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|  | **APPLICATION FOR INITIAL LICENSE TO OPERATE A CHILDREN’S GROUP HOME (GH), CHILD CARING INSTITUTION (CCI)** **OR PRIVATE SECURE FACILITY (PSF)** State Form 57640 (1-25)DEPARTMENT OF CHILD SERVICES |

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| **SECTION I** |
| Applicants for a Child Caring Institution license must initial / date each license required. (*1a and/or 1b*)Applicants for a Group Home license must initial / date each license required. (*2a and/or 2b*)Applicants for a Private Secure license must initial / date box 3a. |
| 1a. Child Caring Institution  Long Term Care(465 IAC 2-9) | Initial      |  | 2a. Group Home [*Ten (10) or less*] Long Term Care (465 IAC 2-12) | Initial      |
| Date *(month, day, year)*      | Date *(month, day, year)*      |
| 1b. Child Caring Institution  Emergency Shelter Care (465 IAC 2-10) | Initial      | 2b. Group Home [*Ten (10) or less*] Emergency Shelter Care (465 IAC 2-13) | Initial      |
| Date *(month, day, year)*      | Date *(month, day, year)*      |
| 3a. Private Secure Facility (465 IAC 2-11) | Initial      |  | AN INSTITUTION SHALL MEET THE FOLLOWING CONDITION PRIOR TO BEING LICENSED AS A PRIVATE SECURE FACILITY: (1) THE INSTITUTION SHALL HAVE BEEN LICENSED FOR FIVE (5) CONSECUTIVE YEARS AS AN INSTITUTION AND SHALL HAVE PROVIDED A CONTINUUM OF CARE OR A FULL PROGRAM OF LONG TERM RESIDENTIAL TREATMENT DURING THIS SAME FIVE (5) YEAR PERIOD. [465 IAC 2-11-33(b)(1)] |
| Date *(month, day, year)*      |

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| **SECTION II** |
| *Complete the following information.* |
| 4a. Name of Residential Facility      | 4b. Facility telephone number(     )      |
| 4c. Location address of this facility *(number and street, city, state, ZIP code)*      |
| 5a. Residential Facility website address      | 5b. Administrator e-mail address      |
| 6a. Legal name of organization *(if different from box 4a)*      |
| 6b. Address of legal organization *(if different from box 4c) (number and street, city, state, ZIP code)*      |
| 7a. Name of parent company, if applicable      | 7b. Parent company telephone number(     )      |
| 7c. Location address of parent company *(number and street, city, state, ZIP code)*       |
| 8b. [ ]  Not-for-Profit or [ ]  Profit Agency | Department of Child Services (DCS) Assigned License Number      |

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| **SECTION III** |
| *Complete the following information regarding the planned maximum capacity for children placed at the facility.* |
| 9a. Number of children in Long Term Care (LTC)      | 9c. Age range of children in LTC       | 9e. Gender (*sex*) of children in LTC      |
| 9b. Number of children in Emergency Shelter Care (ESC) *(Applicable to CCI or GH only)*      | 9d. Age range of children in ESC *(Applicable to CCI or GH only)*      | 9f. Gender (*sex*) of children in ESC *(Applicable to child caring institution [CCI] or group home [GH] only)*      |
| 9g. If applicable, number of children living in a CCI or GH with parents who are resident staff members *(not applicable to private secure facilities [PSF])*      |
| 9h. Total license capacity (this includes children of resident staff members, if applicable)      |

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| **SECTION IV** |
| The applicant hereby certifies that all documents, as required by the DCS, have been provided for review. [ ]  Yes [ ]  NoPlease reference pages 3-24 for all required documents. |

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| **SECTION V** |
| *Complete the following information regarding the administrator for the facility for which this application is being completed. Administrators who do not* *meet code requirements will result in the application being returned. (465 IAC 2-9-48, 2-10-48, 2-11-48, 2-12-48, 2-13-48)*  |
| 11a. Name of administrator       | 11b. Official title      | 11c. Date *(month, day year)*      |

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| **SECTION VI - STATEMENT OF CERTIFICATION** |
| I certify that all statements made in this application and any attachments thereto are correct to the best of my knowledge. I further certify that no person, on the grounds of race, religion, color or national origin, shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which this institution receives public financial assistance directly or indirectly, including assistance administered by the Department of Child Services through the payment of per diem.In accordance to IC 31-27-3-3 and IC 31-27-5-4, the undersign hereby attests whether they have been convicted of:1. a felony: [ ]  Yes [ ]  No
2. a misdemeanor relating to the health and safety of children: [ ]  Yes [ ]  No

In accordance to IC 31-27-3-3 and IC 31-27-5-4 the undersign hereby attests whether they have been charged with:1. a felony: [ ]  Yes [ ]  No
2. a misdemeanor relating to the health and safety of children: [ ]  Yes [ ]  No
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| **SECTION VII** |
| *Application must be signed by the administrator of this license.* |
| Signature of administrator in full (*signature must be by hand*) | Date (*month, day, year*)      |
| Typed name of administrator      | Official title      |

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| **SECTION VIII-*FOR DCS USE ONLY*** |
| Incomplete applications--The department may not act on an incomplete application. The department shall return an incomplete application with a notation concerning omissions. The return of an incomplete application is without prejudice. (IC 31-27-3-6) |
| Date application received (*month, day, year*)      | Date application reviewed (*month, day, year*)      | Name of reviewer      |
| Initial review determination[ ]  Complete [ ]  Incomplete | If incomplete, reason[ ]  Administrator does not meet code requirements [ ]  Missing documentation |

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| **Instructions:** *Submit the following documentation for the application to license a Group Home (GH), Child Caring Institution (CCI), or Private Secure (PS). Enter the title of the policy, document or template in the designated area on the first column. The regulation (i.e., Indiana Code [IC], Indiana Administrative Code [IAC], Residential Contract, and/or DCS Policy) related to each document is also provided.* ***See DCS Policy*** [***17.01 Initial Licensing Process***](https://www.in.gov/dcs/files/17.01.pdf) ***for more information about the licensure application process.*** |

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| **Initial License Application Documentation List** |
| **Name of Facility:**      **Name of Administrator:**      **Proposed License Type:**       | **Date Application Received:** Click or tap to enter a date.**Date Initial Application Completion Reviewed:** Click or tap to enter a date. |

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| **Section I** |
| **Required Licensing Documentation** |
| **Documentation Requirement** | **Regulation/ Notes**  | **DCS Use Only** |
| 1. **Completed Needs Assessment**
 | **Note:** A written study that documents that the specific services provided by the facility would be utilized by referral sources within the geographical area to be served.  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Application for Private Secure Facility, Child Caring Institution, or Group Home Waiver/Variance** [(SF 57073)](https://forms.in.gov/Download.aspx?id=14865)
 | **Note:** Completion of state form SF 57073IC 31-27-2-8 | **Acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****If no, required action:****Recommendation:** |
| 1. **Original transcripts and resume for the administrator of this license**.
 | **Note:** Original transcripts and resume of Program Director of the license who provides daily supervision of the facility when agency is operating a group home under a parent company. 465 IAC 2-9-48 (CCI)465 IAC 2-10-48 (CCI-ESC)465 IAC 2-11-48 (PSF)465 IAC 2-12-48 (GH)465 IAC 2-13-48 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Organizational Chart**
 | **Note:** For those agencies with several licenses or are part of a larger organization, please include a license specific organizational chart along with an agency wide organizational chart. 465 IAC 2-9-42 (CCI)465 IAC 2-10-42 (CCI-ESC)465 IAC 2-11-42 (PSF)465 IAC 2-12-42 (GH)465 IAC 2-13-42 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **List of Governing Board Members with Contact Information**
 | **Note:** The child caring institution shall have a governing body which exercises authority over, and has responsibility for, the operation, policy, and practices of the facility465 IAC 2-9-38 (CCI)465 IAC 2-10-38 (CCI-ESC)465 IAC 2-11-38 (PSF)465 IAC 2-12-38 (GH)465 IAC 2-13-38 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **List of Facility Staff Members and Vacant Positions**
 | **Note:** Name, title, hire date, qualifications, and work schedule (full time, part time, or PRN [Pro re nata - as needed]). 465 IAC 2-9-37 (CCI)465 IAC 2-10-37 (CCI-ESC)465 IAC 2-11-37 (PSF)465 IAC 2-12-37 (GH)465 IAC 2-13-37 (GH-ESC)  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **List of current staff**
 | **Note:** Be sure to include all staff that will be working under the license. This is including but not limited to Administrative staff (may have responsibilities across multiple programs), Direct Care Supervisors, Program Directors, Caseworkers, Direct Care Staff, Therapists, Nurses, etc. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **List of contractual positions**
 | **Note:** Please provide the name, position, dates of contract, hours worked, educational qualifications, direct business phone number or extension, and business email address. ***(This can include teachers, trainers, counseling, medical services, etc.)***465 IAC 2-9-37 (CCI)465 IAC 2-10-37 (CCI-ESC)465 IAC 2-11-37 (PSF)465 IAC 2-12-37 (GH)465 IAC 2-13-37 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****If no, required action:****Recommendation:** |
| 1. **Provide proof of three months of operating funds, and prospective 12-month operating budget. If agency has been operating for 12 months or more, provide the Last Audited Annual Financial Statement.**
 | **Note:** Operating funds should show proof of financial stability along with a prospective operating budget. 465 IAC 2-9-39 (CCI)465 IAC 2-10-39 (CCI-ESC)465 IAC 2-11-39 (PSF)465 IAC 2-12-39 (GH)465 IAC 2-13-39 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Articles of Incorporation/Certificate of Incorporation**
 | **Note:** Also referred to as the corporate charter. Should include the purpose of the corporation, stake holders, and process of electing board of directors. 465 IAC 2-9-37 (CCI)465 IAC 2-10-37 (CCI-ESC)465 IAC 2-11-37 (PSF)465 IAC 2-12-37 (GH)465 IAC 2-13-37 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Business Entity Report**
 | **Note:** An Indiana business entity report must be filed initially and every other year with the Indiana Secretary of State. The purpose of this report is to provide necessary information, such as contact information, to the state. This item may be not applicable if ran by a government entity.465 IAC 2-9-37 (CCI)465 IAC 2-10-37 (CCI-ESC)465 IAC 2-11-37 (PSF)465 IAC 2-12-37 (GH)465 IAC 2-13-37 (GH-ESC)IC 23-0.5-2-13 | **Acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A If no, required action:****Recommendation:** |
| 1. **Simple Floor Plan for the Facility**
 | **Note**: Provide a floor plan of the facility, including marked delayed egress or locked doors.  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Full Program Description**
 | **Note**: The program description should include the following: 1. Purpose of the program
2. Location of the facility
3. A simple floorplan
4. Description of the building and grounds which demonstrates appropriateness for the target population, including unique features of the environment of care
5. Geographical area from which referrals are accepted from
6. Program service category [Program Service Categories](https://www.in.gov/dcs/files/Residential_Program_Service_Categories.pdf)
7. Target population with ages, gender, and type of children served: including developmental stage/IQ ranges, and acceptable diagnoses.
8. Description of how programming is tailored to different ages
9. Exclusionary criteria for types of children that cannot be served
10. Projected census
11. Daily program schedule
12. Evidence-based programs (EBP’s) used
13. Program outcomes
14. Clinical requirements if applicable:
15. Description of clinical programming including but not limited to staff who will be implementing the program, staffing ratios, organizational structure, credentials, training and competencies.
16. Overview of patient rights, responsibilities, privileges, etc., including visitation, behavior management, precautions, grievance procedures, etc.
17. Description of PI/QA systems/processes – how do they ensure kids are safe, the program is “working,” and youth are being transitioned to permanence?

**For contracted agencies –**DCS Residential Contract: 1. F. (5) Responsibilities for Behavioral Health Services DCS Service Standard on Behavioral Health Services in a Residential Setting: II. Service Delivery: Therapeutic Services465 IAC 2-9-37 (CCI)465 IAC 2-10-37 (CCI-ESC)465 IAC 2-11-37 (PSF)465 IAC 2-12-37 (GH)465 IAC 2-13-37 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Food/Nutrition Program Approval**
 | **Note:** Approval required every two (2) years. It may take up to one month from submission to the Indiana Department of Health (IDOH) for approval. Visit [IDOH website](https://www.in.gov/health/cshcr/home-and-community-based-care/department-of-child-services-residential-facility-compliance/) for more information.465 IAC 2-9-77 (CCI)465 IAC 2-10-76 (CCI-ESC)465 IAC 2-11-77 (PSF)465 IAC 2-12-75 (GH)465 IAC 2-13-74 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:**  |
| 1. **Health Program Approval**
 | **Note:** Approval required every two (2) years. It may take up to one month from submission to IDOH for approval. Visit [IDOH website](https://www.in.gov/health/cshcr/home-and-community-based-care/department-of-child-services-residential-facility-compliance/) for more information.465 IAC 2-9-69 (CCI)465 IAC 2-10-69 (CCI-ESC)465 IAC 2-11-69 (PSF)465 IAC 2-12-67 (GH)465 IAC 2-13-67 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Approval letter from IDOH Health Care Engineering Team**
 | **Note:** Agency will provide the Occupancy Report for their proposed building. Visit [IDOH Health Care Engineering](https://www.in.gov/health/cshcr/health-care-engineering/) for more information.Local Zoning Requirements are the responsibility of the agency and will not be reviewed by the Residential Licensing Unit.  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Fire Marshal Inspection**
 | **Note:** Inspection required annually by the Indiana Department of Homeland Security (IDHS – Fire Marshal). Visit [IDHS website](https://www.in.gov/dhs/contact-us/) for more information.IC 31-27-3-2 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Initial Health, Food, and Safety (HFS) Survey**
 | **Note:**Survey required annually. Visit [IDOH website](https://www.in.gov/health/cshcr/home-and-community-based-care/department-of-child-services-residential-facility-compliance/) for more information.465 IAC 2-9 (CCI)465 IAC 2-10 (CCI-ESC)465 IAC 2-11 (PSF)465 IAC 2-12 (GH)465 IAC 2-13 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Residential Licensing Staffing Form**
 | **Note:** Complete the state form that coincides with your agency’s license type.1. Residential Licensing – Child Caring Institution (CCI) Staffing [(SF 57092)](https://forms.in.gov/Download.aspx?id=14894)
2. Residential Licensing – Private Secure Facility (PSF) Staffing [(SF 57090)](https://forms.in.gov/Download.aspx?id=14890)
3. Residential Licensing – Group Home (GH) Staffing [(SF 57091)](https://forms.in.gov/Download.aspx?id=14892)

465 IAC 2-9-48 through 50 (CCI)465 IAC 2-10-48 through 50 (CCI-ESC)465 IAC 2-11-48 through 50 (PSF) 465 IAC 2-12-48 through 50 (GH)465 IAC 2-13-48 through 50 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Type of Behavioral Health Plan**
 | **Note:** Behavior Management Curriculum Utilized by Facility (TCI, CPI, Handle with Care, etc.) The entire training manual is not needed as a statement indicating the type of program utilized by the agency. Curriculum should include the following: 1. Crisis Management Program
2. Accepted de-escalation methods
3. Protocols for time-out, seclusion (if utilized) confinement (if utilized) physical restraints, and PRN/STAT/Emergency medications
4. Physician orders, medication reviews, and behavior management plans as required for the use of PRN or STAT psychotropic medications.
5. Crisis Management/Behavior Support Plan

**Discipline and Guidance -**465 IAC 2-9-57 (CCI)465 IAC 2-10-57 (CCI-ESC)465 IAC 2-11-57 (PSF)465 IAC 2-12-57 (GH)465 IAC 2-13-57 (GH-ESC)**Note:** Confinement Rooms are not applicable for GH licenses.**Confinement Rooms -**465 IAC 2-9-58 (CCI)465 IAC 2-10-58 (CCI-ESC)465 IAC 2-11-58 (PSF)**Physical restraints –**465 IAC 2-9-59(CCI)465 IAC 2-10-59 (CCI-ESC)**Mechanical restraints -** 2-11-59 (PSF) **For contracted agencies –**DCS Residential Contract: 1. E. (4) Healthcare – Physical and Behavioral Needs.1. E. (7) Behavioral Control/Transfers of Child/Notice.1. E. (8) Restraints Seclusion and Time Outs.1. E. (9) Chemical Restraints.1. E. (10) PRN Stat Psychotropic Medication1. F. Responsibilities for Behavioral Health Services.1. C. (2) Qualified Residential Treatment Programs1. D. (1)(d)DCS Service Standard on Behavioral Health Services in a Residential Setting: II. Service Delivery: Therapeutic Services  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Certificate of Accreditation by the State Board of Education**
 | **Note:** Documentation required only if operating on-grounds school.465 IAC 2-9-60 (CCI)465 IAC 2-10-60 (CCI-ESC)465 IAC 2-11-60 (PSF)465 IAC 2-12-58 (GH)465 IAC 2-13-58 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A If no, required action:****Recommendation:** |
| 1. **Job Descriptions for Each Position**
 | **Note:** One job description should be provided for each position and explain the required educational and experiential qualifications.465 IAC 2-9-37 (CCI)465 IAC 2-10-37 (CCI-ESC)465 IAC 2-11-37 (PSF)465 IAC 2-12-37 (GH)465 IAC 2-13-37 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No** **If no, required action:****Recommendation:** |

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| **Section I Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** **Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable:** [ ]  **Yes** [ ]  **No** **Date:** Click or tap to enter a date. |

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| **Section II** |
| **Agency Policies and Contract Requirements** |
| **Documentation Requirement** | **Regulation/ Notes**  | **DCS Use Only** |
| 1. **Admissions Policies**

**Title of Policy:** | **Note:** Policy and procedures for inclusionary criteria, exclusionary criteria. For ESC programs, include procedures for how admissions take place 24 hours a day, 7 days a week including holidays.465 IAC 2-9-40 (CCI)465 IAC 2-10-40 (CCI-ESC)465 IAC 2-11-40 (PSF)465 IAC 2-12-40 (GH)465 IAC 2-13-40 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Children’s Personal Items Policies**

**Title of Policy:**  | **Notes:** Policy should include information on the following: 1. Storage of children’s personal items and property
2. Children’s clothing
3. Children’s allowance

465 IAC 2-9-56 (CCI)465 IAC 2-10-56 (CCI-ESC)465 IAC 2-11-56 (PSF)465 IAC 2-12-56 (GH)465 IAC 2-13-56 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Search Policies**

**Title of Policy:** | **Note:** As part of the search policy, the agency must have detailed protocol for searches in which a child is asked to remove all clothing or clothing down to underwear, if applicable and must address at minimum for LTC and/or ESC:1. Criteria for initiating a search
2. Criteria for initiating a search that involves removal of clothing
3. Protocol for searches with clothing on
4. Criteria for initiating a search of a child
5. Protocol for searches that may be part of the organization’s standard intake/admission process (e.g. nursing assessment)
6. Accommodations and rationale for this type of search
7. Detailed protocol describing how searches will be conducted, including locations, methods, and staff involved
8. Documentation requirements
9. Protocol for discontinuing child-specific searches that involve removal of clothing
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Discipline and Guidance Policies**

**Title of Policy:** | **Notes:** Policies should include information on: 1. Seclusion/Confinement
2. Physical restraints
3. Chemical/mechanical restraints
4. Special Precautions
5. 1:1 Staffing
6. Search procedures

**Discipline and Guidance –** 465 IAC 2-9-57 (CCI)465 IAC 2-10-57 (CCI-ESC)465 IAC 2-11-57 (PSF)465 IAC 2-12-57 (GH)465 IAC 2-13-57 (GH-ESC)**Confinement Rooms –** 465 IAC 2-9-58 (CCI)465 IAC 2-10-58 (CCI-ESC)465 IAC 2-11-58 (PSF)**Note:** Confinement Rooms are not applicable for GH licenses.**Physical restraints –**465 IAC 2-9-59 (CCI)465 IAC 2-10-59 (CCI-ESC)**Mechanical restraints –** 2-11-59 (PSF) **For contracted agencies –**DCS Residential Contract: 1. E. (4) Healthcare – Physical and Behavioral Needs.1. E. (7) Behavioral Control/Transfers of Child/Notice.1. E. (8) Restraints Seclusion and Time Outs.1. E. (9) Chemical Restraints.1. E. (10) PRN Stat Psychotropic Medication1. F. Responsibilities for Behavioral Health Services.DCS Service Standard on Behavioral Health Services in a Residential Setting: II. Service Delivery: Therapeutic Services | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Children’s Health Requirements**

**Title of Policy:** | **Note:** Policies should include: 1. Physical
2. Dental
3. Vision exams
4. Health Evaluation Checklist ([SF 49965](https://www.in.gov/health/files/Health-Evaluation-Checklist-Emergency-Shelters-Only-State-Form-49965.pdf)) – For ESC Programs.

465 IAC 2-9-70 (CCI)465 IAC 2-10-70 (CCI-ESC)465 IAC 2-11-70 (PSF)465 IAC 2-12-68 (GH)465 IAC 2-13-68 (GH-ESC)IC 31-27-9-2 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Reporting Requirements**

**Title of Policy:**  | **Note:** Facilities are required to report the following: 1. Change in licensed capacity
2. Major alteration or change in building or use of rooms
3. Addition or termination of programs offered
4. Change in administrative personnel
5. Termination of services
6. Changes in discipline policies
7. Changes in confinement room policies, if applicable
8. Sentinel events (death or serious injury)
9. A fire on the premises
10. Allegations of child abuse/neglect to the Child Abuse Hotline (CPS)
11. Communicable disease reported on premises requiring hospitalization
12. Court ordered placement that results in being over licensed capacity
13. Additional reporting requirements for contracted agencies, if applicable.
14. 24-hour placing agency notification of any issue that impacts a child’s health, case, or permanency plan, welfare, or well being
15. Law enforcement number for elopements
16. Aggregate and analyze critical incident data, as defined in Attachment 3 of the contract
17. Reporting critical incident data
18. Reporting census data

465 IAC 2-9-36 (CCI)465 IAC 2-10-36 (CCI-ESC)465 IAC 2-11-36 (PSF)465 IAC 2-12-36 (GH)465 IAC 2-13-36 (GH-ESC)**For contracted agencies –**DCS Residential Contract: 1. E. (11) Reporting Incidents.1. E. (12) Reporting Census Data. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Waiver/ Variance Policies**

**Title of Policy:** | **Note: “Variance"** means official permission granted by the SDPW to meet the intent of a specific rule in a way other than specified by the rule. **“Waiver"** means official permission granted by the SDPW not to meet a specific regulation. Agency specific waivers or variances must be requested by utilizing SF 57073 Application For Private Secure Facility, Child Caring Institution, or Group Home Waiver/Variance.IC 31-27-2-8465 IAC 2-9-31; 32; 35 (CCI)465 IAC 2-10-35 (CCI-ESC)465 IAC 2-11-35 (PSF)465 IAC 2-12-35 (GH)465 IAC 2-13-35 (GH-ESC)[**DCS Policy 17.05** **Residential Licensing Waiver and Variance**](https://www.in.gov/dcs/files/17.05.pdf)  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Educational Policies**

**Title of Policy:** | **Note:** Who is providing education program- internal, external school district, contracted provider. This should include transportation to/from school if off grounds. Should also include: 1. Accreditation of school
2. Licensed Teachers
3. Post-Secondary Education
4. Individualized Education Program (IEP)
5. Provisions such as transportation, school supplies, and computer access
6. Every Student Succeeds Act (ESSA) requirement
7. Services consistent with IEP

465 IAC 2-9-60 (CCI)465 IAC 2-10-60 (CCI-ESC)465 IAC 2-11-60 (PSF)465 IAC 2-12-58 (GH)465 IAC 2-13-58 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Cultural Competency/ Religion Policies**

**Title of Policy:** | **Note:** Policies should include opportunities for a child to participate in activities related to their cultural heritage and religious faith. 465 IAC 2-9-61 (CCI)465 IAC 2-10-61 (CCI-ESC)465 IAC 2-11-61 (PSF)465 IAC 2-12-59 (GH)465 IAC 2-13-59 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Work experience policies for Children**

**Title of Policy:** | **Note:** Include procedures regarding outside employment. Work experience should provide a learning experience appropriate to the age, health, and ability of children in care.465 IAC 2-9-62 (CCI)465 IAC 2-10-62 (CCI-ESC)465 IAC 2-11-62 (PSF)465 IAC 2-12-60 (GH)465 IAC 2-13-60 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Recreation policies**

**Title of Policy:** | **Note:** Types of recreation available from the provider, and a written plan for indoor and outdoor recreational and social activities.465 IAC 2-9-63 (CCI)465 IAC 2-10-63 (CCI-ESC)465 IAC 2-11-63 (PSF)465 IAC 2-12-61 (GH)465 IAC 2-13-61 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Transportation policies**

**Title of Policy:** | **Note:** Who will be driving, types of vehicles used, insurance and license for use of vehicles in accordance with state law and maintenance requirements. Should include: 1. Information on company vehicles
2. Personal vehicle use
3. Insurance

465 IAC 2-9-65 (CCI)465 IAC 2-10-65 (CCI-ESC)465 IAC 2-11-65 (PSF)465 IAC 2-12-63 (GH)465 IAC 2-13-63 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Visitation and Correspondence Policies**

**Title of Policy:** | **Note:** Visitation and correspondence should be incorporated into treatment plan and discharge planning/permanency efforts and have written policies and procedures which provide for visits with families, mail, telephone calls, and other forms of communication. 465 IAC 2-9-64 (CCI)465 IAC 2-10-64 (CCI-ESC)465 IAC 2-11-64 (PSF)465 IAC 2-12-62 (GH)465 IAC 2-13-62 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Treatment Planning policies**

**Title of Policy:** | **Note:** Initial treatment plan due date should correspond to type of license 1. Include a copy of the format for the treatment plan or care plan
2. Care Plan for ESC Programs
3. Utilization of CANS and other assessment tools

465 IAC 2-9-66 (CCI)465 IAC 2-10-66 (CCI-ESC)465 IAC 2-11-66 (PSF)465 IAC 2-12-64 (GH)465 IAC 2-13-64 (GH-ESC)**For contracted agencies –**DCS Residential Contract: 1. D. (5) (b) (xi) Treatment and/or Care Plan. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Discharge policies**

**Title of Policy:** | **Note:** Policies should cover planned and unplanned discharges/ transfers.465 IAC 2-9-67 (CCI)465 IAC 2-10-67 (CCI-ESC)465 IAC 2-11-67 (PSF)465 IAC 2-12-65 (GH)465 IAC 2-13-65 (GH-ESC)**For contracted agencies –**DCS Residential Contract: 1. D. (5) (b) (xi) Treatment and/or Care Plan.1. G. (8) Transfer of Children | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Written First Aid policies and procedures**

**Title of Policy:** | **Note:** Should include staff training on CPR, blood borne pathogens/universal precautions, AED use, NARCAN use, etc. 465 IAC 2-9-71 (CCI)465 IAC 2-10-71 (CCI-ESC)465 IAC 2-11-71 (PSF)465 IAC 2-12-69 (GH)465 IAC 2-13-69 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Medication policies**

**Title of Policy:** | **Note:** Should include but are not limited to:1. Disbursement of medication policies
2. Training of staff who dispense medication
3. Storage of medication
4. Use of PRN/STAT meds as behavior management
5. Procedures regarding the Pain Assessments and Re-Assessments
6. Psychotropic Medication (SF 49966)
7. Consent of Psychotropic Medication for DCS clients (Guardian, parent signatures)

465 IAC 2-9-72; 74 (CCI)465 IAC 2-10-72; 74 (CCI-ESC)465 IAC 2-11-72; 74 (PSF)465 IAC 2-12-70; 72 (GH)465 IAC 2-13-70; 71; 72 (GH-ESC)IC 31-27-9-3 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Personnel Policies**

**Title of Policy:** | **Note:** Personnel policies should include but not be limited to the following: 1. Health requirements of staff
2. Background checks and annual attestation documentation
3. Performance evaluations
4. CPR/First Aid/Universal Precautions requirements

465 IAC 2-9-42; 54; 76 (CCI) 465 IAC 2-10-42; 54; 75 (CCI-ESC)465 IAC 2-11-42; 54; 76 (PSF)465 IAC 2-12-42; 54; 74 (GH)465 IAC 2-13-42; 54; 73 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Staff development policies**

**Title of Policy:** | **Note:** Staff development policies should include: 1. Orientation of new staff
2. Ongoing training
3. Training descriptions
4. Staff supervision

465 IAC 2-9-29; 54 (CCI)465 IAC 2-10-29; 54 (CCI-ESC)465 IAC 2-11-29; 54 (PSF)465 IAC 2-12-29; 54 (GH)465 IAC 2-13-54 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Relief/ On-Call Staff, Volunteers, and Intern/Student Policies**

**Title of Policy:** | **Note:** Facility should have a written plan for on-call and relief staff and plan to maintain ratio.Child caring institutions utilizing volunteers must have and follow a written plan including: 1. Personal Reference checks
2. Supervision by a paid staff member
3. Orientation and training
4. Volunteers in direct contact with children must meet the same age and health requirements as paid care staff

465 IAC 2-9-51; 52; 53 (CCI)465 IAC 2-10-51; 52; 53 (CCI-ESC)465 IAC 2-11-51; 52; 53 (PSF)465 IAC 2-12-51; 52; 53 (GH)465 IAC 2-13-51; 52; 53 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Performance Improvement/Quality Assurance Policies**

**Title of Policy:** | **Note:** Facility should have policies addressing the following: 1. Process for data collection, analysis, and performance improvement
2. PI systems/processes to aggregate and analyze incident data, EOC, length of stay, and staff turnover
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Critical Incidents Policies**

**Title of Policy:** | **Note:** Facility should understand and have: 1. Types of incidents defined
2. Protocol for managing each type of incident
3. Protocol for reporting incidents
4. Process for daily leadership review

465 IAC 2-9-36 (CCI)465 IAC 2-10-36 (CCI-ESC)465 IAC 2-11-36 (PSF)465 IAC 2-12-36 (GH)465 IAC 2-13-36 (GH-ESC) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Special Precautions Policies**

**Title of Policy:** | **Note:** Special precautions should define: 1. Specific types of precautions
2. Protocols for each type (criteria, documentation, supervision, etc.)
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Pain Assessment/Reassessment Policies**

**Title of Policy:** | **Note:** Pain assessments should include1. Initial pain assessment
2. Pain assessment following critical incidents
3. Periodic re-assessment until pain level is zero
4. Documentation of assessments
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Environment of Care (EOC) Policies**

**Title of Policy:** | **Note:** Facility is responsible for maintaining a healthy, safe, and sanitary condition and always be in a good state of repair.465 IAC 465 2-9-80 (CCI)465 IAC 2-10-79 (CCI-ESC)465 IAC 2-11-80 (PSF)465 IAC 2-12-78 (GH) 465 IAC 2-13-77 (GH-ESC)**For contracted agencies –**DCS Residential Contract: E. (1) Quality of Care. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Resident Handbook**

**Title of Document:** | **Note:** Resident handbook for each program (LTC and/or ESC) contains the following: 1. Resident Rights
2. Any privilege, level and/or phase systems
3. Behavior management policies
4. Clinical program components

For LTC and/or ESC Daily Program Schedules1. Each day of the week
2. Adequate therapeutic components
3. Adequate recreation components
4. Accommodates holidays and special events

**For contracted agencies –**DCS Residential Contract:1. E. (14) Resident Handbook. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Computer/Technology Access Policies**

**Title of Policy:** | [**DCS Policy 8.14 Social Networking and Internet Usage**](https://www.in.gov/dcs/files/8.14-Social-Networking-and-Internet-Usage.pdf) | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Confidentiality Policies**

**Title of Policy:** | **Note:** Children’s information and records should be maintained in a confidential way. 1. Child caring institutions shall make all records pertaining to personnel and children in care available for DCS, IDOH and State Fire Marshall
2. Local school corporations providing educational services shall have access to children’s records to the extent necessary to provide educational services and comply with statutory requirements
3. Children’s records will be available only to the child, the placing agency, parent, guardian, or any of their written designees in addition to DCS, IDOH and State Fire Marshall

465 IAC 2-9-43 (CCI)465 IAC 2-10-43 (CCI-ESC)465 IAC 2-11-43 (PSF)465 IAC 2-12-43 (GH)465 IAC 2-13-43 (GH-ESC)IC 12-13-5-3**For contracted agencies –**DCS Residential Contract: 12. Confidentiality of State Information.23. HIPAA Compliance. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policies ensuring child maintains essential connections with the community, family, friends, school, churches**

**Title of Policy:** | **Note:** The child caring institution shall have written policies and procedures which provide for visits with families, mail, telephone calls, and other forms of children's communication with family, friends, and significant others.465 IAC 2-9-64 (CCI)465 IAC 2-10-64 (CCI-ESC)465 IAC 2-11-64 (PSF)465 IAC 2-12-62 (GH)465 IAC 2-13-62 (GH-ESC)[**DCS Policy 8.10 Minimum Contact**](https://www.in.gov/dcs/files/8.10.pdf)**For contracted agencies –**DCS Residential Contract: 1. D. (5) (b) (viii) Family Reunification Services.
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Polices on extracurricular activities including recreation at the facility**

**Title of Policy:** | IAC 465 2-9-63 (CCI)IAC 465 2-10-63 (CCI-ESC)IAC 465 2-11-63 (PSF)IAC 465 2-12-61 (GH)IAC 465 2-13-61 (GH-ESC)**For contracted agencies –**DCS Residential Contract: 1. D. (5) (b) (x) Extracurricular Activities / Community Integration.
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Independent Living (IL) Policies**

**Title of Policy:** | **Note:**Not applicable for ESC only licenses. Other license types, refer to: 1. Provision of IL services
2. Number of IL hours
3. Entry of information into appropriate database

465 IAC 2-9-66 (e)(2) (CCI)465 IAC 2-11-66 (h)(2) (PSF)465 IAC 2-12-66 (e)(2) (GH)**For contracted agencies –**DCS Residential Contract: 1. C. (“QRTP”). (2).1. D. (5) (b) (ix) Education Stability and Provision.1. D. (5) (b) (xii) Independent Living Services. | **Acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A If no, required action:****Recommendation:** |
| 1. **Utilization of CANS**

**Title of Policy:** | **Note:** Policies should reflect: 1. LTC only- CANS administered at admission (within seven days), every six months, and at discharge
2. ESC only- policies as it pertains to the short version of the CANS and timeframes for completion, including discharge
3. CANS assessment must be entered into the DARMHA database

Include list of CANS users and their certifications | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Transfer of Child Policies**

**Title of Policy:** | **Note:** Policies should include: 1. Emergency transfers and timeframe to report to placing agency
2. Facility procedures on transfer of a child
3. Timeframe of notice to placing agency when intent is to discharge the youth
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Reasonable and Prudent (RPPS) Policies**

**Title of Policy:** | IC 31-27-3-18.5 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |

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| **Section II Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** **Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable** [ ]  **Yes** [ ]  **No** **Date:** Click or tap to enter a date. |

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| **Section III** |
| **Templates** |
| **Documentation Requirement** | **Regulation/ Notes**  | **DCS Use Only** |
| 1. **Incident Report Template**

**Title of Template:** | 465 IAC 2-9-36 (CCI)465 IAC 2-10-36 (CCI-ESC)465 IAC 2-11-36 (PSF)465 IAC 2-12-36 (GH)465 IAC 2-13-36 (GH-ESC)**For contracted agencies –**DCS Residential Contract: 1. E. (11) Reporting Incidents.
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Treatment Plan and/or Care Plan (ESC) Template**

**Title of Template:** | 465 IAC 2-9-66 (CCI)465 IAC 2-10-66 (CCI-ESC)465 IAC 2-11-66 (PSF)465 IAC 2-12-64 (GH)465 IAC 2-13-64 (GH-ESC) **For contracted agencies –**DCS Residential Contract: D. (5) (b)(xi) Treatment and/or Care Plan. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Monthly Report Template**

**Title of Template:** | **Note:** Not applicable for ESC-only licenses.465 IAC 2-9-46 (CCI)465 IAC 2-11-46 (PSF)465 IAC 2-12-46 (GH)**For contracted agencies –**DCS Residential Contract: 1. E. (5) Progress Report*s*.
 | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **EOC Rounds forms**

**Title of Template:** | **For contracted agencies –**DCS Residential Contract: E. (1) Quality of Care.Attachment 4: Residential Program Clinical/Quality Indicators, VI. Environment of Care. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Medical Follow Up to Incidents/Injuries forms**

**Title of Template:** | 465 IAC 2-9-70; 71 (CCI)465 IAC 2-10-66 (CCI-ESC)465 IAC 2-11-70; 71; (PSF)465 IAC 2-12-68; 69 (GH)465 IAC 2-13-64; 68; 69 (GH-ESC)**For contracted agencies –**DCS Residential Contract: E. (4) (f) With respect to medical or behavioral emergencies. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Root Cause Analysis Template**

**Title of Template:** | **For contracted agencies –**DCS Residential Contract: E. (11) Reporting Incidents.[**DCS Policy 17.10 Root Cause Analysis**](https://www.in.gov/dcs/files/17.10.pdf)  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Special Precaution Forms**

**Title of Template:** | **For contracted agencies –**DCS Residential Contract: E. (4) (i) Orders for special precautions. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **1:1 Staffing Documents**

**Title of Document:** | **Note:** If agency does not accept 1:1 staffings, agency policy must reflect this.**For contracted agencies –**DCS Residential Contract: 1. E. (2) Staffing.
 | **Acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A If no, required action:****Recommendation:** |
| 1. **Pain Assessment/ Reassessment Forms**

**Title of Document:** | **Note:** Pain assessments should be managed through to resolution and clearly documented.**For contracted agencies –**DCS Residential Contract: Attachment 4: Residential Program Clinical/Quality Indicators, IV. Documentation. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Discharge Plan Template**

**Title of Template:** | **Note:** Discharge plan should include a summary of services received, assessment of goal achievement, and any needs remaining to be met. 465 IAC 2-9-67 (CCI)465 IAC 2-10-67 (CCI-ESC)465 IAC 2-11-67 (PSF)465 IAC 2-12-65 (GH465 IAC 2-13-65 (GH-ESC)**For contracted agencies –**DCS Residential Contract: 1. B. (8) Discharge Planning.1. D. (xi) Treatment and/ or Care Plan. | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |

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| **Section III Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** **Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable:** [ ]  **Yes** [ ]  **No** **Date:** Click or tap to enter a date. |

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| **Section IV (if applicable)** |
| **Additional Requirements for Specialty Populations** |
| 1. **Diagnostic and Evaluation Programs**

[**Service Standard for Behavioral Health Services in a Residential Setting**](https://www.in.gov/dcs/files/residentialservicestandardbehavioralhealth.pdf) |
| **Documentation Requirement** | **Regulation/ Notes**  | **DCS Use Only** |
| 1. **Comprehensive Diagnostic Evaluation Report Template**

**Title of Template:** | Service Standard for Behavioral Health Services in a Residential Setting | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Assessment and Evaluation Tools utilized**

**Title of Tools:** | Service Standard for Behavioral Health Services in a Residential Setting | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Service Log Report Template**

**Title of Template:** | Service Standard for Behavioral Health Services in a Residential Setting | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Staff Training Description for Specialty Population**

**Title of Document:** | Service Standard for Behavioral Health Services in a Residential Setting | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |

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| **Section IV A. Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. |

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| 1. **Intellectual and Developmental Disabilities (IDD) Programs**

[**IDD Service Standard**](https://www.in.gov/dcs/files/IDD-Standard-8.2021.pdf) |
| **Documentation Requirement** | **Regulation/ Notes** | **DCS Use Only** |
| 1. **Behavior Support Plan (BSP) Template**

**Title of Template:** | IDD Service Standard | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Functional Behavior Assessment (FBA) Template**

**Title of Template:** | IDD Service Standard | **Acceptable: ☐ Yes ☐ No****If no, required action:****Recommendation:** |
| 1. **Comprehensive Functional Assessment (CFA)Template**

**Title of Template:** | IDD Service Standard | **Acceptable: ☐ Yes ☐ No****If no, required action:****Recommendation:** |
| 1. **Individual Program Plan (IPP)Template**

**Title of Template:** | IDD Service Standard | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Staff Training Description for Specialty Population**

**Title of Document:** | IDD Service Standard | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |

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| **Section IV B. Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A** **Date:** Click or tap to enter a date. |

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| 1. **Human Trafficking (HT) Programs**

[**Service Standard for HT Programs**](https://www.in.gov/dcs/files/HumanTraffickingforVictimsServicestandards.pdf) |
| **Documentation Requirement** | **Regulation/ Notes** | **DCS Use Only** |
| 1. **Assessment tool(s) Utilized**

**Title of Tool:** | Service Standard for HT Programs  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Safety Plan Template**

**Title of Template:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Staff Training Description for Specialty Population**

**Title of Document:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policies to ensure population-specific competencies are maintained at all times**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on initial screening process**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on survivor engagement:**

**Title of Policy:**       | **Note:** Policies must include the following: 1. age
2. length of time removed from trafficking/ commercial sexual exploitation involvement
3. treatment history
4. history/training as an advocate
5. background checks and waivers
6. compensation
7. network of support with other survivors

Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on limiting risk of elopement**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on worker safety**

**Title of Policy:** | **Note:** Policies must include the following: 1. reporting events that occur off duty related to residents
2. any contact staff have with persons associated with trafficking/ exploiting youth

Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on safety measures to reduce risk of re-exploitation**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on engagement with law enforcement including verifying identity of officers.**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on the housing and programming for transgendered youth.**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on managing fluctuating dynamics of the milieu**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on** **restraint/seclusion that takes into consideration the impact of sexual trauma and exploitation**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on** **visitor check-in**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on use of social media**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on communication with individuals outside of the facility**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on entering and leaving the building**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on use of cameras**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on safety and security of the building and program.**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on appropriate boundaries with staff after youth is discharged from program**

**Title of Policy:** | Service Standard for HT Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |

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| **Section IV C. Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A** **Date:** Click or tap to enter a date. |

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| 1. **Sexually Harmful Behavior Programs**

[**Service Standard for Treatment of youth with Sexually Harmful Behaviors**](https://www.in.gov/dcs/files/Residential-Service-Standard-for-Youth-with-Sexually-Harmful-Behaviors-10.pdf) |
| **Documentation Requirement** | **Regulation/ Notes** | **DCS Use Only** |
| 1. **Assessment and reassessment tool(s) utilized**

**Title of Tool:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Progressive improvement process (e.g., five-year plan) that demonstrates the clinical components are implemented consistently**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Safety Plan Template**

**Title of Template:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Staff Training Description for Specialty Population**

**Title of Document:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on the use of polygraphs, if utilized**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on admission/exclusionary criteria including evaluation of level of risk and appropriateness for the current milieu.**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on room assignment and supervision if youth are not in single rooms**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on the use of alarms and video monitoring systems**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on appropriate supervision at all times to include sleep hours, school, and relief coverage**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on home visits, community passes and contact with victims**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on appropriateness for community involvement on and off grounds to address safety of the community**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on what the agency considers appropriate boundaries for staff and youth interactions after youth is discharged from program**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on appropriate boundaries with staff after child is discharged from program**

**Title of Policy:** | Service Standard for Treatment of youth with Sexually Harmful Behaviors | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |

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| **Section IV D. Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. |

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| 1. **Substance Use Disorder Programs**

[**Service Standard for Substance Use Disorder Treatment**](https://www.in.gov/dcs/files/HumanTraffickingforVictimsServicestandards.pdf) |
| **Documentation Requirement** | **Regulation/ Notes** | **DCS Use Only** |
| 1. **Description of evidence-based practices utilized**

**Title of Document:** | Service Standard for Substance Use Disorder Treatment | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Safety Plan Template**

**Title of Template:** | Service Standard for Substance Use Disorder Treatment | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Recovery Plan Template**

**Title of Template:** | Service Standard for Substance Use Disorder Treatment  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Staff Training Description for Specialty Population**

**Title of Document:** | Service Standard for Substance Use Disorder Treatment  | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on drug screening**

**Title of Policy:** | Service Standard for Substance Use Disorder Treatment | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on detoxification procedures**

**Title of Policy:** | Service Standard for Substance Use Disorder Treatment | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |

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| **Section IV E. Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. |

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| 1. **Teen Mom and Baby Programs**

[**Service Standard for Pregnant and Parenting Teens**](https://www.in.gov/dcs/files/ServiceStandardforResidentialServicesforTeenMomandBabyPrograms.pdf) |
| **Documentation Requirement** | **Regulation/ Notes** | **DCS Use Only** |
| 1. **Description of program components including therapeutic services and service delivery**

**Title of Document:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Developmental assessment utilized**

**Title of Document:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Training and competency assessments utilized**

**Title of Document:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on infection control consistent with standard and universal precautions in early care and educational environments.**

**Title of Policy:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on** **describing the role of staff of the home as related to care of the babies**

**Title of Policy:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on** **acceptable behavior of mothers with babies other than their own**

**Title of Policy:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on how babies will be cared for when the mother is not present**

**Title of Policy:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on how babies will be cared for in the event of an emergency absence by mother**

**Title of Policy:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on the use of external childcare centers**

**Title of Policy:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |
| 1. **Policy on Safe Sleeping practices.**

**Title of Policy:** | Service Standard for Teen Moms and Baby Programs | **Acceptable:** [ ]  **Yes** [ ]  **No****If no, required action:****Recommendation:** |

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| **Section IV F. Review and Acceptance - DCS USE ONLY** |
| **All items in the above section have been included in the application packet:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. | **All items in the above section have been reviewed and found to be acceptable:** [ ]  **Yes** [ ]  **No** [ ]  **N/A****Date:** Click or tap to enter a date. |

**DCS USE ONLY**

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| **DCS Reviewer:** |
| **Review Completed:** Click or tap to enter a date. |
| **Initial Licensure Recommendation Based on Review:** Choose an item. |
| ***Review is subject to final approval from DCS central office.*** |