paid activities as restitution options and any other internal programming addressing juvenile justice priorities and related subcontracted or community-based services accessed are to be included in the program description as addressed in § 3900.185(c)(2). The Department is also proposing in § 3900.185(c)(3) that facility management serving children or youth who are adjudicated delinquent also include information describing other internal programming addressing juvenile justice priorities and related subcontracted or community-based services accessed in program descriptions.

The Department is proposing in § 3900.185(d) – (f) requirements addressing facility management responsibilities to comply with the description of programming as presented. Facility management will be responsible for operating a facility in accordance with the program description and ensure that the program description is reviewed on an annual basis and amended or modified if needed. The Department and the contracting agency are to be notified within 30 days of any program changes made to the program description. These requirements reflect the input of contracting agency stakeholders and licensing experiences. Stakeholders supported this change to increase the accountability of service providers to deliver the services as described.

§ 3900.186. Procedures upon return of a missing child or youth to the facility.

In § 3900.186 (relating to procedures upon return of a missing child or youth to the facility), the Department is proposing regulatory requirements for facility management to develop and implement policies and procedures addressing the process to be followed when a child or youth returns to the facility from being missing or identified as a runaway. These proposed changes recognize the connection between steps to be taken and the urgency of reporting a child or youth as missing as soon as it is determined that their whereabouts are unknown to facility staff and when a missing child or youth returns to the facility as proposed under § 3900.186(b)(8) and (9).

Proposed language in § 3900.186(b)(1) – (11) lists the components to be included in facility policies addressing the process to be followed by facility staff when a child or youth returns to the facility after being missing or identified as a runaway. Specifics as addressed in § 3900.186(b)(1) – (3) are focused on the child's or youth's immediate needs for basic physical needs including food, personal hygiene needs and appropriate clothing. Facility staff will be required to immediately complete a visual, non-invasive screening of the child or youth to check for injuries, new tattoos or markings and must arrange additional medical evaluations for the child or youth, if needed, to ensure prompt attention to any identified or suspected medical needs. Stakeholders identified that the initial responses to a child or youth returning to the facility need to focus first on their physical wellbeing prior to exploration of their experiences while away from the facility.

Proposed language in § 3900.186(b)(4) addresses the process for facility staff to follow to update the child's or youth's health and safety screen (if the child or youth has been in the facility less than 30 days) and ISP, including how staff will be notified of interim changes until the child's or youth's plan can be updated. Facility staff will be required to conduct sight and

sound checks once every 15 minutes until the child's or youth's health and safety plan or ISP is updated. Plan updates must also address the level of staff supervision needed based on reasons the child or youth ran away or went missing from the facility which are listed in § 3900.186(b)(5)(i)-(v).

Facility policies must also identify the facility staff positions responsible to notify law enforcement, the contracting agency and other identified parties within 8 hours of the child's or youth's return, and who is responsible for a follow-up conversation with the child or youth within 24 hours of their return to gather information related to experiences, locations and other persons involved, and triggers that caused the child or youth to run or go missing as referenced in § 3900.186(b)(6) and (7).

Proposed language in § 3900.186(b)(8) and (9) requires that a staff position be identified as being responsible for completing a sex trafficking screening tool and identifying where the child or youth was while on runaway from the facility. Additional staff responsibilities listed in § 3900.186(b)(10) address responsibilities for making the determination as to whether a sex trafficking assessment is needed based on the screening findings and where a referral for this assessment will be directed.

The Department is also proposing a requirement in § 3900.186(b)(11) that facility management develop a debriefing process addressing runaway prevention efforts including identification of service gaps or other issues related to the child's or youth's motivation to run and facility staff attempts to intervene. This proposed requirement is consistent with other proposed requirements in this chapter addressing a debriefing process after an incident to structure an opportunity to review circumstances and identify potential remedies to prevent recurrence.

Proposed requirements in § 3900.186(c) require the facility staff to maintain documentation of actions taken to implement the facility policy addressing a child's or youth's return to the facility after being missing, reflecting on the resolution of the incident, as part of the agency's reportable incident files. This requirement is related to the resolution of § 3900.16(a)(8) which addresses a child's or youth's whereabouts being unknown to staff as a reportable incident. Secure facilities have a heightened responsibility to document these situations as there may be a threat of harm or risk to the community based on the youth's history.

Proposed language in § 3900.186(d) will require facility staff to add the updated information to the child's or youth's ISP, no later than the next monthly review, addressing reasons why the child or youth ran, steps taken to prevent a repeat episode and how healthy peer relationships will be supported. Stakeholders identified that making modifications to the child's or youth's health and safety screen, which is completed at admission, is an important first step and response to a child or youth returning to the facility if an ISP has not yet been developed. Immediate staff awareness of any new information obtained specific to the child's or youth's experiences is supported by completion of an updated screen until a more thorough discussion can be scheduled with the child's or youth's team to update their health and safety plan and ISP if needed. The process and timeline for the ISP to be updated is addressed in § 3900.192 (relating to review and revision of the ISP).

§ 3900.187. Screening for sex trafficking experiences.

In § 3900.187 (relating to screening for sex trafficking experiences), the Department is proposing regulatory requirements that each facility have trained staff available to conduct a sex trafficking screening. The screening is required by The Preventing Sex Trafficking and Strengthening Families Act (Section 101) and 23 Pa.C.S. Chapter 57 (relating to sex trafficking

and missing and abducted children), which includes provisions to ensure that suspected or known child or youth victims of human trafficking are properly identified, screened and assessed.

Further, stakeholder input supported this proposed requirement to ensure ready access to facility staff who are trained and available to conduct this screening at the request of the contracting agency.

Screening a child or youth for sex trafficking experiences is usually the responsibility of the contracting agency, however, the county Children and Youth Agency or Juvenile Probation Office may request that facility staff complete this screening process as proposed under § 3900.187(a). Stakeholder input supported this requirement to ensure ready access to facility staff who are trained and available to conduct this screening at the request of the contracting agency.

Proposed regulatory language in § 3900.187(b) identifies that only facility staff specifically trained in the sex trafficking screening process adopted by the facility are permitted to complete the screening of a child or youth who returns from a runaway episode or as identified as necessary during the child's or youth's placement. Using only staff trained to conduct this screening supports consistency, sensitivity and thoroughness in this process. Facility staff conducting the screening are to provide or arrange for a sex trafficking assessment if indicated by the screening tool results as addressed in § 3900.187(c).

Proposed language in § 3900.187(d) addresses the documentation requirement for the child's or youth's screening to be maintained in the child's or youth's case record.

§ 3900.188. Assessments for sex trafficking experiences.

In § 3900.188 (relating to assessments for sex trafficking experiences), the Department is proposing new requirements which will require that each facility have a facility clinician or

specifically trained facility staff prepared to complete a sex trafficking assessment at the request of the contracting agency. The assessment is required by Federal law (Section 101 of The Preventing Sex Trafficking and Strengthening Families Act). Although assessments are most often completed by the local Children's Advocacy Center, a request may be made by the contracting agency for a facility to complete this assessment after a child or youth returns from a runaway episode or as needed during the child's or youth's placement. Stakeholder input supported this requirement to ensure ready access to facility clinicians or facility staff who are trained and available to conduct these assessments at the request of the contracting agency.

As addressed in § 3900.188(b), following completion of this assessment, referrals for treatment related to sex trafficking experiences are to be initiated, if needed, with documentation of these referrals reflected in the child's ISP in § 3900.191 and case record.

Proposed language in in § 3900.188(c) – (e) addresses the requirements for training of facility staff responsible for completing these assessments. Facility clinicians and designated facility staff responsible for completing assessments must complete training specific to the sex trafficking assessment process as required by the Department and supported by stakeholder input. This training is generally offered by the county children and youth agency (CCYA) or local Children's Advocacy Center (CAC) and must be completed prior to any assessment being conducted.

Training on the sex trafficking assessment process must include information about available, relevant and accessible community-based services to respond to the child's or youth's specific needs identified as part of the assessment. The Department is supporting the use of existing community-based services whenever appropriate and available.

This assessment training may be counted to meet the annual mandatory staff training requirements addressed in § 3900.57. The sex trafficking assessment training content, dates of completion, and the trainer's identification and their credentials must be documented and maintained in staff training files as addressed in § 3900.188(f) following the same documentation requirements addressed in a number of other sections in this chapter.

§ 3900.189. Treatment planning for victims of sex trafficking.

In § 3900.189 (relating to treatment planning for victims of sex trafficking), the Department is proposing language which will require that facility program descriptions address how the development of an individualized treatment plan for each child or youth identified as a victim of sex trafficking will be supported. As proposed under § 3900.189(b), facility management shall develop program policies for facilities serving victims of sex trafficking that specifically address how the facility will respond to the child or youth victim's treatment needs for safety and confidentiality and how trauma-informed approaches will be provided.

Proposed language in § 3900.189(c) will require that each program description include identification of internal facility and accessible community-based treatment and intervention options and community connections. The program description must also include how the child's or youth's team will be informed and involved and how the services identified as needed and appropriate will be arranged and delivered.

The process to directly provide or initiate referrals for treatment once a child's or youth's needs are identified is addressed in § 3900.189(d). Within 48 hours of a child or youth being identified as a victim through assessment, child or youth disclosure, or law enforcement identification, facility staff must directly provide or initiate a referral and arrange for services to meet the child's or youth's individualized needs including mental health treatment, medical

screening and drug and alcohol screening and services. The child's or youth's needs for independent living, self-awareness, and skill-based daily living training and permanency and reunification planning referrals are also to be addressed by facility staff as needed.

Proposed requirements in § 3900.189(e) address components of facility staff training which shall include information about the special safety considerations related to protecting the child's or youth's identity and location, and heightened confidentiality concerns related to making connections with community resources offering treatment.

§ 3900.190. Development and implementation of the ISP.

In § 3900.190. (relating to development and implementation of the ISP) the Department is proposing additions to update the language carried over from § 3800.224 (relating to development of the ISP). The proposed language in § 3900.190(a) and (b) mirrors § 3800.224(a) and (b). Minor changes, however, are proposed under § 3900.190(b) to identify additional participants to be involved in the development of a child's or youth's ISP, including a county caseworker or juvenile probation officer, or contracting agency representative. Stakeholder input emphasized the value of and need for contracting agency staff from a county Children and Youth Agency or Juvenile Probation Office to be engaged in this process, acknowledging their role as a critical member of the child's or youth's team.

Language in § 3900.190(c) addresses the use of technology to include the child's or youth's family in the development of the ISP. This option was not available when the requirements in § 3800.224(c) were adopted. Language in § 3900.190(c) indicates that a meeting for this purpose shall be scheduled in person or through the use of available technology to support family and professional involvement.

Requirements in § 3900.190(d) mirror § 3800.224(d), with clarification added that documentation is to be maintained in the child's or youth's record.

Minor modifications to § 3800.224(e) are reflected in § 3900.190(e). To accommodate those individuals participating in the development of the ISP through electronic connections, the Department is proposing that verification of their participation be noted as an alternative to signing the ISP document.

The Department is proposing language addressing the signature requirements in § 3900.190(e) to reinforce the value and need for family involvement, even though there may be disagreement with the plan provisions. This is addressed in proposed language in this section clarifying that the signature of all parties involved verifies their participation in the plan development, and that concerns or areas of disagreement with specific goals or objectives of the ISP identified by the child or youth or their parent are to be noted in writing on the form under § 3900.190(f).

The Department is proposing language in § 3900.190(g) that mirrors § 3800.227 (relating to implementation of the ISP) to incorporate the processes of development and implementation within one section.

§ 3900.191. Content of the ISP.

In § 3900.191 (relating to the content of the ISP), the Department is proposing changes to the language carried over from § 3800.226 (relating to content of the ISP) to significantly expand the ISP components. Stakeholder input and changes in practice expectations as referenced in other sections support these additions which will support more comprehensive and detailed plans. Case plan contents from other states were considered in this revision process, as was best

practice information posted on Federal Administration for Children & Families (ACF) child welfare website (acf.gov).

The child's or youth's service plan provides an individualized approach to identifying and providing services in response to assessed needs and child or youth and family identified concerns. The plan includes the written details of the child's or youth's needs, supports and programming to be made available to them, activities selected by them and approved, and resources required for the child or youth to achieve the identified goals. It is the primary mechanism to document progress made by the child or youth for both the contracting agency and the court and is often the basis for discharge recommendations. The ISP is also expected to incorporate the priority areas of needs for children or youth adjudicated delinquent identified by the referring probation office in their level of service assessment process.

The proposed changes in § 3900.191 also add descriptive details to identify the services and interventions to be provided by the facility to support the child or youth in achieving the goals outlined in the plan.

The proposed language in § 3900.191(a) and (b) clarifies that the ISP shall address the daily supervision and treatment which will be provided to the child or youth and adds additional information to what is currently addressed in § 3680.42 (relating to individual service plan (ISP)). This request was made by contracting agencies to provide information related to staffing and oversight provided and the scope and frequency of treatment and therapeutic sessions offered by the facility directly or through community-based providers. This language is not currently included as part of § 3800.226.

New proposed requirements in § 3900.191(c)(1) and (2) address specifics related to the required team members including the child or youth, the child's or youth's parent, contracting

agency representatives, and any person invited by the child or youth and the child's or youth's parent who are to be involved in the development of the ISP. The child's or youth's assessed behavioral, social, recreational, daily activity, and life skills, and physical and behavioral health needs are to be reflected in the ISP as the goals and related services are identified and developed.

Language in § 3800.226(1) is carried over as part of § 3900.191(c)(3). Measurable and individualized goals and time-limited objectives identified in the child's or youth's ISP, addressed in § 3900.191(c)(3), are now proposed to be directly related to the child's or youth's assessed needs. This supports identification of priorities that are relevant, and that specific responses and remedies related to identified concerns the child or youth has demonstrated, are included in the ISP. The needs of the children or youth adjudicated delinquent, and the risks based on their behaviors identified by juvenile probation are directly connected to the goals and services included in the ISP. The dosage and duration of services and interventions are to be based on the assessed needs with progress clearly documented as referenced in the Juvenile Justice System Enhancement Strategy (JJSES) expectations ([TCGmonograph_11th_B-PRESS.indd](#)).

New proposed requirements in § 3900.191(c)(4) include a component in the ISP addressing the child's or youth's trauma history and supports available to them to address their specific experiences. This reflects the emphasis placed on considering the trauma experienced by a child or youth in all facility policies and procedures as referenced throughout this chapter and extends this consideration to the content of the child's or youth's ISP.

Language in § 3800.226(4) indicating that a child's or youth's ISP shall include the services and training to meet the child's or youth's needs is carried over and expanded in § 3900.191(c)(5) and (6). A description of educational, vocational, and specialized treatment

activities in which the child or youth will participate is included as a requirement in § 3900.191(c)(5). In § 3900.111, the Department is proposing that information compiled during the initial health and safety admission screening address the child's or youth's placement history including any history of leaving home, school or a facility without adult awareness or permission. The child's or youth's history of running is then available to be considered in the initial ISP as developed by the 30th day of placement.

In § 3900.191(c)(6), the Department is also proposing that the child's or youth's ISP include an assessment of the need for and development of a runaway prevention plan. Stakeholder input supports consideration of a child's or youth's recent history as the determining factor of whether such a plan is needed. ISP contents are intended to reflect current need and be individualized. An example offered by a stakeholder referenced an isolated incident of running more than a year ago which was related to a specific experience as not justifying the need for a current plan component. However, a pattern of running demonstrated within the prior 3 to 6 months was identified as being a reasonable basis for development of such a plan component in the ISP.

Family contact and visitation schedule and clear expectations of all individuals involved in supporting the child's or youth's family connections is addressed as an ISP component in § 3900.191(c)(7).

Family contact is included as a child's or youth's right in § 3900.32. Family involvement is also identified as a required part of a facility's scope of services as addressed in §§ 3900.181-3900.182 and is a practice priority addressed by the Department and the Pennsylvania Council of Chief Juvenile Probation Officers (PCCJPO). The addition of ISP provisions addressing family and youth involvement in the planning and delivery of services and the implementation of the

ISP proposed in § 3900.191(c)(8) reinforces the proposed regulatory requirements addressing family involvement as outlined in these other sections. This language carries over the requirement included in § 3800.226(6) and adds child and youth involvement which is not currently addressed. Child and youth involvement has been added in § 3900.191(c)(8) to recognize the importance and value of a child or youth being involved in the development and implementation of their plan as required by § 3900.183 (relating to child and youth involvement).

In § 3900.191(c)(9), the Department is proposing that both services internal to facility and those community-based supports identified in response to the child's or youth's assessed needs be identified and made part of the child's or youth's ISP, reinforcing that a facility should access community resources whenever available and appropriate to respond to the needs of a child or youth. The scope of services includes those responding to the child's or youth's needs for safety, well-being, accountability, competency development and permanency carrying over language included as part of § 3800.226(4).

In § 3900.191(c)(10), the Department is proposing to mirror § 3800.226(5).

Proposed language in § 3900.191(c)(11) will require that a child's or youth's plan to access and use of personal funds is included in their ISP. This related to § 3900.18 which addresses child or youth funds. Access to funds becomes more of an issue as a youth secures a job and is able to earn monies, or when the court has issued a restitution order. To support development of money management skills and to support consensus among the child's or youth's team members, the Department is proposing that this additional component of an ISP be addressed. This also reflects the input from juvenile justice stakeholders related to children or youth adjudicated delinquent who have restitution obligations.

The ISP shall also address plans to provide parenting education to a youth in placement, who is a non-custodial parent, to better prepare them for their role as a parent as addressed in § 3900.191(c)(12). This modifies the language currently included in § 3800.226(7) which references parenting education for a youth parenting their child which is now addressed in Chapter 3910, Subchapter B (relating to specialized setting and programming for pregnant, expecting, and parenting youth).

Proposed language in § 3900.191(c)(13) and (14) mirrors § 3800.226(8) - (9).

Language in § 3900.191(c)(15) carries over language § 3800.226(10) and adds additional considerations for youth 14 years of age or older. The ISP for youth 14 years of age or older shall include programs and services to help the youth prepare for transition from the facility to independent living. Actively engaging older youth in the development of their transition plan as part of their ISP has many benefits. The ISP meeting provides an opportunity to identify both short-term and longer-term needs and service and support options available while in placement and post-discharge which may support better outcomes for the youth. Research reflects that older youth involved with the child welfare and juvenile justice systems are at increased risk for several adverse adult outcomes, including homelessness, high unemployment rates, low educational attainment, and early or unintended pregnancies.

Sections 113 and 114 of the Federal Preventing Sex Trafficking & Strengthening Families Act of 2014 (See, 42 U.S.C. § 675) gives children aged 14 and older authority to participate in: (1) the development of their own case plans, in consultation with up to two members of the case planning team; as well as (2) transitional planning for a successful adulthood. Specific additional requirements for a case plan, including specification of a child's or youth's rights with respect to education, health, visitation, and court participation are

addressed. The ISP for older youth shall include identification of programs and services to help the child or youth prepare for transition from the facility to independent living, if that is the goal for the child or youth.

Addressing the benefits of extending placement until age 21 is also an appropriate component of the ISP process. Extended care allows older youth to stay in care past age 18 and receive additional services and supports to aid in their transition to adulthood. This is also supported by the Juvenile Act (42 Pa.C.S. § 6351(j)).

In § 3900.191(d), the Department is proposing additional requirements for ISP components for a child or youth adjudicated delinquent based on input from Juvenile Probation Offices as contracting agencies to reflect juvenile justice practice expectations. The needs of the child or youth adjudicated delinquent, and the risks based on their behaviors identified by Juvenile Probation are to be directly connected to the goals and services included in the ISP and offered in the facility. The proposed requirements reflect the purpose clause of the Juvenile Act and the philosophy of "balanced and restorative justice," as adopted by the Commonwealth, addressing priorities for repairing the harm done to crime victims and communities and defining accountability. The dosage and duration of services and interventions are to be based on the assessed needs of the child or youth with progress clearly documented. Juvenile justice priorities related to competency development, victim awareness and accountability are to be addressed in the ISP. Specific activities to be employed to address these balanced and restorative justice goals and the amount of restitution funds earned and available were identified by juvenile justice stakeholders as being critical items for their review and consideration in a child's or youth's ISP. Additional requirements proposed in § 3900.191(d) include identification of evolving risks and

needs, and related interventions available to respond to the child's or youth's needs and referrals made.

Documentation of the length of family contacts and visits as they occur and the level of compliance with the visitation and contact plan as developed will provide JPOs with details of the true level of family support available to the child or youth.

In § 3900.191(e)(1) – (3), the Department is proposing to maintain the requirements by carrying over language under existing § 3800.226 (3), (11) and (12), with minor changes to add clarity.

§ 3900.192. Review and revision of the ISP.

In § 3900.192 (relating to review and revision of the ISP), the Department is proposing language to reinforce that nothing in the regulatory requirements precludes revisions to the ISP from being made more frequently than every 6 months. Proposed language in § 3900.192(a) indicates that, as changes to the ISP are needed to respond to a child's or youth's emerging needs, team meetings shall be convened by facility staff to support timely review and revision. The minimum requirement of an ISP review by the child's team of each child's or youth's progress, and revisions of the ISP, if necessary, at least every 6 months is maintained in § 3900.192(b) carrying over language from § 3800.225(a). More frequent ISP revisions are supported as determined necessary by team members as emerging issues are identified in § 3900.192(c).

Language in § 3900.192(d) and (e) mirrors § 3800.225(b) and (c) with one technical change.

§ 3900.193. Copies of the ISP.

In § 3900.193 (relating to copies of the ISP), the Department is proposing language consistent with § 3800.228 (relating to copies of the ISP).

§ 3900.194. Education.

Changes proposed by the Department in § 3900.194 (relating to education) reflect the complex nature of the structure of educational opportunities available to children and youth.

In § 3900.194, the Department is proposing to omit the language in § 3800.229 (relating to education) and adopt new language to clarify the authority and responsibility of facility management regarding education of children and youth and to reinforce the child's or youth's rights to an education while in a residential facility. Stakeholder input related to a child's or youth's education while in placement was diverse and often referenced a facility management or facility staff role in educational decisions that was beyond their authority. While some stakeholders proposed that the facility be responsible for decisions related to the process and location for a child or youth to access educational services, others argued that educational rights of a child or youth are protected by laws that supersede the authority of a facility. Changes proposed by the Department in § 3900.194 reflect the Federal mandates of the Every Student Succeeds Act (Pub. L. 114-95, 129 Stat. 1802) to provide all children significant opportunity to receive a fair, equitable, and high-quality education, and to close educational achievement gaps; related joint guidance offered by the Pennsylvania Department of Education and the Department ([Education Stability by Child Welfare Services \(pa.gov\)](https://www.pa.gov)); and the requirements under sections 1301-1302 and 1327 of the Public School Code of 1949 (24 P.S. §§ 13-1301--13-1302 and 13-1327).

The proposed language in § 3900.194(a) identifies that while in placement at the facility, each child or youth of compulsory school age shall participate in a Pennsylvania Department of

Education approved school program or an educational program that complies with the Public School Code requirements relating to student attendance, special education services and programs, and protected students with disabilities.

The proposed language in § 3900.194(b) requires that facility staff shall actively participate in discussions regarding the education of the child or youth convened by the Local Educational Authority (LEA) or county agency and comply with the education plan as developed. The facility staff's responsibility is to implement the education decision reached by the LEA.

§ 3900.195. Transfer or discharge.

In § 3900.195 (relating to transfer or discharge), the Department is proposing requirements that expand and add additional plan components to current discharge planning requirements addressed in § 3800.230 (relating to transfer or discharge). These expansions reflect changing practice expectations since the 1999 adoption of Chapter 3800 and the benefits of initiating transfer or discharge planning as of the day of admission supported by research and practice. Under Section 113 of the Preventing Sex Trafficking & Strengthening Families Act (42 U.S.C. § 675), youth age 14 and older have the right to participate in the development of their own case plans and identify and choose two members of the case planning team. These rights extend to the youth's transitional planning process supporting a successful adulthood.

Addressing discharge plans at the point of entry into the facility supports concurrent planning and allows for identification of needed post discharge supports. Addressing discharge planning on an ongoing basis throughout the placement of a child or youth also facilitates engagement of the child or youth and family in identifying steps to be taken to achieve the identified permanency option.

The purpose of the discharge planning process is addressed in the proposed language in § 3900.195(a), which requires facility management to develop and adhere to a comprehensive discharge planning process structured to support permanency, long-term stability and successful outcomes for the child or youth and their family, if applicable.

The listed components of discharge planning outlined in § 3900.195(b)(1) – (6), reflect stakeholder input identifying critical components of the discharge process, and practices adopted in other states and in other sections of this chapter, addressing child and youth involvement in the development of the plan. This proposed language reinforces that the discharge planning process begins as of the date of admission and must include individualized teaming efforts including the opportunity and confirmation that each child or youth is an active participant in their own discharge planning process which includes the input offered by their team to address needs and identify supports. Contracting agency stakeholders from juvenile probation identified that documentation of competencies developed, intervention programming completed and certifications earned are important for a child or youth to have in hand as of their discharge. Facility policies should require an updated inventory of the child's or youth's personal belongings and the process through which the items, clothing and personal documents be provided to a child or youth.

The regulatory expectation that prior to a child's or youth's transfer or discharge, the facility staff must inform, and when possible, discuss with the child's or youth's parent the recommended transfer or discharge plan is addressed in § 3900.195(c), carrying over language from § 3800.230. The proposed requirement that facility staff maintain a copy of this written plan in the child's or youth's record is addressed in § 3900.195(d) expanding requirements carried over from § 3800.230.

In § 3900.195(e), the Department is proposing if an unplanned or emergency discharge or return home occurs, facility staff shall ensure that the information in the discharge plan is made available to the child or youth and the child's or youth's family within 48 hours. The expedited exchange of information supports as smooth a transfer or discharge as possible even though preparation time is limited given the unplanned nature of the decision for the child or youth to leave the facility. If an emergency transfer is made to another placement setting, the facility staff shall make the information in the discharge plan available to the receiving agency within 48 hours.

The final addition proposed in this section, subsection (f), adds that documentation of the discussion and confirmation of the transfer of the information shared with the child's or youth's parent or receiving agency, and the youth following an unplanned or emergency discharge or return home, is to be maintained as part of the child's or youth's record.

Subchapter N. Child and Youth Records (§§ 3900.201 – 3900.204)

§ 3900.201. Emergency information.

In § 3900.201 (relating to emergency information), the Department is proposing a minor change to the requirements carried over from § 3800.241 (relating to emergency information) addressing access and content of emergency information maintained for each child or youth. Language proposed in § 3900.201(a) clarifies that emergency information for each child or youth must be easily accessible to facility staff at the facility and while children or youth are with facility staff away from the facility. This addition addresses stakeholder concerns related to the need for ready access to this information while facility staff and children or youth are out in the community on activities or while children or youth are being transported.

In § 3900.201(b)(1) - (4), the Department is proposing to mirror § 3800.241(b)(1) – (4).

§ 3900.202. Records.

In § 3900.202 (relating to records), the Department is proposing language consistent with § 3800.242 (relating to child records).

§ 3900.203. Content of records.

In § 3900.203 (relating to content of records), the Department is proposing several additions to the language carried over from § 3800.243 (relating to content of records) that identify the documents and information that constitute the contents of each child's or youth's record. The additional requirements identify more details and clarify the information referenced in § 3800.243 that must be included as part of the child record, especially as it relates to the child's or youth's health history. These proposed changes support facility staff efforts to compile and maintain comprehensive and updated health-related information.

Information proposed to be included as part of the health records section is expanded from a simple reference to health records in § 3800.243(2) to a more detailed listing in § 3900.203(a)(2) to include a health history, current physical exam, current medications, a record of all seizures, if applicable, a record of all suicidal gestures, if applicable, and injuries, traumas, and illnesses for which treatment was provided to the child or youth by medical personnel internal or external to the facility. Dental, vision and hearing records included in § 3800.243(3) are proposed to become part of § 3900.203(a)(2)(vii) as a health record component. A record of all seizures and suicidal gestures in the child's or youth's record, if applicable, captures information addressed as a recordable incident referenced in § 3900.17. Including the requirement in § 3900.203(a)(2) results in this specific information becoming part of the child's or youth's record. Also required is a record of child or youth injuries, traumas and illnesses for which treatment was provided by medical personnel internal or external to the facility.

The remaining language in § 3800.243(4) – (14) is proposed to be carried over in § 3900.203(a)(3) – (14) with minor changes and one new addition to reflect the proposed language in other sections of this chapter. A proposed requirement to maintain copies of investigations of grievances filed by a child or youth or the child’s or youth’s parent which were determined to be unsubstantiated following an investigation by facility management has been added as § 3900.203(a)(8). Substantiated grievances are to be reported to the Department as a reportable incident. Copies of documentation of the investigation of unsubstantiated grievances are to be maintained by the facility in a recordable incident file and be made part of the child’s or youth’s record. This proposed change is in response to the recommendation of the 2022 Grand Jury Report on the Delaware County Juvenile Detention Center. The availability of this information will improve the Department’s ability to more effectively and completely monitor situations involving activities related to the rights of a child or youth.

Because access to information in a child’s or youth’s record and maintaining confidentiality related to a child’s or youth’s record are priorities within a facility, the Department is proposing additional language to address both issues. Proposed requirements in § 3900.203(b) identify that a child’s or youth’s record shall be maintained in an area easily accessed by facility staff. To address appropriate access and confidentiality, proposed language in § 3900.203(c) requires that a child’s or youth’s record is to be kept in a locked location when unattended.

§ 3900.204. Record retention.

In § 3900.204 (relating to record retention), the Department is proposing a minor change to language carried over from § 3800.244 (relating to record retention) to change the current retention period of 4 years to 7 years following the child’s or youth discharge from the facility or

until any audit or litigation is resolved to support ready access to relevant information. This is supported by stakeholder input reflecting current practice standards.

Subchapter O. Sanctions (§ 3900.211)

§ 3900.211. Sanctions.

In § 3900.211 (relating to sanctions), the Department is proposing new requirements to increase the sanctions available to the Department in the event of facility management noncompliance with the provisions of this chapter, Chapter 20, Chapter 3910 (relating to child residential facilities) or Chapter 3920 (relating to secure residential and secure detention facilities for youth).

If the Department finds that further action is warranted after a licensing revocation or a downgrade of licensure status to a provisional license is issued, the Department may impose enforcement remedies in addition to those included in Chapter 20. These additions include prohibiting admissions at a facility and ordering the appointment of a master as approved by the Department, at the facility's expense and not eligible for reimbursement from the Department, to manage and direct the facility's operational, programming and fiscal functions.

Chapter 3910. Child Residential Facilities

Under Chapter 3900, general requirements for both nonsecure and secure child and youth facilities are provided. However, there are certain instances where additional requirements specific for each type of facility are needed. Chapter 3910 proposes to provide requirements specific to child residential facilities. The following is a summary of these major provisions:

Subchapter A. General Requirements

§ 3910.1. Purpose.

In § 3910.1 (relating to purpose), the Department is proposing language that the purpose of the chapter is to protect the health, safety and well-being of children and youth receiving care in a child residential facility.

§ 3910.2. Applicability.

In § 3910.2 (relating to applicability), the Department is proposing to set forth the scope of applicability of this new chapter. The proposed new chapter applies to child residential facilities, except as provided in § 3910.3 (relating to exemptions).

§ 3910.3. Exemptions.

In § 3910.3 (relating to exemptions), the Department is proposing the list of programming and facilities to be exempted from requirements of proposed Chapter 3910. The list in § 3910.3 specifically excludes secure residential facilities and secure detention facilities for children or youth.

§ 3910.4. Definitions.

The department is proposing to cross-reference many of the terms in § 3900.5 (relating to definitions). In addition, the department proposes to add definitions for “reasonable prudent parent standard (RPPS)” and “seclusion”. These definitions are consistent with current usage.

§ 3910.5. Licensure or approval

In § 3910.5 (relating to licensure and approval), the Department is proposing compliance with the new Chapters 3900 and 3910, along with compliance with the existing Chapter 20 for licensure or approval.

§ 3910.6. Waivers.

In § 3910.6 (relating to waivers), the Department is proposing language consistent with existing waiver provisions.

Subchapter B. Child Residential Requirements

§ 3910.11. Specific rights.

In § 3910.11 (relating to specific rights), the Department is proposing to add an additional child and youth right to those listed § 3900.32 (relating to specific rights). Proposed language in § 3910.11 affords children and youth the right to have the opportunity to participate in extracurricular, cultural, and personal enrichment activities that are reasonably available and accommodated and consistent with the child's or youth's age and developmental level. This requirement supports implementation of Section 111 of the Preventing Sex Trafficking and Strengthening Families Act (Pub. L. No. 113-83, 128 Stat. 1919).

§ 3910.12. Residential program worker.

In § 3910.12 (relating to residential program worker), the Department is proposing language to align with proposed changes for staff position titles for “residential program director” and “residential program supervisor” in Chapter 3900. Under this proposed rulemaking, the Department is proposing a position title change from “child care worker” as used in § 3800.55 (relating to child care worker) to “residential program worker” under § 3910.12 to differentiate from a child care center worker and more clearly identify the role. Stakeholder input identified the residential program worker role as a critical component of facility programming, as facility staff in these positions are responsible for implementing the daily activities planned by the residential program supervisor and providing the direct supervision and direction of the children and youth at the facility.

In § 3910.12(a), the Department is proposing a new requirement that a new residential program worker shall complete the orientation training as addressed in § 3900.57(a) (relating to staff training) prior to having any contact with a child or youth at the facility. In § 3910.12(b), the Department is proposing a requirement that a new residential program worker shall shadow or work under the supervision of experienced facility staff when working with children or youth during their initial 120 days of employment. During this time, they may not be counted in the child/youth to staff ratios until certification is acquired in the subject areas under § 3900.57(c)(1) – (5). This requirement is based on stakeholder input to ensure that facility staff have training in basic safety and health related areas before working alone with children or youth.

In § 3910.12(c), the Department is proposing a new requirement that there be at least two residential program workers scheduled and on duty at all times when children or youth are present at the facility. Children and youth are placed in a residential setting based on their assessed needs, trauma experiences, need for supervision, experiences as a victim of sex trafficking, because of their increased risk of being sex trafficked or because they are pregnant, expecting or parenting youth. This increased staffing requirement responds to stakeholder input, practice and licensing experiences in the field and recognizes the need for immediate access to staff for supervision and direction of children and youth.

Proposed language in § 3910.12(c)(1) and (2) is consistent with § 3800.55(c) and (d).

The staff ratios proposed under § 3910.12(c)(3) and (4) for children ages 6 and older or youth are increased to support intervention in challenging situations and to supervise and redirect children and youth as necessary. Currently, § 3800.55(a) requires one residential program worker to every eight children or youth during awake hours. Under the proposed rulemaking, this ratio is increased to one residential program worker to every six children under § 3910.12(c)(3).

Similarly, changes in ratios during sleeping hours are proposed under § 3910.12(c)(4). Under the proposed rulemaking, one residential program worker to every 12 children or youth during sleeping hours will be required, reducing the number in § 3800.55(b), which currently allows a ratio of one residential program worker to every 16 children.

Proposed language in § 3910.12(c)(5) and (d) is consistent with § 3800.55(e)-(g).

In § 3910.12(f), the Department is proposing that age requirements be increased from the current minimum age of 18 years of age in § 3800.55(h) to 21 years of age or older for all residential program workers counted in the child or youth to staff ratios in all facilities approved under Chapter 3900 and Chapter 3910. Stakeholder input supports this change, and it reflects the majority of current experience in the field. The option to seek a waiver from the Department to this regulatory requirement still exists, if facility management believes that an individual applying for a position or known to them from an internship or volunteer role, has the skills, maturity, and ability to appropriately respond to the needs of children or youth in care remaining available if needed. Proposed language in subsection (g) allows for an exception to staff qualification requirements under subsection (f) for facility staff hired or promoted to the position of residential program worker prior to the effective date of this chapter.

§ 3910.13. Additional staffing responsibilities.

In § 3910.13 (relating to additional staffing responsibilities), the Department is proposing that in addition to the requirements in § 3900.55 (relating to additional staff responsibilities), facility management shall also designate one or more facility staff as the primary contact responsible for decisions related to the reasonable and prudent parent standard (RPPS) implementation.

§ 3910.14. Supervision.

In § 3910.14 (relating to supervision), the Department is proposing an increase in the frequency of facility staff observational checks, proposed as sight and sound checks, of children and youth from what is currently required in § 3800.57(a) (relating to supervision). Proposed language in § 3910.14(a) increases checks when children and youth are awake from once every hour as currently required in § 3800.57(a) to once every 30 minutes. Additional language in subsection (a) indicates that sight and sound checks may occur more frequently if required by a child's or youth's health and safety admission screen in § 3900.111 (relating to child health and safety admission screening) or ISP as outlined in § 3900.191 (relating to content of the ISP). This proposed requirement in § 3910.14(a) is supported by stakeholder input identifying concerns that current requirements were not sufficient to adequately monitor activities of the children or youth. This language expands and clarifies current language from § 3800.57(a) and (b) and carries over requirements that observational checks include actual viewing of each child or youth.

The frequency of sight and sound checks made by facility staff of children and youth when they are asleep is proposed as being required once every 15 minutes, as reflected in § 3910.14(b), unless more frequent checks are required by the child's or youth's health and safety admission screen or ISP, as proposed under §§ 3900.111 and 3900.191. This significantly increases the frequency currently required in § 3800.57(a) of observational checks of each child at least every hour. This increase is based on stakeholder input identifying experiences resulting from observational checks only conducted on an hourly basis as currently required in 3800.57(a) which have resulted in children and youth being harmed or placed at risk of being harmed.

A new requirement is proposed in § 3910.14(c) that these observational checks, and actual viewing of each child or youth be documented in writing. This is based on stakeholder input to create documentation that these observational checks were completed with findings recorded.

In § 3910.14(d), the Department is also proposing a requirement for awake staff to be available to the children and youth at all times, eliminating the current options of sleeping staff currently addressed in § 3800.57(d)(1) – (2). This proposed change is based on stakeholder input supporting that all staff remain awake, experiences in the field and a commitment by the Department to increase efforts to ensure the safety of children, youth and facility staff. If a facility staff chooses to sleep at night at the facility for their own convenience or other considerations, that facility staff cannot be counted in the child and youth to staff ratios. No options to accommodate sleeping staff are included in Chapter 3900 or Chapter 3910, except for the outdoor programs addressed in Subchapter D (relating to outdoor programs).

§ 3910.15. Unobstructed egress.

In § 3910.15 (relating to unobstructed egress), the Department is proposing modifications to language carried over from § 3800.121 (relating to unobstructed egress) to address safety concerns while allowing for delayed egress locks. This proposed language reflects requests from affected stakeholders and eliminates the need for individual facility waiver requests and Departmental approval.

Proposed language in § 3910.15(a) - (b) is consistent with § 3800.121(a) - (b) with one significant change deleting the reference to “other devices” in subsection (b). The Department is proposing new language in § 3910.15(c)(1) - (8) that will put the provisions currently addressed through a waiver process into a regulatory requirement, creating a more direct and accessible option for delayed egress locks identified as an “other device” to be used. This proposed change

will allow for delayed egress locks if a facility meets all provisions under the International Building Code related to delay egress locks (§ 1008.1.9.7 Delayed Egress Locks) and chooses to install delayed egress locks. This proposed change is in response to safety considerations for children or youth who are flight risks, allowing facility staff an additional 15 seconds to attempt to intervene to reduce risks to a child or youth if they attempt to run from a facility. Although delayed egress locks are currently in use, the individual waivers and repetitive annual submission process are time consuming. This proposed change allows facilities to determine if use of delayed egress locks is appropriate to the location of the facility and the population served. This change supports increased consistency in availability of this additional safeguard while maintaining requirements for immediate egress in the event of an emergency.

As proposed in § 3910.15(c), doors used for egress routes from rooms and from the building may not be equipped with delayed locking mechanisms which prevent immediate egress of children or youth from the building unless the locking mechanism and facility configuration meet the criteria in the International Building Code (§ 1008.1.9.7 Delayed Egress Locks) and all the requirements listed in § 3910.15(c)(1) - (7) are met. Language proposed in § 3910.15(d) will require facility staff to maintain documentation of building permits and certificate of in the facility's files and facility management to submit permits and certificates to the Department's regional office, supporting consistency in documentation requirements with other sections.

§ 3910.16. Safe transportation.

In § 3910.16 (relating to safe transportation), the Department is proposing language consistent with § 3800.171 (relating to safe transportation), with one technical change. The proposed technical change is changing the title of "child care worker" to "residential program worker."

§ 3910.17. Seclusion.

In § 3910.17 (relating to seclusion), the Department is proposing language consistent with § 3800.206 (relating to seclusion). Specifically, seclusion is prohibited under this proposed chapter.

§ 3910.18. Mechanical restraints.

In § 3910.18(a) and (b) (relating to mechanical restraints) the Department is proposing language consistent with § 3800.210 (a) and (b) (relating to mechanical restraints). A proposed change in § 3910.18(c) clarifies that devices that are medically prescribed mechanical devices are not limited to those listed in this section by replacing “such as” with “including, but not limited to” before the examples of sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet used for prevention of injury during seizure activity, that are not considered mechanical restraints.

3910.19. Physical restraints.

In § 3910.19 (relating to physical restraints), the Department is proposing to mirror language in § 3800.211 (relating to manual restraints) that specifically addresses that a physical restraint does not include a therapeutic hold for a child who is 8 years of age or younger for less than 10 minutes during which the child does not physically resist.

§ 3910.20. Youth training.

In § 3910.20 (relating to youth training) the Department is proposing a new requirement that youth trainings shall include peer educators or facility alumni in the training session presentations, if available.

§ 3910. 21. Placement process.

In § 3910.21 (relating to placement process), the Department is proposing changes to language carried over from § 3800.223 (relating to placement process) to add requirements for additional child or youth specific information to be compiled at the time of admission and placement at the facility. The proposed omission of a separate regulatory section addressing admissions, such as currently exists in § 3800.222 (relating to admission), also requires changes to the information in this section. The proposed language in § 3910.21 addresses requirements that each facility have both an admission and placement process.

Proposed language in § 3910.21(a)(1) - (3) and (6) is consistent with language in § 3800.223 with a minor addition reflected in paragraph (6) to include the requirement to address any special needs or accommodations. These requirements respond to stakeholder input supporting additional documentation specific to the ability of the facility to respond to the identified needs of the child or youth referred.

New components of the placement process proposed in § 3910.21(a)(4) and (5) include identification of discharge plan options and resources, and documentation of all prescribed medications to be administered including the date prescribed, the prescriber, dosage, frequency, amount received and reason for prescription. This expands upon the current language in § 3800.222 and reflects stakeholder input.

The Department is proposing additional language in § 3910.21(b) that will require facility staff to ensure that the required information delineated in this section be documented within 48 hours following admission in the event of an unplanned or emergency placement. This supports facility staff having timely access to information about the child or youth at the point of admission.

§ 3910.22. Contents of the ISP.

In § 3910.22 (relating to contents of the ISP), the Department is proposing to add an additional component to the required content of the ISP. In addition to the requirements under § 3900.191 (relating to content of the ISP), a child's or youth's ISP must also include reasonable prudent parent standard considerations, which are characterized by careful and sensible parental decisions that maintain the health, safety and best interests of a child while encouraging the emotional and developmental growth of the child

Subchapter C. Specialized Setting Programing for Pregnant, Expecting and Parenting Youth

§§ 3910.31 – 3910.53

§ 3910.31. Applicability.

In § 3910.31 (relating to applicability), the Department is proposing to address the specific services to which this subchapter applies. Residential facilities operating as a specialized setting for pregnant, expecting and parenting youth are required to comply with this subchapter in addition to Subchapters A and B (relating to general requirements; and child residential requirements).

§ 3910.32. Specialized setting service description.

In addition to the requirements for program descriptions in § 3900.185 (relating to description of services), the requirements in this section apply to specialized residential settings for pregnant, expecting, and parenting youth. These additional components add details and clarification specific to facility programming configured to respond to the needs of pregnant, expecting, and parenting youth. The proposed requirements reflect regulatory requirements in

other states, primarily New Jersey, and input from stakeholders. Section 50741(2)(B) of the Family First Prevention Services Act (Title VII, Division E, Pub. Law 115-123, 132 Stat. 64, codified at 42 U.S.C. § 672(k)(2)(B)) also speaks to specialized settings offering prenatal, post-partum or parenting supports for youth, which are the basis for the provisions proposed in this subchapter.

Additional proposed components related to the specialized setting program description are included under § 3910.32(1) - (12). These additional proposed requirements address a variety of topics relevant to staff and youth training, physical site and equipment safeguards to support infant and toddler safety, child care and developmentally appropriate activities, special considerations related to family visitation, non-custodial parental involvement and discharge planning.

§ 3910.33. Physical accommodations and equipment.

In § 3910.33 (relating to physical accommodations and equipment), the Department is proposing to add additional physical site requirements to those addressed in Chapter 3900. These additional requirements address accommodations and equipment specific to the needs of infants and toddlers residing with a parenting youth in a specialized setting facility serving pregnant, expecting, and parenting youth. The Department had previously identified these requirements for additional accommodations for infants and toddlers as part of the certification as a specialized setting for this population. All existing programs achieved this certification and will not incur additional costs related to the proposed regulatory requirements for physical accommodations and equipment.

The additional requirements in § 3910.33(1) address the availability of play equipment that provides appropriate opportunities for stimulation and exercise within a safe environment for

infants and toddlers. A variety of play equipment and materials is identified as necessary to respond to the developmental needs, individual interests and ages of the infants and toddlers in the facility. Play equipment is also required in quantities and variety to avoid long waits for use by the infants and toddlers.

In § 3910.33(2), proposed language addresses requirements for available play equipment that supports the infants' and toddlers' emotional, cognitive, communication, perceptual-motor, physical and social development. Additional safety considerations are proposed in § 3910.33(3) to have all top-heavy and unsteady furniture securely anchored to prevent tipping over.

In § 3910.33(4), requirements are proposed for permanent or non-permanent safety gates or barriers while clearly identifying that these safety gates may not prevent egress from the facility in cases of emergency.

Language proposed in in § 3910.33(5) recognizes the special safety considerations related to equipment intended for use by infants and toddlers. The Department is also proposing that the program description include the process that will be followed to monitor for and address, any safety-recall notices issued for any child care furniture, play equipment and other products used at the facility. This was identified by stakeholders as being an important consideration anticipating equipment being donated or being handed down and used by multiple youth, infants and toddlers in succession.

§ 3910.34. Designated play space.

In § 3910.34 (relating to designated play space), the Department is proposing additional regulatory requirements addressing both indoor and outdoor play space, specific to the needs of infants and toddlers residing with their parent in a specialized setting facility for pregnant, expecting, and parenting youth. Proposed language in § 3910.34(a) will require that the

designated outdoor and indoor play space be free from hazards and be safe for large muscle activity which includes running, jumping, climbing and riding. The designated outdoor and indoor play space may not be used for business, commercial, social or another purpose unrelated to the residential care provided, while the infants and toddlers are using the areas for play activities, as proposed in § 3910.34(b), to avoid unnecessary risks or unanticipated hazards for the infants or toddlers.

All outdoor areas must be maintained in a safe manner, with permanent or non-permanent safety barriers (safety gates) installed to block steps accessible to infants or toddlers as addressed in § 3910.34(c). Proposed language in this subsection will require compliance with regulatory provisions under § 3270.63 addressing requirements for fencing or natural barriers to restrict children from those unsafe areas or conditions if unsafe areas or conditions are in or near an outdoor play space.

§ 3910.35. Small toys and objects.

In § 3910.35 (relating to small toys and objects), the Department is proposing to add requirements to identify additional safeguards specific to infant and toddler access to small items that pose a choking hazard. Toys and objects with a diameter of less than one inch, objects with removable parts that have a diameter of less than one-inch, plastic bags, and Styrofoam objects may not be accessible to infants and toddlers.

§ 3910.36. Protective electrical covers.

In § 3910.36 (relating to protective electrical covers), the Department is proposing a requirement addressing an additional safeguard for protective receptacle covers. These covers will be required to be placed in all electrical outlets that are accessible to children 5 years of age or younger.

§ 3910.37. Infant and toddler sleep equipment.

In § 3910.37 (relating to infant and toddler sleep equipment), the Department is proposing to add requirements addressing sleep equipment and bedding designed and designated for infants and toddlers. The proposed language in § 3910.37(a) and (b) addresses requirements for individually labeled clean and age-appropriate sleep equipment that meets current industry safety standards. This practice reduces the potential risks of exposure to communicable illness and reflects good hygiene and safety practices. The prohibition related to use of stacking cribs is addressed in § 3910.37(c).

Criteria for crib mattresses, toys, bumper pads, blankets or pillows while an infant is sleeping in the crib are addressed in § 3910.37(d) and (e) in an effort to avoid potential choking or smothering hazards. Proposed language in § 3910.37(f) allows for seasonally appropriate coverings, such as sheets or blankets, to be provided for toddlers, as smothering risks are reduced as the child grows and is more mobile. These requirements are based on American Academy of Pediatrics (AAP) infant sleep recommendations for infants as addressed in § 3910.38 (relating to infant sleep position).

Additional requirements addressed in § 3910.37(g) require soiled bedding to be cleaned before it is reused. Reinforcement of the prohibition of an infant or toddler sleeping in the same bed with the parenting youth, or any adult, based on safety risks is addressed in § 3910.37(h). Safe sleeping is also a training topic required for parenting youth and facility staff addressed in §§ 3910.152 and 3910.53 (relating to parenting and life skills education for youth; and additional staff training requirements for specialized settings serving pregnant, expecting and parenting youth).

§ 3910.38. Infant sleep position.

In § 3910.38 (relating to infant sleep position), the Department is proposing requirements addressing sleep positioning for infants. The Department is proposing that the sleeping position for infants recommendations presented by the AAP be the basis for related regulatory requirements (www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/safe-sleep/).

Current AAP Safe Sleep environment recommendations indicate that Infants should be placed for sleep in a supine position (wholly on the back) for every sleep by every caregiver until the child reaches one year of age. AAP notes that side sleeping is not safe and is not advised.

The Department is proposing this requirement in § 3910.38(a) and (b) for infants to be placed in a supine position for sleep unless there is a medical reason an infant should not sleep in this position. The medical reason must be documented in a statement signed by a physician, physician's assistant or certified registered nurse practitioner (CRNP) and maintained in the infant's record at the facility.

§ 3910.39. Infant and toddler stimulation.

In § 3910.39 (relating to infant and toddler stimulation), the Department is proposing requirements related to infant stimulation. Proposed language in § 3910.39(a) will require facility management to develop and implement policies, reflected in the program description, addressing how facility staff will model and reinforce age-appropriate infant stimulation activities for parenting youth. These guidelines must also address how facility staff will offer guidance and support to the parenting youth to practice and develop appropriate parenting skills for their infant or toddler. Topics and practices to be incorporated into program descriptions and policies are

addressed in § 3910.39(a)(1) – (4) and include feeding, positioning, child care and infant stimulation.

The Department is also proposing in § 3910.109(b) that facility staff document the activities, interactions, goals and progress notes in the parenting youth's, and infant's or toddler's ISPs.

§ 3910.40. Infant and toddler supervision.

In § 3910.40 (relating to infant and toddler supervision), the Department is proposing requirements addressing the responsibilities of the parenting youth for the daily care and supervision of their infant or toddler while at the facility. Proposed acceptable child care options for infants and toddlers during the hours the parenting youth is attending school or working are listed in § 3910.40(b)(1) and (2).

Proposed language in § 3910.40(c), addresses that infants or toddlers are permitted to be supervised and cared for by facility staff only if the parenting youth is away from the facility and their child remains at the facility. Other youth in the facility may not provide care for another parenting youth's infant or toddler.

§ 3910.41. Evacuation procedures.

In § 3910.41 (relating to evacuation procedures), the Department is proposing requirements to address special considerations for the emergency evacuation of infants and toddlers. Proposed language in this section will require facility management to develop written emergency evacuation procedures, which include facility staff and parenting youth responsibilities specific to the process to be followed, to ensure the safe evacuation of infants and toddlers from the facility as addressed in § 3910.41(1) - (4). The designation of the person or persons responsible for the removal of the infant or toddler from the facility will vary depending

upon the time of day and the location of the infant or toddler, the parenting youth and facility staff. The means of transportation that is to be used if relocation is necessary, and the emergency location to be used, must also be identified in this procedure. The proposed requirements must also include specific exit plans for infants and toddlers, who are under the direct care of facility staff while parents are away from the facility.

§ 3910.42. Meals for infants.

In § 3910.42 (relating to meals for infants), the Department is proposing requirements related to the process for infant and toddler meal planning and feeding arrangements. Proposed language in § 3910.42(1) - (9) reflects stakeholder input and will require that facility staff support parenting youth to adhere to a written formula or breast milk feeding schedule and practices for infants, which is developed based on the pediatrician's medical guidance and with input from the parenting youth. Infants or toddlers no longer needing to be held for feedings, because of their age or developmental readiness, may be fed in a highchair with safety strap, or other age-appropriate seating apparatus, which meets the standards of a recognized safety organization as proposed in § 3910.42(10).

§ 3910.43. Safety restraints.

In § 3900.43 (relating to safety restraints), the Department is proposing to add safety requirements related to car seat restraints to be used while transporting an infant or toddler. Facility staff will be required to follow provisions of State law (75 Pa.C.S. § 4581 (relating to restraint systems)) addressing the proper use of age-appropriate vehicle restraint systems. A child under 8 years of age shall be transported only in accordance with the requirements for motor vehicle operators as reflected in § 3910.43(a). These requirements apply to both facility and personal vehicles used to transport infants or toddlers.

Proposed language in § 3910.43(b) will require that appropriately sized car seats be securely installed and correctly used whenever transporting an infant or toddler. Manufacturers' instructions for the use of safety restraints shall be kept in the vehicle at all times for easy access and reference by staff and parenting youth as referenced in § 3910.43(c). Proposed language in § 3910.43(d) addresses additional safety considerations, requiring that safety restraint equipment (car seats) be removed or reinstalled in a vehicle only by facility staff who have been trained in this process, or law enforcement, medical or fire department personnel trained in this process, to ensure that the car seats are installed securely.

§ 3910.44. Comprehensive health planning for pregnant and post-partum youth.

In § 3910.44 (relating to comprehensive health planning for pregnant youth), the Department is proposing to add requirements related to special health care considerations for pregnant or postpartum youth. Facility management serving pregnant and post-partum youth shall develop and implement policies addressing how special pregnancy and delivery related health care considerations are incorporated into the services provided. These special considerations are in addition to the health requirements in Subchapter H (relating to child and youth health) of Chapter 3900. The additional proposed requirements in § 3910.44(1) – (6), reflect stakeholder input and include supporting youth to access information of all legally available options and support services related to pregnancy and to receive comprehensive prenatal and post-partum care. Special dietary considerations, medical appointments and arrangements for birthing and post-partum care are addressed. Facility staff will also be required to support youth connections to individual and group community-based resources and services.

§ 3910.45. Consent to treatment.

In § 3910.45 (relating to consent to treatment), the Department is proposing requirements related to securing consent from a parenting youth for treatment for their infant or toddler. This right of the parenting youth to consent to treatment applies if the infant or toddler is adjudicated dependent and remains in the care and custody of their minor parent or if the infant or toddler is not adjudicated dependent by the court but is placed with their minor parent.

§ 3910.46 Health and safety planning for infants and toddlers.

In § 3910.46 (relating to health and safety planning for infants and toddlers), the Department is proposing requirements related to the health and safety planning process for infants and toddlers. Specific health and safety needs of young infants and toddlers are not currently addressed in Chapter 3800, creating the need for additional regulatory requirements as proposed in this subsection. In addition to the requirements listed in §§ 3900.111 – 3900.119, which address basic health care concerns of children in care, § 3910.46 addresses special health care considerations for infants and toddlers that must be addressed in facility policies and procedures and program descriptions.

As proposed in § 3910.46(a)(1) - (4), facility management will be required to develop and implement policies and procedures and add details to program descriptions that address the development of a personal safety plan for each infant and toddler, including overall health and safety considerations. The role of the facility staff related to the infant or toddler requires an understanding and awareness of health and safety concerns in the context of a shared and supportive level of responsibility with team members and the parenting youth for the health and safety of the infant or toddler. Specific facility staff responsibilities addressed in § 3910.46 are based on stakeholder input and examples of requirements in other states. Proposed language in

§ 3910.46(b) addresses health care considerations of an infant or toddler who is not adjudicated dependent and under the care and responsibility of the county agency, as this remains the responsibility of the parenting youth. However, facility staff maintain the responsibility to monitor, document, and support the parenting youth in meeting the health care needs of their infant or toddler which requires developing a trusting relationship and open communication.

As proposed in § 3910.46(c)(1) – (12), facility management will be required to develop and implement policies that include the components listed to support appropriate health and safety of infants and toddlers.

§ 3910.47. Discharge planning for infants and toddlers.

In § 3910.47 (relating to discharge planning for infants and toddlers), the Department is proposing requirements related to specific discharge planning requirements for infants and toddlers. In § 3910.47(a), proposed language will require facility management to develop and implement policies and procedures addressing the development of a discharge plan for each infant and toddler as a separate document from the parent’s discharge plan referenced in § 3900.195. This proposed section specifically addresses discharge considerations relevant to infants and toddlers and creates a process to address plan specifics and available post discharge supports with the parenting youth, separate from the parenting youth’s own discharge plan.

Stakeholder input and examples of requirements in other states were considered in framing the proposed requirements in this section. Proposed language in § 3910.47(b)(1) - (6) addresses the details of the contents of a discharge plan for an infant or toddler. Proposed language in § 3910.47(c) will require facility staff to maintain documentation of the discharge plan in the infant’s or toddler’s ISP and in the infant’s or toddler’s record.

§ 3910.48. Parental and family visitation with infants and toddlers.

In § 3910.48 (relating to parental and family visitation with infants and toddlers), the Department is proposing requirements related to visitation and family time for infants and toddlers with their non-custodial parent and extended family members. The importance of even a young infant establishing and maintaining a relationship with extended family members and their non-custodial parent is a topic area addressed in special educational and training sessions to be offered to youth in § 3910.52 (relating to parenting and life skills education for youth) as well as in the additional staff training required § 3910.53 (relating to additional staff training requirements for specialized settings serving pregnant, expecting and parenting youth) for facility staff working in these specialized settings. Facility management will be required to develop and implement policies addressing how visitation and family time for infants and toddlers with the non-custodial parent and extended family members will be supported. These policies related to an individual plan must also address any safety concerns for the infant or toddler and any other considerations imposed through court orders as addressed in § 3910.48(a) and (b).

§ 3910.49. Non-custodial parental involvement.

In § 3910.49 (relating to non-custodial parental involvement), the Department is proposing requirements related to supporting contact and a relationship between the infant or toddler and the non-custodial parent. Program descriptions must include information related to how the parenting youth in placement will be informed of their parental obligations including the legal rights of both parents to information and contact with the infant or toddler as proposed in § 3910.49(a).

Requirements outlined in § 3910.49(b)(1) – (3) address the components to be reflected in a program description that includes written guidelines addressing how facility staff are to approach and engage the parenting youth in discussions regarding establishing paternity, and the non-custodial parent’s legal and visitation rights with the infant or toddler. Facility staff should be available as needed to offer support and offer reassurance to the parenting youth and to provide information related to the value and importance of an infant or toddler developing positive relationships with both parents and extended family members.

Documentation of the provision of this information and the plan developed for the infant or toddler and the non-custodial parent is to be maintained in both the parenting youth’s record and the infant’s or toddler’s record as referenced in § 3910.49(c).

§ 3910.50. Infant and toddler visitation.

In § 3910.50 (relating to infant and toddler visitation), the Department is proposing that facility management be required to develop and implement a component in the program description that addresses the policies and procedures for family member visitation and contacts with the infant or toddler. Stakeholder input and examples of requirements in other states were considered in framing the additional proposed requirements in this section. Specific required components are included as part of § 3910.50(a)(1) - (4).

As proposed in § 3910.50(b), facility staff will be required to provide a copy of the visitation policies to the youth at admission and review the policies with the parenting youth again when visitation with the infant or toddler is initiated.

Language proposed in § 3910.50(c) will require that the plan developed to support infant and toddler visitation with extended family members be documented in both the parenting youth’s and infant’s or toddler’s ISP and case records.

§ 3910.51. Adoption planning.

In § 3910.51 (relating to adoption planning), the Department is proposing requirements to support a youth's consideration of adoption planning. Stakeholder input was considered in framing the proposed requirements in this section. As addressed in § 3910.51(a), facility management must establish an agreement with at least two licensed adoption agencies to provide a choice of supportive services for a pregnant, expecting or parenting youth considering adoption.

Because adoption counseling is a service best delivered through a licensed adoption agency and trained, experienced adoption agency staff, proposed language in § 3910.51(b) will require that facility staff support the youth in connecting with the agency they select. When a youth expresses interest in exploring adoption as an option for their infant, the facility staff are to provide general information about options for support from the adoption agencies identified in the agreement.

Proposed language in § 3910.51(c) will require facility staff to provide the youth with information about obtaining legal counsel and offer support and transportation to access legal services. Copies of the agreements executed with adoption agencies are to be maintained in the facility administrative files as proposed in § 3910.51(d).

§ 3910.52 Parenting and life skills education for youth.

In § 3910.52 (relating to parenting and life skills education for youth), the Department is proposing requirements related to educational sessions focused on parenting and life skill trainings for youth. These training sessions are in addition to those addressed under § 3900.184.

Facility management will be required to develop and implement a component in their program description addressing parenting and child development education opportunities for

youth as addressed in § 3910.52(a). Stakeholder input and examples of requirements in other states were considered in framing the proposed requirements in this section. Proposed language under § 3910.52(b) clarifies that parenting education may be presented in a group or on an individual basis, using a youth friendly curriculum. Specific required topics for these skill-development, parenting technique trainings and child development educational opportunities are addressed in § 3910.52(b)(1) - (12).

Proposed language in § 3910.52(c) identifies that facility staff shall maintain documentation of the curriculum or guidelines used to provide parenting education, the facility defined qualifications of trainers, the date and length of time and specific topics addressed in trainings attended by a pregnant, expecting and parenting youth in the youth's record.

§ 3910.53. Additional staff training requirements for pregnant, expecting, and parenting youth specialized settings.

Under § 3910.53 (relating to additional staff training requirements for specialized settings serving pregnant, expecting and parenting youth), the Department is proposing to add annual and ongoing training requirements, in addition to those addressed in § 3900.57 for facility staff working in specialized settings with youth who are pregnant, expecting or parenting. Stakeholder input and examples of requirements in other states were considered in framing the proposed requirements in this section and the topics coordinate with staff responsibilities and the training sessions to be provided to the youth referenced in § 3910.52. Required topics for these facility staff training sessions are outlined in § 3910.53(a)(1) - (14).

These training topics are to be incorporated into the staff training calendar to ensure the timely completion of trainings as proposed in § 3910.53(b). If appropriate, based on content and

delivery style, these training topics may also be presented in sessions that include both staff and pregnant, expecting and parenting youth at the facility as referenced in § 3910.53(c).

Proposed language in § 3910.53(d) will require that facility management maintain documentation in the facility's file of the facility staff trained, date, source, facility defined qualifications of the trainer, content, length of each course, and copies of any certificates received.

Subchapter D. Outdoor Programs - §§ 3910.201 – 3910.203

§ 3910.61. Applicability.

In § 3900.61 (relating to applicability), the Department is proposing to identify requirements for facilities that operate as outdoor programming. This subchapter contains the minimum requirements that must be met to obtain a certificate of compliance to provide child residential care in a stationary outdoor setting. This section carries over the applicability language from § 3800.301 (relating to applicability).

The outdoor programming regulated by this chapter varies in design, size and configuration. Mobile outdoor programming currently licensed under Chapter 3800 will no longer be an option within the proposed requirements in Chapter 3910. Mobile outdoor programming has not been utilized by contracting agencies and the single approved program still holding a certificate of compliance to operate as a mobile outdoor program has no recent utilization. As a result, the Department is recommending that this type of outdoor programming no longer be offered as a licensed placement setting.

§ 3910.62. Exceptions for outdoor programs

In § 3910.62 (relating to exceptions for outdoor programs), the Department is proposing that outdoor programs for children and youth that operate from stationary settings, including

tepees and cabins, are exempt from complying with certain requirements under Chapter 3900. These exemptions include: the number of sinks and toilets; supervision requirements for facilities; ventilation and lights requirements; facility water and temperature requirements; railings and stairs requirement; elevators and indoor and recreational space; kitchen, laundry and bathroom requirements except for required personal hygiene items listed in § 3900.84(g) and (h).

§ 3910.63. Additional requirements.

The Department is proposing to identify additional regulatory requirements in § 3910.63 (relating to additional requirements) that will apply to outdoor programming licensed under this chapter. The following requirements are in addition to those under Subchapter A (relating to general requirements).

These additional requirements address the health and safety of the youth served in outdoor programs. This proposed listing includes several new requirements and most of the additional requirements included in § 3800.303, which are carried over with some minor changes in terminology and deletions as noted below.

Proposed language in § 3910.63(1) requires a minimum of at least 30 square feet per youth, including measurement of all floor space, as the basis for determining the maximum licensed capacity as reflected on the certificate of compliance. This is carry-over language from § 3800.303(c) which reflects the minimum square foot per child.

Proposed language in § 3910.63(2) requires an adequate supply of water for both cleaning and bathing and a supply of food readily available for use by the youth and staff. This is carry-over language from § 3800.303(a)(1), with some minor modifications reflecting the stationary design of outdoor programs under this subchapter. Specifically, the proposed

language reflects the elimination of mobile programs, including the related food and supply provision.

Proposed language in § 3910.63(3) will require that an accessible source of potable drinking water be available to youth at all times. This is carry-over language from § 3800.303(a)(2). Access to drinking water at all times is also a requirement proposed in § 3900.133(d).

Proposed language in § 3910.63(4) will require that there be an opportunity for youth to bathe or shower at least every other day, brush their teeth at least twice a day and wash their hands before each meal provided as part of the outdoor programming. This is carry-over language from § 3800.303(a)(3), with some minor modifications reflecting an increased frequency from bathing or showering from once a week to at least every other day. This proposed change was in response to stakeholder input and licensing experiences.

Proposed language in § 3910.63(5) will require facility staff responsible for the supervision of youth during awake hours to complete hourly observational checks of each youth. This is a proposed addition to the requirements for outdoor programs based on stakeholder input and licensing experiences. Documentation of the observations made of each youth in the program and designating the frequency of these documented observations addresses concerns related to youth safety and staff awareness of the whereabouts and activities of each youth.

Proposed language in § 3910.63(6) will permit facility staff to sleep when the children and youth are asleep and still be counted as meeting the required youth to staff ratios. This section addresses a variance in practice from the proposed requirements for staff supervision of youth addressed in § 3900.57(d), which prohibits staff from sleeping while being counted in the youth to staff ratios. Given the outdoor program staffing model, which often does not mirror the

shift schedules commonly used at more traditional residential facilities, this proposed requirement allows for staff working continuous multiple shifts to be on duty and available to the children and youth even during sleeping hours. This is a carry-over of current practice for outdoor programs.

Proposed language in § 3910.63(7) will require that each child or youth have footwear and clean clothing that is well-constructed, in good condition and appropriate for the activity being conducted in the outdoor program. This is carry-over language from § 3800.303(a)(10), with a minor addition to address access to clean clothing as well as appropriate footwear.

Proposed language in § 3910.63(8) will require that personal hygiene supplies, shelter (such as cabins, yurts, tents, or tarpaulins), a sleeping bag or other sleeping equipment, and bedding appropriate to the temperature be provided for each child or youth in the outdoor program. This is carry-over language from § 3800.303(b)(1), with a minor change in terminology to delete reference to fire-retardant tent or tarp to be used as a shelter and sleeping equipment as industry standards have changed and materials are now required to comply with flammability standards.

Proposed language in § 3910.63(9) will require that equipment provided to the staff and children or youth for activities be safe and well-maintained. This is carry-over language from § 3800.303(b)(3).

Proposed language in § 3910.63(10)(i) – (iv) will require facility management to develop and demonstrate implementation of policies addressing areas listed. Reliable communication systems readily available to staff and the youth in the event of a medical, police, fire or other emergency is carry-over language from § 3800.303(a)(4), with some minor modifications reflecting the proposed updated language in § 3900.71(a) (relating to communication). The

Department is proposing language that clearly requires access to the communication system to be available to both staff and the youth in the program to address safety concerns noted by stakeholders. Staff access to routine weather information for advance warning of severe or dangerous weather conditions is carry-over language from § 3800.303(a)(5). Proposed language in subparagraph (iii) will require development and implementation of a written emergency transportation and staffing plan carrying over language from § 3800.303(a)(6). Proposed language in subparagraph (iv) carries over language from § 3800.303(a)(7), with a minor change in terminology to address the whereabouts of the child or youth being unknown to staff rather than one who is missing.

Proposed language in § 3910.63(11) will require that facility staff designated as responsible for teaching children or youth high-risk activities including boating, biking, horseback riding, swimming and climbing receive training in safe practices regarding these activities prior to instruction of a child or youth. This is carry-over language from § 3800.303(b)(4) with a minor clarifying change in language supported by stakeholders, identifying that staff who are trained in such high-risk activities may be designated by the facility management to teach these activities to a child or youth only after receiving instructions and training themselves.

Proposed language in § 3910.63(12) will require facility management to maintain documentation in the facility's records of the facility staff trained in safe practices regarding high-risk activities, the date and source of the training, facility defined qualifications of the trainer, the content and length of each training course, and copies of any certificates earned by the trainee. This section expands upon language in § 3800.303(b)(4) to add details of the training

documentation to be maintained by the outdoor program. This language is also consistent with other sections that address documentation of required trainings.

Chapter 3920. Secure Residential and Secure Detention Facilities for Youth

As provided previously, general requirements for both nonsecure and secure child and youth facilities are included in Chapter 3900. However, there are instances where specific requirements are needed for each type of facility. Chapter 3920 proposes to provide requirements specific to secure residential and secure detention facilities for children and youth. Secure care in a residential setting is permitted only for a child or youth who is adjudicated delinquent, and court ordered to a secure residential or secure detention facility. Youth who are charged as an adult, but court ordered to a juvenile secure detention facility though an interest of justice hearing may also be detained. Only a child or youth who is alleged delinquent or is already adjudicated delinquent may be confined in a secure detention facility. Secure detention is a temporary 24-hour living setting, in which one or more delinquent or alleged delinquent children or youth are detained, generally in a pre-adjudication status.

The following is a summary of the major provisions of Chapter 3920:

§ 3920.1. Purpose.

In § 3920.1 (relating to purpose), the Department is proposing language that the purpose of the chapter is to protect the health, safety and well-being of children and youth receiving care in a secure residential or secure detention facility for children or youth.

§ 3920.2. Applicability.

In § 3920.2 (relating to applicability), the Department is proposing to set forth the scope of applicability of this new chapter. The proposed new chapter applies to secure residential

facilities and secure detention facilities for children or youth that are operated by a private entity or a county.

§ 3920.3. Exemptions.

In § 3920.3 (relating to exemptions), the Department is proposing the list of programming and facilities to be exempted from the secure residential and secure detention requirements of proposed Chapter 3920.

§ 3920.4. Definitions.

The department is proposing various definition for Chapter 3920, including “delinquent child”, “family engagement”, “seclusion”, “secure detention”, “secure residential”, “sight and sound checks” and “sight and sound separation”.

§ 3920.5. Licensure or approval

In § 3920.5 (relating to licensure and approval), the Department is proposing compliance with the new Chapters 3900 and 3920, along with compliance with the existing Chapter 20 for licensure or approval.

§ 3920.6. Reportable incidents.

In § 3920.6 (relating to reportable incidents), the Department is proposing to mirror § 3800.274(2) (relating to additional requirements) by adding youth assault, the use of handcuff or leg restraints for longer than 2 hours and the use of seclusion for longer than 4 hours to the incidents which must be reported to the Department. Use of a restrictive procedure involving a child or youth who is pregnant, or in any stage of labor or delivery, is postpartum or is being transported to a medical facility for reasons related to the physical conditions listed, has been added as a reportable incident to comply with 42 Pa.C.S. Chapter 63, Subchapter G.

Under proposed § 3900.16 (relating to reportable incidents), a written report is required to be electronically submitted regarding the reportable incident to the Department within 24 hours after the incident occurs.

§ 3920.7. Waivers.

In § 3920.7 (relating to waivers), the Department is proposing language consistent with existing waiver provisions.

§ 3920.11. Residential program worker.

In § 3920.11 (relating to residential program worker), the Department is proposing language that alters responsibilities and qualifications of this position as addressed in language carried over from § 3800.55 (relating to child care worker) including a title change.

In § 3920.11(a), the Department is proposing a requirement that new residential program workers must complete the orientation training as addressed in § 3900.57(a) (relating to staff training) prior to having any contact with a child or youth at the facility.

In § 3920.11(b), the Department is proposing a requirement that a residential program worker must shadow or work under the supervision of experienced facility staff when working with children or youth during their initial 120 days of employment. During this initial period of employment, they may not be counted in the child and youth to staff ratios until certification is acquired in the subject areas under § 3900.57(c)(1) – (5) (relating to staff training). This requirement is based on stakeholder input to ensure that facility staff have training in basic safety and health related areas before working alone with children or youth.

The Department is proposing language in § 3920.11(c) that mirrors requirements in § 3800.274(4) (relating to additional requirements) with minor clarity edits.

The staff ratios proposed in § 3920.11(d) – (e) mirror § 3800.274(5) and (6).

In § 3920.11(f), the Department is proposing to mirror § 3800.55(f). Requirements proposed in § 3920.11(g) will require all residential program workers counted in the child or youth to staff ratios to be age 21, changing the requirements carried over from § 3800.55(h). Stakeholder input and the recommendation in the 2022 Grand Jury Report on the Delaware County Juvenile Detention Center support this change, and it reflects the majority of current experiences in the field. The option to seek a waiver from the Department to this requirement still exists if facility management believes that an individual applying for a position or known to them from an internship or volunteer role, has the skills, maturity and ability to appropriately respond to the needs of youth in care, if needed.

The educational requirements for this position proposed in § 3920.11(h)(1) are similar to those under § 3800.55(g), identifying that the residential program worker must have a high school diploma or general education development certificate with the addition of 1 year of documented paid or volunteer experience with youth in a group or residential setting.

Current educational requirements for secure detention residential program workers reflected in § 3800.283(1) (relating to additional requirements) have been modified in § 3920.11(h)(2) to allow for residential program workers in secure settings to have the option of verifying 60 credit hours from an accredited college or university or military service training in one or a combination of areas of study that include social work, sociology, psychology, family ecology, family or child development, counseling and guidance, criminal justice, community services, family studies, counseling psychology, education, early childhood education, secondary education, special education, or other human services related field as qualifying background for this position. Accepting relevant military training or education for this position reflects stakeholder input to recognize this as an acceptable option.

Proposed language in subsection (i) allows for an exception to staff qualification requirements under subsection (h) for facility staff hired or promoted to the position of residential program worker prior to the effective date of the final-form rulemaking.

§ 3920.12. Supervision.

In § 3920.12 (relating to supervision), the Department is proposing language that modifies requirements carried over from § 3800.56 (relating to supervision). Proposed requirements in § 3920.12(a) carry over language from § 3800.283(9) with minor changes in terminology requiring that facility staff must be able to see and hear children and youth at all times.

In § 3920.12(b), the Department is proposing requirements to reflect supervision of children and youth as addressed § 3800.274(3) (relating to additional requirements) indicating that children and youth in secure residential settings are to be directly supervised at all times while they are awake. Proposed language in § 3920.12(b) increases the documentation frequency of awake youth observational checks, proposed as sight and sound checks, as required in § 3800.57(a) from once every hour to once every 30 minutes. This proposed requirement, supported by stakeholder input for increased frequency and documentation, requires that these checks be completed every 30 minutes by both sight and sound. The related change proposed in § 3920.12(b) also requires that these sight and sound checks, and the actual viewing of each child or youth be documented in writing as addressed in § 3920.12(d). More frequent documentation may be required in a child's or youth's health and safety screen addressed in § 3900.111 (relating to youth health and safety admission screening) or ISP, addressed in § 3900.191 (relating to content of the ISP).

The Department is also proposing that facility staff be required to conduct sight and sound checks of sleeping children and youth once every 15 minutes as reflected in § 3920.12(c) which mirrors language in § 3800.274(7) unless more frequent sight and sound checks are required by the child's or youth's health and safety screen, addressed in § 3900.111 or ISP, addressed in § 3900.191.

In § 3920.12(e), the Department is also proposing to maintain the intent of the language in § 3800.273(2) (relating to exceptions for secure care). No options to accommodate sleeping staff are included in this chapter.

§§ 3920.13 – 3920.17. Physical site requirements.

The Department is proposing requirements consistent with language under §§ 3800.274(12), (14) and (15) (relating to additional requirements) for glass windows, lighting, surfaces, furniture, equipment and mirrors. The Department is proposing this language be addressed in separate sections for additional clarity.

§ 3920.18, Unobstructed egress.

In § 3920.18 (relating to unobstructed egress), the Department is proposing language to address safety concerns specific to the locked nature of secure facilities. The unique nature of secure residential and secure detention facilities requires the approval of options to limit both entry and egress from a building. These considerations are not clearly addressed in Chapter 3800.

Proposed language in § 3920.18(a) will require facility management of each secure residential care and secure detention facility to obtain fire safety approval as specified in § 3900.14 (related to fire safety approval and notifications) to address and permit locking of identified means of egress from rooms, units and buildings. As referenced in § 3920.18(b), doors

used for egress routes from rooms and from the building, equipped with key-locking devices, electronic card operated systems, or a centralized control panel which prevent immediate egress from the building, must meet the criteria in the International Building Code (§ 1008.1.9.7 - delayed egress locks).

Doors used for egress routes from rooms and from the building must unlock upon activation of the required automatic sprinkler system or automatic fire detection system as required in § 3920.18(c). Door locks may also have the capability of being unlocked by a signal from the fire command center if that is part of the facility security and fire alarm system. This reflects stakeholder input identifying existing facility systems operations.

Language proposed in § 3920.18(d) will require facility management to develop and implement a written emergency plan that includes procedures to follow during a power outage to ensure building security and child, youth and community safety. To support safe and timely evacuation of the building in the event of an emergency, a floor plan showing primary and secondary exit routes shall be posted at or near each doorway or means of egress, at entrances to stairs and in elevator lobbies as referenced in § 3920.18(e).

Language proposed in § 3920.18(f) will require facility staff to maintain documentation of building permits and certificate of occupancy in the facility's files and submit permits and certificates to the Department's regional office.

§ 3920.19. Health and safety admission screening.

In § 3920.19 (relating to health and safety admission screening), the Department is proposing modifications to the timeframes addressed in § 3900.111 (relating to youth health and safety assessment) for children and youth in secure settings. The time frame for the written health and safety admission screening to be completed within 24 hours of admission for a child

or youth in a secure residential facility in § 3920.19(a) is consistent with language in § 3800.141. Proposed language in § 3920.19(b) specifies that this written health and safety admission screening shall be completed within 1 hour of admission for youth placed in a secure detention facility which mirrors § 3800.283(4) (relating to additional requirements).

§ 3920.20. Health examination.

In § 3920.20 (relating to health examination), the Department is proposing language to address timeframes for health examinations for a child or youth admitted to a secure detention facility. Each child or youth shall have a health examination as soon as possible after intake, but no longer than 96 hours after admission which is consistent with the language in § 3800.283(5). This expedited time frame for youth entering detention is supported by the absence of background information and their unplanned admission to the detention facility and modifies the time lines addressed in § 3900.113.

§ 3920.21. Safe transportation.

In § 3920.21 (relating to safe transportation), the Department is proposing language consistent with language in § 3800.171 (relating to safe transportation) and § 3800.274(10) (relating to additional requirements) to establish requirements for safe transportation of children and youth placed in secure facilities. The need for a technical change is noted in § 3920.21(b), changing the title of child care worker to the proposed title of residential program worker.

§ 3920.22. Seclusion.

In § 3920.22 (relating to seclusion), the Department is proposing language consistent with the current restrictions under § 3800.274(17) - (19) (relating to seclusion) with a few changes.

Seclusion is prohibited for a pregnant or postpartum child or youth. This prohibition reflects the statutory requirements in 42 Pa.C.S. Chapter 63 Subchapter G.

Section 3920.22(6) addresses the length of seclusion and include limitations on the use of seclusion for any child or youth in any 24-hour period. Current language in § 3800.274(17)(vi) requires a written court order. Proposed requirements in § 3920.22(7) require that this written court order come from the committing judge, master or, if the identified court personnel are not available, the assigned chief probation officer from the referring county. This change was proposed by stakeholders indicating that a judge or other identified individual from the referring county who has familiarity or direct access to information about the child or youth should be the source of such an order. The maximum length of time of a child or youth being held in seclusion is 8 hours in any 48-hour period in § 3800.274(17)(vi). Under the proposed rulemaking, the use of seclusion under Chapter 3920 may not exceed 8 hours in any 24-hour period, or 12 continuous hours, without a written court order from the committing judge, master or the assigned chief probation officer from the referring county. And the use of seclusion for a continuous period of more than 24 hours is prohibited.

Although these changes in the length of time seclusion may be used, and the process to secure direction and approval external to the facility, do not reflect the recommendations offered in the 2022 Grand Jury Report on the Delaware County Juvenile Detention Center (pages 195-196), they do reflect extensive discussion with a variety of stakeholders and their input reflecting practice and experiences in the field.

Proposed language in § 3920.61(12) supports compliance with 42 Pa.C.S. Chapter 63, Subchapter G by prohibiting the use of seclusion with a pregnant or postpartum child or youth.

§ 3920.23. *Mechanical restraints.*

In § 3920.23 (relating to mechanical restraints), the Department is proposing to mirror § 3800.274(16) and the examples listed in § 3800.210(a) and (c). Individuals with the authority to provide approval for use of handcuff and leg restraints in excess of 4 hours in any 48-hour period are proposed in § 3920.23(8).

Compliance with 42 Pa.C.S. Chapter 63, Subchapter G and the use of mechanical restraints with a pregnant or postpartum child or youth is addressed in § 3920.23(d).

§ 3920.24. Placement process.

In § 3920.24 (relating to placement process), the Department is proposing to carry over language from § 3800.223(1) - (4) (relating to placement process) and add additional child or youth specific information to be gathered and compiled at the time of placement at a secure residential or secure detention facility. Proposed omission of a separate section similar to existing § 3800.222 (relating to admissions) also requires changes to language in this section, which is now proposed to include a requirement that each facility have both an admission and placement process.

Proposed language in § 3920.24(a) is consistent with the language in § 3800.271.

Proposed language in § 3920.24(b) is consistent with the language in § 3800.283(10) (relating to additional requirements) by prohibiting children and youth from being detained in a facility that allows for contact with adult offenders and addresses the option of secure detention facilities being used to house juvenile offenders charged as adults who are awaiting an interest of justice hearing or have had a judicial ruling that it is not in the interest of justice for the youth to be held in an adult jail pending trial.

Proposed language in § 3920.24(c) includes as listing of informational items that are to be requested by the facility staff from the committing court which carries over language from § 3800.272 (relating to admission to secure care) with several additions. Prior to accepting or receiving a child or youth, facility staff will be required to request information about the assigned probation officer, the date the petition was filed and the child's or youth's legal status, a description of the offenses and circumstances that make placement necessary and a copy of the court order committing the child or youth to the facility. Stakeholders identified this listing of items as the minimum information that should be available to facility staff at admission to support staff being aware of the child's or youth's presenting circumstances.

Facility policies and procedures referenced in § 3920.24(d) are to include an admissions and placement process that assesses and documents the listed information for each child or youth prior to or upon admission. This next step in the admissions and placement process in § 3920.24 (d)(1)-(2) includes policies that support the assessment and documentation of a child's or youth's needs to be addressed during placement including potential discharge plan options and resources needed and available. This requirement reflects the proposed requirements related to transfer or discharge of a child or youth included in § 3900.195. Documentation of all medications prescribed to be administered by the facility staff including the date prescribed, the prescriber, dosage, frequency, amount received and reason for prescription is a requirement proposed in § 3920.24(d)(3). Information specific to how the facility-provided activities and services will meet the needs of a child or youth, including any special needs or accommodations is to be addressed and documented as referenced in § 3920.71(d)(4). The language proposed in this section updates the requirements included in § 3800.223 while still maintaining the intent of these admission policies and requirements.

The Department is proposing language in § 3920.24(e) that requires facility staff to document the required information delineated in this section within 48 hours following admission, allowing for time to secure the required information as secure detention placements are usually unplanned or emergency situations. This proposed time frame supports facility staff access to relevant background information in a timely manner.

Subchapter C. Co-Located Detention Facilities - §§ 3920.31 – 3920.33

§ 3920.31. Facility configuration.

In § 3920.31 (relating to facility configuration), the Department is proposing to establish new requirements specific to the co-location of a child or youth secure detention facility within a facility that also confines adult offenders. Amendments in 2018 made by the Juvenile Justice Reform Act of 2018 (JJRA) (P.L. 115-35, 132 Stat. 213) and applicable Federal regulations (28 CFR Part 31 Subpart A), require that any child or youth under the age of 18 being processed through criminal proceedings, must be separated by sight and sound from adult inmates (See 34 U.S.C. § 11133(a)(11)(B)). The Commonwealth has determined that this requirement applies to a child or youth who is a direct file to adult proceedings under the exclusion provisions of the Juvenile Act, or those who are transferred to criminal proceedings under section 6355 of the Juvenile Act (42 Pa.C.S. § 6355). In these situations, if the child or youth is not released pretrial on bail or otherwise, they may be held in a secure detention facility for youth licensed by the Department.

If a secure detention facility is contained within the same building as an adult offender facility, the Department proposes that the facility configuration supports complete separation of the children or youth and adults as addressed in § 3920.31(1). Proposed language in § 3920.31(2) elevates Federal standards to require that co-located facilities have entrances and

exits for child and youth units that are totally separate from adult units. In § 3920.31(3), proposed language addresses requirements for outdoor recreation areas. These outdoor spaces must be configured to prevent adult offenders confined at the facility from viewing the children or youth also being detained at the facility. All medical and emergency services provided to a child or youth within the secure detention facility must be delivered in a separate and distinct area from locations used to treat confined adult offenders.

§ 3920.32. Staffing

In § 3920.32 (relating to staffing), the Department is proposing to establish an additional facility staff training requirement. Facility staff who work with children or youth and adults in co-located facilities shall complete all staff training required for residential program workers included in § 3900.57 (related to staff training) prior to working in the detention facility.

§ 3920.33. Consultation

In § 3920.83 (relating to consultation), the Department is proposing to establish requirements for a secure detention facility to be co-located in a building providing secure services for adult offenders. The Department is proposing to require that a co-located secure detention facility planned and developed under this chapter must seek consultation and technical assistance from the Pennsylvania Commission on Crime and Delinquency (PCCD).

PCCD was established by the act of November 22, 1978 (P.L. 1166, No. 274) (Act 274). Section 2(o) of Act 274 (71 P.S. § 1190.22(o)) designates the PCCD as the State Criminal Justice Council for the purposes of the Omnibus Crime Control and Safe Streets Act of 1968 (P.L. 90-351, 82 Stat. 197), as amended. As the designated state agency, PCCD is charged as the monitoring authority for the Commonwealth including all facilities in which juveniles may be

placed by court order. This authority to monitor facilities permits PCCD to require each facility licensed by the Department classified as secure, non-secure or both, to be verified and inspected for classification purposes; to maintain specific juvenile admission and release records; and to permit the designated compliance monitor to review these records at selected intervals during the year to ensure federal and state compliance.

The Department has identified consultation with PCCD as a critical part of program and facility development supporting compliance with Federal law and the requirements of this chapter. Documentation of this consultation and review by PCCD must be submitted as part of the application for licensure of a new co-located secure detention facility.

Affected Individuals and Organizations

In order to operate, child residential facilities and secure residential and secure detention facilities for children and youth will have to meet the updated training, staffing and supervision requirements under the new chapters. These proposed changes will increase the employee complement in the majority of facilities to meet the new ratios and delineated staff responsibilities. The increased training hours and topics will require changes in both the content and delivery of the curricula selected. The proposed requirements for new facility staff to complete a detailed orientation before having any contact with children or youth and the additional requirement that they shadow an experienced facility staff until certifications are achieved in identified areas will affect the onboarding process for new hires.

All facilities will be required to incorporate components of the trauma informed approach selected by facility management into training, programming and specific service delivery considerations. While many facilities have already adopted trauma informed practices, the

proposed regulation addresses specific areas which need to reflect these practices, and the related training required.

A new program model has been added within the proposed rulemaking. As referenced in the Family First Prevention Services Act (Title VII of Division E of Pub. L. No. 115-123, 132 Stat. 64), child residential specialized settings that serve pregnant, expecting and parenting youth and their infants and toddlers are proposed to be regulated under Chapter 3910. This addition will result in facilities providing this level of programming and newly licensed child residential facilities choosing to provide services to pregnant, expecting and parenting youth will be regulated for the first time by the new proposed requirements which include considerations of the specific needs of infants and toddlers living with the parenting youth. Under the proposed rulemaking, physical accommodations, health care considerations, nutrition requirements and service planning procedures are proposed for facilities seeking licensure.

The children and youth receiving care and services in the licensed facilities are also directly affected by the proposed increased health and safety standards and elevated attention to the trauma they have experienced. Increased staffing levels and enhanced training for facility staff will have a positive effect on the quality of supervision and the interaction experienced by the children and youth with facility staff. New requirements addressing the involvement of a child or youth in service planning and training specific to youth provide the opportunity for engagement and improved outcomes.

Similarly, the families of the children and youth receiving care and services are also impacted by the proposed rulemaking given their interest in the health, safety and quality of care their children and youth receive. The proposed language focuses attention on family involvement practices for the first time and identifies requirements for facility staff to review and

provide copies of relevant policies, initiate contact following a variety of child or youth experiences and maintain a heightened level of ongoing communication supported by designation of a facility staff point-of-contact.

Contracting agencies purchasing services and placement agencies, including county government, children and youth and juvenile probation offices, are affected by the proposed requirements since they pay for and monitor the quality of the services. The proposed level of details to be included in the program descriptions will support an increased level of accountability in both the contracting agency selection of a facility best meeting the needs of a child or youth and in the facility's admission decision to accept a child or youth.

As of March 3, 2025, there are 117 private legal entities, both for profit and not-for-profit, who operate 464 licensed child residential facilities, secure residential and secure detention facilities in the Commonwealth. In addition, there are 11 counties that operate their own residential programs and 14 counties that operate secure detention facilities. There is a total licensed capacity for 6,127 children and youth to be served in the residential settings, 138 in outdoor programs, 235 in secure residential facilities and 537 in secure detention facilities.

Accomplishments and Benefits

The benefits anticipated as a result of this proposed regulation include improved safety measures and outcomes for children and youth, shorter lengths of stay in residential care as children, youth and their families are more directly involved in planning and discharge processes, and achievement of the permanency goals individually identified for each child or youth. Increased staffing ratios and training requirements are also identified as elevating safety and supervision practices, and the quality of services delivered.

Private providers, both for profit and not-for-profit entities, as well as counties operating their own residential programs, will benefit from the clear, updated requirements that reflect and address current practice issues and concerns. Training topics proposed for facility staff will focus attention on trauma informed practices and consideration of the experiences of the children and youth related to their service needs, health care and behavioral interventions. Attention to concerns and actual or potential child or youth experiences related to human trafficking are addressed in proposed youth and facility staff training requirements and specific screening and assessment services to be made more readily available within a facility.

The proposed increased staffing ratios have a direct connection to the quality of supervision of the children and youth and their safety through increased frequency of staff observations and availability of facility staff to more easily intervene in situations requiring a timely response.

County governments, as payer of services purchased, will also benefit from an updated focus and clarity related to the services to be provided. Ready access to detailed program descriptions and facility policies and procedures will better inform decisions related to contracting and purchase of services.

Fiscal Impact

The primary costs in implementation of the amendments for the regulated community are related to increased staffing needed to meet the requirements of the updated child and youth to staff ratio (from 1:8 to 1:6 during awake hours and 1:16 to 1:12 during sleep hours), updated supervisory ratios (1:16 to 1:12) and the requirement for two staff on-duty at all times. Using an 80% daily census of total licensed capacity as a generalized budgeting projection, the Department calculated the number of additional staff required. The Department utilized the

median salary of a Residential Program Worker and a Residential Program Supervisor based on 2023 salaries in its calculation. It should be noted that these salaries were adjusted to account for any increases provided to staff in subsequent years of the current salary offerings, including signing bonuses which may be incurred in increased efforts related to post-pandemic staff recruitment and retention challenges. Based on the assumptions, the aggregate projected increased staffing costs are \$40,540,529 in the first full year of implementation with an approximate 70% funded through state reimbursement (\$28,378,371) and 30% local government funds (\$12,162,159). These numbers reflect ongoing cost increases to support the required staffing complement.

In addition, the Federal funding restrictions of congregate care placement settings based on the Federal Family First Prevention Services Act (Title VII of Division E, Pub. L. No. 115-123, 132 Stat. 64) will be alleviated when the proposed regulations are implemented. The Department's regulations for child residential facilities incorporate the standards of care necessary to address the health, safety and well-being of children who are, or who are at risk of becoming, victims of sex trafficking. These standards are those defined for specialized settings for this population and are deemed a Federal Title IV-E reimbursable setting. As such, the projected savings to state and local government achieved in the first full year of implementation is projected to be \$5,020,185 - state funds (\$4,016,148) and county funds (\$1,004,037). These savings are identified based on the Department's previously projected revenue loss as a result of the congregate care Federal funding restrictions.

Affected facilities will experience increased costs directly related to the development of new policies and procedures and revisions to current ones to meet those identified throughout the chapters. While supporting the development of these policies and procedures by facility

management to reflect the history, mission and vision of individual legal entities, the Department has also determined that each facility will be held accountable to comply with the content and intent of these documents. It is projected that the development and revision of policies and procedures may take the equivalent of 80 manpower hours. Costs related to meeting the new proposed regulatory requirements will vary greatly depending upon the internal facility resources available as well as external supports and expertise purchased to assist in drafting related to the policies and procedures.

The Department recognizes that costs may exist for the proposed required video surveillance systems. All existing secure detention and secure residential facilities have surveillance systems that will meet the proposed requirements. In addition, there are currently 43 facilities that serve 25 or more children and youth. Of those facilities, 40 already have video surveillance systems installed. An analysis of the remaining three facilities which included the physical site structure, number of floors, and common spaces was utilized in projecting a fiscal impact on providers. There would be one-time costs for those three providers who do not have existing systems, which is projected at \$4,400 per floor based on purchase and installation using an eight-camera system as basis for calculation identifying common areas and hallways. Additionally, facilities would incur a storage fee with an average of \$300 per year to have a mechanism to maintain video.

The Department also determined that there will be costs to update the Department's information system due to the additional incidents proposed to be reported to the Department under the proposed rulemaking. The Home and Community Services Information System (HCSIS) data element changes are estimated to be a one-time cost from \$70,000 - \$120,000 which can be absorbed within the current Information Systems appropriation.

Paperwork Requirements

The paperwork requirements under the proposed rulemaking do not differ from what exists currently in practice. While there are expansions to required content of program descriptions, providers shared through stakeholder sessions that detailed program descriptions were already utilized for contracting including many of the additional proposed requirements. Should a facility not meet the program description requirements of the proposed rulemaking, the one-time cost to develop the program description and update or develop agency documents will be approximately \$2,627. The cost is based on an average hourly rate of \$32.84 for a residential program director needing an estimated 80 hours to complete the work. The aggregate for all 117 legal entities would be \$307,359. The reportable incidents, though enhanced, will be reported electronically into the Home and Community Services Information System (HCSIS) which is the current system for reporting critical incidents required by regulation.

Additional requirements include the requirement that facilities maintain an electronic log as identified in § 3900.213 of data related to the use of restrictive procedures and § 3900.41, which addresses data requirements for searches of person and property conducted by the facility staff. During stakeholder sessions, providers shared that they already maintain restrictive procedure data. The addition to the regulation formalizes this data capturing, including identification of the elements in the restrictive procedures record. A debriefing process was added to the regulation and is required to be included in the individual child record as well as the electronic log of all restrictive procedures. The new section addressing facility policies, procedures and data gathering responsibilities related to searches of person and property has been added to incorporate current departmental requirements. The format for collection and maintenance of these data logs is not prescribed by the Department, thereby allowing for

provider flexibility in meeting these new requirements. Internal investigations related to unsubstantiated grievances filed by a child or youth, or the child's or youth's parent addressed in § 3900.17 are also proposed to be maintained as recordable incidents in an electronic log.

Effective Date

The proposed rulemaking will be effective 6 months after publication as final-form rulemaking in the *Pennsylvania Bulletin* with the exception of § 3900.55 (d) (relating to additional staff responsibilities), which will become effective 18 months after the effective date the final-form rulemaking in the *Pennsylvania Bulletin*.

Public Comment

Interested persons are invited to submit written comments, suggestions, or objections regarding the proposed rulemaking to the Department at RA-PWOCYF3900sReview@pa.gov or mailed to the following address: Commonwealth of Pennsylvania Department of Human Services, Office of Children, Youth, and Families, Attention: Caitlin Robinson, Bureau of Children and Family Services, Health and Human Services Building, 625 Forster St. Harrisburg, PA 17120 within 60 calendar days after the date of the publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Reference **Regulation No. 14-559** when submitting comments.

Persons with a disability who require an auxiliary aid or service may submit comments by using the Hamilton Relay Service at 1-800-654-5984 (TDD users) or 1-800-654-5988 (voice users).

Regulatory Review Act

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on April 9, 2026, the Department submitted a copy of this proposed rulemaking to the Independent Regulatory Review

Commission (IRRC) and to the Chairpersons of the House Committee on Health and the Senate Committee on Health and Human Services. In addition to submitting the proposed rulemaking, the Department has provided the IRRC and the Committees with a copy of a Regulatory Analysis Form prepared by the Department. A copy of this form is available to the public upon request.

Under § 5(g) of the Regulatory Review Act, if the IRRC has any comments, recommendations or objections to any portion of the proposed regulation, it may notify the Department and the Committees within 30 days after the close of the public comment period. This notification shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review by the Department, the General Assembly and the Governor, of any comments, recommendations or objections raised, prior to final publication of the regulation.

Annex A

Title 55. Human Services

Part V. Children, Youth, and Families Manual

Subpart E. Residential Agencies, Facilities and Services

Article I. Licensing/Approval

**Chapter 3800. [CHILD RESIDENTIAL] TRANSITIONAL LIVING RESIDENCES AND
CHILD DAY TREATMENT FACILITIES**

§ 3800.1. Purpose.

The purpose of this chapter is to protect the health, safety and well-being of children receiving care in a [child residential facility] transitional living residence or child day treatment center through the formulation, application and enforcement of minimum licensing requirements.

§ 3800.2. Applicability.

(a) This chapter applies to [child residential facilities] transitional living residences and child day treatment centers, except as provided in § 3800.3 (relating to exemptions).

(b) This chapter contains the minimum requirements that shall be met to obtain a certificate of compliance to provide transitional living child residential care or child day treatment in this Commonwealth.

(c) This chapter applies equally to profit, nonprofit, publicly funded, privately funded, church operated and nonchurch operated facilities.

(d) This chapter applies to the following:

(1) [Any premise or part thereof, operated in a 24-hour living setting in which care is provided for one or more children who are not relatives of the facility operator, except as provided in § 3800.3] **{Reserved}**.

(2) [Child residential facilities that are either secure or nonsecure settings, including child detention centers] **{Reserved}**.

(3) [Child residential facilities that are located in a fixed structure, are mobile or any combination of fixed and mobile settings] **{Reserved}**.

(4) Child day treatment centers.

(5) Transitional living facilities with more than one transitional living residence in the same building.

(6) [Facilities serving children with disabilities, that serve children exclusively] **{Reserved}**.

§ 3800.3. Exemptions.

This chapter does not apply to the following:

* * * * *

(11) Private homes of persons providing care to a relative, except homes in which children live with their own children but no other relative, unless the home is a transitional living residence that is exempt from this chapter under paragraph (2).

(12) Child residential facilities licensed under Chapter 3900 (relating to child and youth facility requirements) and Chapter 3910 (relating to child residential facilities).

(13) Child residential facilities licensed under Chapter 3900 and Chapter 3920 (relating to secure residential and secure detention facilities for youth).

§ 3800.5. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

* * * * *

[*Mobile program*—A residential program that provides services in a variety of settings that do not occupy a stationary site.

Outdoor program—A residential program where children sleep outdoors or in structures intended for an outdoor experience, where the primary program focus is on outdoor experiences.]

* * * * *

[*Secure care*—Care provided in a 24-hour living setting to one or more children who are delinquent or alleged delinquent, from which voluntary egress is prohibited through one of the following mechanisms:

(i) Egress from the building, or a portion of the building, is prohibited through internal locks within the building or exterior locks.

(ii) Egress from the premises is prohibited through secure fencing around the perimeter of the building.

Secure detention—A type of secure care located in a temporary 24-hour living setting, in which one or more delinquent or alleged delinquent children are detained, generally in a preadjudication status.]

* * * * *

[SECURE CARE]

- 3800.271. [Criteria] {Reserved}.**
- 3800.272. [Admission to secure care] {Reserved}.**
- 3800.273. [Exceptions for secure care] {Reserved}.**
- 3800.274. [Additional requirements] {Reserved}.**

[SECURE DETENTION]

- 3800.281. [Requirements for secure detention] {Reserved}.**
- 3800.282. [Exceptions for secure detention] {Reserved}.**
- 3800.283. [Additional requirements] {Reserved}.**

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[OUTDOOR AND MOBILE PROGRAMS]

- § 3800.301. [Applicability] {Reserved}.**
- § 3800.302. [Exceptions for outdoor and mobile programs] {Reserved}.**
- § 3800.303. [Additional requirements] {Reserved}.**

(Editor's note: The following Chapters 3900, 3910 and 3920 are proposed to be added and are printed in regular type to enhance readability.)

CHAPTER 3900. CHILD AND YOUTH FACILITY REQUIREMENTS

Subchapter A. GENERAL PROVISIONS

§ 3900.1. Purpose.

The purpose of this chapter is to protect the health, safety and well-being of children and youth receiving care in a child residential facility through formulation, application, and enforcement of minimum licensing requirements.

§ 3900.2. Applicability.

(a) This chapter applies to:

- (1) Child residential facilities except as provided in § 3900.3 (relating to exemptions).
- (2) Secure residential facilities or secure detention facilities for children and youth.

(b) This chapter contains the minimum requirements that shall be met to obtain a certificate of compliance to provide child residential care in this Commonwealth.

(c) This chapter applies equally to facilities operated for profit or nonprofit, publicly operated, privately operated, or operated by a religious entity or a non-religious entity.

(d) This chapter applies to the following:

- (1) Any premise or part thereof, operated in a 24-hour living setting in which care is provided for one or more children or youth who are not relatives of the facility operator, except as provided in § 3900.3.
- (2) Child residential facilities that are located in a fixed structure or configured as a non-mobile outdoor setting.
- (3) Emergency shelter programs.
- (4) Child residential specialized setting facilities that serve pregnant, expecting and parenting youth and their young infants and toddlers.

§ 3900.3. Exemptions.

This chapter does not apply to the following:

- (1) Child residential and child day treatment facilities operated directly by the Department.
- (2) Transitional living residences which are located in freestanding private residences.
- (3) Transitional living facilities with more than one transitional living residence in the same building.
- (4) Residential camps for children who are enrolled in a grade or educational level higher than kindergarten which operate for fewer than 90 days per year.
- (5) Residential children's schools licensed and operated solely as private academic schools or registered and operated solely as nonpublic nonlicensed schools by the Department of Education.
- (6) Foster care homes licensed under Chapter 3700 (relating to foster family care agency).
- (7) Family living homes for children or youth with an intellectual disability that are licensed under Chapter 6500 (relating to family living homes).
- (8) Community homes for individuals with an intellectual disability or autism, licensed under Chapter 6400 (relating to community homes for individuals with an intellectual disability or autism).
- (9) Community residences for individuals with mental illness that provide care to both children and adults in the same facility or community residential host homes for individuals with mental illness that are certified under Chapter 5310 (relating to community residential rehabilitation services for the mentally ill).

(10) Drug and alcohol residential facilities that provide care exclusively to residents whose sole need is the treatment of drug and alcohol dependence and that are licensed under 28 Pa. Code Chapters 701, 704 and 709 (relating to general provisions; staffing requirements for drug and alcohol treatment activities; and standards for licensure of freestanding treatment facilities).

(11) Private homes of persons providing care to a relative, except homes in which a parenting youth lives with their own children but no other relative.

§ 3900.4. Inspections and certificates of compliance.

(a) A facility licensed under this chapter will be inspected at least once a year, unless otherwise specified by statute.

(b) A separate certificate of compliance will be issued for each physical structure that qualifies for a certificate.

(c) Distinct programming provided on separate floors or in discrete residential living units within a building is considered as a separate facility for purposes of qualifying for a separate certificate of compliance.

§ 3900.5. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Admission - The date of placement in a child residential facility and the initiation of services.

Aftercare services — Services available to youth, who exited placement at 14 years of age or older and who have not attained 23 years of age, to assist in the transition to adulthood and self-sufficiency.

Age and developmentally appropriate - Activities or items that are generally accepted as suitable for children or youth of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child or youth based on the development of cognitive, emotional, physical and behavioral capacities that are typical for an age or age group. In the case of a specific child or youth, activities or items that are suitable for the child or youth based on the developmental stages attained by the child or youth with respect to the cognitive, emotional, physical and behavioral capacities of the child or youth.

Behavioral health services - Services that address mental health disorders, substance use disorders, or both, and encompass a continuum of prevention, intervention, treatment and recovery support services.

Body cavity search - A visual or a manual internal inspection of body orifices and cavities for prohibited contraband.

CPSL - The Child Protective Services Law – 23 Pa.C.S. Chapter 63 (relating to child protective services).

Care management - The coordination and monitoring of services provided to a child or youth and the child's or youth's family conducted by an identified lead agency, when more than one agency is actively involved with a child or youth and family, to ensure that services provided meet the level and intensity consistent with the identified needs and that duplication and inconsistencies in services do not occur.

Child -An individual who meets one of the following conditions:

- (1) Is under 18 years of age.
- (2) Is under 21 years of age and who committed an act of delinquency before reaching 18 years of age.

(3) Is under 21 years of age and was adjudicated dependent before reaching 18 years of age, who has requested the court to retain jurisdiction and who remains under the jurisdiction of the court as a dependent child because the court has determined that the child meets one of the following criteria:

- (i) Is completing secondary education or an equivalent credential.
- (ii) Is enrolled in an institution which provides postsecondary or vocational education.
- (iii) Is participating in a program actively designed to promote or remove barriers to employment.
- (iv) Is employed for at least 80 hours per month.
- (v) Is incapable of doing any of the activities described in subparagraph (i)—(iv) due to a medical or behavioral health condition, which is supported by regularly updated information in the permanency plan of the child.

Child day treatment facility - A premise or part thereof, operated for a portion of a 24-hour day in which alternative education, intervention or support programs are provided to one or more children or youth to prevent a child's or youth's placement in a more restrictive setting or to facilitate a child's or youth's reunification with the child's or youth's family.

Child residential facility - A premise or part thereof, operated in a 24-hour living setting in which care is provided for one or more children or youth who are not relatives of the facility operator, except as provided in § 3900.3 (relating to exemptions).

Contracting agency - A county children and youth agency, juvenile probation office, or behavioral health or managed care organization that either contracts with the facility or

authorizes the facility to provide residential care or secure residential or detention care to a child or youth, or both.

County agency - A county children and youth social service agency established under § 405 of the County Institution District Law (62 P.S. § 2305), or its successor, and supervised by the Department under Article IX of the Human Services Code (62 P.S. §§ 901—922).

Court-appointed special advocate - An individual appointed by the court under the Juvenile Act to participate as an advocate for a child or youth who is dependent or alleged to be dependent.

Debriefing process – A small group technique that allows participants to discuss details and process an event and then reflect on why the event happened and to explore implications for the future.

Delinquent child - As defined by 42 Pa.C.S. § 6302 (relating to definitions).

Department – The Department of Human Services of the Commonwealth.

Department of Education – The Department of Education of the Commonwealth.

Dependent child – As defined by 42 Pa.C.S. § 6302.

Disability -

(i) One or more of the following:

(A) A physical or mental impairment which substantially limits one or more of a child’s or youth’s major life activities.

(B) A record of having such an impairment.

(C) Regarded as having such an impairment.

(ii) The term does not include current, illegal use of or addiction to a controlled substance as defined in 21 U.S.C. § 802 (relating to definitions).

EPSDT-The Early and Periodic Screening, Diagnostic and Treatment Program – The child health component of Medicaid that includes a comprehensive array of medical, dental and mental health care for children that emphasizes prevention and early intervention. The core of the EPSDT benefit is a comprehensive, well-child visit known as an EPSDT screen, which includes a comprehensive health and developmental history, comprehensive physical exam, appropriate immunizations, laboratory tests and health education. EPSDT is designed to address problems early, ameliorate conditions and intervene as early as possible.

Early intervention services - Services for infants, toddlers and preschool children with disabilities as defined by section 103 of the Early Intervention Services System Act) (11 P.S. § 875-103) and 34 CFR 303.13 (relating to early intervention services).

Education records – Records that are directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution. These records may include attendance, grades, transcripts, class lists, student course schedules, health records from kindergarten to twelfth grade, student financial information at the postsecondary level and student discipline files.

Education stability - The right of a child or youth in foster care or in the delinquency system to remain in the child’s or youth’s current school when it is in the child’s or youth’s best interest in accordance with section 1111 of the Every Student Succeeds Act (20 U.S.C. 6311(g)(1)(E)) and Pa.R.J.C.P. 148.

Emergency shelter program - Residential care and supervision in a nonsecure setting, not to exceed 30 consecutive days, for a child who meets at least one of the following criteria:

- (i) Whose immediate safety, protection and well-being requires removal from the child’s own home.

- (ii) Who would present a danger to self or others or who would abscond if the child were living at home.

Exclusion – A child’s or youth’s involuntary isolation or removal from the child’s or youth’s immediate environment and restricting the child or youth alone to a room or area. Exclusion does not include a child or youth voluntarily choosing to move to and remain by themselves in an area to self-regulate.

Facility –A child residential facility. The term includes a secure residential or secure detention facility under Chapter 3920 (relating to secure residential and secure detention facility for youth).

Facility staff - Individuals employed by the facility in positions described in this chapter, §§ 3910.12 and 3920.11 (relating to residential program worker) who provide supervision and services to children or youth placed at a child residential facility.

Facility management - Includes all executive and administrative staff employed by a legal entity who are instrumental in keeping a child residential program operational and in compliance with applicable laws and regulations.

Family engagement – A family-centered and strengths-based approach to partnering with families in making decisions, setting goals and achieving desired outcomes.

Family finding – Ongoing diligent efforts between a county agency or its contracted providers and relatives and kin to do all of the following:

- (i) Search for and identify adult relatives and kin and engage them in children and youth social service planning and delivery.
- (ii) Gain commitment from relatives and kin to support a child, youth or parent receiving children and youth social services.

Family members - Spouses, parents and children or other persons related by blood, marriage or adoption as determined and documented in an ISP.

Fire safety expert – A local fire department, fire protection engineer, Commonwealth-certified fire protection instructor, college instructor in fire science, county or Commonwealth fire school, volunteer person trained and certified by a county or Commonwealth fire school or an insurance company loss control representative.

Gender expression - Describes how individuals communicate their gender to others, including through hairstyles, clothing, physical expression and mannerisms, physical alteration of their body or by choosing a name that reflects their gender identity.

Gender identity – A person’s internal sense of identity as it relates to being male, female, some combination of male and female, or neither male nor female. One’s gender identity may or may not be consistent with one’s sex assigned at birth.

IEP-Individualized Education Program – As defined in 22 Pa. Code §§ 14.101 and 14.131 – 14.133.

ISP—Individual Service Plan - A written document for each child or youth describing the child’s or youth’s care and treatment needs.

Intimate sexual contact – Vaginal or anal penetration, oral sex, or direct skin-to-skin touching of sexual organs or intimate body parts. Intimate sexual contact does not include kissing or hugging.

Juvenile Act – 42 Pa.C.S. Chapter 63 (relating to juvenile matters).

Legal guardian - A person who has been given legal care and control of a child or youth by a court.

Menstrual hygiene products - Products relating to bodily functions that are used during menstruation including tampons and sanitary pads.

Outdoor program - A residential program where children or youth sleep outdoors or in structures intended for an outdoor experience, where the primary program focus is on outdoor experiences.

Parent - A biological parent including mother, father, non-custodial or incarcerated, adoptive parent, legal guardian or custodian.

Permanency - A commitment with an identified adult or family to care for and to support a child or youth up to and beyond the age of majority.

Placement - 24-hour substitute care and supervision of a child or youth.

Postpartum - An 8-week period or a longer period as determined by the health care professional responsible for the health and safety of the child or youth following childbirth.

Pregnant, expecting or parenting youth - A youth in a placement setting who is pregnant, expecting or parenting their own infant or toddler.

Provide or arrange – A service or activity performed directly by facility staff, coordinated through a service agreement with another agency or individual, or services accessed through another agency or service provider that is not paid for by the contracting agency.

Quality improvement process - A structured approach to evaluating the performance of a facility's processes and operations, using routine collection and analysis of data, then determining needed improvements in both functional and operational areas.

Regular and significant direct contact - Directly working with children or youth for 30 or more hours in any month not generally including clerical, maintenance, housekeeping or kitchen staff.

Relative - An individual related within the fifth degree by blood, marriage or adoption to the child's or youth's parent or stepparent.

Restrictive procedure - A restrictive procedure includes efforts to control behavior or restrict movement through the application of physical, mechanical or chemical intervention and exclusion.

Secure detention - A type of secure residential care and supervision provided in a temporary 24-hour living setting, in which one or more delinquent or alleged delinquent children or youth are detained, generally in a preadjudication status.

Secure residential - The care and supervision provided in a 24-hour living setting to one or more children or youth who are delinquent or alleged delinquent, from which voluntary egress is prohibited through one of the following mechanisms:

- (i) Egress from the building, or a portion of the building, is prohibited through internal locks within the building or exterior locks.
- (ii) Egress from the premises is prohibited through secure fencing around the perimeter of the building.

Sexual orientation - An enduring pattern of romantic or sexual attraction, or a combination of these, to the opposite sex or gender, the same sex or gender, to both sexes or more than one gender, or none.

Sibling - An individual who has at least one parent in common with another individual, whether by blood, marriage or adoption, regardless of whether there is a termination of parental rights or parental death. The term includes biological, adoptive, step and half siblings.

Sight and sound checks - Facility staff providing supervision of children or youth through “sight” and “sound” as follows:

- (i) “Sight” means the child or youth is being actively observed by facility staff.

- (ii) “Sound” means the child or youth can be heard from where the facility staff is positioned.

Smoking - Inhaling and exhaling an e-cigarette or other vaping device, cigarette, cigar, pipe, or other such device which contains tobacco, illegal substance or harmful chemicals.

Specialized settings for pregnant, expecting and parenting youth - A 24-hour living setting which is designed to provide care and supervision to youth who are either dependent or delinquent and who are expecting or parenting and their biological child by allowing parenting youth and child to be co-located.

Suicidal gesture - An act that is indicative of self-destructiveness, but the level of lethality is so low that it could not cause death. Suicidal gestures include verbal threats of self-harm.

Transitional living residence - A home or living unit for fewer than five youth, who are 16 years of age or older, with or without their own children, who are all able to live in a semi-independent living setting. A youth’s own children are counted to determine the maximum number of four children or youth per transitional living residence.

Trauma - Result from an event, series of events or a set of circumstances that are experienced by an individual as physically or emotionally harmful or life threatening and that have lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.

Trauma-informed approach– A strengths-based method to service delivery and organizational structure that does all of the following:

- (i) Realizes the widespread impact of trauma, including historical trauma.
- (ii) Understands potential paths to recovery.

(iii) Recognizes the signs and symptoms of trauma in children, youth, parents, legal guardians, caregivers, staff and others.

(iv) Responds by fully integrating knowledge about trauma into policies, procedures, practices, and relationships.

(v) Seeks to actively prevent re-traumatization.

Unreasonable restraint – Controlling behavior or restricting movement through the application of physical, mechanical or chemical intervention for the purpose of coercion or punishment.

Urgent care center – A category of walk-in clinics focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency department. Urgent care centers primarily treat injuries or illnesses requiring immediate care, but not serious enough to require an emergency department visit.

Visual body search – Viewing of a child’s or youth’s body after the child or youth has removed their clothing to expose underwear or private body parts for the purposes of checking for contraband.

Volunteer – A person who provides a service to the facility, is an organized and scheduled component of the facility programming, and who does not receive compensation.

Well-being – The healthy functioning of children and youth that allows them to be successful throughout childhood and youthhood and into adulthood, including cognitive, emotional, behavioral and social functioning, education, and physical health and development.

Youth – A child who is 14 years of age or older.

Subchapter B. GENERAL REQUIREMENTS

§ 3900.11. Licensure or approval of a facility.

- (a) A facility shall meet the requirements of Chapter 20 (relating to licensure or approval of facilities and agencies).
- (b) The legal entity shall guarantee that the facility is organized, administered and operated in a manner that complies with the requirements of this chapter.
- (c) Facility management shall conform with all applicable Federal and State statutes, regulations and local ordinances relating to health, safety and rights. This includes meeting the requirements of 34 Pa. Code Chapters 401 – 405 (relating to uniform construction code training and certification of code administrators; administration; and elevators and other lifting devices).

§ 3900.12. Appeals.

Appeals related to the Department's licensure or approval decisions shall be made in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure).

§ 3900.13. Maximum capacity.

- (a) The facility's maximum capacity specified on the certificate of compliance will be based on available bedroom square footage and the number of toilets and sinks.
- (b) The facility may not exceed the maximum capacity specified on the certificate of compliance.

§ 3900.14. Fire safety approval and notifications.

- (a) If a fire safety approval is required in accordance with State law or regulations, a valid fire safety approval from the appropriate authority, listing the facility as locked or unlocked and the type of occupancy, is required prior to receiving a certificate of compliance under this

chapter.

(b) If the fire safety approval is withdrawn or restricted, facility staff shall notify the Department orally within 24 hours and in writing within 48 hours of the withdrawal or restriction.

(c) If the facility is structurally renovated or altered after the initial fire safety approval is issued, facility staff shall submit the new fire safety approval, or written certification from the appropriate fire safety authority that a new fire safety approval is not required.

(d) Facility staff shall notify local fire officials in writing of the address of the facility, location of bedrooms and assistance needed to evacuate in an emergency. The notification shall be kept current, and a copy shall be made available to the Department upon request.

§ 3900.15. Child abuse.

(a) Facility staff shall immediately report suspected abuse of a child in accordance with the CPSL and Chapter 3490 (relating to protective services).

(b) When there is an allegation of child abuse involving any individual employed or contracted by the facility, facility management shall submit a plan of supervision to the Department regional office for approval in accordance with section 6368 of the CPSL (23 Pa.C.S. § 6368) (relating to investigation of reports) and § 3490.56 (relating to county agency investigation of suspected child abuse perpetrated by persons employed or supervised by child care services and residential facilities). Facility management shall immediately implement a plan of supervision.

§ 3900.16. Reportable incidents.

(a) A reportable incident includes the following situations occurring at the facility or while a child or youth is under the supervision of the facility staff in the community:

(1) A child's or youth's death.

- (2) A physical act by a child or youth to commit suicide.
 - (3) A child's or youth's injury, trauma or illness requiring inpatient admission and treatment at a hospital.
 - (4) A child's or youth's injury or trauma requiring outpatient treatment at a hospital or urgent care center, not to include minor injuries such as sprains or cuts.
 - (5) A body cavity search of a child or youth as addressed in § 3900.41(c) and (d) (relating to person and property searches).
 - (6) A substantiated violation of a child's or youth's rights under § 3900.32 (relating to specific rights).
 - (7) Intimate sexual contact between children or youth, consensual or otherwise.
 - (8) A child's or youth's absence from the facility premises without facility staff's knowledge or awareness of the child's or youth's whereabouts.
 - (9) A child or youth does not return as planned from a scheduled family home visit and facility staff are unable to contact adult family members to identify child's or youth's status or plans to return to the facility.
 - (10) Abuse or misuse of a child's or youth's funds.
 - (11) An outbreak of a serious communicable disease as set forth in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions).
 - (12) An event that results in emergency services, including law enforcement or fire services, being called to the facility.
 - (13) Any condition which results in closure of the facility.
- (b) Facility staff shall notify law enforcement of a missing child or youth as soon as the determination is made that the child or youth is missing.

(c) Facility staff shall make an oral report to the appropriate Department regional office and the contracting agency within 12 hours for any of the following incidents:

(1) A fire requiring the children's or youths' relocation.

(2) An unexpected child or youth death.

(3) A child or youth whose whereabouts are unknown to facility staff and the child or youth is identified as being missing.

(d) Facility staff shall make a verbal report to the appropriate Department regional office and the contracting agency following implementation of mitigation efforts to meet the children's or youths' needs in the event of a disruption in access to water, heat, cooling or power.

(e) Facility staff shall orally notify the contracting juvenile probation office as soon as it is determined that a child or youth under their supervision has not returned as planned from a scheduled home pass or if the child or youth has failed to comply with the home pass provisions. Documentation of date, time and persons involved in this conversation shall be maintained in the child's or youth's file.

(f) Facility staff shall complete a written report in the Department's prescribed format for all reportable incidents, which shall be electronically submitted to the Department within 24 hours after the incident occurs.

(g) Facility staff shall initiate an investigation of a reportable incident immediately following the report of the incident and shall, within 5 business days, provide the Department with a timeline and plan including a projected date for completion of the investigation except for incidents of suspected child abuse reported to the Department in accordance with the CPSL.

(h) Facility management shall develop written policies and procedures on the prevention, reporting, investigation and management of reportable incidents, including a post-incident debriefing process.

(i) Facility staff shall complete a written summary of the debriefing meeting following the investigation of each incident to identify staffing, training, physical site or program-related components relating to the cause and resolution of the incident.

(j) Facility staff shall incorporate the debriefing findings and related data into the facility quality improvement process.

(k) Facility staff shall submit a final reportable incident report in the Department's prescribed format that includes the debriefing summary following the conclusion of the investigation.

(l) Facility staff shall maintain a copy of reportable incident reports in the child's or youth's file, if applicable, and in the facility's administrative files.

(m) Facility staff shall notify the child's or youth's parent following the submission of a reportable incident relating to the child or youth, unless restricted by applicable confidentiality statutes, regulations or an individual child's or youth's court order.

§ 3900.17. Recordable incidents.

(a) Facility staff shall maintain an electronic record of the following:

(1) All seizures.

(2) Suicidal gestures.

(3) Any incident of intentionally striking or physically injuring a child or youth that does not involve facility staff or other adult responsible for the care and supervision of a child or youth.

(4) Any facility management investigation of a grievance filed by a child or youth or their parent that was determined to be unsubstantiated.

(b) Facility staff shall also maintain a copy of each recordable incident report in the child's or youth's record.

§ 3900.18. Child and youth funds.

(a) A child's or youth's money, earned or received, is the respective child's or youth's personal property.

(b) Facility policies may place reasonable limits on the amount of money to which a child or youth has access.

(c) Facility staff shall maintain a separate accounting system for child or youth funds, including the dates and amounts of deposits and withdrawals. Commingling of a child's or youth's funds and facility funds is not permitted.

(d) Facility management shall maintain an interest-bearing account for child and youth funds, with earned interest tracked and applied for each child or youth, except for children or youth expected to be in the facility for fewer than 30 days.

(e) Except as may be required under subsection (g), money in a child's or youth's account shall be returned to the respective child or youth upon discharge or transfer.

(f) Facility management and facility staff shall not borrow a child's or youth's funds.

(g) Facility management serving children or youth who are adjudicated delinquent shall develop and demonstrate implementation of policies and procedures to address the following requirements:

(1) Restrictions to the child's or youth's access to personal funds imposed by the contracting juvenile probation office to direct funds to satisfy restitution orders.

(2) Community services hours completed by a child or youth and the process to credit those to fulfill any community services requirements.

(3) Community services hours completed by a child or youth and the process to credit those to fulfill restitution obligations.

(4) Monthly notification to the contracting juvenile probation office of funds earned and the balance held in the youth's account.

(5) Restrictions to the release of funds upon discharge without the review and approval of the contracting juvenile probation office to consider payment of any outstanding restitution.

§ 3900.19. Consent to treatment.

(a) Facility staff shall comply with the following statutes and regulations relating to consent to treatment, to the extent applicable:

(1) The Juvenile Act.

(2) The Mental Health Procedures Act (50 P.S. §§ 7101 – 7503).

(3) The act of February 13, 1970 (P.L. 19, No. 10) (35 P.S. §§ 10101 – 10105), pertaining to minors' consent to medical care.

(4) Chapter 5100 (relating to mental health procedures).

(5) The Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. §§ 1690.101 – 1690.115).

(6) Other applicable statutes and regulations.

(b) The following consent requirements apply unless in conflict with the requirements of applicable statutes and regulations specified in subsection (a):

(1) Whenever possible, general written consent shall be obtained upon admission from the child's or youth's parent for the provision of routine health care such as child or youth

health examinations, dental care, vision care, hearing care and treatment for injuries and illnesses.

(2) A separate written consent shall be obtained prior to treatment from the child's or youth's parent or, if the parent cannot be located, by court order, for each incidence of nonroutine treatment such as elective surgery and clinical trials.

(3) Consent for emergency care or treatment is not required.

§ 3900.20. Confidentiality of records.

(a) Facility staff shall comply with the following statutes and regulations relating to confidentiality of records, to the extent applicable:

(1) The CPSL.

(2) 23 Pa.C.S. §§ 2101 – 2938 (relating to Adoption Act).

(3) The Mental Health Procedures Act (50 P.S. §§ 7101 – 7503).

(4) Section 602(d) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4602(d)).

(5) The Confidentiality of HIV-Related Information Act (35 P.S. §§ 7601 – 7612).

(6) Sections 5100.31 – 5100.39 regarding confidentiality of mental health records.

(7) Sections 3490.91 – 3490.95 regarding confidentiality of child abuse information.

(8) 20 U.S.C. § 1232g (relating to the Family Educational Rights and Privacy Act of 1974 (FERPA) and related regulations under 34 CFR Part 99 (relating to family educational rights and privacy)).

(9) The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936).

(10) Other applicable statutes and regulations.

(b) The following confidentiality requirements apply unless in conflict with the requirements of applicable statutes and regulations specified in subsection (a):

(1) A child's or youth's record, information concerning a child, youth or family, and information that may identify a child, youth or family by name or address, is confidential and may not be disclosed or used other than in the course of official facility duties.

(2) Information specified in paragraph (1) shall be released upon request only to the child's or youth's parent, the child's or youth's and parent's attorney, the court and court services, including probation staff, county government agencies, authorized agents of the Department and to the youth.

(i) Information may be withheld from a youth following consultation with the contracting agency if the information is determined harmful to the youth.

(ii) Facility staff shall document the determination to withhold the information from the youth in the youth's record.

(3) Information specified in paragraph (1) may be released to others who provide services to the child or youth if the information is necessary for the provider to carry out its responsibilities. Facility staff shall document the need for release of the information in the child's or youth's record.

(4) Information specified in paragraph (1) may not be used for teaching or research purposes unless the information released does not contain information which would identify the child, youth or family.

(5) Information specified in paragraph (1) may not be released to individuals not specified in paragraphs (2) – (4), without written authorization from the court, if applicable, and the child's or youth's parent.

(6) Release of information specified in paragraph (1) may not violate another child's or youth's confidentiality.

(c) Facility management shall develop and demonstrate implementation of a confidentiality and privacy policy which addresses:

- (1) The process to secure signed releases for photos of children and youth.
- (2) The use of photos of children and youth.
- (3) Facility staff, children and youth's social media activity that contains identifying information of children or youth served at the facility.

§ 3900.21. Applicable health and safety laws.

The facility shall have a valid certificate or approval document from the appropriate State or Federal agency relating to health and safety protections for children and youth required by another applicable law, not to include local zoning ordinances.

§ 3900.22. Emergency preparedness plan.

(a) Facility management shall develop and demonstrate implementation of an emergency preparedness plan to prepare for, respond to, and recover from a disaster, disease outbreak or other emergency. The plan shall include measures to do all of the following:

- (1) Shelter children and youth during an emergency including lock-down shelter in place at the facility and sheltering at locations away from the facility premises.
- (2) Identify possible shelter locations away from the facility premises and modes of transportation in an evacuation.
- (3) Evacuate children and youth from the facility building to a location away from the facility premises. The evacuation routes and evacuation plans to exit the building may be the same as those required by § 3900.100 (d) (relating to fire drills).

(4) Contact the parents of each child and youth and the contracting agency as soon as reasonably possible when an emergency situation arises.

(5) Inform parents of each child and youth and the contracting agency that the emergency has ended.

(6) Accommodate the needs of infants, toddlers, children and youth with disabilities or chronic medical conditions.

(b) Facility management shall review the emergency plan at least annually and update the plan as needed. Each review and update of the emergency plan shall be documented in writing, kept on file at the facility with updated plans submitted to the appropriate regional office.

(c) The emergency plan shall be posted in the facility at a conspicuous location.

(d) Facility management shall send a copy of the emergency plan and subsequent plan updates to the local municipality and to the county emergency management agency.

(e) Facility staff shall receive training regarding the emergency plan at the time of initial employment, on an annual basis and at the time of each plan update. The date of each training and the name of each facility staff who received the training shall be documented in writing and kept on file at the facility.

§ 3900.23. Waivers.

(a) Facility management may submit a written request for a waiver on a form prescribed by the Department, and the Department may grant a waiver of a specific section of this chapter if the following conditions exist:

(1) There is no significant jeopardy to the children or youth within the facility.

(2) There is an alternative for providing the children or youth an equivalent level of protection of their health, safety and well-being.

- (3) The benefit of waiving the regulation outweighs any risk to the children's or youths' health, safety and well-being.
- (b) The scope, definitions or applicability of this chapter, or any section of this chapter required by statute, may not be waived.

Subchapter C. RIGHTS

§ 3900.31. Notification of rights and grievance procedures.

Facility management and facility staff shall do all of the following:

- (1) Guarantee that a child or youth and the child's or youth's parent have the right to lodge a grievance with the facility, orally or in writing, for an alleged violation of a child's or youth's rights under this chapter or civil rights without fear of retaliation.
- (2) Provide each child or youth and the child's or youth's parent, unless court-ordered otherwise, information about the child's or youth's rights, the right to lodge grievances without fear of retaliation and applicable consent to treatment protections specified in § 3900.19 (relating to consent to treatment).
 - (i) The child or youth, and the child's or youth's parent shall receive such notice and written information prior to admission, if possible.
 - (ii) Facility staff shall again review the grievance procedures with the child or youth and the child's or youth's parent upon admission and provide written copies of the information to the child or youth and the child's or youth's parent.
 - (iii) The child's or youth's parent shall be sent a copy of the facility's grievance policy within 48 hours following admission if the parent is not available to receive it in person at the time of admission.

(iv) Facility staff shall again review the grievance procedures, including options for the child or youth to request assistance in filing a grievance, with the child or youth and the child's or youth's parent at the time of the child's or youth's initial ISP meeting.

(3) Inform each child or youth and the child's or youth's parent of the child's or youth's rights, the right to lodge grievances as specified under paragraph (1) and under 11 P.S. § 2633 (relating to children in foster care), as applicable, and of applicable consent to treatment protections specified in § 3900.19 (relating to consent to treatment), in an easily understood manner, and in the primary language or mode of communication of the child or youth and the child's or youth's parent.

(4) Post copies of rights, the facility's grievance procedures, discipline policy, person and search policy, restrictive procedures policy, visitation and contact policy, applicable consent to treatment protections and emergency preparedness plan at the facility in a location visible and accessible to children, youth and facility staff. Copies of these policies shall also be given to the child or youth and the child's or youth's parent upon admission.

(5) Facility staff shall maintain a statement signed by the child or youth and the child's or youth's parent acknowledging receipt of a copy of the information specified in paragraph (4), or documentation of efforts made to obtain the signature, in the child's or youth's file.

(6) Facility management shall develop and implement written procedures for an internal facility investigation and resolution of all grievances filed regarding an alleged violation of a child's or youth's rights under this chapter or civil rights.

§ 3900.32. Specific rights.

(a) A child or youth may not be discriminated against because of race, color, creed, disability, religious affiliation, ancestry, gender, gender identity or expression, sexual orientation, national

origin or age and a facility shall comply with applicable Federal and State statutes and regulations.

(b) A child or youth may not be subject to harassment, corporal punishment, unreasonable restraint or physical, sexual, emotional or other abuse.

(c) A child or youth has the right to be treated with fairness, dignity and respect including consideration of their racial and ethnic cultural needs and trauma history.

(d) A child or youth shall have the right to be informed of the rules of the facility and the facility's grievance policy.

(e) A child or youth has a right to be involved in the development of a permanency plan and transition plan, which provides the child or youth with:

(1) Safety.

(2) Stability.

(3) Permanence and well-being, including stable and safe housing, opportunities for postsecondary education and training, employment and a stable source of income, health insurance and a plan for future treatment.

(4) Connections with safe, stable and reliable adults.

(f) A child or youth has the right to notification that the child or youth may request to remain under the court's jurisdiction under the Juvenile Act.

(g) A child or youth has the right to communicate with others by facility telephone or other available means of communication, including access to and use of technology, electronics or cell phones, subject to reasonable facility policy and written instructions from the contracting agency or court, if applicable, regarding circumstances, frequency, time and privacy.

(h) A child or youth shall have contact and visits with family members, including siblings, as frequently as possible, consistent with the family service plan and the child's or youth's service plan, but no less than that prescribed by statute or regulation unless prohibited by court order.

(i) A child or youth has the right to receive and send mail unless prohibited by court order.

(1) Outgoing mail may not be opened or read by facility staff.

(2) Incoming mail from Federal, State or county officials, or from the child's or youth's attorney, may not be opened or read by facility staff.

(3) Incoming mail from persons other than those specified in paragraph (2), may not be opened or read by facility staff unless there is reasonable cause to suspect that contraband, or other information or material that may jeopardize a child's or youth's health, safety or well-being, may be enclosed. If there is reasonable cause to suspect that contraband, or other information that may jeopardize a child's or youth's health or safety may be enclosed, the child or youth shall open the mail in the presence of facility staff.

(j) A child or youth has the right to communicate and visit privately with their attorney, clergy and contracting agency staff, including Juvenile Probation Officers and County Children and Youth Agency workers.

(k) A child or youth has the right to have access to contact information of the child's or youth's guardian ad litem, attorney, court-appointed special advocate, clergy, and members of their integrated services planning team, and the opportunity to contact those persons.

(l) A child or youth has the right to notice of and the ability to attend court hearings relating to the child's or youth's case and to have the opportunity to be heard consistent with the Juvenile Act.

(m) A child or youth has the right to be protected from unreasonable person and property searches.

(n) A child or youth has the right to meaningful age and developmentally appropriate involvement in case planning including efforts to successfully transition to self-sufficiency and adulthood.

(o) A child or youth has the right to education stability and an appropriate education consistent with the laws of this Commonwealth.

(p) A child or youth has the right to participate or choose not to participate in religious observances and activities and attend religious services of the child's or youth's preference or the religion of the child's or youth's family of origin or culture as may be reasonably accommodated.

(q) A child or youth has the right to appropriate medical, dental, vision, mental health, behavioral health and drug and alcohol abuse and addiction services, rehabilitation and treatment consistent with the laws of this Commonwealth and for which the child or youth qualifies.

(1) This right includes information related to services under this subsection, including, but not limited to, medication and medication options and the opportunity to communicate a preference regarding a treatment plan, medication or medication options.

(2) This right includes the opportunity to consent to medical and mental health treatment consistent with applicable law.

(r) A child or youth has the right to be free from excessive medication. If a child or youth objects to or refuses treatment including medication, facility staff shall document the child's or youth's objection in the child's or youth's record.

(s) A child or youth may not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child or youth.

(t) A child or youth has the right to be informed of the facility's discipline policy.

(u) A child or youth has the right to clean, seasonal clothing that is age and gender-expression appropriate.

§ 3900.33. Prohibition against deprivation of rights.

(a) A child or youth may not be deprived of specific rights as set forth in § 3900.32 (relating to specific rights) or civil rights.

(b) A child's or youth's rights may not be used as a reward or sanction.

(c) A child's or youth's contacts and visits with family may not be used as a reward or sanction.

Subchapter D. SEARCH OF PERSON AND PROPERTY

§ 3900.41. Person and property searches.

(a) Facility staff may conduct person and property searches and seize a child's or youth's property if there is reasonable cause to believe a child or youth is in possession of an item or items that are illegal or potentially harmful to the child, youth or others at the facility.

(1) Verbal threats or gestures of self-harming behaviors are considered as a reasonable cause to initiate a search of person or property.

(2) In conducting searches, facility staff shall balance the need for security in the facility and the child's or youth's expectation of privacy.

(3) Searches conducted by facility staff shall reflect the trauma-informed approach adopted by the facility.

(b) Facility staff shall limit the intrusiveness of searches to no greater than what is necessary to accomplish the purpose of the search or detect the contraband or potentially harmful item.

(c) Facility staff are permitted to conduct searches at the facility, if reasonable cause exists, in an order from least to most intrusive as follows:

(1) Searches of a child's or youth's personal property or bedroom. These searches shall be conducted in a private and respectful manner in the child's or youth's presence whenever possible.

(2) Metal detector or wand screenings. If available, these screenings shall be used as the initial and least intrusive option for a search of a person. Metal detector or wand screenings may be used upon initial entry to the facility or upon returning from a location where weapons or other types of contraband may have been obtained.

(3) Pat down searches involving physical contact with the child or youth. A pat down search is defined as running of the hands over the clothed body of a child or youth to determine whether they are in possession of a concealed weapon, potentially harmful item or other contraband.

(4) Visual body searches by facility staff that involve the child or youth removing clothing that exposes underwear or private body parts. Body searches may be deemed reasonable for children or youth with documented histories of aggressive or violent behavior, self-harming behavior or threats, or alleged or known access to weapons, potentially harmful items or other types of contraband.

(d) Facility staff may not conduct a body cavity search. Facility staff shall contact emergency personnel and the child or youth shall be transported to a hospital by emergency personnel for search and removal of suspected contraband under the following circumstances:

(1) Observations made during the course of a visual body search.

(2) If a child or youth discloses that they have contraband in an anal or vaginal cavity.

- (3) If a search using a metal detector indicates that a child or youth is hiding contraband in an anal or vaginal cavity.
- (4) The child's or youth's parent discloses to facility staff that the child or youth possesses contraband.
- (e) Facility staff shall report each body cavity search conducted to the Department as a reportable incident on the prescribed form as addressed in § 3900.16 (relating to reportable incidents).
- (f) Facility staff shall notify the child's or youth's parent within 4 hours following the submission of a reportable incident of their child or youth being subjected to a body cavity search, unless restricted by applicable confidentiality statutes, regulations or an individual child's or youth's court order.

§ 3900.42. Appropriate use of person and property searches.

- (a) Facility management shall develop and demonstrate implementation of policies and procedures addressing when and how searches of a child's or youth's person or property and the related seizure of contraband are deemed appropriate, reasonable and necessary to protect the child, youth, other children or youth, and facility staff.
- (b) Facility management shall develop and demonstrate implementation of policies and practices that limit the intrusiveness of searches to no greater than what is necessary to accomplish the purpose of the search or detect the potentially harmful items or contraband, prior to conducting person and property searches.
- (c) Searches may be conducted by facility staff only if there is reasonable cause to suspect that the child or youth possesses contraband, the search is no more invasive than necessary to

detect the contraband and the search is conducted under circumstances to minimize the intrusive effect.

(d) The facility staff who suspect the presence of prohibited items shall consult with at least one supervisory facility staff to ensure that the decision to initiate a search is in accordance with facility policy.

(e) The facility's policies and procedures shall address all of the following:

(1) The types of searches that approved facility staff are permitted to use.

(2) How the practices used by the facility align with the principles of the trauma-informed approach adopted by the facility.

(3) The criteria that warrant the need for a search. Reasonable cause must be clear and articulable, meaning that the suspicion can be explained orally or in writing in reasonable and understandable terms.

(4) Consideration of the following:

(i) The basis for suspicion of the potential threat to the child, youth or others.

(ii) The child's or youth's age and gender identity.

(iii) The child's or youth's history, including whether the child or youth has a history of being a victim of child abuse, especially sexual abuse, or neglect.

(iv) The child's or youth's psychosocial history and potential reactions to the search that may require use of restrictive procedures to prevent the child or youth from injuring themselves or others.

(v) Any personal triggers that may cause the child or youth additional trauma as a result of a search.

- (vi) The child's or youth's current medical condition and history of substance abuse or other self-harming behavior.
- (5) Steps that facility staff are required to take to mitigate the need for a search for hidden contraband prior to initiating and potentially avoiding a search, including all of the following:
- (i) Informing the child or youth about the suspicion.
 - (ii) Asking the child or youth if the suspicion is accurate.
 - (iii) Reminding the child or youth that disclosing the possession of a prohibited item and willingly surrendering it to facility staff will enable the facility staff to help the child or youth.
 - (iv) Attempting to anticipate and de-escalate the child's or youth's behavior using methods of intervention less intrusive than search procedures.
- (6) Elements such as the location where the search will be conducted and the facility management's and facility staff's planned response following the search regardless of whether prohibited items are found, including proactively anticipating the child's or youth's reactions and behaviors.
- (7) The requirement that all searches are conducted in a manner that affords respect and privacy for the child or youth.
- (8) A requirement that facility staff shall provide a transgender or intersex child or youth the opportunity to request and confirm in writing their preference that staff of a particular gender conduct any pat down or visual search of the child or youth. Facility staff shall comply with the child's or youth's request absent exigent circumstances and shall document any deviation from the child's or youth's stated preference. If a child or youth does not

indicate a preference, the staff member of the child's or youth's self-identified gender shall perform the search.

(9) The requirement that at least two facility staff of the same gender of the child or youth are involved in conducting a search of the child's or youth's person, except as provided under paragraph (8).

(10) An internal review and debriefing process after each search incident, to review compliance with facility policies and to identify any additional facility staff training needed as addressed in § 3900.43 (relating to search procedures staff training).

(f) Facility staff shall provide a copy of the person and property search policy to the child or youth and the child's or youth's parent upon admission to the facility to inform them of the types of searches that are conducted in the facility and the circumstances under which the child or youth may be subject to being searched.

§ 3900.43. Search procedures staff training.

(a) Facility staff, who as a result of their job responsibilities, may be involved in a search procedure, shall have completed training in the facility's search policies and procedures as required in § 3900.57 (relating to staff training) which includes the topics and procedures addressed in § 3900.42 (relating to appropriate use of person and property searches).

(b) Facility staff shall be designated by the facility management as being approved to conduct searches once training has been completed.

(c) Designated facility staff's training records shall contain a record of this training, including the name of the person trained, the date, curriculum used, name of the trainer and their qualifications, and length of the training.

§ 3900.44. Person and property search documentation and records.

(a) Documentation of any search conducted shall include the following:

- (1) Why facility staff determined that the search was necessary and reasonable.
- (2) The methods used to mitigate the need for a search for hidden contraband prior to initiating a search.
- (3) The type of search conducted.
- (4) The search date, time and location.
- (5) The child's or youth's response to the search basis and process.
- (6) The manner in which the search was conducted.
- (7) Whether any prohibited items were found as a result of the search and a description of the items.
- (8) Any actions the facility staff took following the search.
- (9) The names of all facility staff involved in the observations that led to the search, the decision to conduct a search and the search itself.

(b) Facility staff shall do all of the following:

- (1) Maintain a record of each search of person or property conducted which shall be kept in both an electronic restrictive procedures log and the child's or youth's record.
- (2) Maintain documentation of each debriefing process conducted as required under § 3900.16(h) (relating to reportable incidents) in the person and property search records.
- (3) Maintain a record of aggregate data relevant to incidents of search procedures utilized by the facility in an electronic search procedures data log and shall reflect facility data addressing the elements required in subsection (a) and include child, youth, staff and site-specific related experiences.

- (4) Make a facility specific analysis of the aggregate data compiled and any quality improvement plans developed as a result of the analysis available to the Department. This analysis shall be made available on an annual basis at the time of licensure renewal.
- (5) Make aggregate search procedures data available to the Department within 2 business days upon request.
- (6) Notify the child's or youth's parent and contracting agency of each search of the child or youth that results in contraband or other dangerous items being found within 4 hours following completion of the search.

Subchapter E. STAFFING

§ 3900.51. Child abuse and criminal history checks.

- (a) Child abuse and criminal history checks shall be completed in accordance with the CPSL and Chapter 3490 (relating to protective services).
- (b) Maintenance and repair service personnel secured through outside entities working unsupervised by facility staff shall be required to present documentation of child abuse and criminal history certifications prior to beginning work at the facility.

§ 3900.52. Staff hiring, retention and utilization.

Facility staff hiring retention and utilization shall be in accordance with the CPSL and Chapter 3490 (relating to protective services).

§ 3900.53. Residential program director.

- (a) There shall be one designated residential program director responsible for the facility operations. A residential program director may be responsible for more than one facility.
- (b) A residential program director shall be responsible for administration and management of the facility, including the regular and significant direct contact with the children and youth to

ensure their safety and protection including the provision of a quality trauma-informed approach, implementation of policies and procedures and compliance with this chapter, including all staff training requirements under § 3900.57 (relating to staff training).

(c) A residential program director shall have one of the following:

(1) A master's degree from an accredited college or university and two years' work experience in administration or human services.

(2) A bachelor's degree from an accredited college or university and four years' work experience in administration or human services.

§ 3900.54. Residential program supervisor.

(a) There shall be one designated residential program supervisor available either on site or by telephone at all times while children and youth are at the facility.

(b) For facilities serving 12 or more children or youth, whenever 12 or more children or youth are present at the facility, there shall be at least one residential program supervisor present at the facility.

(c) The residential program supervisor may be counted in the child and youth to staff ratios when in emergent situations they are acting in a direct child care role.

(d) The residential program supervisor shall be responsible for developing and implementing daily programming and schedule for the children and youth to ensure their safety, supervision and security and for supervision of residential program workers. This position requires knowledge of the facility policies, procedures, and regulations related to child residential care; supervisory techniques; and personnel policies and procedures.

(e) The residential program supervisor shall have one of the following:

(1) A bachelor's degree in social work, sociology, psychology, family ecology, family or child development, counseling and guidance, criminal justice, community services, family studies, counseling psychology, education, early childhood education, secondary education, special education or other human services related field from an accredited college or university.

(2) Three years' work experience with children or youth in a group or residential setting and one of the following:

(A) An associate's degree in social work, sociology, psychology, family ecology, family or child development, counseling and guidance, criminal justice, community services, family studies, counseling psychology, education, early childhood education, secondary education, special education, or other human services related field.

(B) Sixty credit hours from an accredited college or university in one or a combination of the above areas of study under clause (A).

(C) Military service training in one or a combination of the above areas of study under clause (A).

(3) Five years' work experience with children or youth in a group residential setting with demonstrated progressive responsibilities and documentation of relevant trainings, skill and competency development. Documented experience may be paid or volunteer.

(f) In facilities serving children or youth who are adjudicated delinquent, the following additional requirement applies for a residential program supervisor:

(1) Work experience determining eligibility for employment must include experience working with youth in a group activity or setting.

(2) This documented experience may be paid or volunteer.

§ 3900.55. Additional staff responsibilities.

(a) Facility management shall designate one or more facility staff as the primary contact responsible for each of the following:

- (1) Communication with family members.
- (2) Coordinating family time and contact with the child or youth.
- (3) Timely exchange of information and updates with the family relevant to the child's or youth's experiences at the facility.
- (4) Coordinating the child's or youth's transition planning throughout placement.
- (5) Ensuring compliance with the provisions of 42 Pa.C.S. Chapter 63 Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting) as it relates to staff presence during labor.

(b) Facility management shall designate at least one facility staff as the lead for the team configured and convened for each child or youth.

(c) Facility management shall designate at least one facility staff having primary responsibility for care management for each child or youth at the facility, including acting as the child's or youth's advocate within the facility.

(d) Effective _____ (*Editor's note: The blank refers to a date 18 months after the effective date of this section*), facility management shall designate at least one facility staff as parent advocate or peer support specialist.

(e) The responsibilities and roles addressed in this section may be assigned to existing staff and do not require the creation of new staffing positions.

§ 3900.56. Exceptions for staff qualifications.

The staff qualification requirements specified in §§ 3900.53(c) and 3900.54(e) do not apply to facility staff hired or promoted to the specified positions prior to _____

(Editor's Note: The blank refers to the effective date of this chapter).

§ 3900.57. Staff training.

(a) Prior to having contact with children or youth in the facility, each facility staff who will have regular and direct contact with children or youth, including part-time and temporary facility staff and volunteers, shall have an orientation that addresses the following:

- (1) The requirements of this chapter.
- (2) 23 Pa.C.S. §§ 6301—6388 (relating to child protective services), Chapter 3490 (relating to protective services) and mandated reporter responsibilities and process.
- (3) Specific job duties and responsibilities, including professional boundaries and limits on sharing personal information.
- (4) Facility policies and procedures, including the facility's grievance and confidentiality policies.
- (5) No fewer than 4 hours of training on the trauma-informed approach adopted by the facility.
- (6) The facility's fire, medical and other emergency procedures including the emergency preparedness plan.
- (7) The facility's policies and procedures governing child discipline, daily care and management of children.
- (8) The facility's policies and procedures governing the use of restrictive procedures.

- (9) The facility's policies and procedures governing the administration of medications.
 - (10) The physical layout of the facility in which the program operates, including location of fire alarms, fire extinguishers, telephones and other emergency apparatus.
 - (11) General overview of first aid, abdominal thrust techniques, cardiopulmonary resuscitation and universal precautions.
 - (12) General overview of crisis intervention, de-escalation and behavior management techniques and suicide prevention.
 - (13) Health conditions, medications and other special issues affecting the population served at the facility including administration of Naloxone, and how to report concerns related to side effects of medications.
 - (14) Child or youth specific service plans and assessments completed by contracting agencies.
- (b) Prior to working alone with children or youth and within 120 calendar days after the date of hire, the residential program director and each full-time, part-time, and temporary facility staff who will have regular and direct contact with children or youth shall have a minimum of 30 hours of training in at least the following areas:
- (1) Training and certification in first aid, abdominal thrusts and cardiopulmonary resuscitation provided by an individual certified as a trainer by a hospital or other recognized health care organization. If facility staff have a formal certification from a recognized health care organization which is valid for more than 1 year, retraining is not required until expiration of the certification.
 - (2) Training in fire safety provided by a fire safety expert or, in facilities serving 20 or fewer children or youth, by facility staff trained by a fire safety expert.

- (3) Training and certification in crisis intervention, behavior management and suicide prevention.
 - (4) Certification in the trauma-informed approach adopted by facility.
 - (5) Certification in medication administration, if medication administration is within the facility staff responsibilities.
 - (6) Child and youth brain development and effective relationship building skill training.
 - (7) Specific needs of the children and youth served in the program.
 - (8) Human trafficking awareness and runaway prevention.
 - (9) Advocacy information related to the population served and opportunity to hear from individuals who were victims of sex trafficking.
 - (10) Cyber security considerations and safe social media usage related to human trafficking and child and youth safety.
 - (11) Team building and problem solving with children and youth.
 - (12) Cultural sensitivity training specifically addressing the population served.
 - (13) Training to increase facility staff awareness of the impact of their gender, race, ethnicity and sexual orientation in interactions with the population served.
- (c) In addition to the requirements under subsection (a), facility staff working with children or youth who are adjudicated delinquent shall complete training in the following areas during the first 120 days of their employment:
- (1) Balanced and restorative justice principles.
 - (2) Understanding the risk and service needs assessments completed by the contracting agency.

(3) Identification and documentation of treatment plan progress and the competencies developed by the population served.

(4) Awareness of criminal thinking, temperament, substance abuse, use of leisure time, family dynamics, and education and employment as considerations and interventions to address and decrease dynamic risk factors and criminogenic needs.

(5) Implications of the Prison Rape Elimination Act of 2003 (PREA) (Pub. L. No. 108-79, 117 Stat. 972) (34 U.S.C. §§ 30301 – 30309) and its relationship to facility policies and procedures.

(d) In addition to the requirements under subsection (a), facility staff working with children or youth who are pregnant, laboring or postpartum shall complete training in the areas addressed in 42 Pa.C.S. Chapter 63, Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting).

(e) If a facility staff can provide documentation of a valid certification and completion of training required in (b)(1) - (5) within 12 months prior to the facility staff's date of hire, the requirement for training in subsection (b)(1) - (5) does not apply.

(f) After initial training, the residential program director and each full-time, part-time and temporary facility staff who have regular and direct contact with children and youth, shall have at least 42 hours of training annually relating to the care and management of children, youth and facility policies and procedures. The requirement for annual training for the initial year of employment is prorated based on the date of completion of the initial 120 days of employment.

Annual training shall include the following:

(1) First aid, abdominal thrusts and cardiopulmonary resuscitation provided by an individual certified as a trainer by a hospital or other recognized health care organization. If

a facility staff has a formal certification from a recognized health care organization which is valid for more than 1 year, retraining is not required until expiration of the certification.

(2) Fire safety provided by a fire safety expert or, in facilities serving 20 or fewer children, by facility staff trained by a fire safety expert.

(3) The trauma-informed approach adopted by the facility, and any requirements stipulated by the trauma-informed approach developer or certification entity, to support facility staff's adherence to the approach's principles, applications and monitoring processes.

(4) An overview of the treatments for trauma available to the population served, whether provided directly or through community-based providers.

(5) Restrictive procedures and safe crisis management training, twice within a 12-month period, including de-escalation techniques and debriefing techniques. The interim trainings between certification cycles may be abbreviated but shall address critical components of de-escalation and facility staff roles during application of a restrictive procedure. Formal re-certification requires adherence to curriculum content of the model adopted by the facility. If a facility staff has a certification from a recognized crisis management training program which is valid for more than 1 year, re-certification is not required until expiration of the certification.

(6) Review of facility policies including all of the following:

(i) Prevention, detection, and reporting of child abuse, suspected abuse, and alleged abuse in accordance with the CPSL.

(ii) Individual child and youth rights and the facility's grievance policies and investigation and debriefing procedures.

(iii) Facility policies and procedures related to searches of person and property.

- (iv) Policies related to the facility's Emergency Preparedness Plan.
 - (v) Recognizing and reporting incidents under this chapter and participating in related investigation and debriefing processes.
 - (vi) Facility operations.
- (7) Implementation and documentation of information in the individual child's or youth's service plans.
- (8) Training in the following areas:
- (i) Child and youth development specific to the population served.
 - (ii) Behavioral health diagnoses and treatment specific to the population served.
 - (iii) Interpersonal dynamics including considerations specific to gender, race, ethnicity, and sexual orientation in interactions with facility management, facility staff peers and the population served.
- (g) In addition to the requirements under subsection (f), facility staff working with children and youth who are adjudicated delinquent shall complete annual training in the following areas:
- (1) Review of balanced and restorative justice principles including competency development, victim awareness, and community protection.
 - (2) Understanding the youth risk and service needs assessments administered to children or youth and the connection to interventions implemented and outcomes achieved by the children or youth.
- (h) Facility management shall develop an annual training calendar for each facility staff on a facility-defined year, which reflects a plan to address required topics and certifications in a timely manner. Facility staff completing their orientation and initial training shall have their

required annual training hours for the remainder of the current training year calculated on a prorated monthly basis of 3.5 hours per month.

(i) At least 22 hours of the annual training required by subsections (f) and (g) shall be provided through one of the following:

(1) Formal in-service training.

(2) Academic programs.

(3) Participation in conferences, institutes or workshops.

(j) Up to 20 hours of the annual training required by subsections (f) and (g) may be provided through supervisory conferences. The conference schedules shall be documented in the facility staff personnel record.

(k) Volunteers who are not responsible for the direct care and supervision of children or youth and who are not counted in the child and youth to facility staff ratios shall participate in the same orientation process provided to facility staff under subsection (a) but are not required to complete the initial 120-day and annual trainings required for facility staff.

(l) Facility staff training records shall contain a record of all training, including the name of the person trained; the date, source and curriculum used; the name of the trainer and their facility defined qualifications; the length of the training; and copies of any certificates received.

Documentation of training for volunteers shall also be kept in the facility's training records.

Subchapter F. PHYSICAL SITE

§ 3900.61. Outside access and visitors to the facility.

(a) Facility management shall develop and demonstrate implementation of procedures addressing individuals who have access to the facility and grounds, including maintenance and delivery personnel and business-related visitors.

(b) Facility management shall establish site specific security measures including all of the following:

(1) A sign-in and sign-out protocol that is enforced with photo identification provided by adult visitors. If family members do not have photo identification, facility staff shall work with the contracting agency to identify family members.

(2) Posting of items that are not permitted to be brought into the facility.

(3) Notice that the facility management reserves the right to inspect any item being brought into the facility.

(c) Facility management shall establish a process to maintain child or youth-specific approved family members and visitors lists that are accessible to staff and are updated to reflect court orders and contracting agency directives.

(d) Facility management shall develop and demonstrate implementation of facility site safety operating policies and procedures that address facility site access and child and youth visitation practices, including all of the following:

(1) The level of supervision and observation to be provided by facility staff based on the child's or youth's assessed needs.

(2) The process for family members and approved visitors to arrange for visitation in advance.

(3) Designated areas and times for visits if there is a need for supervision or observation by facility staff identified by the contracting agency, the court or addressed in the child's or youth's safety plan.

(4) Reasonable flexibility to accommodate specific needs identified by family members or the child or youth.

§ 3900.62. Physical accommodations and equipment.

Facility management shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of all children and youth at the facility, including those with a disability who may require special accommodations.

§ 3900.63. Poisons.

(a) Facility management shall comply with requirements related to toxics as addressed under § 3270.66 (relating to toxics).

(b) Facility management shall post contact information for the poison control center near the areas used to store toxic materials.

§ 3900.64. Heat sources.

Heat sources exceeding 120°F that are accessible to children or youth, such as hot water pipes, fixed space heaters, hot water heaters and radiators, shall be equipped with protective guards or insulation to prevent children or youth from coming in contact with the heat source.

§ 3900.65. Sanitation.

(a) Sanitary conditions shall be maintained at the facility.

(b) There may not be evidence of insect or rodent infestations in the facility.

(c) Trash shall be removed from the premises at least once a week.

(d) Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent insect and rodent penetration.

(e) Trash outside the facility shall be kept in closed receptacles that prevent insect and rodent penetration.

§ 3900.66. Ventilation.

- (a) Natural or mechanical ventilation shall be available in all areas used by a child or youth, including living areas, recreation areas, dining areas, bathrooms, bedrooms and kitchens.
- (b) Windows or doors used for ventilation shall be securely screened.
- (c) Screens shall be in good repair.
- (d) Except for those windows and doors used as emergency exit routes, windows or doors above the ground floor that open directly to the outdoors and are accessible to children or youth must meet requirements for limits on openings under § 3270.72 (relating to ventilation).

§ 3900.67. Lighting.

Rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps and fire escapes shall be lighted to avoid accidents.

§ 3900.68. Surfaces.

- (a) Floors, walls, ceilings, windows, doors and other surfaces shall be free of hazards.
- (b) Facility management shall comply with requirements in § 3270.77 (relating to paint) addressing peeled or damaged paint or damaged plaster.
- (c) When indoor or outdoor surfaces are repaired or when new indoor or outdoor surfaces are painted, the paint may not contain more than .06% lead.
- (d) Facility management shall comply with § 3270.77 by prohibiting a child or youth being present during paint removal from a facility's indoor or outdoor surfaces.
- (e) If the facility was constructed before 1978 and serves one or more children who are 2 years of age or younger or who are likely to ingest inedible substances, the facility management shall test all layers of interior paint in the facility and exterior paint and soil accessible in the play and recreation areas for lead content. If lead content exceeds .06% in wet paint, .5% in a paint chip

sample or 400 ppm in the soil, lead remediation activity is required based on recommendations of the Department of Health. Facility staff shall maintain documentation of lead testing, results and corrections made in the facility's files.

(f) Asbestos products may not be used for any renovations or new construction.

§ 3900.69. Water.

(a) The facility shall have hot and cold water under pressure sufficient to meet the children's and youth's needs.

(b) Hot water temperature in areas accessible to children and youth may not exceed 120°F.

(c) A facility that is not connected to a public water system shall have a coliform water test performed at least every 3 months by a Department of Environmental Protection-certified laboratory, to certify that the water is safe for drinking. Facility staff shall maintain documentation of these certifications in the facility's files, which shall be made available for review, upon request by the Department.

§ 3900.70. Temperature.

(a) Indoor air temperature shall be at least 65°F during awake hours when children or youth are present in the facility.

(b) Indoor air temperature may not be less than 62°F during sleeping hours.

(c) Mechanical ventilation, such as fans or air conditioning, shall be used when indoor air temperatures exceed 90°F.

§ 3900.71. Communication system.

(a) The facility shall have a working, non-coin operated, hard-wired or cellular telephone that is accessible to facility staff at all times.

(b) The facility shall have a communication system to allow facility staff to contact other facility staff for assistance in an emergency.

§ 3900.72. Emergency telephone numbers.

Telephone numbers for the nearest hospital, police department, fire department, ambulance and poison control center shall be posted in an area easily visible to staff, children and youth and when possible, programmed into each telephone.

§ 3900.73. Handrails and railings.

(a) Each ramp, interior stairway and outside steps exceeding two steps shall have a well-secured handrail.

(b) Each porch that has larger than an 18-inch drop shall have a well-secured railing.

§ 3900.74. Landings and stairs.

(a) A landing that is at least as wide as the doorway shall be located beyond each interior and exterior door that opens directly into a stairway.

(b) Interior stairs shall have nonskid surfaces.

§ 3900.75. Furniture and equipment.

(a) Furniture and equipment shall be free of hazards.

(b) Rooms must contain enough furniture to accommodate the largest group of children and youth that may routinely congregate in the room at any given time.

(c) Power equipment shall be kept in a safe condition.

(d) Power equipment, excluding normal household appliances, shall be stored in a place that is inaccessible to children and youth.

(e) Power equipment, excluding normal household appliances, may not be used by children or youth except while under facility staff supervision and following thorough safe usage instructions.

§ 3900.76. First aid supplies.

(a) Each facility shall have a first aid manual, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, tape and scissors stored together and easily accessible to facility staff.

(b) If a facility includes more than one floor, a complete package of first aid supplies shall be readily available to facility staff on each floor.

§ 3900.77. Elevators.

Each elevator shall have a valid certificate of operation from the Department of Labor and Industry.

§ 3900.78. Indoor activity space.

The facility shall have separate indoor activity space for activities such as studying, recreation and group activities.

§ 3900.79. Recreation space.

The facility shall have regular access to outdoor or large indoor recreation space and equipment.

§ 3900.80. Exterior conditions.

(a) The exterior of the building and the building grounds or yard shall be free of hazards.

(b) Outside walkways shall be free of ice, snow and obstruction.

§ 3900.81. Firearms, weapons and ammunition.

A facility shall have a written policy regarding possession of firearms, weapons and ammunition on the premise of the facility and facility grounds. A facility is not required to permit firearms, weapons and ammunition. The policy shall be in accordance with Federal and State law.

§ 3900.82. Bedrooms.

- (a) Each single bedroom must have at least 70 square feet of floor space per child or youth measured wall to wall, including space occupied by furniture.
- (b) Each shared bedroom must have at least 60 square feet of floor space per child or youth measured wall to wall, including space occupied by furniture.
- (c) No more than four children or two youth may share a bedroom.
- (d) Ceiling height in each bedroom must be at least an average of 7 1/2 feet.
- (e) Each bedroom must have a window with a source of natural light.
- (f) Each child or youth shall have the following in the bedroom:
 - (1) A bed with a solid foundation and fire-retardant mattress in good repair.
 - (2) A pillow and bedding appropriate for the temperature in the facility.
 - (3) A storage area for clothing.
- (g) Bunk beds must allow enough space between each bed and the ceiling to allow the child or youth to sit up in bed.
- (h) Bunk beds shall be equipped with securely attached ladders capable of supporting a facility staff person.
- (i) The top bunk of bunk beds shall be equipped with a secure safety rail on each open side and open end of the bunk.

(j) Cots or portable beds are not permitted. This prohibition does not apply for the first 30 days of a child's or youth's placement if a facility is given 7 days or less notice of the placement.

(k) A bedroom may not be used as a means of egress from or access to another part of the facility.

§ 3900.83. Bedroom accommodations.

(a) Each facility shall maintain an ability to provide a child or youth with single room accommodations in response to their assessed safety or clinical needs identified as part of the child's or youth's assessment and treatment plan.

(b) Facility policies and procedures shall address the process and criteria used to address individual child or youth needs specific to the child's or youth's bedroom assignment.

(c) A child's or youth's privacy, confidentiality and personal safety needs shall also be considered in the bedroom assignment process.

(d) Bed assignments for a pregnant child or youth shall comply with related requirements in 42 Pa.C.S. Chapter 63, Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting), including that a facility may not assign a pregnant child or youth to any bed that is elevated more than 3 feet from the floor.

§ 3900.84. Bathrooms.

(a) A facility shall have at least one flush toilet for every six children and youth.

(b) A facility shall have at least one sink for every six children and youth.

(c) A facility shall have at least one bathtub or shower for every six children and youth.

(d) A facility shall have slip-resistant surfaces in all bathtubs and showers.

(e) Toilets, showers and bathtubs shall be made private by partitions or doors.

(f) A facility shall have at least one wall mirror for every six children and youth.

(g) An individual towel, washcloth, comb, hairbrush and toothbrush shall be provided for each child or youth.

(h) Toiletry and personal hygiene items including toothpaste, shampoo, deodorant, soap, lotion and, if needed, hair moisturizer/hair grease, shall be issued. Menstrual hygiene and incontinence products, if needed, shall be issued, as required under 42 Pa.C.S. Chapter 63, Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting).

(i) Bar soap is not permitted unless there is a separate bar in a container clearly labeled for each child or youth.

§ 3900.85. Kitchen areas.

(a) A facility shall have a kitchen area with a refrigerator, sink, cooking equipment and cabinets for storage.

(b) Utensils for eating, drinking, and food serving and preparation shall be washed and rinsed after each use.

(c) Food shall be protected from contamination while being stored, prepared, transported, and served.

(d) Uneaten food from an individual's dish may not be served again or used in the preparation of other dishes.

(e) Cold food shall be kept at or below 40°F. Hot food shall be kept at or above 140°F. Frozen food shall be kept at or below 0°F.

§ 3900.86. Laundry.

Bed linens, towels, washcloths and clothing shall be laundered at least weekly.

§ 3900.87. Swimming.

- (a) Above-ground and in-ground outdoor pools on facility grounds shall be fenced with a gate that is locked when the pool is not in use.
- (b) Indoor pools on facility grounds shall be made inaccessible to children and youth when not in use.
- (c) A certified lifeguard shall be present with the children and youth at all times while children or youth are swimming at facility and community swimming locations and settings.
- (d) The certified lifeguard specified in subsection (c) may not be counted in the child and youth to staff ratios specified under § 3900.54 (relating to residential program supervisor) or under Chapters 3910 or 3920 (relating to child residential facilities; and secure residential and secure detention facilities for youth).

§ 3900.88. Video surveillance system.

- (a) A video surveillance system shall be installed in facilities having a capacity of 25 or more children or youth and each secure residential and secure detention facility providing coverage of all areas to which a child or youth has access, excluding bathrooms, showers and sleeping rooms.
- (b) Facility management shall develop and demonstrate implementation of policies addressing the use of a video surveillance system that include all of the following:
 - (1) A clear statement of the intent of the system as supporting a safe and secure environment for children and youth, facility staff and visitors, and protecting property.
 - (2) A description of the type of system used. This may include wireless cameras, doorbell cameras, an audio and video monitoring device, or a closed-circuit television security system and the process to maintain the equipment.

- (3) The location of signs at the entrances to and within the facility alerting children and youth, facility staff and visitors that the property is under camera surveillance.
 - (4) The monitoring process implemented which may include live review of activity, continuous recording, or both.
 - (5) Identification of individuals who have access to the video on a live or recorded basis and approved uses for the information recorded.
 - (6) Retention practices for the recorded information which must reflect time needed to investigate and resolve any recorded incidents and implement training and staffing changes if needed.
 - (7) The process to ensure the security of the network and devices on which the video is stored.
 - (8) The process to provide copies of the policies for use of the system to the children and youth at the facility, the child's or youth's parent, facility staff, contracting agency and the Department.
- (c) Facility management that voluntarily installs and uses a video surveillance system shall comply with the requirements listed in this section.

Subchapter G. FIRE SAFETY

§ 3900.91. Exits.

- (a) If more than four children or youth sleep above the ground floor, there must be a minimum of two interior or exterior exits from each floor.
- (b) If a fire escape is used as a means of egress, it must be permanently installed.

§ 3900.92. Evacuation procedures.

Each facility shall have written emergency evacuation procedures that include facility staff responsibilities, means of transportation and emergency location.

§ 3900.93. Flammable and combustible materials.

- (a) Combustible materials may not be located near heat sources.
- (b) Flammable materials shall be used safely, stored away from heat sources and inaccessible to children and youth.

§ 3900.94. Furnaces.

Furnaces shall be inspected and cleaned at least annually by a professional furnace cleaning company or trained maintenance staff. Documentation of the inspection and cleaning shall be kept in the facility's files.

§ 3900.95. Portable space heaters.

Portable space heaters, defined as heaters that are not permanently mounted or installed, are not permitted in the facility.

§ 3900.96. Wood and coal burning stoves.

The use of wood and coal burning stoves is not permitted.

§ 3900.97. Fireplaces.

- (a) Fireplaces shall be securely screened or equipped with protective guards while in use.
- (b) Facility staff shall be present with the children and youth while a fireplace is in use.
- (c) If a log-burning fireplace is used, it shall be inspected and cleaned at least annually by a professional furnace cleaning company or trained maintenance staff person.
- (d) Documentation of the inspection and cleaning shall be kept in the facility's files.

§ 3900.98. Detectors and fire alarms.

- (a) A facility shall have a minimum of one operable automatic smoke detector on each floor, including the basement and attic.
- (b) A facility shall have an operable automatic smoke detector located within 15 feet of each bedroom door.
- (c) The smoke detectors specified in subsections (a) and (b) shall be located in common areas or hallways.
- (d) Smoke detectors and fire alarms shall be of a type approved by the Department of Labor and Industry or listed by Underwriters Laboratories.
- (e) If the facility serves four or more children or youth or if the facility has three or more stories including the basement and attic, it shall have at least one smoke detector on each floor that is interconnected and audible throughout the facility or an automatic fire alarm system that is audible throughout the facility.
- (f) If one or more children, youth or facility staff are not able to hear the smoke detector or fire alarm system, all smoke detectors and fire alarms shall be equipped so that each person with a hearing impairment will be alerted in the event of a fire.
- (g) If a smoke detector or fire alarm becomes inoperative, it shall be repaired within 48 hours of the time the detector or alarm was found to be inoperative.
- (h) The facility shall develop and demonstrate implementation of a written procedure for fire safety monitoring if the smoke detector or fire alarm becomes inoperative.
- (i) An approved carbon monoxide alarm shall be installed in the facility not less than 15 feet from any fossil fuel-burning device or appliance. Facility staff shall test and clean installed carbon monoxide detectors and alarm systems as indicated in the manufacturer's guidelines.

§ 3900.99. Fire extinguishers.

- (a) A facility shall have at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.
- (b) If the indoor floor area on a floor, including the basement or attic, is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.
- (c) A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in subsection (a).
- (d) Fire extinguishers must be listed by Underwriters Laboratories or approved by Factory Mutual Systems.
- (e) Fire extinguishers shall be accessible to facility staff. Fire extinguishers may be kept locked if access to the extinguisher by a child or youth may cause a safety risk to the child or youth. If fire extinguishers are kept locked, each facility staff shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.
- (f) Facility management shall have a fire safety expert annually inspect and approve all fire extinguishers. The date of the inspection must be affixed to the fire extinguisher.

§ 3900.100. Fire drills.

- (a) Facility staff shall conduct an unannounced fire drill at least once a month. Advance notice of the drill may not be provided to residential program workers, children or youth at the facility.
- (b) Fire drills shall be held during normal staffing conditions and not when additional facility staff are present.
- (c) Facility staff shall maintain a written fire drill record documenting the date, time, the amount of time it took for evacuation, the exit route used, the number of children and youth in the

facility at the time of the drill, problems encountered during the drill and whether the fire alarm or smoke detector was operative.

(d) Children and youth shall be able to evacuate the entire building into a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within 2 1/2 minutes or within the time period specified in writing within the past year by a fire safety expert. The fire safety expert may not be a facility employee.

(e) A fire drill shall be held during sleeping hours at least two times every calendar year.

(f) Hypothetical locations of the fire shall be changed for each drill and alternate exit routes shall be used.

(g) Fire drills shall be held during various program activity times, on different days of the week, at different times of the day and night and on different staffing shifts.

(h) Facility staff shall ensure that children and youth evacuate to a designated meeting place outside the building or within the fire-safe area during each fire drill.

(i) A fire alarm or smoke detector shall be set off during each fire drill.

(j) Evacuation routes identifying at least two exit routes shall be posted in highly visible locations throughout the facility.

(k) Evacuation plans shall provide for removal of all persons from the facility in a single trip.

(l) Elevators may not be used during a fire drill or a fire.

Subchapter H. CHILD AND YOUTH HEALTH

§ 3900.111. Health and safety admission screening.

(a) Each child and youth shall have a written health and safety admission screening within 24 hours of admission.

(b) The health and safety admission screening shall be completed or coordinated, signed, and dated by medical personnel or facility staff trained by medical personnel.

(c) The health and safety admission screening shall include the following information to the extent that such information is immediately available at the time of admission:

(1) Medical information and physical and behavioral health concerns, such as allergies, medications, immunization history, hospitalizations, medical diagnoses, medical problems that run in the family, special dietary needs, illnesses, injuries, dental, mental or emotional problems, body positioning and movement stimulation for children or youth with disabilities, developmental disabilities or intellectual disabilities diagnoses, if applicable, and ongoing medical care needs.

(2) Known or suspected suicide or self-harming attempts or gestures and emotional history, which may indicate a predisposition for self-injury or suicide.

(3) Placement history and reasons for discharge or transfer, including the history of leaving home, school or a facility without adult approval or awareness.

(4) Known incidents of aggressive or violent behavior.

(5) Substance abuse history.

(6) Sexual history or behavior patterns that may place the child, youth or others at a health or safety risk, including verification of the child or youth having been a victim or a perpetrator of abuse, if applicable.

(d) The initial health and safety admission screening for children or youth who are adjudicated delinquent shall also include other community-based services the child or youth has received and the status of other intervention programs in which the child or youth previously participated.

(e) The initial health and safety admission screening shall include sufficient written detail to provide facility staff with known information at the time of admission identifying potential triggers, immediate health concerns, and any special considerations needed to address the child's, youth's and others' immediate safety in the facility and community.

(f) Facility management shall develop and demonstrate implementation of policies that address the process by which facility staff having regular and direct contact with the child or youth are made aware of the health and safety admission screening's content once completed.

(g) Facility staff shall maintain a copy of the health and safety admission screening in the child's or youth's record.

§ 3900.112. Health and safety plan.

(a) If the health and safety admission screening completed in accordance with §3900.111(relating to health and safety admission screening) identifies a health or safety risk, a written plan to protect the child, youth, other children or youth at the facility, facility staff, and the community shall be developed and implemented within 24 hours after the screening is completed.

(b) The facility management shall develop and demonstrate implementation of policies and procedures that address the process by which facility staff having regular and significant contact with the child or youth are made aware of the health and safety plan and its contents.

(c) The health and safety plan shall be updated by facility staff as additional information is obtained until the child's or youth's ISP is developed.

§ 3900.113. Health examination.

(a) A child or youth shall have an in-person health examination within 15 business days after admission and annually thereafter, or more frequently as specified at specific ages in the periodicity schedule recommended by the American Academy of Pediatrics.

(b) If the child or youth had a health examination prior to admission that meets the requirements of subsection (c) within the periodicity schedule specified by American Academy of Pediatrics, and there is written documentation of the examination, an initial examination within 15 business days after admission is not required. The next examination is required within the periodicity schedule specified under subsection (a).

(c) The health examination shall include a comprehensive health and developmental history, including both physical and behavioral health development that meets the requirements of EPSDT.

(d) The health examination shall be completed, signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant.

(e) The child's or youth's record shall contain written verification of completion of each health examination, date and results of the examination, the name and address of the examining practitioner and follow-up recommendations made.

(f) A health examination shall be completed before a child or youth participates in a program or activity that requires significant physical exertion.

(g) The child's or youth's record shall contain documentation of the medical exam and a physician's, physician's assistant's or certified registered nurse practitioner's approval for the child or youth to participate in a program that requires significant physical exertion.

(h) Immunization records, screening tests and laboratory tests may be completed, signed and dated by a registered nurse, licensed practical nurse, licensed physician, certified registered nurse practitioner or licensed physician's assistant.

§ 3900.114. Dental care.

(a) Each child or youth shall receive dental care needed for relief of pain and infections, restoration of teeth and maintenance of dental health following the recommendations of the American Academy of Pediatric Dentistry's periodicity schedule.

(b) A youth or child 12 months of age or older shall have a dental examination performed by a licensed dentist and teeth cleaning performed by a licensed dentist or dental technician twice within a 12-month period, or as approved by the child's or youth's dental coverage.

(c) A dental examination and teeth cleaning shall be performed within 60 days after admission unless documentation is available that a child or youth has had a dental examination and teeth cleaning within 6 months prior to admission.

(d) Follow-up dental work indicated by the examination, such as treatment of cavities and the application of protective sealants, shall be provided in accordance with recommendations by the licensed dentist.

(e) The child's or youth's record shall contain a written record of completed dental examinations, including the documentation of the examination permitted under subsection (c), specifying the date of the examination, the dentist's name and address, procedures completed, and follow-up treatment recommended, and dates follow-up treatment was provided.

§ 3900.115. Vision care.

(a) Each child or youth shall receive vision screening and services to include diagnosis and treatment, including eyeglasses, for defects in vision.

(b) A child who is 3 years of age or older and each youth shall receive vision screening within 60 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics.

(c) If a child or youth has a vision screening as part of the health exam outlined in § 3900.113 (relating to health examination), an initial examination within 60 days after admission is not required. The next screening shall be performed within the periodicity specified by the American Academy of Pediatrics.

(d) If the child or youth had a vision screening prior to admission that meets the requirements of subsection (a) within the periodicity schedule specified in subsection (b), an initial examination within 60 days after admission is not required. The next screening shall be performed within the periodicity schedule specified by the American Academy of Pediatrics.

(e) Follow-up treatment and services, including eyeglasses, shall be provided as recommended by the treating practitioner.

(f) The child's or youth's record must contain a written record of completed vision screenings, including the documentation of the examination permitted in subsection (d), specifying the date of the screening, the treating practitioner's name and address, results of the screening, follow-up recommendations made, and the dates and provision of follow-up services and treatment.

§ 3900.116. Hearing care.

(a) Each child or youth shall receive a hearing screening and services to include diagnosis and treatment including hearing aids, for hearing deficits.

(b) A child who is 3 years of age or older and each youth shall receive a hearing screening within 60 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics.

(c) If the child or youth has a hearing screening that occurs as part of the health exam outlined in § 3900.113 (relating to health examination), an initial examination within 60 days after admission is not required. The next screening shall be performed within the periodicity specified by the American Academy of Pediatrics.

(d) If the child or youth had a hearing screening prior to admission that meets the requirements of subsection (a) within the periodicity schedule specified by the American Academy of Pediatrics, an initial examination within 60 days after admission is not required. The next screening shall be performed within the periodicity schedule specified in subsection (b).

(e) Follow-up treatment and services, such as provision of hearing aids, shall be provided as recommended by the treating practitioner.

(f) The child's or youth's record must contain a written record of completed hearing screenings, including the documentation of the examination permitted in subsection (d), specifying the date of the screening, the treating practitioner's name and address, results of the screening, follow-up recommendations made, and the dates and provision of follow-up services and treatment.

§ 3900.117. Use of tobacco and smoking materials.

(a) Children or youth may not use or possess smoking materials, including tobacco products, vaping equipment and e-cigarette materials.

(b) If a child or youth identifies a current pattern of tobacco use at the time of admission, the facility staff shall offer the child or youth smoking cessation aids and support.

(c) Facility staff are prohibited from using or possessing smoking products, including tobacco, vaping equipment and e-cigarette materials, in the facility and during facility-provided transportation.

(d) If facility staff use tobacco products outside but on the premises of the facility, the following apply:

(1) Facility management shall develop and demonstrate implementation of written fire safety procedures that include extinguishing procedures and requirements that smoking may occur only at a safe distance from the facility and from flammable or combustible materials or structures.

(2) Written safety procedures shall be followed by facility staff.

(3) Use of smoking products shall be out of the children's or youth's sight.

§ 3900.118. Health and behavioral health services.

(a) Facility staff shall identify any acute and chronic health conditions a child or youth experiences and shall arrange for or provide appropriate medical and behavioral health treatment.

(b) Facility staff shall arrange for and schedule medically necessary physical and behavioral health services, diagnostic services, follow-up examinations and treatment, such as medical, nursing, pharmaceutical, dental, dietary, hearing, vision, blood lead level, psychiatric and psychological services that are planned or prescribed for the child or youth within 48 hours of identification of the child's or youth's need for an appointment.

§ 3900.119. Emergency medical plan.

(a) Facility management shall develop and demonstrate implementation of a written emergency medical plan listing the following:

(1) The hospital or source of health care that will be used in an emergency.

(2) The method of transportation to be used.

(3) An emergency staffing plan.

- (4) Medical and behavioral health conditions or situations under which emergency medical care and treatment are warranted.
- (b) The child's or youth's parent shall be given a copy of the emergency medical plan upon admission.
- (c) The child's or youth's parent shall be notified immediately if the emergency plan is implemented for the child or youth.

Subchapter I. STAFF HEALTH

§ 3900.121. Staff health statement.

- (a) Facility staff and volunteers who come into contact with children or youth or who work with food preparation shall have a health assessment conducted within 12 months prior to providing initial service in a child residential setting and every 24 months thereafter.
- (b) Facility management shall maintain documentation of facility staff and volunteer's health assessments conducted, and reports written and signed by a physician, physician's assistant or certified registered nurse practitioner in facility files. The signature must include the individual's professional title.
- (c) The staff health assessment shall include the components required for this assessment under §§ 3270.151 – 3270.152.
- (d) A health assessment is valid for 24 months following the date of signature if the person does not contract a communicable disease or develop a medical problem preventing a facility staff from providing adequate care to the children or youth.

Subchapter J. NUTRITION

§ 3900.131. Three meals a day.

The facility shall provide proper nourishment to the children and youth, which includes a minimum of three meals and one snack per day.

§ 3900.132. Quantity of food.

(a) The quantity of food served shall meet minimum daily requirements as recommended by the United States Department of Agriculture, unless otherwise recommended in writing by a licensed health care provider for a specific child or youth.

(b) Additional portions of meals shall be made available to the children and youth.

§ 3900.133. Food groups and alternative diets.

(a) Meals shall contain at least one item from the dairy, protein, fruits and vegetables, and grain food groups, unless otherwise recommended in writing by a licensed physician, certified registered nurse practitioner or licensed physician's assistant for a specific child or youth.

(b) Dietary alternatives and meal schedule modifications shall be made available for a child or youth who has special health needs, religious beliefs regarding dietary restrictions, or vegetarian or vegan preferences.

(c) Written weekly menus, reflecting the meal requirements in (a) and food served, shall be posted and maintained in the facility's records for 1 year before being discarded. Any food allergies experienced by children or youth at the facility shall be noted to reduce the risk of exposure.

(d) Water shall be made available to children and youth at all times.

§ 3900.134. Withholding or forcing food prohibited.

- (a) Facility staff may not withhold meals or drinks as punishment.
- (b) A child or youth may not be forced to eat food.

Subchapter K. MEDICATIONS

§ 3900.141. Storage of medications.

- (a) Prescription and over-the-counter medications shall be kept in their original containers.
- (b) Prescription and potentially poisonous over-the-counter medications shall be kept in a locked area or container.
- (c) All controlled prescription medications shall be kept in their original containers and stored separately from other medications within a locked container.
- (d) Prescription and potentially poisonous over-the-counter medications stored in a refrigerator shall be kept in a separate locked container.
- (e) Prescription and over-the-counter medications shall be stored separately.
- (f) Prescription and over-the-counter medications shall be stored under proper conditions of sanitation, temperature, moisture and light.
- (g) Discontinued and expired medications and prescription medications for children or youth who are no longer served at the facility shall be disposed of in a safe manner.

§ 3900.142. Labeling of medications.

- (a) The original container for prescription medications must be labeled with a pharmacy label that includes the child's or youth's name, the medication name, the date the prescription was issued, the prescribed dosage and the name of the prescribing health care provider.
- (b) Over-the-counter medications must be labeled with the original label.

(c) Naloxone shall be maintained at the facility and be accessible to facility staff for use as indicated without a prescription or designated patient reflected on the label.

§ 3900.143. Use of prescription medications.

Prescription medications shall be used only by the child or youth for whom the medication was prescribed.

§ 3900.144. Medication log.

(a) Facility staff shall maintain a medication log for each child or youth that contains all of the following:

- (1) A list of prescription medications.
- (2) The prescribed dosage.
- (3) Possible side effects.
- (4) Contraindicated medications.
- (5) Specific administration instructions, if applicable.
- (6) The name of the prescribing health care provider.

(b) For each prescription and over-the-counter medication, including administered or self-administered insulin, documentation in the log shall include the medication that was administered, dosage, date, time, and the name and signature of the person who administered or self-administered the medication.

(c) The information in subsection (b) shall be logged at the same time each dosage of medication is administered or self-administered.

(d) If a child or youth refuses to take the prescribed medication, steps taken by facility staff to consult with the child's or youth's prescribing health care provider and respond to the child's or

youth's refusal, and any follow-up steps taken, shall be noted in the medication log and the child's or youth's file.

§ 3900.145. Medication errors.

(a) Documentation of medication errors shall be kept in the medication log. Medication errors include the failure to administer medication, administering the incorrect medication, administering the correct medication in an incorrect dosage or administering the correct medication at the incorrect time.

(b) Facility staff shall consult with the child's or youth's prescribing health care provider if the child or youth shows any reactions due to a medication error.

(c) After each medication error, the qualified individual administering medications shall take follow-up action to prevent future medication errors and document any medical direction obtained in the medication log.

§ 3900.146. Adverse reaction.

(a) If a child or youth has a suspected adverse reaction to a medication, facility staff shall notify the prescribing health care provider and the child's or youth's parent.

(b) The qualified individuals administering the medication shall maintain documentation of the child's or youth's adverse reactions, the prescribing health care provider's response and notifications made in the medication log and the child's or youth's record.

§ 3900.147. Administration.

(a) Prescription medications and injections of any substance shall be administered by one of the following qualified individuals:

- (1) A licensed physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.

(2) An approved nursing program graduate acting under the direct supervision of a professional nurse who is present in the facility.

(3) A student nurse from an approved nursing program acting under the direct supervision of a member of the nursing school faculty who is present in the facility.

(4) Facility staff who meet the criteria in § 3900.150 (relating to medication administration training) for the administration of oral, inhaled, topical, eye and ear drop prescriptions, diabetes medications, and epinephrine injections for insect bites.

(5) A child or youth who meets the requirements in § 3900.151 (relating to self-administration of medications).

(b) Prescription medications and injections shall be administered according to the directions specified by a licensed physician, certified registered nurse practitioner or licensed physician's assistant.

(c) Facility management shall ensure that an individual who meets the requirements in subsection (a) to administer medications is available either on-site or on call during all hours children or youth are present at the facility.

§ 3900.148. Medication administration during facility sponsored off-grounds activities.

(a) Facility management shall develop and demonstrate implementation of a policy and procedure addressing safe management of children's and youths' medications during facility sponsored off-grounds activities. The policy and procedure shall address at a minimum:

(1) A preference for scheduling activities so that medications can be administered before leaving the facility or after returning.

(2) Consultation with the prescribing health care provider about adjusting the medication administration times to accommodate the off-grounds event and the process to determine if

it is possible to safely administer medications one hour before or one hour after the scheduled medication time. The qualified facility staff shall maintain documentation of the licensed practitioner's directions in the medication log.

(b) The qualified individual who administers a medication during a facility sponsored off-grounds activity shall be the same person who documents the medication administration upon return to the facility.

(c) Medications taken off grounds shall be clearly labeled with child's or youth's name, the medication name and dose, the administration route and time of administration.

(d) Medications taken off grounds shall be stored and kept secure in compliance with § 3900.141 (relating to storage of medications).

(e) The qualified individual responsible for administering the medication during off-grounds activity shall maintain the medication's security during the outing.

(f) Upon return to the facility, the qualified individual shall enter the necessary information in the medication administration log.

§ 3900.149. Medication administration during off-grounds family visits.

Facility management shall develop and demonstrate implementation of a policy and procedure addressing safe management and administration of a child's or youth's medications during a family home visit or family time away from the facility.

(1) Facility staff shall document that the child's or youth's parent was provided with information that addresses the following:

(i) The medication sent with the child or youth.

(ii) Options to provide for the security of the medication during a family home visit or family time away from the facility.

(iii) The medication's purpose, potential side effects, administration directions and prescriber information.

(iv) Agreement to return refused or unused medication with the child or youth.

(2) Controlled medications shall be properly dispensed with the limited amount of medication necessary for the length of the home visit or family time away from the facility.

(3) Multiple dosage medication packs may not be routinely sent with the child or youth, with the exception of the following:

(i) Topical medication.

(ii) Inhalers.

(iii) Time limited antibiotics.

(iv) Birth control pills.

(v) Epinephrine injections.

(vi) Liquid medications dispensed in such a way that the pharmacy cannot dispense a limited number of doses accurately.

(4) Facility staff shall document receipt of unused medications, if any, in the medication log, and confirm with the parent that the medications were given to the child or youth as prescribed or that the child or youth refused to take them as offered.

§ 3900.150. Medication administration training.

(a) Facility staff who have completed and passed the Department-approved medications administration course within the past 2 years are permitted to administer oral, topical and eye and ear drop prescription medications and epinephrine injections for insect bites.

(b) Facility staff who have completed and passed the Department-approved medications administration course and who have completed and passed a diabetes patient education program

within the past 12 months that meets the Standards for Diabetes Patient Education Programs of the Pennsylvania Department of Health are permitted to administer insulin injections.

(c) Facility management shall maintain documentation of the training in the facility's files, including the name of the person trained, the date, curriculum used, name of the trainer and their qualifications, and length of the training.

§ 3900.151. Self-administration of medications.

A child or youth is permitted to self-administer medications, insulin injections, inhalers and epinephrine injections for insect bites or other allergic reactions, if the following requirements are met:

- (1) A qualified individual who meets the requirements in § 3900.147(a)(1) – (4) (relating to administration) is physically present observing the administration and immediately records the administration in accordance with § 3900.144 (relating to medication log).
- (2) The child or youth recognizes and distinguishes the medication and knows the condition or illness for which the medication is prescribed, the correct dosage and when the medication is to be taken.

Subchapter L. RESTRICTIVE PROCEDURES

§ 3900.161. Appropriate use of restrictive procedures.

(a) A restrictive procedure may not be used for coercion or in a punitive manner, for the convenience of facility staff or as a program substitution, for discipline, punishment, retaliation, staff shortages, other administrative convenience, or any reason other than as a temporary response to a child's or youth's behavior that poses a serious and immediate risk of physical harm to self or others.

(b) Limitations and situations related to the use of restrictive procedures for pregnant and postpartum children or youth and reporting requirements under 42 Pa.C.S. Chapter 63 Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting) shall apply to a child or youth who is in any stage of pregnancy, labor or delivery, who has given birth within the last 30 days and is in postpartum recovery or is being transported to a medical facility.

(c) With the exception of exclusion as specified in § 3900.169 (relating to exclusion), a restrictive procedure may be used only to prevent a child or youth from injuring themselves or others. Restrictive procedures required to prevent harm to self or others where less restrictive interventions have failed or the nature and timing of the emergency situation prevents the use of less restrictive interventions, does not constitute unreasonable restraint.

(d) Use of restrictive procedures shall conform to the trauma-informed approach adopted and implemented by the facility.

(e) For each incident in which use of a restrictive procedure is considered all of the following apply:

- (1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.
- (2) A restrictive procedure may not be used unless less intrusive techniques and resources appropriate to the behavior have been tried without success.
- (3) A restrictive procedure may not be used unless the emergency nature of the child's or youth's behavior prevents the use of less restrictive interventions.
- (4) A restrictive procedure shall be discontinued when the child or youth demonstrates that they have regained self-control.

§ 3900.162. Restrictive procedure plan.

- (a) An individualized restrictive procedure plan shall be written and included in the ISP specified in § 3900.191 (relating to content of the ISP), prior to use of restrictive procedures for each child or youth with a history of use of restrictive procedures within the past 6 months and for whom restrictive procedures may be needed.
- (b) An individualized restrictive procedure plan shall be developed within 24 hours of admission if the child's or youth's behavioral health history or their initial health and safety screening identifies them as being at greater risk of having restrictive procedures needed.
- (c) The restrictive procedure plan shall be developed and revised with the participation of the child or youth, the child's or youth's parent, facility staff, contracting agency representatives, other appropriate professionals, and any person or persons invited by the child or youth and the child's or youth's parent.
- (d) The restrictive procedure plan shall be reviewed at least every 6 months and revised as needed.
- (e) The restrictive procedure plan shall be reviewed, approved, signed and dated by persons involved in the development and revision of the plan, prior to the use of a restrictive procedure, whenever the plan is revised and at least every 6 months. The child or youth, and the child's or youth's parent shall be given the opportunity to sign the plan.
- (f) The restrictive procedure plan shall include:
 - (1) Health and safety considerations and the child's or youth's trauma history.
 - (2) The specific behavior identified, suspected antecedents or reasons for the behavior, and observable signals that occur prior to the behavior.
 - (3) The behavioral outcomes desired, stated in measurable terms.

(4) The methods for modifying or eliminating the behavior, such as changes in the child's or youth's physical and social environment, changes in the child's or youth's routine, improving communications, teaching skills, and reinforcing appropriate behavior.

(5) Trauma-informed considerations consistent with the trauma-informed approach adopted by the facility.

(6) The types of restrictive procedures that may be used and the circumstances under which the restrictive procedures may be used.

(7) The length of time the restrictive procedure may be applied, not to exceed the maximum time periods under this chapter.

(8) Any known health conditions of the child or youth, including pregnancy and postpartum conditions, that may prohibit, limit or be affected by the use of specific restrictive procedures.

(9) The name of the facility staff responsible for monitoring and documenting progress with the plan.

(g) A restrictive procedure plan shall be implemented as written.

(h) A copy of the restrictive procedure plan shall be provided to the child's or youth's parent.

(i) Facility staff shall maintain a copy of the restrictive procedure plan in the child's or youth's record.

§ 3900.163. Unanticipated use.

If a restrictive procedure becomes necessary after the child or youth has not needed a restrictive procedure utilized for at least 6 months, § 3900.162 (relating to restrictive procedure plan) does not apply until after any type of restrictive procedure is used four times for the same child or youth in any 3-month period.

§ 3900.164. Restrictive procedures staff training.

(a) Facility staff who, as a result of their job responsibilities, may be involved in a restrictive procedure, directly or as an observer, shall have completed training as required under § 3900.57(f)(5) (relating to staff training) and obtain and maintain certification in the use of restrictive procedures, using a professionally recognized, practice evidence-based curriculum.

(b) Training shall include all of the following:

- (1) Child and youth development principles appropriate for the ages of the children and youth served, to understand normal behavioral reactions to stress at various ages.
- (2) The relationship between behaviors, use of restrictive procedures and child and youth experienced trauma.
- (3) Instructions on using de-escalation techniques and alternative nonrestrictive strategies as the initial step to defuse the situation.
- (4) The value of addressing the child's or youth's feelings with them after use of a restrictive procedure.
- (5) The proper use of the specific techniques or procedures that may be used.
- (6) Techniques and procedures appropriate for the children's and youth's age and weight.
- (7) Specific restrictive procedures applied directly on each facility staff and demonstration of the procedure by each facility staff.
- (8) Child and youth health risks associated with the use of specific procedures.
- (9) A testing process to demonstrate facility staff's understanding of and ability to apply specific procedures.
- (10) Facility staff responsibilities as an observer to a restrictive procedure and facility staff roles in the debriefing process following use of a restrictive procedure.

(11) The purpose and value of prompt and thorough debriefing.

(c) Facility management shall maintain documentation of the training, including the name of the person trained, the date, curriculum used, name of the trainer and their qualifications, length of the training, and copies of any certificates received, in the facility's files.

3900.165. Aversive conditioning.

The use of aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.

§ 3900.166. Pressure points.

(a) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, are prohibited except as provided in subsection (b).

(b) The use of a pressure point technique that applies pressure at the child's or youth's jaw point for the purpose of bite release is permitted.

§ 3900.167. Chemical restraints.

(a) A chemical restraint is a drug that restricts the child's or youth's movement or function and is used to control acute, episodic behaviors. A drug ordered by a licensed health care provider as part of ongoing medical treatment, or as pretreatment prior to a medical or dental examination or treatment, is not a chemical restraint.

(b) Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed health care provider and administered by licensed, certified, or registered medical personnel on an emergency basis.

(c) If a chemical restraint is to be administered as specified in subsection (b), the following apply:

- (1) A licensed health care provider shall have examined the child or youth and given a written order to administer the drug immediately prior to each incidence of administering a drug on an emergency basis.
 - (2) Immediately prior to each readministration of a drug on an emergency basis, a licensed physician shall examine the child or youth and order readministration of the drug.
- (d) If a chemical restraint is administered as specified in subsection (c), the following apply:
- (1) The child's or youth's vital signs shall be monitored at least once each hour and in accordance with the frequency and duration recommended and documented by the prescribing physician.
 - (2) The child's or youth's physical needs shall be met promptly.
- (e) A pro re nata (PRN) order for controlling acute, episodic behavior is prohibited.
- (f) Facility staff shall maintain documentation of compliance with subsections (b) – (e) in the child's or youth's record.

§ 3900.168. Physical restraints.

- (a) A physical restraint is a physical hands-on technique that restricts the child's or youth's movement or function.
- (b) A physical restraint does not include:
 - (1) A physical hands-on assist of any duration during which the child or youth does not physically resist.
 - (2) Verbal redirection.
 - (3) Physical prompts.
 - (4) Escorting and guiding a child or youth.

(c) Physical restraints that apply pressure or weight on the child's or youth's respiratory system are prohibited. Prone positioning, during which a child or youth is held face down on the floor, is prohibited.

(d) A physical restraint that inhibits digestion, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor is prohibited.

(e) The physical restraint position and the facility staff applying a physical restraint shall be changed at least every 10 consecutive minutes the physical restraint is applied.

(f) A facility staff who is not applying the restraint shall observe and document the physical and emotional condition of the child or youth at least every 10 minutes the physical restraint is applied.

§ 3900.169. Exclusion.

(a) Exclusion is a child's or youth's involuntary isolation or removal from the child's or youth's immediate environment and restricting the child or youth alone to a room or area. If a facility staff remains in the exclusion area with the child or youth, it is not exclusion. Exclusion does not include a child or youth voluntarily choosing to move to and remain by themselves in an area to self-regulate.

(b) No form of exclusion is permitted for any reason other than as a temporary response to a child's or youth's behavior that poses a serious and immediate risk of physical harm to self or others. A child or youth in exclusion shall be released as soon as the serious and immediate risk of physical harm abates.

(c) Facility management shall comply with 42 Pa.C.S. Chapter 63, Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting) if a pregnant or postpartum child or youth is placed in exclusion.

(d) Before a child or youth can be placed in exclusion, facility staff shall:

(1) Explain the reason for the isolation to the child or youth.

(2) Inform the child or youth that release will occur as soon as the child or youth regains self-control and the serious and immediate risk of physical harm is no longer present.

(e) Exclusion may not be used for more than 60 minutes, consecutive or otherwise, within a 2-hour period.

(f) A child or youth may not be subject to exclusion more than 4 times within a 24-hour period.

(g) A facility staff shall observe a child or youth in exclusion at least every 5 minutes.

(h) A room or area used for exclusion must have the following:

(1) At least 40 square feet of indoor floor space.

(2) A minimum ceiling height of 7 feet.

(3) An open door or a window for observation.

(4) Lighting and ventilation.

(5) No items that might injure a child or youth.

§ 3900.170. Restrictive procedure records.

(a) Facility staff shall maintain documentation in both an electronic restrictive procedures log and the child's or youth's record each time a restrictive procedure is used, including emergency use. This documentation shall include the following:

(1) The specific behavior addressed.

- (2) The less intrusive intervention methods used to address the behavior.
 - (3) Circumstances that led to the restrictive procedure being used.
 - (4) The date, time and facility location the procedure was used.
 - (5) The specific procedure or procedures used.
 - (6) The facility staff involved in the restrictive procedure.
 - (7) The restrictive procedure's duration.
 - (8) The facility staff who observed the child or youth during the restrictive procedure.
 - (9) The child's or youth's condition after the restrictive procedure ends.
- (b) Facility management shall develop and demonstrate implementation of a process to support debriefing following each restrictive procedure.
- (1) Participants in this debriefing process shall include, at a minimum, the child or youth and facility staff involved and the residential program supervisor.
 - (2) The debriefing process shall occur within 48 hours following the end of the restrictive procedure to provide an opportunity to address any staffing, training, physical site or program related components regarding the cause and resolution of the incident.
- (c) Facility staff shall maintain a record of the restrictive procedure event as required in subsection (a). The restrictive procedure record shall include the outcomes of the debriefing process, including identifying any necessary modifications to facility policies or procedures, facility operations, staffing and supervisory patterns, interventions used, or staff, child or youth training needed.
- (d) Facility management shall establish a policy related to the analysis and use of restrictive procedures data as part of a continuous quality improvement process.

- (e) Facility staff shall incorporate the debriefing findings and related data into the facility quality improvement process.
- (f) Facility staff shall maintain a record of aggregate data relevant to restrictive procedure incidents in an electronic restrictive procedures data log. This record shall reflect facility data addressing the elements required under this section and include child, youth, staff and site-specific experiences.
- (g) Facility management shall make facility specific analysis of compiled aggregate data, and any quality improvement plans developed based on the analysis, available to the Department on an annual basis at the time of licensure renewal.
- (h) Facility management shall make aggregate restrictive procedures data available to the Department within 2 business days upon request.
- (i) Facility staff shall notify a child's or youth's parent of the use of a restrictive procedure within 4 hours of use ending and document that notice in the child's or youth's record.

Subchapter M. SERVICES

§ 3900.181. Supporting family contact and involvement.

- (a) Facility management shall develop and demonstrate implementation of policies to support contact between the child or youth and those individuals, including parents, guardians, former caregivers, siblings, and other persons the child or youth identifies as having a positive, significant connection with them.
- (b) Facility management shall develop and demonstrate implementation of policies to support family involvement in service and treatment planning, visitation, educational programming and discharge planning.
- (c) The facility policies referenced in subsection (b) shall be reflected in the program description.

(d) Facility policies including those reference in subsection (b), as well as grievance procedures, discipline, person and property search procedures, parental notification options, family time and home visits, restrictive procedures and emergency preparedness shall be included in the information packets provided to the family and the child or youth at admission.

(e) The facility's family involvement policies shall address the following:

(1) How facility staff will communicate with a child's or youth's family regarding health care scheduled and provided, reportable incidents filed, restrictive procedures used, ISP and discharge planning meetings.

(2) The process for phone, virtual or in-person contact between the child or youth and family members following placement at the facility.

(3) That contact is not restricted during the initial period following placement or as a disciplinary measure.

(4) Specifics related to the location, scheduling and duration of family visits, facility process and point of contact to arrange for visits.

(5) Criteria used to determine on-site, off-site and unsupervised visitation locations.

(6) The process for providing the child's or youth's medication for use during home visits and related documentation requirements.

(7) Options for increasing contact frequency and duration as addressed in the child's or youth's ISP, permanency or service plans, and discharge plans.

(8) Home pass procedures for children or youth who are adjudicated delinquent, if applicable.

(f) Facility management shall identify a facility staff point of contact for the child's or youth's family to support coordination of contacts and visits, as well as exchange of information and updates.

(g) Facility management shall comply with court orders that restrict contact by identified individuals and may consider clinical appropriateness of contacts with identified individuals based on the child's or youth's history.

(h) Facility staff shall demonstrate efforts to support meaningful family engagement and involvement, reflecting the child's or youth's definition of family. These efforts shall reflect facility policies, court directives and deference to contracting agency preferences to exercise a lead role in coordination and communication with family members.

(i) A copy of the contact and visitation policies shall be posted in an easily accessible and visible location at the facility.

(j) Facility staff shall inform each child or youth and the child's or youth's parent of the facility's policies in an easily understood manner, and in the child's or youth's and the child's or youth's parent's primary language or mode of communication. A copy of the facility's policies shall be given to the child or youth and the child's or youth's parent upon admission.

(k) Facility staff shall maintain documentation of a statement signed by the child or youth and the child's or youth's parent acknowledging receipt of a copy of the information specified in subsection (d), or documentation of facility staff efforts made to obtain the signature, in the child's or youth's record.

(l) Facility staff shall work with the contracting entity to support family finding efforts and support any potential identified connections for the child or youth if no family members are initially identified by the contracting entity.

§ 3900.182. Family time and home visit follow-up.

- (a) Facility family time and visitation policies shall include requirements for facility staff to check-in with the child or youth and the child's or youth's parent during a family visit that occurs away from the facility.
- (b) Facility staff shall initiate at least one attempted and documented verbal contact with the child or youth and parent every 24 hours during family time and a home visit.
- (c) Facility staff shall initiate an additional discussion with the parent regarding the home visit or family time experience within 2 business days after a child or youth returns to the facility, unless a concern or issue that identifies a risk to the child's or youth's health or safety is shared by the child or youth requiring a more rapid follow-up.
- (d) Facility staff shall initiate a focused discussion with the child or youth within 72 hours of the child's or youth's return to the facility to review their experiences while with their parent and family.
- (e) Facility staff shall maintain documentation in the child's or youth's record of the information shared by the child or youth and the child's or youth's parent about their home visit or family time experience while away from the facility.
- (f) Facility staff shall document unsuccessful attempts to communicate with the child or youth and parent during a home visit. Facility staff shall also communicate this lack of contact to the contracting agency.

§ 3900.183. Child and youth involvement.

- (a) Facility management shall develop and demonstrate implementation of policies that address the following:

- (1) The process to encourage and maintain open communication between facility staff and a child or youth, respecting appropriate interpersonal and confidentiality boundaries.
- (2) How a child or youth is provided with opportunities to be directly involved in their case planning process and decisions that affect and concern their lives.
- (3) How age and developmentally appropriate opportunities for social, cultural, extracurricular and enrichment activities and experiences are supported by facility staff including identification of potential options post-discharge.
- (4) How a child or youth will be engaged by facility staff in planning for their academic education or vocational development, consistent with Federal and State requirements.
- (5) How a child or youth will be provided with opportunities to work and develop job skills at an age-appropriate level, consistent with State laws and as may be reasonably accommodated.
- (6) How a child or youth will be supported to receive appropriate life skills training and independent living services to prepare the youth for the transition to adulthood, consistent with Federal and State laws.
- (7) How a child or youth who is adjudicated delinquent will have opportunities to engage in activities that allow them to earn money and complete community service hours to meet their restitution obligations.
- (8) How a child or youth who is adjudicated delinquent will have opportunities to be engaged in activities to increase their awareness of the impacts of their action on their victims.
- (9) How a child or youth who is adjudicated delinquent will have opportunities to engage in programming that addresses the child's or youth's identified risks and needs.

(10) How youth who are adjudicated delinquent will have opportunities to develop vocational skills and certifications to prepare them for employment.

(b) Facility staff shall demonstrate meaningful age and developmentally appropriate child and youth engagement in case planning activities including efforts to support a successful transition to adulthood, self-sufficiency and re-integration in the community, as applicable.

§ 3900.184. Youth training.

(a) Facility management shall select or develop and deliver training and educational supports to youth that address the following:

- (1) Sex trafficking warning signs.
- (2) Grooming techniques and risks.
- (3) Personal and social media safety.
- (4) Relationship boundaries.
- (5) Developing healthy connections.

(b) These trainings shall be presented using a child-friendly or youth-friendly curriculum.

(c) Specific topics related to sex trafficking that shall be addressed in training sessions for youth include the following:

- (1) What it means to be trafficked, and grooming techniques used by traffickers.
- (2) Personal, community and social safety, including social media and technology.
- (3) Boundaries and relationships, safe dating and healthy sexual relationships.
- (4) Coping skills and benefits of delayed gratification.
- (5) Value of being independent including positive decision making and socialization.
- (6) Self-esteem and self-love.
- (7) Meeting personal mental health, drug and alcohol treatment needs.

(8) Safety and normalcy related to use and possession of personal cell phones and belongings.

(d) In addition to the requirements in subsection (c), meaningful age and developmentally appropriate training on youth rights and facility grievance procedures shall be provided to youth at admission, as a youth's ISP is being developed, and as part of each ISP review. This requirement does not limit facility management from offering similar training in a group setting jointly to youth and staff.

(e) Training for youth shall also address the facility's policy related to searches of person and property addressed in § 3900.41 (relating to person and property searches).

(f) Additional topics to be addressed in training sessions for youth adjudicated delinquent include:

(1) Decision making and logical consequences.

(2) Vocational and employment opportunities and related skills and education required.

(3) Anger and frustration management.

(g) Training sessions shall include the educational programming topics listed for a pregnant or postpartum child or youth in 42 Pa.C.S. § 6384(c) (relating to training and education requirement).

(h) Facility-defined qualifications of individuals delivering these trainings, which may include facility staff, shall be reflected in the program description.

(i) Facility staff may also attend these training sessions with youth, which may be included for purposes of meeting staff training requirements.

(j) Facility management shall document in the facility's files all training completed including the name of the facility staff or youth trained, date, source, facility defined qualifications of the

trainer, content, length of each course, and copies of any certificates received. Youth attendance at the training sessions shall also be documented in the youth's record.

§ 3900.185. Description of services.

- (a) Facility management shall develop a program description for each child residential or secure service provided. The description shall be made available to the Department and the contracting agency. A program description may apply to more than one facility.
- (b) The written program description shall include the following:
 - (1) A description of the program activities, objectives and anticipated outcomes.
 - (2) The criteria and procedures for accepting a child or youth into the program, including the admissions process.
 - (3) A description of the number and types of children and youth served, including age, sex, and significant emotional or behavioral characteristics and identified emotional, medical or behavioral needs of a child or youth, including pregnancy, that the facility cannot meet.
 - (4) The methods by which the program services are delivered and whether they are provided directly by the facility or through written agreement with another agency.
 - (5) The number and qualifications of facility staff responsible for providing daily child and youth supervision and the individual and group program services, including identification of the person responsible for administering the program.
 - (6) Information related to the trauma-informed approach adopted by the facility which includes all of the following:
 - (i) A detailed description of the trauma-informed approach.
 - (ii) Confirmation of the facility staff trauma-informed training and credentialing, if required by the model.

- (iii) The process to address monitoring conformity to the model adopted.
 - (iv) Incorporation of the trauma-informed approach in policies, procedures and interactions with children and youth in the facility.
- (7) Any specialized training provided to facility staff and children and youth, as appropriate, on sex trafficking awareness, assessment and screening practices, reporting requirements, and social media and cyber security cautions.
- (8) The process to provide screening, assessment and services for victims and children and youth at risk of becoming victims of sex trafficking.
- (9) The degree and method of family and youth involvement in the program and methods used to maintain family involvement and support family contacts.
- (10) Other professional services available to a child or youth, including psychological and psychiatric services, and support groups identifying each of the following:
- (i) The number of professionals available to provide the service.
 - (ii) The average number of hours per week the service is available.
- (11) Behavior management policies and techniques, including policies related to search of persons and property.
- (12) Grievance policies and the process used to address and resolve issues.
- (13) Discipline practices followed by facility staff in accordance with policies established by the facility management.
- (14) Educational or vocational training services provided by the facility or available in the community.
- (15) Age and developmentally appropriate recreational and enrichment activities, including community-based opportunities, if applicable.

- (16) Life skills, enrichment and personal safety training sessions available to children or youth.
- (17) Policies and arrangements regarding religious and cultural observances.
- (18) Policies and arrangements to provide physical health care services.
- (19) Details of any evidence-based practices adopted by the facility including:
- (i) A detailed description of the evidence-based practice.
 - (ii) Confirmation of facility staff qualifications and training as required by the model.
 - (iii) The process to monitor fidelity to the model.
 - (iv) Incorporation of the evidence-based practice in policies, procedures and interactions with children and youth in the facility.
- (20) Any enhanced physical site safety or personal safeguards incorporated into facility programming, including run-away prevention planning.
- (21) Policies and practices addressing the child's or youth's safe use of personal and facility cell phones and access to the internet if children and youth are permitted cell phone or internet access at the facility. These policies shall include:
- (i) Device free locations within the facility.
 - (ii) Time restrictions on cell phone use and internet access.
 - (iii) Boundaries established with child or youth input defining cell phone and internet access as a privilege versus a right.
 - (iv) Options for children and youth to earn time and access to social media.
- (22) Any special program components and admission procedures addressing emergency or unplanned placements, if accepted by the facility.

(23) Discharge planning and teaming processes, including transition and aftercare services, if applicable.

(24) The facility emergency preparedness plan to prepare for, respond to, and recover from a disaster, disease outbreak, or other emergency.

(25) The quality improvement process used by the facility to analyze and evaluate data to determine needed changes or improvements.

(26) The policies and procedures regarding locations, use, and maintenance of the system and retention of and access to the security footage if a facility is required or voluntarily chooses to install and use a video surveillance system as addressed in § 3900.88 (relating to video surveillance system).

(c) Facility management serving children or youth who are adjudicated delinquent shall also include the following information in its policies and procedures:

(1) Interventions available to directly respond to child's or youth's identified risks and needs in the identified domains, including the recommended dosage and duration of programming.

(2) Opportunities for a child or youth to engage in community service and paid activities as restitution options.

(3) Other internal programming addressing juvenile justice priorities, and related subcontracted or community-based services accessed.

(d) Facility management shall operate the program in accordance with the information in the program description required by subsections (b) and (c).

(e) Facility management shall review the program description annually and modify it when needed.

(f) If a program description developed under subsection (a) is amended modified, resulting in changes to the program's scope of services, the facility management shall give written notice of the change to the Department and the contracting agency within 30 days of the change.

§ 3900.186. Procedures upon return of a missing child or youth to the facility.

(a) Facility management shall develop and demonstrate implementation of policies and procedures related to the process to be followed when a missing child or youth returns to the facility.

(b) These policies and procedures shall include:

(1) How facility staff will address the child's or youth's immediate basic physical needs.

(2) How a visual screening of the child or youth will be completed to check for injuries, new tattoos or markings.

(3) How additional medical evaluations will be arranged, if needed.

(4) How sight and sound checks will be conducted every 15 minutes until updates to the child's or youth's health and safety plan and ISP, including notification to staff of changes, can be completed.

(5) The content of the plan's updates and staff supervision level needed based on the reasons the child or youth ran away or went missing, including the following:

(i) The importance of the child's or youth's connections with friends, family and the community.

(ii) The child's or youth's need for normalcy and the arbitrary ending of relationships while in placement.

(iii) Services and supports directed to reducing the risks of repeated running away and returning.

(iv) Options for the child or youth to develop healthy interpersonal connections.

(v) Facility staff efforts to address safe parameters and boundaries with the child or youth.

(6) Facility staff responsible for notification to law enforcement, the contracting agency and other identified parties regarding the child's or youth's return within 8 hours of the child's or youth's return. These notifications shall be documented in the child's or youth's record.

(7) Facility staff responsible for a follow-up conversation with the child or youth within 24 hours of their return to gather information related to the child's or youth's experiences, locations and other persons involved, and triggers that caused the child or youth to leave the facility without approval.

(8) Facility staff responsible for completing a sex trafficking screening tool.

(9) Facility staff responsible for identifying where the child or youth was staying while away from the facility.

(10) Facility staff responsible for making the determination as to whether a sex trafficking assessment is needed based on the screening findings and where a referral for this assessment will be directed.

(11) The facility debriefing process addressing runaway prevention efforts including identification of service gaps or other issues related to the child's or youth's motivation to run and staff attempts to intervene.

(c) Facility staff shall maintain documentation of actions taken to implement facility policies addressing a missing child's or youth's return to the facility reflecting resolution of the incident, in the facility's reportable incident files and the child's or youth's record.

(d) Updates shall be made to the child's or youth's ISP no later than at the next monthly review, addressing reasons why the child or youth ran, steps taken to prevent a repeat episode and how healthy peer relationships will be supported.

§ 3900.187. Screening for sex trafficking experiences.

(a) Facility staff shall screen a child or youth for sex trafficking experiences at the contracting agency's request.

(b) Facility management shall adopt a sex trafficking screening tool, and facility staff shall be trained to administer the screening tool and accurately record the information gathered. Only those facility staff who have been specifically trained, may complete a sex trafficking screening.

(c) Facility staff shall provide or arrange for a sex trafficking assessment if indicated by the screening tool results.

(d) Facility staff shall maintain documentation of the completed screening tool, and referral for assessment if indicated, in the child's or youth's record.

§ 3900.188. Assessments for sex trafficking experiences.

(a) Facility clinicians or specifically trained facility staff shall complete a sex trafficking assessment at the contracting agency's request after a child or youth returns to the facility from a runaway episode or as needed during the child's or youth's placement.

(b) Facility clinicians or specifically trained facility staff shall initiate referrals for treatment related to sex trafficking experiences as needed with documentation of these referrals reflected in the child's or youth's ISP and child's or youth's record.

(c) Facility clinicians and designated facility staff responsible for completing sex trafficking assessments shall complete training offered by the county agency or local Child Advocacy Center prior to any assessment being completed.

(d) Sex trafficking assessment training shall include information about available, relevant and accessible community-based services that are prepared to respond to the child's or youth's specific needs identified in the assessment.

(e) This assessment training may be counted toward the 42 hours of annual mandatory staff training required under § 3900.57 (relating to staff training).

(f) Facility management shall maintain documentation in the facility's training records of the person trained, date, identification of the trainer and their credentials, assessment training content, length of each course, and copies of any certificates received.

§ 3900.189. Treatment planning for victims of sex trafficking.

(a) Facility management shall develop a component in the program description that addresses the development of an individualized trauma treatment plan for each child or youth identified as a victim of sex trafficking.

(b) Facility program policies shall specifically address the sex trafficking victim's needs for safety, confidentiality and trauma-informed treatment.

(c) Facility program descriptions shall address internal agency and community-based treatment and intervention options, community connections, the teaming and referral process, and how services will be delivered for sex trafficking victims.

(d) Facility staff shall directly provide or initiate a referral and arrange for services to meet the child's or youth's individualized needs within 48 hours of a child or youth being identified as a victim through assessment, child or youth disclosure, or identification by law enforcement, that address the following:

- (1) Mental health treatment focused on victimization and related trauma.
- (2) Medical screening by a trauma sensitive provider.

- (3) Drug and alcohol screening and services, if applicable.
- (4) Independent living, self-awareness, and skill-based daily living training.
- (5) Permanency and reunification planning.
- (e) Training for facility staff shall address the special safety considerations of protecting the child's or youth's identity and confidentiality, including considerations in making connections with community resources offering treatment.

§ 3900.190. Development and implementation of the ISP.

- (a) Facility staff shall develop an ISP for each child or youth within 30 calendar days of the child's or youth's admission.
- (b) Facility staff shall develop the ISP with input from the child or youth, and the child's or youth's parent, the juvenile probation officer, as applicable, or other contracting agency representative, facility staff, other appropriate professionals and any person invited by the child or youth and the child's or youth's parent.
- (c) The meeting to address the development of the ISP shall be scheduled at a time and location convenient for the child or youth, and the child's or youth's parent to support family involvement. This meeting may be virtual if more convenient for the child's or youth's parent.
- (d) Facility staff shall maintain documentation in the child's or youth's record of efforts made to involve the child's or youth's parent and representatives from the contracting entity in the development of the ISP.
- (e) Persons who participated in the development of the ISP shall sign and date the ISP, with those who participated electronically noted to verify their participation and involvement.
- (f) The child's or youth's, or the child's or youth's parent's concerns or areas of disagreement with specific ISP goals or objectives shall be documented by facility staff on the form.

(g) An ISP shall be implemented as written.

§ 3900.191. Content of the ISP.

(a) The ISP shall address the child's or youth's daily supervision needs.

(b) The ISP shall address the treatment needs and services that will be provided to the child or youth.

(c) A child's or youth's ISP shall include the following:

(1) Team members involved in the planning process, including the child or youth, the child's or youth's parent, contracting agency representatives, and any person invited by the child or youth and the child's or youth's parent.

(2) The child's or youth's behavioral, social, recreational, daily activity, and life skills, and physical and behavioral health needs.

(3) Measurable and individualized goals and time-limited objectives for the child or youth which relate to their assessed needs.

(4) A component addressing the child's or youth's trauma history and supports available to them to address their specific experiences.

(5) Specific activities and services planned to achieve the child's or youth's established goals and objectives including, at a minimum, a description of educational, vocational and specialized treatment activities in which the child or youth will participate.

(6) Need for and development of a runaway prevention plan, if applicable.

(7) A contact and visitation schedule with identified family members and clear expectations of all individuals involved in supporting the child's or youth's family connections.

(8) A component addressing family and child or youth involvement and the development and implementation of their plan.

(9) Services, both internal facility and community-based, and training that meet the child's or youth's needs, including the child's or youth's need for safety, well-being, accountability, competency development and permanency, as applicable.

(10) A restrictive procedure plan, if appropriate.

(11) A plan to support access to and the child's or youth's use of their personal funds maintained by facility staff.

(12) A plan to provide parenting education if the youth has an infant or toddler who is not living with them at the facility.

(13) A component addressing how the child's or youth's educational needs will be met in accordance with applicable Federal and State laws and regulations.

(14) The anticipated duration of stay at the facility.

(15) A discharge or transfer plan. For a youth 14 years of age or older, this plan shall include programs and services to help the youth prepare for transition from the facility to independent living.

(d) For a child or youth adjudicated delinquent, the ISP shall also include:

(1) Referrals, ongoing risks and needs, and related interventions available to respond to the youth's needs.

(2) Visitation and contact plan with family, including a record of the length of contacts and visits as they occur.

(3) Specific activities to be employed to address balanced and restorative justice goals.

(4) Restitution funds earned and available.

(e) Facility management shall develop and demonstrate implementation of policies and procedures to address the following:

- (1) Monthly documentation of the child's or youth's progress on each goal.
- (2) Methods used to measure progress on the ISP, including the facility staff responsible for measuring progress and the objective criteria.
- (3) The facility staff responsible for implementing the ISP or coordinating the ISP's implementation.

§ 3900.192. Review and revision of the ISP.

- (a) Facility staff shall convene team meetings to support timely ISP review and revision, as changes to the ISP are needed to respond to a child's or youth's emerging needs.
- (b) The child's or youth's team shall complete a progress review on the ISP components and revisions to the ISP, if necessary, at least every 6 months.
- (c) Team members shall make more frequent ISP revisions as necessary and as emerging issues are identified.
- (d) The ISP shall be revised in accordance with subsection (a) if there has been no progress on a goal, if a goal is no longer appropriate or if a goal needs to be added.
- (e) The child's or youth's team shall review and revise the ISP in accordance with § 3900.190
- (b) - (f) (relating to development and implementation of the ISP).

§ 3900.193. Copies of the ISP.

- (a) Copies of the ISP, revisions to the ISP and monthly documentation of progress shall be provided to the youth 14 years of age and older, and to the child's or youth's parent, the contracting agency, and persons who participated in the ISP's development and revisions.
- (b) Facility staff shall maintain copies of the ISP, revisions to the ISP and monthly documentation of progress in the child's or youth's record.

§ 3900.194. Education.

(a) Each child or youth of compulsory school age shall participate in a Department of Education-approved school program or an educational program which complies with the State law requirements relating to student attendance, special education services and programs, and protected students with disabilities, while in placement at the facility.

(b) Facility staff shall actively participate in discussions regarding the child's or youth's education, convened by the Local Educational Authority (LEA) or county agency and comply with the education plan as developed.

§ 3900.195. Transfer or discharge.

(a) Facility management shall develop and adhere to a comprehensive discharge planning process structured to support permanency, long-term stability, and successful outcomes for a child or youth, including policies addressing the exchange of information with the family and family notifications, if applicable.

(b) The discharge planning process shall begin as of the date of admission and shall include the following:

(1) Individualized teaming efforts, with the opportunity for the child or youth to identify participants to act as their representatives in the planning process.

(2) Confirmation that each child or youth is an active participant in their own discharge planning process, which includes the input offered by their team to address needs and identify supports.

(3) Viable concurrent discharge planning that includes potential discharge resources and community connections.

- (4) Community connections for physical and behavioral health services and insurance coverage information.
- (5) Competencies developed, intervention programming completed and certifications earned, if applicable.
- (6) An updated inventory of the child's or youth's personal belongings and the process through which the items, clothing and personal documents will be returned to the child or youth.
- (c) Facility staff shall inform and, when possible, discuss with the child's or youth's parent the recommended transfer or discharge plan prior to the child's or youth's transfer or discharge.
- (d) Facility staff shall maintain documentation of the discharge plan in the child's or youth's record.
- (e) In the event of an unplanned or emergency discharge and return home, the facility staff shall make the information listed in subsection (b) available to the child or youth and the child's or youth's parent within 48 hours. If an emergency transfer is to another placement setting, the facility staff shall make that information listed in subsection (b) available to the receiving agency within 48 hours.
- (f) Facility staff shall maintain documentation in the child's or youth's record of discussions with the parent and transmission of the discharge or transfer information in subsection (c) to a child or youth, the parent, or receiving agency.

Subchapter N. CHILD AND YOUTH RECORDS

§ 3900.201. Emergency information.

- (a) A child's or youth's emergency information shall be easily accessible by facility staff both at the facility and while the child or youth are with facility staff away from the facility.

(b) Emergency information for each child or youth shall include the following:

- (1) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
- (2) The name, address and telephone number of the child's or youth's physician or source of health care and health insurance information.
- (3) The name, address and telephone number of the person able to give consent for emergency medical treatment.
- (4) A copy of the child's or youth's most recent health examination.

§ 3900.202. Records.

- (a) A separate record shall be kept for each child or youth.
- (b) Entries in a child's or youth's record shall be legible and dated and signed by the person making the entry.

§ 3900.203. Content of records.

- (a) Each child's or youth's record shall include all of the following, :
 - (1) Personal information, including:
 - (i) The child's or youth's name, gender, gender identity, preferred name and pronouns, admission date, birth date and Social Security Number.
 - (ii) The child's or youth's race, ethnicity, height, weight, hair color, eye color and identifying marks.
 - (iii) A dated photograph of the child or youth taken within the past year.
 - (iv) Language or means of communication spoken and understood by the child or youth and the primary language used by the child's or youth's family, if other than English.
 - (v) The child's or youth's religious affiliation.

- (vi) The name, address and telephone number of the person to be contacted in the event of an emergency.
- (2) Health records, including:
 - (i) Health history.
 - (ii) Current physical exam.
 - (iii) Current medications.
 - (iv) A record of all seizures, if applicable.
 - (v) A record of all suicidal gestures, if applicable.
 - (vi) Injuries, traumas and illnesses for which treatment was provided to the child or youth by medical personnel internal or external to the facility.
 - (vii) Dental, vision and hearing records.
- (3) Health and safety admission screening.
- (4) ISPs, once developed.
- (5) Restrictive procedure plans.
- (6) Restrictive procedure records.
- (7) Copies of reportable incidents.
- (8) Copies of investigations of grievances filed by a child or youth or the child's or youth's parent which were determined to be unsubstantiated.
- (9) Consent to treatment, as specified in § 3900.19 (relating to consent to treatment).
- (10) Court orders.
- (11) Placement information specified in § 3900.185 (relating to description of services).

(12) Signed notification of rights, grievance procedures, discipline policy, and applicable consent to treatment protections specified in § 3900.31 (relating to notification of rights and grievance procedures).

(13) Contracting agency service records.

(14) Education records.

(b) A child's or youth's record shall be maintained in an area easily accessed by facility staff.

A child's or youth's record shall be kept in a locked location when unattended.

§ 3900.204. Record retention.

A child's or youth's record shall be retained for at least 7 years following the child's or youth's discharge from the facility, or until any audit or litigation is resolved, whichever occurs later.

Subchapter O. SANCTIONS

3900.211. Sanctions.

In addition to the sanctions available under Chapter 20 (relating to licensure or approval of facilities and agencies), the Department may also implement the following sanctions for noncompliance with this chapter, Chapter 20, Chapter 3910 (relating to child residential facilities) and Chapter 3920 (relating to secure residential and secure detention facilities for youth). Upon issuance of a licensing revocation or a downgrade of licensure status to a provisional license, the Department may take the following actions:

(1) Prohibiting admissions at a facility.

(2) Ordering the appointment of a master as approved by the Department, at the facility's expense and not eligible for reimbursement from the Department, to manage and direct the facility's operational, program and fiscal functions.

CHAPTER 3910. CHILD RESIDENTIAL FACILITIES

Subchapter. A. GENERAL REQUIREMENTS

§ 3910.1. Purpose.

The purpose of this chapter is to protect the health, safety and well-being of children and youth receiving care in a child residential facility through formulation, application and enforcement of minimum licensing requirements.

§ 3910.2. Applicability.

(a) This chapter applies to child residential facilities, except as provided in § 3910.3 (relating to exemptions).

(b) This chapter contains the additional minimum requirements that shall be met to obtain a certificate of compliance to provide child residential care in this Commonwealth in any of the facilities listed in subsection (d).

(c) This chapter applies equally to profit, nonprofit, publicly funded, privately funded, religious and non-religious operated facilities.

(d) This chapter applies to the following:

(1) Any premise or part thereof, operated in a 24-hour living setting in which care is provided for one or more children or youth who are not relatives of the facility operator, except as provided in § 3910.3.

(2) Child residential facilities that are located in a fixed structure or configured as a non-mobile outdoor setting.

(3) Emergency shelter programs.

(4) Child residential specialized setting facilities that serve pregnant, expecting and parenting youth and their young infants and toddlers.

§ 3910.3. Exemptions.

This chapter does not apply to the following:

- (1) Child residential and child day treatment facilities operated directly by the Department.
- (2) Transitional living residences which are located in freestanding private residences.
- (3) Child residential facilities that are secure residential facilities or secure detention facilities for children or youth.
- (4) Transitional living facilities with more than one transitional living residence in the same building.
- (5) Residential camps for children or youth who are enrolled in a grade or educational level higher than kindergarten which operate for fewer than 90 days per year.
- (6) Residential children's schools licensed and operated solely as private academic schools or registered and operated solely as nonpublic nonlicensed schools by the Department of Education.
- (7) Foster care homes licensed under Chapter 3700 (relating to foster family care agency).
- (8) Family living homes for children with an intellectual disability that are licensed under Chapter 6500 (relating to family living homes).
- (9) Community homes serving people with an intellectual disability or autism licensed under Chapter 6400 (relating to community homes for individuals with an intellectual disability or autism).
- (10) Community residences for individuals with mental illness that provide care to both children and adults in the same facility or community residential host homes for individuals with mental illness that are certified under Chapter 5310 (relating to community residential rehabilitation services for the mentally ill).

(11) Drug and alcohol residential facilities that provide care exclusively to residents whose sole need is the treatment of drug and alcohol dependence and that are licensed under 28 Pa. Code Chapters 701, 704 and 709 (relating to general provisions; staffing requirements for drug and alcohol treatment activities; and standards for licensure of freestanding treatment facilities).

(12) Private homes of persons providing care to a relative, except homes in which youth live with their own children but no other relative.

§ 3910.4. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Admission - The term as defined in § 3900.5 (relating to definitions).

CPSL - The Child Protective Services Law – 23 Pa.C.S. Chapter 63 (relating to child protective services).

Child - The term as defined in § 3900.5 (relating to definitions).

Child residential facility - The term as defined in § 3900.5 (relating to definitions).

County agency - The term as defined in § 3900.5 (relating to definitions).

Delinquent child—As defined by 42 Pa.C.S. § 6302 (relating to definitions).

Department – The Department of Human Services of the Commonwealth.

Dependent child – As defined by 42 Pa.C.S. § 6302.

Disability – The term as defined in § 3900.5 (relating to definitions).

Early intervention services - The term as defined in § 3900.5 (relating to definitions).

Emergency shelter program - The term as defined in § 3900.5 (relating to definitions).

Facility - The term as defined in § 3900.5 (relating to definitions).

Facility staff - Individuals employed by the facility in positions described in this chapter and Chapter 3900 (relating to child and youth facility requirements) who provide supervision and services to children and youth placed at a child residential facility.

Facility management - The term as defined in § 3900.5 (relating to definitions).

Family members - The term as defined in § 3900.5 (relating to definitions).

ISP—Individual Service Plan - The term as defined in § 3900.5 (relating to definitions).

Juvenile Act – 42 Pa.C.S. Chapter 63 (relating to juvenile matters).

Outdoor program - The term as defined in § 3900.5 (relating to definitions).

Parent - The term as defined in § 3900.5 (relating to definitions).

Placement - The term as defined in § 3900.5 (relating to definitions).

Pregnant, expecting or parenting youth - The term as defined in § 3900.5 (relating to definitions).

Provide or arrange – The term as defined in § 3900.5 (relating to definitions).

RPPS - Reasonable and Prudent Parent Standard - Characterized by careful and sensible parental decisions that maintain the health, safety and best interests of a child or youth under the responsibility of a county agency while encouraging the emotional and developmental growth of the child or youth to participate in extracurricular, enrichment, cultural and social activities.

Relative - The term as defined in § 3900.5 (relating to definitions).

Seclusion - Placing a child or youth in a locked room which includes a room with any type of door-locking device, such as key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

Specialized settings for pregnant, expecting and parenting youth - The term as defined in § 3900.5 (relating to definitions).

Volunteer –. The term as defined in § 3900.5 (relating to definitions).

Youth – The term as defined in § 3900.5 (relating to definitions).

§ 3910.5. Licensure or approval.

The legal entity, as defined under Chapter 20 (relating to licensure or approval of facilities and agencies), shall ensure that the facility is organized, administered and operated in a manner that complies with the requirements of this chapter, Chapter 20 and Chapter 3900 (relating to child and youth facility requirements).

§ 3910.6. Waivers.

(a) Facility management may submit a written request for a waiver on a form prescribed by the Department, and the Department may grant a waiver of a specific section of this chapter if the following conditions exist:

- (1) There is no significant jeopardy to the children or youth within the facility.
- (2) There is an alternative for providing the children or youth with an equivalent level of protection of their health, safety and well-being.
- (3) The benefit of waiving the regulation outweighs any risk to the children's or youth's health, safety and well-being.

(b) The scope, definitions or applicability of this chapter, or any section of this chapter required by statute, may not be waived.

Subchapter B. CHILD RESIDENTIAL REQUIREMENTS

§ 3910.11. Specific rights.

In addition to the rights under Chapter 3900 Subchapter C (relating to rights), a child or youth has the right to participate in extracurricular, cultural, and personal enrichment activities that are reasonably available and consistent with the child's or youth's age and developmental level.

§ 3910.12. Residential program worker.

(a) Prior to having contact with children or youth in the facility, residential program workers, including part-time staff, shall complete orientation training and comply with all other training requirements and timelines as addressed in § 3900.57 (relating to staff training).

(b) A residential program worker shall shadow or work under the supervision of experienced facility staff when working with children or youth during their initial 120 days of employment and may not be counted in the child and youth to staff ratios until certification is acquired in the subject areas under § 3900.57 (c)(1) – (5).

(c) A minimum of two residential program workers shall be scheduled and on duty at all times when children or youth are present at the facility. In addition to the minimum staffing requirement, the following ratios apply:

(1) One residential program worker shall be present with the children for every four children under 6 years of age during awake hours.

(2) One residential program worker shall be present with the children for every eight children who are under 6 years of age during sleeping hours.

(3) One residential program worker shall be present with the children or youth for every six children or youth who are 6 years of age or older during awake hours.

(4) One residential program worker shall be present with the children and youth for every 12 children or youth who are 6 years of age or older during sleeping hours.

(5) If there are children who are under six years of age and children or youth 6 years of age and older in the same group, the ratios specified in subsections (d) and (e) apply.

(d) The residential program worker shall be responsible for implementing daily activities and for supervision of the children.

(e) The residential program worker shall have a high school diploma or general education development certificate.

(f) A residential program worker counted in the child and youth to worker ratio must be 21 years of age or older.

(g) The residential program worker qualification requirements under subsection (k) do not apply to facility staff hired or promoted to the specified position prior to the effective date of this chapter.

§ 3910.13. Additional staffing responsibilities.

In addition to the requirements under § 3900.55 (relating to additional staff responsibilities), facility management shall designate one or more facility staff as the primary contact responsible for decisions related to the RPPS implementation.

§ 3910.14. Supervision.

(a) While children or youth are at the facility, facility staff shall supervise a child or youth while awake by conducting sight and sound checks of each child or youth at least once every 30 minutes unless more frequent checks are required by a child's or youth's health and safety screen or ISP.

(b) While children or youth are at the facility, facility staff shall supervise a child or youth during sleeping hours by conducting Sight and sound checks of each child or youth at least once every 15 minutes unless more frequent observational checks are required by a child or youth's health and safety admission screen or ISP.

(c) Sight and sound checks under subsections (a) and (b) shall include actual viewing of each child and youth and documentation of observations.

(d) Facility staff may not sleep while being counted in the child or youth to staff ratios.

§ 3910.15. Unobstructed egress.

(a) Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed, unless the fire safety approval specified in § 3900.14 (relating to fire safety approval and notifications) permits locking of certain means of egress. If a window is designated as an egress route, it shall also be unlocked and unobstructed. If a fire safety approval is not required in accordance with § 3900.14, means of egress may not be locked.

(b) Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices or electronic card operated systems which prevent immediate egress of children and youth from the building.

(c) Doors used for egress routes from rooms and from the building may not be equipped with delayed locking mechanisms which prevent immediate egress of children and youth from the building unless the locking mechanism and facility configuration meet the criteria in the International Building Code regarding delayed egress locks and all of the following requirements are met:

(1) Doors equipped with a delayed mechanism unlock after no more than a 15 second delay.

- (2) The doors unlock upon loss of power controlling the lock or lock mechanism and the facility has a written emergency plan to be implemented during a power outage.
 - (3) The doors unlock upon activation of the required automatic sprinkler system or automatic fire detection system.
 - (4) The door locks have the capability of being unlocked by a signal from the fire command center if operational in the facility.
 - (5) A floor plan showing primary and secondary exit routes is posted at or near each doorway or means of egress, at entrances to stairs, and in elevator lobbies.
 - (6) Signs are posted along the exit access indicating the direction of travel to the nearest exit and exit discharge if that direction is not immediately apparent.
 - (7) A letter of support is obtained from Fire Inspector or local Code Enforcement Official and is submitted to the Department's regional office, and a copy maintained in the facility's administrative files.
- (d) Facility staff shall maintain documentation of building permits and the certificate of occupancy in the facility's files and submit this documentation to the Department's regional office.

§ 3910.16. Safe transportation.

The following requirements apply whenever the facility, facility staff or facility volunteers provide transportation for the children or youth. These requirements do not apply when transportation is provided by a source other than the facility.

- (1) The child or youth to residential program worker ratios specified in § 3910.12 (relating to residential program worker) apply.

(2) Children shall be in an individual, age and size appropriate safety restraint at all times while the vehicle is in motion.

(3) The restrictive procedures specified in §§ 3900.161—3900.170 and 3910.61—3910.63, pertaining to restrictive procedures, apply when transporting children or youth..

(4) The driver of a vehicle must be 21 years of age or older.

§ 3910.17. Seclusion.

Seclusion, defined as placing a child or youth in a locked room, is prohibited. A locked room includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

§ 3910.18. Mechanical restraints.

(a) A mechanical restraint is a device that restricts a child's or youth's movement or function. Mechanical restraints include handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets and similar devices.

(b) The use of a mechanical restraint is prohibited.

(c) Devices used to provide support for functional body position or proper balance and devices medically prescribed for treatment, including, but not limited to, sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support, or a helmet used to prevent injury during seizure activity, are not considered mechanical restraints.

§ 3910.19. Physical restraints.

A physical restraint, as provided under § 3900.168 (relating to physical restraints), does not include a therapeutic hold for a child who is 8 years of age or younger for less than 10 minutes during which the child does not physically resist.

§ 3910.20. Youth training.

Youth trainings shall be presented with peer educators or facility alumni participating in the training sessions, if available.

§ 3910.21. Placement process.

(a) Facility management shall develop and demonstrate implementation of policies and procedures that include an admissions and placement process that assesses and documents the following for each child or youth prior to or upon admission:

- (1) The child's or youth's service needs.
- (2) The child's or youth's legal status.
- (3) Circumstances that make the child's or youth's placement necessary.
- (4) Potential discharge plan options and resources.
- (5) All prescribed medications to be administered by a qualified individual as defined in § 3900.147(a)(1) – (5) (relating to administration), including the date prescribed, the prescriber, dosage, frequency, amount received and reason for prescription.
- (6) How the activities and services provided by the facility will meet the needs of the child or youth, including any special needs or accommodations.

(b) In the event of an unplanned or emergency placement, the facility staff shall compile and maintain documentation of the information listed in subsection (a)(1) – (6) within 48 hours following admission.

§ 3910.22. Contents of the ISP.

In addition to the requirements under § 3900.191 (relating to content of the ISP), a child's or youth's ISP shall include RPPS considerations that facility staff shall employ when determining

whether to allow the child or youth to participate in extracurricular, enrichment, cultural and social activities.

**Subchapter C. SPECIALIZED SETTING PROGRAMMING FOR PREGNANT,
EXPECTING AND PARENTING YOUTH**

§ 3910.31. Applicability.

This subchapter applies to a residential facility licensed as a specialized setting for pregnant, expecting and parenting youth. These requirements are in addition to those under Subchapter A (relating to general requirements).

§ 3910.32. Specialized setting service description.

In addition to the program description requirements addressed in § 3900.185 (relating to description of services), facility management shall address additional components in the facility's program description including the following:

- (1) Training provided to facility staff and youth on child development including safety considerations for the care, feeding, bathing, sleeping arrangements and transportation of infants and toddlers.
- (2) Availability of skill development parenting training opportunities and child development education including community-based parenting education options.
- (3) Options for child care for infants and toddlers external to the facility required during hours the parenting youth is employed or attending school.
- (4) Guidelines for facility staff to model positive interaction with infants and toddlers.
- (5) Supports and options available for pregnant, expecting and parenting youth to access physical health care services for themselves and their infant or toddler.

(6) Age and developmentally appropriate activities for infants and toddlers available at the facility and through community-based opportunities.

(7) Any enhanced facility site safeguards in place to support the safety of infants and toddlers.

(8) Program components and admission procedures addressing the legal status of the infant or toddler, if not adjudicated dependent.

(9) How facility staff engage the pregnant, expecting or parenting youth in discussions regarding establishing paternity and the non-custodial parent's legal and visitation rights with the infant or toddler.

(10) Accommodations available to support family visitation and non-custodial parental involvement.

(11) Development of a discharge plan for each infant or toddler as a separate document from the parenting youth's discharge plan.

(12) The process to monitor, and address safety-recall notices for child care furniture, play equipment and products used at the facility.

§ 3910.33. Physical accommodations and equipment.

In addition to the physical site requirements under Subchapter F (relating to physical site) of Chapter 3900 (relating to child and youth facility requirements) and this chapter, facility management shall provide or arrange for physical site safety accommodations for infants and toddlers and the equipment necessary to support the health, safety and developmental stimulation needs, to include all of the following:

(1) Play equipment and materials appropriate to the developmental needs, individual interests and ages of the infants and toddlers, provided in a quantity and variety to avoid long waits for use.

(2) Play equipment designed to support the infants' and toddlers' emotional, cognitive, communicative, perceptual-motor, physical and social development, including items from the following categories:

(i) Toys and materials for cognitive development.

(ii) Toys and materials for visual development.

(iii) Toys and materials for auditory development.

(iv) Toys to handle and manipulate.

(v) Art materials for tactile development.

(vi) Toys and equipment for large muscle development.

(3) Anchors installed on top-heavy and unsteady furniture to prevent tipping over.

(4) Permanent or non-permanent safety barriers, such as gates, to prevent infants or toddlers from falling if a facility has stairs, ramps, balconies, porches or elevated play areas. These safety barriers may not prevent egress from the facility in cases of emergency.

(5) A process utilized to monitor for, and address safety-recall notices for child care furniture, play equipment and products used by facility staff.

§ 3910.34. Designated play space.

(a) Facility management shall provide outdoor and indoor play space that is free from hazards and safe for large muscle activity, which includes running, jumping, climbing and riding.

(b) Outdoor and indoor play space may not be used simultaneously for a business, commercial, social or other purpose unrelated to the residential care provided.

(c) Outdoor areas shall be maintained in a safe manner with permanent or non-permanent safety barriers as addressed under § 3270.63 (relating to unsafe areas in outdoor space). This may include use of safety gates installed to block steps accessible to infants or toddlers. If unsafe areas or conditions are in or near an outdoor play space, fencing or natural barriers are required to restrict access to those unsafe areas or conditions.

§ 3910.35. Small toys and objects.

Toys and objects with a diameter of less than 1 inch, objects with removable parts that have a diameter of less than 1-inch, plastic bags and Styrofoam objects may not be accessible to infants and toddlers.

§ 3910.36. Protective electrical covers.

Protective receptacle covers shall be placed in electrical outlets accessible to children 5 years of age or younger.

§ 3910.37. Infant and toddler sleep equipment.

(a) Facility staff shall provide individual, clean, age-appropriate sleep equipment for infants and toddlers. Cribs and toddler beds shall meet current industry safety standards.

(b) Sleep equipment shall be labeled for the use by a specific infant or toddler and used only by the specified infant or toddler.

(c) Stacked cribs are prohibited.

(d) Crib mattresses shall fit snugly.

(e) Toys, bumper pads, blankets or pillows may not be used or placed in a crib while an infant is sleeping in the crib.

- (f) Seasonally appropriate coverings, such as sheets or blankets, shall be provided for toddlers.
- (g) Soiled bedding shall be cleaned before it is reused.
- (h) Infants and toddlers may not sleep in the same bed as the parenting youth or any adult.

§ 3910.38. Infant sleep position.

- (a) An infant shall be placed in a supine sleeping position as recommended by the American Academy of Pediatrics until the infant reaches 1 year of age, unless there is a medical reason the infant should not sleep in this position.
- (b) If an infant should not sleep in the sleeping position required in subsection (a), the medical reason shall be documented in a statement signed by a physician, physician's assistant, or certified registered nurse practitioner, and placed in the infant's record at the facility.

§ 3910.39. Infant and toddler stimulation.

- (a) Facility management shall develop and demonstrate implementation of policies and procedures addressing how staff will offer the parenting youth guidance and role modeling to support the parenting youth to develop appropriate parenting skills with their infant or toddler.

This includes the following:

- (1) Proper infant and toddler feeding and positioning practices.
- (2) Opportunities to engage infants and toddlers in group activities and expose them to sensory stimulation.
- (3) Acceptable child care and supervision alternatives.
- (4) Monitoring parental engagement with the infant or toddler in daily activities that provide sensory stimulation including age-appropriate art and music, language development, fine motor skill development and large muscle development.

(b) Facility staff shall maintain documentation of activities, interactions, goals and progress noted in both the parenting youth's and infant's or toddler's ISPs.

§ 3910.40. Infant and toddler supervision.

(a) The parenting youth shall be responsible for the daily care and supervision of their infant or toddler while at the facility.

(b) Acceptable long-term child care options for infants and toddlers during the hours the parenting youth is attending school, working, or other similar activities, include either of the following:

(1) A child care facility licensed by the Department identified by the parenting youth with facility staff support.

(2) A relative or friend identified by the parenting youth. If the infant or toddler is in the custody of the county agency, the county agency shall approve the child care arrangements.

(c) For occasional short-term situations, the infant or toddler may be supervised by facility staff only if the parenting youth is away from the facility and their child remains at the facility. Youth in the facility may not provide care for another parenting youth's infant or toddler.

§ 3910.41. Evacuation procedures.

Facility management shall develop written emergency evacuation procedures that include all of the following:

(1) Staff and parenting youth responsibilities to safely evacuate infants and toddlers from the facility.

(2) The means of transportation to be used if relocation is necessary.

(3) The emergency location to be used.

- (4) Specific plans for evacuating infants and toddlers who are under direct care of staff if parents are off site.

§ 3910.42. Meals for infants.

Meals for infants shall be provided in accordance with the following requirements:

- (1) A written formula or breast milk feeding schedule shall be developed based on medical guidance offered by the infant's pediatrician and with input from the parenting youth.
- (2) Solid foods shall be introduced as the infant's pediatrician advises. New foods may be introduced only after consultation with the parenting youth.
- (3) An infant 6 months of age or younger shall be held while being bottle fed and their bottle may not be propped.
- (4) An infant or toddler may not sleep with a bottle in their mouth.
- (5) Infant bottles shall be sanitized after each use.
- (6) Infant bottles shall be labeled with the infant's name.
- (7) Refrigerated breast milk shall be used within 24 hours.
- (8) Formula or breast milk that is served but not completely consumed or refrigerated shall be discarded after 2 hours.
- (9) Milk, formula, or breast milk may not be warmed in a microwave oven.
- (10) An infant or toddler 6 months of age or older who no longer needs to be held for feedings because of age or developmental readiness, shall be provided with an infant seat, high chair with safety strap, or other age-appropriate seating apparatus, which meets the standards of a recognized safety organization.

§ 3910.43. Safety restraints.

- (a) A child under 8 years of age shall be transported in accordance with the requirements for motor vehicle operators as set forth in 75 Pa.C.S. § 4581 (relating to restraint systems). These requirements apply to facility and personal vehicles used to transport an infant or toddler.
- (b) Appropriately sized car seats shall be securely installed and correctly used according to manufacturers' instruction whenever transporting an infant or toddler.
- (c) Manufacturers' instructions for use of safety restraints shall be kept in the vehicle at all times.
- (d) Safety restraint equipment may be removed or reinstalled in a vehicle only by facility staff, law enforcement, medical or fire department personnel who have been trained in this process.

§ 3910.44. Comprehensive health planning for pregnant and post-partum youth.

Facility management shall develop and demonstrate implementation of general policies and individualized planning addressing the special pregnancy and delivery related health care considerations for each youth in addition to the health and safety requirements in Subchapter H (relating to child and youth health) of Chapter 3900. These additional requirements include all of the following:

- (1) How facility staff will provide information and support youth access to all legally available options and support services related to pregnancy, without bias or pressure.
- (2) How the facility staff will provide or arrange for comprehensive prenatal and post-partum care.
- (3) How facility staff will identify and address special dietary considerations.
- (4) How facility staff will monitor and document all medical appointments.

(5) How facility staff will identify and confirm birthing arrangements by the end of the first trimester.

(6) How facility staff will support youth connections to individual and group community-based resources and services.

§ 3910.45. Consent to treatment.

Facility staff may not interfere with the parenting youth's right to consent to all medical, dental or mental health treatment for their infant or toddler as reflected in section 2 of the act of February 14, 1970 (P.L. 19, No. 10) (35 P.S. § 10102), unless otherwise restricted by court order.

§ 3910.46. Health and safety plans for infants and toddlers.

(a) Facility management shall develop and demonstrate implementation of policies, procedures and program descriptions that address the development of a personal safety plan for each infant and toddler, including all of the following health and safety considerations:

(1) How facility staff will develop familiarity with and understand criteria in each infant's and toddler's personal safety plan.

(2) How facility staff will have immediate access to each infant's and toddler's safety plan, including updates and how receipt of updated information will be documented.

(3) How safety issues will be addressed in teaming efforts and communicated to external community supports, if applicable.

(4) The process to update each infant's and toddler's safety plans monthly in conjunction with updates made to the ISP, with the infant's or toddler's team, and the parenting youth.

(b) The health care needs of an infant or toddler who is not adjudicated dependent and is not under the care and responsibility of the county agency remain the parenting youth's

responsibility with facility staff maintaining responsibility to monitor, document and support the parenting youth in meeting their infant or toddler's health care needs.

(c) Facility management shall develop and demonstrate implementation of policies addressing health and safety planning for infants and toddlers, which include all of the following:

- (1) Documentation of infant and toddler health assessments including developmental assessments.
- (2) Development of an ISP, as required in § 3900.190 (relating to development and implementation of the ISP), which focuses on the infant's or toddler's individual needs.
- (3) The process to develop an agreement with the parenting youth to share information regarding the infant's or toddler's health with the facility staff, especially if the infant or toddler is not under the county agency's care and responsibility.
- (4) The process to complete assessments and initiate referrals for early intervention services.
- (5) The process to ensure that an immunization and well-child medical appointment schedule is developed and implemented.
- (6) Documentation of referral to supplemental nutrition program for women, infants and children (WIC).
- (7) Assessment of interest in the infant or toddler by the non-custodial parent.
- (8) Assessment of the youth's parenting capabilities and staff use of a parenting checklist to regularly review the infant's or toddler's health, safety and development with the parent.
- (9) How the facility staff will monitor that each parenting youth follows the written plan developed with the infant's or toddler's health care provider.

(10) How the facility staff will provide each parenting youth with information related to safe sleeping practices and safe baby bathing techniques.

(11) How facility staff will work with the parenting youth to determine if an infant or toddler needs medical care when ill or inconsolable.

(12) How medication for the infant or toddler will be administered, monitored and safely stored.

§ 3910.47. Discharge planning for infants and toddlers.

(a) Facility management shall develop and demonstrate implementation of policies, procedures and program descriptions that address the development of a discharge plan for each infant and toddler that is separate from the parenting youth's discharge plan.

(b) Discharge plans for an infant or toddler shall include the following:

(1) Any scheduled follow-up medical care and identification of doctors and any necessary equipment needed.

(2) Transportation arrangements available to support an easy and safe transition.

(3) Transfer of early intervention services and child care funding arrangements to the receiving county, if applicable.

(4) Pending applications for public assistance benefits for which the infant or toddler may be eligible.

(5) Notification of the discharge plan dates shared with community supports and others involved with the parenting youth and their child.

(6) Any continued level of team member involvement available to the parenting youth and infant or toddler.

(d) Facility staff shall maintain documentation of the discharge plan as part of the infant's or toddler's ISP in the infant's or toddler's record.

§ 3910.48. Parental and family visitation with infants and toddlers.

(a) Facility management shall develop and demonstrate implementation of policies addressing non-custodial parent and extended family member visitation and family time with infants and toddlers.

(b) Facility staff shall develop an individual visitation and family time plan for each infant and toddler with input from the parenting youth which includes consideration of court orders and any documented safety concerns.

§ 3910.49. Non-custodial parental involvement.

(a) Facility management shall develop and demonstrate implementation of a component in the program description addressing how the parenting youth will be informed of their parental obligations, including both parents' legal rights to information and contact with the infant or toddler.

(b) Facility management shall develop and demonstrate implementation of a component in the program description addressing guidelines to engage the parenting youth in discussions regarding establishing paternity and the non-custodial parent's legal and visitation rights with the infant or toddler, including all of the following:

(1) Information and available resources regarding establishing paternity and the benefits of establishing paternity for the child.

(2) Managing visitation arrangements with the infant or toddler's non-custodial parent and custody and visitation court orders and agreements.

- (3) How facility staff communication with the non-custodial parent will occur to support involvement in services provided and planning related to the infant or toddler, subject to the parenting youth's and county agency's agreement.
- (c) Facility staff shall maintain documentation of the plan developed for the infant or toddler and the non-custodial parent in both the parenting youth's record and the infant or toddler's record.

§ 3910.50. Infant and toddler visitation.

- (a) Facility management shall develop and demonstrate implementation of a component in the program description addressing policies and procedures for family member visitation and contact with the infant or toddler including all of the following:
 - (1) Options for facility staff supervision if needed, scheduling, hours, and locations and the process to arrange and confirm plans.
 - (2) How the infant's or toddler's needs for consistency and safety remains a priority in making a visitation plan.
 - (3) How family relationships and potential infant or toddler contacts will be identified.
 - (4) How appropriate caregivers for visits or infant care away from the facility will be identified and documented in the visitation plan as part of the infant's or toddler's ISP, including addresses and telephone numbers.
- (b) Facility staff shall provide a copy of the visitation policies to the parenting youth at admission and review the policies with the parenting youth again when visitation with the infant or toddler is initiated.

(c) Facility staff shall maintain documentation of the plan developed to support infant and toddler visitation with extended family members in both the parenting youth's and the infant's or toddler's ISP and case records.

§ 3910.51. Adoption planning.

(a) Facility management shall establish an agreement with at least two licensed adoption agencies to provide a choice of supportive services for a youth considering adoption.

(b) Facility staff shall provide options for parenting youth to access information about the legal and emotional implications of the adoption process when a parenting youth in care expresses interest in exploring adoption as an option for their infant.

(c) Facility staff shall also provide parenting youth with information about obtaining legal counsel and offer support and transportation to access legal services.

(d) Copies of the agreements under this section are to be maintained in the facility's administrative files.

§ 3910.52. Parenting and life skills education for youth.

(a) Facility management shall develop and demonstrate implementation of a component in the program description addressing skill development parenting technique training opportunities and child development education for youth.

(b) Parenting education may be presented in a group or individual basis and shall utilize a youth-friendly curriculum which addresses the following topics:

(1) Physical and hormonal changes throughout pregnancy including postpartum physical and emotional changes.

(2) Infant health and nutritional care, including breastfeeding information and supports.

- (3) Changes in the parenting youth's relationships with family members and infant's or toddler's non-custodial parent.
- (4) Age-appropriate discipline, stimulation and games, and other recreational activities for the infant or toddler.
- (5) Child care options, subsidies and back-up plans and selection of appropriate caregivers for the infant or toddler.
- (6) Appropriate car seat installation and use to comply with 75 Pa.C.S. § 4581 (relating to restraint systems).
- (7) Information about their infant's or toddler's educational needs.
- (8) How to initiate and maintain connections to community-based resources and programs.
- (9) Career planning and job training.
- (10) Education on the CPSL, and other child abuse and neglect laws.
- (11) Financial training and money management skills.
- (12) Life skills.

(c) Facility staff shall maintain documentation of the curriculum or guidelines used to provide parenting education, the facility defined qualifications of trainers, the date and length of time and specific topics addressed in trainings attended by a youth in the youth's case records.

§ 3910.53. Additional staff training requirements for specialized settings serving pregnant, expecting and parenting youth.

(a) In addition to the annual and ongoing training requirements for facility staff under § 3900.57 (relating to staff training)), the following topics are also required trainings for facility staff under this subchapter:

- (1) How to support a youth through their pregnancy with awareness of physical and hormonal changes, including postpartum depression and the treatment referral process.
 - (2) Infant and toddler growth and development.
 - (3) Infant feeding and nutrition, including breast-feeding techniques and proper storage of breast milk and formula.
 - (4) Emergency evacuation practices, including special considerations in moving infants.
 - (5) Infant care and stimulation, including effective discipline and redirection techniques with toddlers.
 - (6) Human sexuality and sexually transmitted infections, HIV and AIDS prevention.
 - (7) Depression and suicide prevention.
 - (8) Overview of paternity, custody, and visitation and adoption laws.
 - (9) Review of legal rights as a parent.
 - (10) Supporting the parenting youth in administering medication to their child and safe storage of medications.
 - (11) Pediatric cardiopulmonary resuscitation (CPR) training.
 - (12) Car seat installation and appropriate use.
 - (13) Safe baby sleep positioning and bathing techniques.
 - (14) Public benefits and supportive services, such as Child Care Works, Early Intervention services, WIC, and prevention services.
- (b) Training topics specific to working with pregnant, expecting and parenting youth shall be incorporated into the facility staff training calendar to support completion of trainings addressing the required topics.

(c) These additional training topics specific to working with pregnant, expecting and parenting youth may also be presented in sessions that include both facility staff and youth at the facility as appropriate based on content and delivery style.

(d) Facility management shall maintain documentation in the facility's file of the facility staff trained, date, source, facility defined qualifications of the trainer, content, length of each course, and copies of any certificates received.

Subchapter D. OUTDOOR PROGRAMS

§ 3910.61. Applicability.

This subchapter applies to a residential setting licensed as an outdoor program for youth.

§ 3910.62. Exceptions for outdoor programs.

The following requirements do not apply for outdoor programs that operate from stationary settings, such as tepees or cabins:

- (1) The number of sinks and toilets under § 3900.13(a) (relating to maximum capacity).
- (2) Section 3910.23 (relating to supervision).
- (3) Sections 3900.66 and 3900.67 (relating to ventilation; and lighting).
- (4) Sections 3900.69 and 3900.70 (relating to water; and temperature).
- (5) Sections 3900.73 and 3900.74 (relating to handrails and railings; and landings and stairs).
- (6) Sections 3900.77 – 3900.80.
- (7) Sections 3900.82 – 3900.86, except for § 3900.84(g) - (h) (relating to bathrooms).

§ 3910.63. Additional requirements.

The following requirements for outdoor programs are in addition to those under Subchapter A (relating to general requirements).

- (1) The maximum capacity specified on the certificate of compliance shall be based on 30 square feet per child or youth, including measurement of all floor space.
- (2) A supply of food and water for cleaning and bathing shall be made readily available for child or youth and staff use.
- (3) Potable drinking water shall be made available to children and youth at all times.
- (4) Children and youth shall have the opportunity to bathe or shower at least every other day, brush their teeth at least twice a day and wash their hands before each meal.
- (5) Facility staff shall supervise children and youth during awake hours by conducting hourly sight and sound checks of each child or youth.
- (6) Facility staff shall be permitted to sleep when the children and youth are asleep and still be counted as meeting the required child and youth to staff ratios.
- (7) Facility management shall provide or arrange for each child or youth to have footwear and clean clothing that is well-constructed, in good condition and appropriate for the activity being conducted.
- (8) Facility management shall provide each child or youth with personal hygiene supplies as addressed in § 3900.84 (relating to bathrooms), shelter, such as a fire-retardant tent or tarpaulin, a fire-retardant sleeping bag or other sleeping equipment, and bedding appropriate to the temperature.
- (9) Facility management shall provide each child or youth with access to safe and well-maintained equipment for activities.
- (10) Facility management shall develop and demonstrate implementation of policies and procedures that include all of the following:

- (i) Facility staff access to a communication system such as cell phones or a CB radio to communicate with public emergency sources and facility management in the event of a medical, police, fire or other emergency.
 - (ii) Facility staff access to a source for routine weather information for advance warning of severe or dangerous weather conditions.
 - (iii) A written emergency transportation and staffing plan and equipment, such as a litter, to transport a child or youth in a medical emergency.
 - (iv) A written plan for conducting a search for a child or youth whose whereabouts are unknown to staff, including requesting assistance from local authorities.
- (11) Facility staff responsible for teaching children and youth high-risk activities, such as boating, biking, horseback riding, swimming and climbing, shall complete training in safe practices regarding these activities.
- (12) Facility management shall maintain documentation in the facility's records of the facility staff trained, date, source, facility defined qualifications of the trainer, content, length of each course, and copies of any certificates received.

**CHAPTER 3920. SECURE RESIDENTIAL AND SECURE DETENTION FACILITIES
FOR YOUTH**

Subchapter A. GENERAL PROVISIONS

§ 3920.1. Purpose.

The purpose of this chapter is to protect the health, safety and well-being of children or youth receiving care in a secure residential or secure detention facility for children or youth through formulation, application and enforcement of minimum licensing requirements.

§ 3920.2. Applicability.

(a) This chapter applies to:

(1) Secure residential facilities for children or youth that are operated by a private entity or a county.

(2) Secure detention facilities for children or youth operated by a private entity or a county.

(b) Secure residential and secure detention facilities are permitted only for children or youth who are alleged delinquent, or adjudicated delinquent and court ordered to a secure facility.

(c) This chapter applies equally to profit, nonprofit, publicly funded, privately funded, religious and non-religious operated facilities.

(d) This chapter contains the minimum requirements that shall be met to obtain a certificate of compliance to provide secure residential or secure detention services for children or youth in this Commonwealth.

§ 3920.3. Exemptions.

This chapter does not apply to the following:

(1) Non-secure campus and community-based children and youth residential facilities licensed under Chapter 3910 (relating to child residential facilities).

(2) Secure child or youth residential and child or youth day treatment facilities operated directly by the Department.

(3) Transitional living residences located in freestanding private residences.

(4) Transitional living facilities with more than one transitional living residence in the same building.

(5) Residential camps for children or youth who are enrolled in a grade or educational level higher than kindergarten which operate for fewer than 90 days per year.

- (6) Residential schools for children or youth licensed and operated solely as private academic schools or registered and operated solely as nonpublic nonlicensed schools by the Department of Education.
- (7) Foster care homes licensed under Chapter 3700 (relating to foster family care agency).
- (8) Family living homes for children or youth with an intellectual disability licensed under Chapter 6500 (relating to family living homes).
- (9) Community homes for individuals with an intellectual disability or autism licensed under Chapter 6400 (relating to community homes for individuals with an intellectual disability or autism,) that provide care to both children and adults in the same facility.
- (10) Community residences for individuals with mental illness that provide care to both children and adults in the same facility or community residential host homes for individuals with mental illness that are certified under Chapter 5310 (relating to community residential rehabilitation services for the mentally ill).
- (11) Drug and alcohol residential facilities that provide care exclusively to residents whose sole need is the treatment of drug and alcohol dependence and that are licensed under 28 Pa. Code Chapters 701, 704 and 709 (relating to general provisions; staffing requirements for drug and alcohol treatment activities; and standards for licensure of freestanding treatment facilities).
- (12) Private homes of persons providing care to a relative, except homes in which a youth lives with their own child but no other relative.

§ 3920.4. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Admission - The date of placement in a child residential facility and the initiation of services.

Child - The term as defined in § 3900.5 (relating to definitions).

Delinquent child – As defined in 42 Pa.C.S. § 6302 (relating to definitions).

Department – The Department of Human Services of the Commonwealth.

Facility –A child residential facility which includes a secure residential facility or a secure detention facility as applied under § 3920.2. (relating to applicability).

Facility staff - Individuals employed by the facility in positions described in this chapter and Chapter 3900 (relating to child and youth facility requirements) who provide supervision and services to children and youth placed at a child residential facility.

Facility management - Includes all executive and administrative staff employed by a legal entity who are instrumental in keeping a child residential program operational and in compliance with applicable laws and regulations.

Family engagement - A family-centered and strengths-based approach to partnering with families in making decisions, setting goals and achieving desired outcomes.

Juvenile Act – 42 Pa.C.S. Chapter 63 (relating to juvenile matters).

Legal guardian - A person who has been given legal care and control of a child or youth by a court.

Parent - A biological parent including mother, father, non-custodial or incarcerated, adoptive parent, legal guardian or custodian.

Placement - 24-hour substitute care and supervision of a child or youth.

Relative - An individual related within the fifth degree by blood, marriage or adoption to the child or youth's parent or stepparent.

Seclusion - Placing a child or youth in a locked room which includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

Secure detention - A type of secure residential care and supervision provided in a temporary 24-hour living setting, in which one or more delinquent or alleged delinquent children or youth are detained, generally in a pre-adjudication status.

Secure residential –The care and supervision provided in a 24-hour living setting to one or more children or youth who are delinquent or alleged delinquent, from which voluntary egress is prohibited through one of the following mechanisms:

(i) Egress from the building, or a portion of the building, is prohibited through internal locks within the building or exterior locks.

(ii) Egress from the premises is prohibited through secure fencing around the perimeter of the building.

Sight and sound checks - Facility staff providing supervision of the children or youth through “sight” and “sound” as follows:

(9) “Sight” means the child or youth is being actively observed by facility staff.

(ii) “Sound” means the child or youth can be heard from where the facility staff is positioned.

Sight and sound separation - Complete lack of visual and auditory contact, observation or interaction between facility staff and the children or youth.

Youth – A child who is 14 years of age or older.

§ 3920.5. Licensure or approval.

The legal entity, as defined under Chapter 20 (relating to licensure or approval of facilities and agencies) shall guarantee the facility is organized, administered, and operated in a manner that complies with the requirements of this chapter and Chapter 3900 (relating to child and youth facility requirements).

§ 3920.6. Reportable incidents.

In addition to a reportable incident under § 3900.16 (relating to reportable incidents), a reportable incident includes the following situations occurring at the facility or while the child or youth is under the supervision of the facility staff in the community:

- (1) A child or youth assault on a facility staff that requires medical treatment for the facility staff.
- (2) The use of handcuffs or leg restraints for longer than 2 hours.
- (3) The use of seclusion for longer than 4 hours.
- (4) Use of a restrictive procedure with a child or youth meeting the criteria listed in 42 Pa.C.S. Chapter 63, Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting).

§ 3920.7. Waivers.

(a) Facility management may submit a written request for a waiver on a form prescribed by the Department, and the Department may grant a waiver of a specific section of this chapter if the following conditions exist:

- (1) There is no significant jeopardy to the children or youth within the facility.
- (2) There is an alternative for providing the children or youth an equivalent level of protection of their health, safety and well-being.

- (3) The benefit of waiving the regulation outweighs any risk to the children's or youths' health, safety and well-being.
- (b) The scope, definitions or applicability of this chapter, or any section of this chapter required by statute, may not be waived.

**Subchapter B. SECURE RESIDENTIAL AND SECURE DETENTION FACILITY
REQUIREMENTS**

§ 3920.11. Residential program worker.

- (a) Prior to having contact with children or youth in the facility, residential program workers, including part-time staff, shall complete an orientation training and comply with all other training requirements on the timelines as addressed in § 3900.57 (relating to staff training).
- (b) A residential program worker shall shadow or work under the supervision of experienced facility staff when working with children and youth during their initial 120 days of employment and may not be counted in the child and youth to staff ratios until certification is acquired in the subject areas under § 3900.57(c)(1) – (5) (relating to staff training).
- (c) A minimum of two residential program workers shall be scheduled and on duty when children or youth are present at the facility.
- (d) One residential program worker shall be present with the children or youth for every six children or youth during awake hours.
- (e) One residential program worker shall be present with the children or youth for every 12 children or youth during sleeping hours.
- (f) The residential program worker shall be responsible for implementing daily activities and for supervision of the children or youth.

(g) A residential program worker counted in the child or youth to worker ratio must be 21 years of age or older.

(h) The residential program worker shall have one of the following:

(1) A high school diploma or general education development certificate and at least 1 year of work experience with youth in a group activity or setting. This documented experience may be paid or volunteer.

(2) Sixty credit hours from an accredited college or university or military service training in one or a combination of areas of study that include social work, sociology, psychology, family ecology, family or child development, counseling and guidance, criminal justice, community services, family studies, counseling psychology, education, early childhood education, secondary education, special education, or other human services related field.

(i) The staff qualification requirements under subsection (h) do not apply to facility staff hired or promoted to the specified position prior to the effective date of this section.

§ 3920.12. Supervision.

(a) Facility staff shall be able to see and hear children and youth at all times.

(b) While children or youth are at the facility, facility staff shall supervise children and youth while awake by documenting sight and sound checks of each child or youth at least once every 30 minutes unless more frequent sight and sound checks are required by the child's or youth's health and safety screen or ISP.

(c) While children or youth are at the facility, facility staff shall supervise children or youth during sleeping hours by conducting sight and sound observational checks of each child or youth at least once every 15 minutes unless more frequent sight and sound checks are required by a child's or youth's health and safety screen or ISP.

(d) Observational checks of children or youth specified in subsection (b) and (c) shall include actual viewing of each child or youth and documentation of observations.

(e) Facility staff may not sleep while being counted in the child or youth to staff ratios.

§ 3920.13. Glass windows.

Glass windows and windows in doors shall be protected with a secure, non-breakable covering or composed of shatterproof glass.

§ 3920.14. Lighting.

Light fixtures shall be protected with a secure, non-breakable covering or composed of shatterproof glass.

§ 3920.15. Surfaces.

Glass surfaces shall be protected with a secure, non-breakable covering or composed of shatterproof glass.

§ 3920.16. Furniture and equipment.

(a) Furnishings or other items that may create a risk for self-injury or suicide, such as drapery cords, electrical outlets, shower curtains, shoe strings, razors and noncollapsing clothing hooks, may not be accessible to a child or youth whose health and safety screening specified in § 3900.111 (relating to health and safety admission screening) or ISP as addressed in § 3900.192 (relating to content of the ISP) indicates known or suspected suicide, self-harming attempts or gestures, or an emotional history which may indicate a predisposition to self-harm or attempted suicide, except during specific activities while these items are in use and the child or youth is under direct facility staff supervision.

(b) Items that may create an opportunity for use as a weapon or other tool in an assault or other violent behavior, such as knives, razors, matches and tools, may not be accessible to a child or

youth whose health and safety admission screening specified in § 3900.111 or ISP addressed in § 3900.192 indicates known incidents of aggressive or violent behavior, except during specific activities while these items are in use and the child or youth is under direct facility staff supervision.

§ 3920.17. Mirrors.

Glass mirrors are not permitted.

§ 3920.18. Unobstructed egress.

- (a) Facility management shall secure fire safety approval specified in § 3900.14 (relating to fire safety approval and notifications) which addresses and permits the identified means of locked egress.
- (b) Doors used for egress routes from rooms and from the building, equipped with key-locking devices, electronic card operated systems, or a centralized control panel which prevent immediate egress from the building, must meet the criteria in § 1008.1.9.7 of the International Building Code relating to delayed egress locks.
- (c) Doors used for egress routes from rooms and from the building must unlock upon required automatic sprinkler system or automatic fire detection system activation or by a signal from the fire command center.
- (d) The facility management shall develop and demonstrate implementation of a written emergency plan that includes procedures to follow during a power outage to ensure building security and child, youth and community safety.
- (e) A floor plan showing primary and secondary exit routes shall be posted at or near each doorway or means of egress, at entrances to stairs and in elevator lobbies.

(f) Facility staff shall maintain documentation of building permits and the certificate of occupancy in the facility's files and submit this documentation to the Department's regional office.

§ 3920.19. Health and safety admission screening.

(a) A child or youth placed in a secure residential facility shall have a written health and safety admission screening completed within 24 hours of admission by an individual listed in § 3900.111(b) (relating to health and safety admission screening).

(b) A child or youth placed in a secure detention facility shall have a written health and safety admission screening completed within 1 hour of admission by an individual listed in § 3900.111(b).

§ 3920.20. Health examination.

In addition to the requirements under § 3900.113 (relating to health examination), a child or youth placed in a secure detention facility shall have a health examination as soon as possible after intake, but no longer than 96 hours after admission.

§ 3920.21. Safe transportation.

The following requirements apply whenever the facility arranges or provides transportation for children or youth, except when transportation is provided by law enforcement officials:

(1) The driver and at least one additional facility staff shall be present in the vehicle at all times when one or more children or youth are being transported.

(2) One residential program worker shall be present with the children or youth for every three children or youth during transportation of children or youth either by the facility or another transportation source.

(3) The driver of the vehicle may not be counted in the staffing ratio.

(4) Each child or youth shall be in an individual, age and size appropriate safety restraint at all times while the vehicle is in motion.

(5) The restrictive procedures specified in this chapter and Chapter 3900 (relating to child and youth facility requirements) apply.

(6) The driver of a vehicle must be 21 years of age or older.

§ 3920.22. Seclusion.

The following requirements apply to the use of seclusion:

(1) Oral or written authorization by supervisory facility staff is required prior to each use of seclusion.

(2) The use of seclusion may not exceed 4 hours unless a licensed physician, a licensed physician's assistant or a CRNP examines the child or youth and gives written orders to continue the use of seclusion. A registered nurse may also examine the child or youth and provide written approval to continue the use of seclusion. Reexamination and new written orders are required for each 4-hour period the seclusion is continued. If seclusion is interrupted for any purpose and reinstated within 24 hours after the initial use of seclusion, it is considered a continuation of the initial seclusion period.

(3) A facility staff shall observe a child or youth in seclusion at least every 5 minutes.

(4) The child's or youth's physical needs shall be met promptly.

(5) A child or youth in seclusion shall be checked and observed by a supervisory facility staff who is not continually observing the child or youth as required in subparagraph (3), at least every 2 hours the seclusion is being used.

(6) The use of seclusion for any child or youth may not exceed 8 hours in any 24-hour period without a written court order from the committing judge or, if unavailable, a

master from the referring county or if court personnel are not available, written approval from the assigned chief probation officer.

(7) The use of seclusion for any child or youth may not exceed 12 continuous hours without an additional written court order from the committing judge or, if unavailable, a master from the referring county or if court personnel are not available, written approval from the assigned chief probation officer.

(8) The use of seclusion for a continuous period of more than 24 hours is prohibited.

(9) A room used for seclusion shall meet the conditions as specified in § 3900.170(a) (relating to exclusion).

(10) Mechanical restraints and seclusion may not be used simultaneously for any child or youth.

(11) The use of any combination of mechanical restraints and seclusion for any child or youth may not exceed 6 hours in any 48-hour period without a written court order from the committing judge, or if unavailable, a master from the referring county or if court personnel are not available, written approval from the assigned chief probation officer.

(12) The use of seclusion is prohibited with a pregnant or postpartum child or youth as addressed in Pa.C.S. Chapter 63 Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting).

§ 3920.23 Mechanical restraints.

(a) A mechanical restraint is a device that restricts a child's or youth's movement or function. Mechanical restraints include handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets and similar devices.

(b) Devices used to provide support for functional body position or proper balance and devices medically prescribed for treatment, including sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support, or a helmet used for preventing injury during seizure activity, are not considered mechanical restraints.

(c) Handcuffs behind the back, leg restraints and locking transportation waist belts with handcuffs in front of the child or youth used during transportation, are the only types of mechanical restraints that are permitted, as follows:

(1) A child or youth may not be handcuffed to an object or another person.

(2) Oral or written authorization by supervisory staff is required prior to each use of a mechanical restraint, except for those restraints used during transportation.

(3) The use of handcuffs or leg restraints, except for those used during transportation, may not exceed 2 hours, unless a licensed physician, a licensed physician's assistant or CRNP examines the child or youth and gives written orders to continue the restraint's use. A registered nurse may also examine the child or youth and provide written approval to continue the use of handcuffs or leg restraints. Reexamination and new written orders are required for each 2-hour period the restraint is continued. If a restraint is removed for any purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.

(4) The restraint shall be checked for proper fit by a facility staff at least every 15 minutes, except for those used during transportation.

(5) The child's or youth's physical needs shall be met promptly.

(6) Handcuffs and leg restraints, except for those used during transportation, shall be removed completely for at least 10 minutes during every 2 hours the restraint is used.

(7) Handcuffs and leg restraints, except those used during transportation, shall be checked and observed by a supervisory facility staff who is not administering the restraint, at least every 1 hour the restraint is used.

(8) Handcuff and leg restraint use for a child or youth, except those used during transportation, may not exceed 4 hours in any 48-hour period without a written court order from the committing judge or if unavailable, a master from the referring county or if court personnel are not available, written approval from the assigned chief probation officer.

(d) If use of mechanical restraints with a pregnant or postpartum child or youth, facility staff and management shall comply with 42 Pa.C.S. Chapter 63, Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting).

3920.24. Placement process.

(a) Only children or youth who are alleged delinquent, or adjudicated delinquent and ordered to a secure residential facility, shall be placed in a secure residential facility.

(b) Only children or youth who are alleged delinquent or are adjudicated delinquent and have further court activity pending shall be placed in a secure detention facility, as follows:

(1) Secure detention facilities may be used to house a child or youth charged as adult who is awaiting an interest of justice hearing or have had a judicial ruling that it is not in the interest of justice for the child or youth to be held in an adult jail pending trial.

(2) Children and youth may not be detained in a facility that allows for shared space or visual or physical contact with adult offenders.

(c) Prior to accepting or receiving a child or youth, facility staff shall request the following information from the committing judge, if applicable:

- (1) The probation officer's name.
 - (2) The date the petition was filed and the child's or youth's legal status.
 - (3) A description of the offenses and circumstances that make placement necessary.
 - (4) The court order committing the child or youth to the facility.
- (d) Facility management shall develop and demonstrate implementation of admission and placement policies and procedures that assess and document the following for each child or youth, prior to or upon admission:
- (1) The child's or youth's needs to be addressed during placement.
 - (2) Potential discharge plan options and resources needed and available.
 - (3) Documentation of all medications prescribed to be administered by the facility staff including the date prescribed, the prescriber, dosage, frequency, amount received and reason for prescription.
 - (4) How the facility-provided activities and services will meet the child's or youth's needs, including any special needs or accommodations.
- (e) Facility staff shall compile and maintain documentation of the information listed in subsections (c) and (d) within 48 hours following admission.

Subchapter C. CO-LOCATED DETENTION FACILITIES

§ 3920.31. Facility configuration.

The following requirements apply when secure detention facilities are located in buildings that also confine adult offenders ("co-located"):

- (a) Co-located secure detention facilities shall be configured to ensure sight and sound separation of children or youth from adult offenders.

(b) Co-located facilities shall have entrances and exits separate from the adult units including sally ports and holding cells.

(c) Outdoor recreational areas for children or youth shall be configured so as not to be viewed by adult offenders.

(d) On-site medical and emergency services shall be provided in an area separate and distinct from the service area for adult offenders.

§ 3920.32. Staffing.

Facility staff who work with both children or youth and adults in co-located facilities shall be trained as a residential program worker with children and youth prior to working in the detention unit as required under § 3900.57 (relating to staff training).

§ 3920.33. Consultation.

A co-located secure detention facility developed under this chapter shall seek consultation and technical assistance from the Pennsylvania Commission on Crime and Delinquency (PCCD) regarding program and facility development and submit evidence of that consultation and technical assistance as part of the application for licensure.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

April 9, 2026

Mr. David Sumner, Executive Director
Independent Regulatory Review Commission
Forum Place
555 Walnut Street, Suite 804
Harrisburg, Pennsylvania 17101

Dear Executive Director Sumner:

Enclosed is a proposed regulation that will update the licensure requirements for child residential, secure residential and secure detention facilities for youth to incorporate the practice, policy and statutory changes that have occurred over the past 26 years since the existing Chapter 3800 regulations were first promulgated.

This proposed regulation, which amends the **Pennsylvania Code**, Title 55, amends Chapter 3800 (relating to child residential and day treatment facilities) and adds Chapter 3900 (relating to child and youth facility requirements), Chapter 3910 (relating to child residential facilities) and Chapter 3920 (relating to secure residential and secure detention facilities for youth), and is submitted for review by your commission pursuant to the Regulatory Review Act.

The Department of Human Services will provide any assistance required to facilitate a thorough review of this proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read 'V. Arkoosh'.

Valerie A. Arkoosh, MD, MPH
Secretary of Human Services

Enclosure

OFFICE OF THE SECRETARY

RECEIVED

From: [Burnett, David](#)
To: [Curley, Maeve](#)
Subject: RE: Proposed regulation 14-559 - Residential Services for Children and Youth
Date: Thursday, April 9, 2026 1:18:26 PM
Attachments: [image001.jpg](#)

Independent Regulatory
Review Commission
April 9, 2026

Good afternoon,

This email is to confirm receipt of the regulation.

Regards,
-David

David Burnett

*Counsel and Executive Director
Senate Health & Human Services Committee
Harrisburg, PA 17120*

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, April 9, 2026 1:13 PM
To: Burnett, David <dburnett@pasen.gov>
Subject: Proposed regulation 14-559 - Residential Services for Children and Youth
Importance: High

ⓘ CAUTION : External Email ⓘ

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This message came from outside your organization.

Good afternoon,

DHS is submitting Reg. No. 14-559, Residential Services for Children and Youth (Proposed Rulemaking) to the Senate Health and Human Services Committee and the House Children and Youth Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve



Maeve Curley

Pronouns: She/Her
Regulatory Coordinator
PA Department of Human Services | Office of Policy Development
macurley@pa.gov
<https://www.dhs.pa.gov>

RECEIVED

Independent Regulatory
Review Commission

April 9, 2026

From: [Freeman, Clarissa](#)
To: [Curley, Maeve](#)
Subject: RE: Proposed regulation 14-559 - Residential Services for Children and Youth
Date: Thursday, April 9, 2026 1:33:12 PM
Attachments: [image001.jpg](#)

Good afternoon, [@Curley, Maeve](#),

Received.

Thank you,

Clarissa L. Freeman
Deputy Chief Counsel | Senate Democratic Caucus
Executive Director-Health and Human Services Committee
717-783-1220

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, April 9, 2026 1:14 PM
To: Freeman, Clarissa <clarissa.freeman@pasenate.com>
Subject: Proposed regulation 14-559 - Residential Services for Children and Youth
Importance: High

EXTERNAL EMAIL

Good afternoon,

DHS is submitting Reg. No. 14-559, Residential Services for Children and Youth (Proposed Rulemaking) to the Senate Health and Human Services Committee and the House Children and Youth Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve



Maeve Curley
Pronouns: She/Her
Regulatory Coordinator
PA Department of Human Services | Office of Policy Development
macurley@pa.gov
<https://www.dhs.pa.gov>

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From: [Susan Good](#)
To: [Curley, Maeve](#)
Subject: RE: [EXTERNAL]: Proposed regulation 14-559 - Residential Services for Children and Youth
Date: Thursday, April 9, 2026 1:16:35 PM

This email is confirmation that this rulemaking was received by Chair Klunk's office.

Thank you,

Susan

Executive Director/Legal Counsel
Children and Youth Committee (R)

RECEIVED

Independent Regulatory
Review Commission

April 9, 2026

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, April 9, 2026 1:14 PM
To: Susan Good <Sgood@pahousegop.com>
Subject: [EXTERNAL]: Proposed regulation 14-559 - Residential Services for Children and Youth
Importance: High

Good afternoon,

DHS is submitting Reg. No. 14-559, Residential Services for Children and Youth (Proposed Rulemaking) to the Senate Health and Human Services Committee and the House Children and Youth Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve



Maeve Curley

Pronouns: She/Her

Regulatory Coordinator

PA Department of Human Services | Office of Policy Development

macurley@pa.gov

<https://www.dhs.pa.gov>

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From: [Bulletin](#)
To: [Curley, Maeve](#)
Subject: [External] Re: Proposed regulation 14-559 - Residential Services for Children and Youth
Date: Thursday, April 9, 2026 2:27:59 PM
Attachments: [image001.jpg](#)

Independent Regulatory
Review Commission

April 9, 2026

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the [Report Phishing button in Outlook](#).*

Hello Maeve!

Thank you for sending Proposed Rulemaking 14-559. A member of our staff will contact you shortly to schedule the publication of this Proposed Rulemaking.

Have a great day!

Leah

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, April 9, 2026 1:15 PM
To: Bulletin <bulletin@palrb.us>
Subject: Proposed regulation 14-559 - Residential Services for Children and Youth

Good afternoon,

DHS is submitting Reg. No. 14-559, Residential Services for Children and Youth (Proposed Rulemaking) to the Senate Health and Human Services Committee, the House Children and Youth Committee, and LRB.

Please provide written (email) confirmation that this rulemaking was received.

Best,
Maeve



Maeve Curley

Pronouns: She/Her

Regulatory Coordinator

PA Department of Human Services | Office of Policy Development

macurley@pa.gov

<https://www.dhs.pa.gov>

From: [Bowers, Danielle](#)
To: [Curley, Maeve](#)
Subject: Re: Proposed regulation 14-559 - Residential Services for Children and Youth 04.09.26
Date: Thursday, April 9, 2026 2:41:30 PM
Attachments: [image001.jpg](#)

April 9, 2026

Good Afternoon Maeve,

Received, thank you.

Sincerely,

Danielle L. Bowers, MPA
Executive Director
Children & Youth Committee
Rep. Jeanne McNeill, Majority Chair
38 East Wing
Telephone: (717) 772-9901
Fax: (717) 772-9853
E-mail: dbowers@pahouse.net

From: Curley, Maeve <macurley@pa.gov>
Sent: Thursday, April 9, 2026 1:14 PM
To: Bowers, Danielle <DBowers@pahouse.net>
Subject: Proposed regulation 14-559 - Residential Services for Children and Youth

Good afternoon,

DHS is submitting Reg. No. 14-559, Residential Services for Children and Youth (Proposed Rulemaking) to the Senate Health and Human Services Committee and the House Children and Youth Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve



Maeve Curley

Pronouns: She/Her

Regulatory Coordinator

PA Department of Human Services | Office of Policy Development

macurley@pa.gov

<https://www.dhs.pa.gov>