

POLICY / PROCEDURE CHECKLIST – RESIDENTIAL CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form by residential care centers for children and youth will help ensure that all written policies and procedures required under HFS 52 have been developed for the following categories. Policies and procedures must be submitted to the department as part of a complete application.

Instructions: Whenever policies are created or updated, a dated copy should be sent to your licensing specialist along with a completed policy checklist. Use the checklist to identify the page number on which you address each point for ease in reference and review. Policies should be dated and the pages numbered.

Name - Facility	Telephone Number – Facility
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Page No. **STAFF TRAINING – Orientation** 52.12(5)(b)

_____ Overall center philosophy and program goals [52.12(5)(b)1.]

_____ Organization and management of the center, including administrative procedures [52.12(5)(b)2.]

_____ The nature of residents' emotional and physical needs [52.12(5)(b)3.]

_____ Expected staff conduct toward residents, expected resident conduct, the center's house rules for residents required under s. HFS 52.42(3)(f) and center behavior management techniques [52.12(5)(b)4.]

_____ Observing and reporting resident behavior [52.12(5)(b)5.]

_____ Resident rights and grievance procedures [52.12(5)(b)6.]

_____ Identification and reporting of child abuse and neglect [52.12(5)(b)7.]

_____ Laws on confidentiality of personally identifiable information [52.12(5)(b)8.]

_____ Center procedures for reporting missing persons [52.12(5)(b)9.]

_____ Fire safety and evacuation procedures [52.12(5)(b)10.]

_____ Emergency medical procedures and center emergency security measures and procedures [52.12(5)(b)11.]

_____ Sanitation and hygiene practices including the nature, causes, transmission and prevention of hepatitis B, HIV and (AIDS) and the legal, social and psychological aspects of those conditions [52.12(5)(b)12.]

_____ The center's educational program required under s. HFS 52.41(1)(b) to center staff responsible for resident educational services [52.12(5)(e)]

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Page No. **STAFF TRAINING – Initial training** 52.12(5)(c)

_____ Developmental care [52.12(5)(c)1.]

_____ Creating a therapeutic milieu [52.12(5)(c)2.]

_____ Human sexuality [52.12(5)(c)3.]

_____ Teamwork [52.12(5)(c)4.]

_____ Working with groups [52.12(5)(c)5.]

_____ Crisis intervention [52.12(5)(c)6.]

_____ Family relationships and the impact of separation from the family [52.12(5)(c)7.]

_____ Suicide prevention, including identification of signs and center response measures [52.12(5)(c)8.]

_____ Fire safety and evacuation, with training provided by a Wisconsin vocational, technical and adult education college [52.12(5)(c)9.]

_____ Sensitivity to racial and cultural differences among residents [52.12(5)(c)10.]

Short-term treatment programs

_____ Wrap around principles and philosophy [52.58(7)(a)]

_____ Arranging for transitional care [52.58(7)(a)]

_____ Transitional placement planning principles and methods [52.58(7)(a)]

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Page No. **STAFF TRAINING – Continued training** 52.12(5)(f)

_____ Determine continuing training needs through staff performance reviews and assessments [52.12(5)(f)1.]

_____ Provide or arrange for at least 24 hours of continuing training annually for every staff member working with residents [52.12(5)(f)1.]

_____ A center shall provide all center food service personnel in-service training annually. Training topics shall relate to proper food handling procedures, maintenance of sanitary conditions and food service arrangements. Training shall be documented and the documentation kept on file at the center [52.44(4)(d)]

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Page No. **ABUSE OR NEGLECT** 52.12(9)(c)

_____ Notifying child's placing person or agency and the department licensing representative of possible abuse or neglect and the basis for that suspicion [52.12(9)(c)1.]

_____ Meeting reporting requirements in s.48.981(2) and (3), Stats. [52.12(9)(c)2.]

_____ Prohibiting imposition of a sanction or any reprisal against a person for reporting suspicion of child abuse or neglect [52.12(9)(c)3.]

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Page No. **ADMISSION** 52.21(1)(a)

_____ Description of the primary presenting problems and range of behaviors of residents which the center will treat [52.21(1)(a)]

_____ Description of the center procedures for admitting a resident [52.21(1)(a)]

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Page No. **DISCHARGE AND AFTERCARE** 52.23(1)

_____ Explain the process for discharge of a resident [52.23(1)]

Center professional staff attempt to involve the resident, if able to understand, the resident's parents or guardian and legal custodian, if any, and placing person or agency, if different, in developing the plan for aftercare [52.23(1)(a)]

Identification of persons and agencies participating in development [52.23(1)(b)1.]

Recommendations for continuing or additional services and identification of service providers [52.23(1)(b)2.]

Name, address and telephone number of the person or agency to receive the former resident upon discharge and the relationship, if any, of the former resident to that person or the head of that agency [52.23(1)(b)3.]

Center professional staff provide copies of the aftercare plan to the resident, if able to understand, and the resident's parents, guardian and legal custodian and placing person or agency if not the same [52.23(1)(c)]

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Page No. **PROGRAM STATEMENT** 52.41(1)

Center treatment purpose [52.41(1)]

Philosophy [52.41(1)]

Approach and methods used [52.41(1)]

Services available [52.41(1)]

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Page No. **OPERATING PLAN – Treatment program** 52.41(1)(a)

Treatment purpose, philosophy and services [52.41(1)(a)1.]

Qualifications of staff responsible for planning and carrying out treatment procedures [52.41(1)(a)2.]

The population served by age and sex and by type, such as developmentally disabled, emotionally disturbed, alcohol or drug abusing, juvenile delinquent or correctional aftercare, and the range or types of behaviors or conditions for which the center's treatment procedures and techniques are appropriate [52.41(1)(a)3.]

Pre-screening procedures used for determining appropriateness of admission [52.41(1)(a)4.]

Procedures used to involve the resident and the resident's parents or guardian and legal custodian, if any, in resident assessment and treatment planning including identification of the means used to foster positive relationships between the resident and the resident's family or guardian that are supportive of the resident in reaching treatment plan and permanency plan goals [52.41(1)(a)5.]

How the center will implement and review specific provisions of the resident's treatment plan, court order and permanency plan developed under s.48.38, Stats., including how the center will coordinate efforts with the placing person or agency and other involved persons or agencies [52.41(1)(a)6.]

Methods used by the center for determining when treatment goals are achieved, or that treatment is ineffective or detrimental for a particular resident [52.41(1)(a)7.]

Resident conduct as governed by center behavior management and center procedures including house rules, policies on overnight visits outside the center, off-grounds privileges and any resident rights limitations prohibiting such things as gang-related clothing or therapeutically contraindicated items [52.41(1)(a)8.]

A list of daily activities available to residents including educational and recreational activities [52.41(1)(a)9.]

Procedures to ensure clear communication between resident care workers on one shift and the resident care workers on the next shift regarding any significant incident involving a resident they supervise in common such as running away, an incident of abuse or neglect pursuant to s.48.981, Stats., behavior that injures the resident or others, an accident requiring medical attention, intentional property damage, any crisis intervention physical hold restraint or physically enforced separation as defined under s. HFS 52.42(1) or any other incident of a serious nature. The procedures shall include documenting any incident involving a resident and the date and time it occurred in the resident's case record and, if pertinent to resident treatment, in the resident's treatment record progress notes [52.41(1)(a)10.]

Methods used by the center to evaluate its treatment program [52.41(1)(a)11.]

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Page No. **OPERATING PLAN – Educational program** 52.41(1)

Educational program services that coordinate a resident's educational programming with the school from which the resident came upon admission [52.41(1)(b)]

Procedures for referring residents to public schools when not part of an on-grounds program [52.41(1)(b)1.]

Procedures for relating each resident's treatment plan goals under s. HFS 52.22(2)(b) to educational goals and services based on the resident's needs [52.41(1)(b)2.]

Identification of all center staff, schools and agencies responsible for resident education [52.41(1)(b)3.]

Provision for either the center case work supervisor or a resident's services case manager to coordinate efforts with persons responsible for the resident's education. This shall include arranging, where possible, for educational personnel to participate in assessment of a new resident's needs and development of the resident's treatment plan under s. HFS 52.22 (2) and treatment plan implementation and review conferences under s. HFS 52.22(3)(b). Center staff identified under subd. 3., shall ensure that a report of the resident's educational assessment and progress is given to the school or persons responsible for the individual's education following discharge from the center [52.41(1)(b)4.]

Procedures and timelines for assessing the educational progress of each resident. The procedures shall identify center staff involved in educational assessment, and how assessment information will be used in the review, implementation and revision of a particular resident's treatment plan and educational services [52.41(1)(b)5.]

Arrangements for provision of vocational training opportunities under s.118.15(1)(b), Stats. [52.41(1)(b)6.]

Compliance with applicable parts of ss.115.77, 115.81 and 118.165, Stats., and cooperation with the Wisconsin department of public instruction in providing regular or exceptional educational services to residents [52.41(1)(b)7.]

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Page No. **OPERATING PLAN – Health care services** 52.41(1)(c)

Assessment on a regular basis of the general health and dental needs of each resident [52.41(1)(c)1.]

Education of residents by someone medically knowledgeable about the hazards of tobacco use, drugs and alcohol abuse and, where appropriate, about human sexuality, family planning materials and services, sexually transmitted diseases and how the human immunodeficiency virus (HIV) is transmitted [52.41(1)(c)2.]

Immunization of residents, unless otherwise directed in writing by a physician, according to ch. HFS 144 [52.41(1)(c)3.]

_____ Arrangement with a physician or a clinic employing a physician to serve as consultant for health care arranged by the center for residents [52.41(1)(c)4.]

_____ Provision for at least 2 dental examinations and cleanings for each resident each year and for other dental examinations and services for residents, as needed, from a dentist licensed under ch. 447, Stats., or a clinic employing dentists licensed under ch. 447, Stats. [52.41(1)(c)6.]

_____ Availability of emergency medical services 24 hours a day, 7 days a week [52.41(1)(c)7.]

_____ Explanation given to a resident in language suitable to the resident's age and understanding about any medical treatment he or she will receive [52.41(1)(c)8.]

_____ Policies and procedures for hospitalizing a resident, for providing first aid to a resident [52.41(1)(c)9.]

_____ Identification of the circumstances that constitute a medical emergency, and instructions to staff on action to take when suspecting the existence of a medical emergency [52.41(1)(c)10.]

_____ Compliance with ch. HFS 145 for the control and reporting of communicable diseases [52.41(1)(c)11.]

_____ Arrangements for the center's health care consultant under subd. 4. to annually document and date a review of the adequacy of center health care service delivery including center procedures for administration, storage and disposal of medications as provided under s. HFS 52.46(3) [52.41(1)(c)12.]

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Page No. RESIDENT RIGHTS 52.31

_____ Residents receiving services for a mental illness, alcohol or drug abuse or a developmental disability have the patient rights under s.51.61, Stats., and ch. HFS 94 and shall have access to grievance resolution procedures that meet standards set out in subch. III of ch. HFS 94. Other residents receiving treatment services under this chapter who are not specifically identified as coming under s.51.61, Stats., and ch. HFS 94 shall have rights that are comparable and access to grievance resolution procedures that are comparable [52.31(1)(a)]

_____ A resident's rights under this section are subject to the rights, duties and responsibilities of the resident's parent or guardian and legal custodian, if any. A resident's rights are also subject to the terms and conditions of any court order or other lawful authority governing the conduct of the resident and subject to any limitations or denial of a right allowed under s.51.61, Stats., ch. HFS 94 and this section [52.31(1)(b)]

_____ Center staff at the time of a resident's admission or within 48 hours after admission shall give the resident, if able to understand, and the resident's parents or guardian and legal custodian, if any, an explanation, both orally and in writing, of resident rights under s.51.61, Stats., ch. HFS 94 and this section [52.31(1)(c)]

_____ COMPLIANCE ASSURANCE. The center director shall ensure that all staff who work with residents are aware of the requirements of this section. The director shall also ensure that staff are aware of the requirements of s.48.78 or 938.78, Stats., s.51.30, Stats., and ch. HFS 92 on confidentiality and s.51.61, Stats., and ch. HFS 94 on patient rights and the rights otherwise accorded under this section and the criminal and civil penalties for violating those statutes and rules. The rights and grievance procedures shall be posted in a conspicuous location in each living unit in the center [52.31(2)]

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MEDICATIONS ADMINISTRATION 52.41(1)(c)9. and 52.46(2)

All medication 52.46(2)(a)

_____ Having written informed consent on file as required under s. HFS 52.21(5) [52.46(2)(a)1.]

_____ Having information in each resident's health record about any health allergies or health-related restrictions [52.46(2)(a)2.]

_____ Having on file written authorization from a physician or registered nurse for each staff person permitted to administer medications or to monitor self-administration of medications [52.46(2)(a)3.]

_____ Instructions for center staff concerning administration of medications [52.46(2)(a)4.]

_____ Instructions for center staff concerning monitoring of resident self-administration of medications [52.46(2)(a)4.]

_____ Instructions for center staff concerning secure storage of medications [52.46(2)(a)4.]

_____ Instructions for center staff concerning recording medication administration information as required under sub. (4)(a) in the resident's health record [52.46(2)(a)4.]

_____ Immediate notification of the resident's attending physician in the event of a medication error or adverse drug reaction [52.46(2)(a)5.]

_____ Medications may only be made available when an individual authorized by the center is present [52.46(2)(a)6.]

Prescription Medications 52.46(2)(b)

_____ Medication be administered by center staff to a resident only when the resident's attending physician or center medical consultant provides center staff with clear written instructions for administering the medication and authorizes specific center staff to administer the medication [52.46(2)(b)1.a.]

_____ Medication be administered by center staff to a resident only when the administration takes place under the general supervision of a physician or registered nurse [52.46(2)(b)1.b.]

_____ Medication be administered by center staff to a resident only when the label on the medication container gives clear instruction for administration of the medication and, if not clear, center staff contact the physician or pharmacy for clarification before administration of the medication [52.46(2)(b)1.c.]

_____ Allowing a medication, including a self-injectable medication, to be self-administered by a resident only while the resident is under direct supervision of center staff and if self-administration is authorized in writing from the prescribing physician or center medical consultant under s. HFS 52.41(1)(c)4., and that authorization is confirmed by review of the authorization for self-administration by center staff before allowing self-administration by a resident [52.46(2)(b)2.]

_____ Providing information to resident and resident's resident care workers and resident services case manager about any medication prescribed for the resident and when physician orders or changes resident's medication. Information provided shall include expected benefits and potential adverse side effects which may affect resident's overall treatment and, for staff, what to do if the resident refuses medication [52.46(2)(b)3.]

_____ Instructions for center staff on what to look for in monitoring physical or mental changes to a resident that may occur from medication, what to do if physical or mental changes are observed and recording them in resident's health record [52.46(2)(b)4.]

_____ Arranging a second medical consultation when a resident or the resident's parent or guardian or legal custodian, if any, has concerns about any medication received by the resident or the resident's medication plan [52.46(2)(b)5.]

_____ Having the resident's physician or center medical consultant review a resident's prescription medications when there are noted adverse effects from the medication. Documentation showing the date of review and reviewer's name shall appear in the resident's health record [52.46(2)(b)6.]

Ensuring that any use-as-needed medication is based on an assessment by a physician or registered nurse and is approved by either a physician or registered nurse [52.46(2)(b)7.]

Arranging for administration of prescribed medications to a resident when the resident is away from the center, for example, at school or on a home visit. A resident may not be given access to medications if there is a possibility that the resident may harm self through abuse or overdose [52.46(2)(b)8.]

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Page No. **EMERGENCIES** 52.41(3)(b)4.

Procedures for calling in extra staff [52.41(3)(b)4.]

Procedures for securing the assistance of law enforcement authorities or emergency medical personnel [52.41(3)(b)4.]

Procedures for alerting center staff and assigning them roles in response to the emergency [52.41(3)(b)4.]

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Page No. **RELIGIOUS PRACTICES** 52.41(5)(a)

Policies regarding religious training [52.41(5)(a)]

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Page No. **RESIDENT ACCOUNTS AND RESTITUTION PLAN** 52.41(8)

The center shall have procedures for maintaining and managing a separate account for each resident's money and as applicable, shall comply with the provisions under s.51.61(1)(v), Stats. [52.41(8)(a)]

The center shall, as applicable, have in place a restitution plan for a resident and as applicable, that is coordinated with any other restitution ordered by a court or as part of an agreement under ch. 938, Stats., that describes procedures for deducting sums from a resident's account or earnings as restitution for damages done by the resident [52.41(8)(b)]

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Page No. **CONDUCT OF RESIDENTS** 52.42(3)

Promote the growth, development and independence of residents [52.42(3)(a)]

Address the extent to which a resident's choice will be accommodated in daily decision making. There shall be an emphasis on self-determination and self-management [52.42(3)(b)]

Specify center behavior management techniques and approaches available to change, eliminate or modify the behaviors or conditions identified in the center's program statement and operating plan required under s. HFS 52.41(1). [52.42(3)(c)]

Specify criteria for levels of supervision of activities, including off-grounds activities. These criteria shall be directed at protecting the safety and security of residents, center staff, visitors and the community [52.42(3)(d)]

Provide for making a record of a resident's off-grounds activities. The record shall include where the resident will be, duration of the visit, the name, address and phone number of the person responsible for the resident and expected time of the resident's return [52.42(3)(e)]

House rules including a general description of acceptable and unacceptable conduct, curfew requirements, individual freedoms when away from the center, and consequences for violation [52.42(3)(f)1.]

Provision for distribution of the house rules to all staff and to all residents and their parents or guardians [52.42(3)(g)]

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Page No. **ABSENCE OF RESIDENTS WITHOUT PERMISSION** 52.42(9)

How the determination is made that a resident is missing [52.42(9)(a)]

The name of the local law enforcement agency and the name of the agency, if different, that is to be notified in order for it to file a missing person report with the crime information bureau of the Wisconsin department of justice [52.42(9)(b)]

The name of the staff member who will promptly notify the law enforcement agency identified under par. (b) of the resident's absence, as well as the resident's parent or guardian and legal custodian, if any, and the placing person or agency, if not the same [52.42(9)(c)]

Notification of the department's interstate compact office at least within 48 hours of an out-of-state resident's absence [52.42(9)(d)]

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Page No. **RESIDENTS WITH SPECIAL DIETARY NEEDS** 52.44(2)

Have procedures for recording diet orders and changes and for sending diet orders and changes to kitchen personnel [52.44(2)(b)]

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Page No. **FIRE SAFETY EVACUATION PLAN** 52.55(1)

Be able to provide through plan procedures for safe conveyance of all residents promptly from the center by staff in one trip [52.55(1)(b)1.]

Be able to provide through plan procedures designated places away from the center to which all residents are evacuated or at which all are to meet so that it can be determined if all residents are out of danger [52.55(1)(b)2.]

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Page No. **TOBACCO PRODUCTS** 52.56(21)

Smoking by center staff may only take place outside of licensed center buildings [52.56(21)(a)]

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Page No. **TORNADO PREPAREDNESS** 52.56(23)

Written plan for response to the threat of tornadoes

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Page No. **RESPITE CARE – Admissions** 52.59(5)

_____ The type of respite care children or youth who can be served, such as those who are emotionally disturbed, physically handicapped, medically needy or developmentally disabled, including the specific types of developmental disabilities served [52.59(5)(a)]

_____ Procedures for screening children and youth referred for respite care to ensure that they are appropriate for the center's respite care program [52.59(5)(b)]

_____ Procedures for obtaining parent or guardian written consents for emergency medical care and authorization for administration of medications [52.59(5)(c)]

_____ Procedures for obtaining from the parent or other regular caregiver necessary and essential information for the temporary care of the child or youth which may include medical, behavioral, dietary or emotional concerns and appropriate responses or instructions. Assessment shall cover at minimum the following areas: eating, toileting, mobility, communication, health problems, behavioral issues, socialization, supervision needs and personal self help [52.59(5)(d)1.]

_____ Procedures for obtaining identifying information at the time of admission on the child or youth and family and information about current special needs of the child or youth, including usual day activities; transportation arrangements; any appointments; current health problems; special equipment used; communication issues; behavioral issues; eating habits, schedule and preferences; sleeping habits and any usual bedtime routine; toileting concerns; safety concerns; discipline or behavioral management recommendations; preferred leisure time activities; and any other comments from the parent or regular caregiver [52.59(5)(d)2.]

_____ Procedures as described under s. HFS 52.21 (7) for orienting a child or youth to the center's respite care program, available care staff and room arrangements and assisting the child or youth in any adjustment issues to the child's or youth's temporary stay [52.59(5)(e)]

_____ Procedures for assigning specific care staff to a respite care child or youth [52.59(5)(f)]

_____ Procedures for contacting the parent or other regular caregiver regarding care questions or in emergency situations [52.59(5)(g)]

_____ A policy on who may pick up the child or youth at the end of respite care and policies and procedures for establishing the date and time at which the child or youth is to be picked up [52.59(5)(h)]

_____ Procedures for making a record of all of the child's or youth's personal belongings and medications upon arrival at the center [52.59(5)(i)]

_____ Procedures for maintaining a log with dates of all respite care episodes for each child [52.59(5)(j)]

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Page No. **RESPITE CARE - Discharge** 52.59(8)

_____ Provides for documenting in the respite care resident's care record the dates of respite care stay, a summary of the child's or youth's stay with any significant incidents noted and the name of the person to whom the child or youth was discharged [52.59(8)(a)]

_____ Giving a complete accounting in the respite care resident's care record of all personal belongings, medications and medical equipment that went with the child or youth upon discharge [52.59(8)(b)]

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