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### **Licensing of Extended Day Treatment Programs**

#### **Sec. 17a-147-1. Definitions as used in section 17a-147-1 to 17a-147-36, except as otherwise provided therein**

(a) “Extended Day Treatment”: Means a supplementary care community-based program providing a comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately before and after school while they reside with their parents or surrogate family, except any such program provided by a regional educational service center established in accordance with Section 10-66a of the Connecticut General Statutes.

(b) “Department” means the department of children and families.

(c) “Commissioner” means the commissioner of children and families.

(d) “Children and Youth” means any person under the age of eighteen years.

(e) “Time Out” means to remove the child to a less stimulating space in order to allow the child time to regain his self-control.

(f) “Restraint” means any measure that restricts the movement of the child.

(g) “Seclusion” means confinement of a child in a single room used solely for the isolation of a child.

(h) “Assessment” means a multidisciplinary process which shall include but not be limited to a review of individual, developmental, family, social, educational, financial, medical, and legal status considerations.

(Effective August 1, 1994)

#### **Sec. 17a-147-2. Issuance of license. Not transferable or assignable**

(a) A license to provide extended day treatment services shall be issued only to the organization who makes an application and only for the address shown on the application and shall not be transferable or assignable. When issuing a license, the department may impose restrictions on an organization, including but not limited to the number of children to be served and the type of children to be served.

(b) Licenses for extended day treatment programs shall be issued biennially.

(Effective August 1, 1994)

#### **Sec. 17a-147-3. Display of license**

Each licensed extended day treatment program shall publicly display the license on its premises in a prominent place.

(Effective September 27, 1991)

#### **Sec. 17a-147-3a. Access of commissioner or designee to premises**

Each license shall be conditional on the granting to the commissioner or designee access to the premises described on the license to investigate, inspect, and evaluate. In cases of suspected child abuse or neglect, unrestricted access shall be at any time.

(Effective August 1, 1994)

#### **Sec. 17a-147-3b. Technical consultation with applicant or licensee**

Except as provided in Section 17a-147-5 of the Regulations of Connecticut State Agencies, the department shall be available to provide technical consultation with the applicant or licensee to assist them to achieve compliance with these regulations.

(Effective August 1, 1994)

**Sec. 17a-147-4. Causes for denying, suspending, revoking or refusing to renew license**

A license may be denied, suspended, revoked, or its renewal refused for any of the following causes whenever in the judgment of the commissioner or his designee the extended day treatment program:

- (a) Fails to comply with the applicable regulations;
- (b) Fails to comply with applicable state or local laws, ordinances, rules or regulations including but not limited to building, health, fire protection, safety, sanitation and zoning;
- (c) Violates any of the provisions under which the license has been issued;
- (d) Furnishes or makes any false or misleading statements in order to obtain or retain the license;
- (e) Refuses or fails to submit information or documentation or make information or documents available when requested by the commissioner or his designee;
- (f) Fails or refuses to grant the commissioner or his designee unrestricted access to the premises to investigate cases of suspected abuse or neglect; to evaluate the provision of services and inspect the premises;
- (g) Management or staff have been, within five years of date of application for license, convicted of a felony against persons, for injury or risk of injury to or impairing the morals of a child, or for the possession, use or sale of a controlled substance, is awaiting or is on trial for such charges, or has had a child removed from his care or custody for reasons of child abuse or neglect.

(Effective August 1, 1994)

**Sec. 17a-147-5. Hearing on denial, suspension or revocation of license**

Any extended day treatment program may, within fifteen (15) days after receipt by certified mail of notice of denial, suspension, intended revocation or refusal to renew a license, request an administrative hearing thereon in accordance with the Uniform Administrative Procedures Act, Chapter 54, of the Connecticut General Statutes. Denial, suspension, intended revocation or refusal to renew a license shall be stayed until such hearing is held except as provided in subsection (c) of Section 4-182 of the Connecticut General Statutes. In the absence of such request for a hearing during this time period, the license shall be either denied, suspended, revoked or not renewed.

(Effective August 1, 1994)

**Sec. 17a-147-6. Suspension of a license**

If the department finds the health, safety or welfare of children imperatively requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

(Effective September 27, 1991)

**Sec. 17a-147-7. Return of license to the commissioner**

Upon discontinuance of the licensed program or revocation of the license, the license shall be returned by the extended day treatment program to the commissioner within fourteen (14) days after receipt of such request.

(Effective September 27, 1991)

**Sec. 17a-147-8. Waiver of requirements**

An extended day treatment program shall comply with all relevant regulations unless a waiver for specific requirements has been granted through a prior written

agreement with the department. This agreement shall specify the particular requirements to be waived, the duration of the waiver, and the terms under which the waiver is granted. A waiver of specific requirements shall be granted only when the extended day treatment program officials have documented that the intent of the specific requirements to be waived will be satisfactorily achieved in a manner other than that prescribed by the requirements. When the extended day treatment program fails to comply with the waiver agreement in any part, the agreement shall be immediately cancelled and the license may be immediately suspended, revoked or renewal denied.

(Effective August 1, 1994)

### **Sec. 17a-147-9. Program description**

Each extended day treatment program shall have a written program description which specifies: the statement of purpose; a description of overall approach to treatment and family involvement; the types of services provided; the characteristics of the children to be served; and the characteristics of those children not appropriate for the program.

(Effective September 27, 1991)

### **Sec. 17a-147-9a. Governing board**

All licensed extended day treatment programs shall have a governing board. Such board shall be legally constituted and shall manage its affairs in accordance with applicable provisions of law, its statement of purpose, its certificate of incorporation and its duly adopted bylaws. The board shall meet at least with the frequency specified in the corporation's bylaws and keep minutes of each meeting which shall be made a part of the permanent records of the facility. Minutes of the discussion of those matters relating to the operation of the extended day treatment program shall be made available to the department upon request.

(Effective August 1, 1994)

### **Sec. 17a-147-10. Written policies and procedures**

(a) The policies and operating procedures of the extended day treatment program covering the selection, emergency medical care, discipline, discharge planning, treatment program, staffing pattern and supervision of the children shall be clearly stated in writing, reviewed no less than annually by the persons responsible for the total operation of the program, and kept current.

(b) The program shall have written policies and procedures describing the diagnostic process including types of information to be obtained, procedures to be followed, and types of records to be maintained. Assessments shall be conducted in the following areas: presenting problems, family history and current functioning, social and environmental situations, educational functioning, physical and medical history, developmental history, strengths and weaknesses, prior treatment, and demographic data.

(c) The extended day treatment program shall have written policies and procedures regarding family involvement and shall specify if family involvement is required for admission to the program.

(d) An extended day treatment program shall have written policies and procedures to ensure that a wide range of treatment modalities are available, including, but not limited to individual, group, family and psychopharmacological modalities. The program may provide the following services: vocational or pre-vocational training;

recreational programming; speech therapy; occupational therapy; and, other services appropriate to the needs of the children being served.

(e) Copies and any subsequent revisions thereof shall be made available to staff of the program. Copies and any subsequent revisions shall be provided to the department on at least an annual basis.

(Effective August 1, 1994)

### **Sec. 17a-147-11. Staffing and human resources**

(a) There shall be a chief administrative officer who shall be in charge of the overall management of the extended day treatment program and carry out the policies of the governing board.

(b) An extended day treatment program shall employ sufficient numbers of qualified clinical, recreational, administrative and support staff to enhance the physical and emotional well-being and ensure the safety of the children in treatment.

(c) An extended day treatment program shall verify the licensure or certification of the professional staff who are mandated to be licensed or certified or to be supervised by licensed or certified professional staff pursuant to all Connecticut licensing and certification statutes.

(d) An extended day treatment program vests clinical responsibility for all clients in a psychiatrist, preferably a child psychiatrist.

(e) An extended day treatment program shall actively recruit and employ qualified personnel representative of the racial or ethnic groups it serves. No person shall be denied employment in accordance with Section 46a-60 of the Connecticut General Statutes.

(f) An extended day treatment program shall have a written policy regarding the utilization of volunteers and student interns. Such policy shall detail the duties and responsibilities of volunteers or interns, shall specify the degree of confidential information authorized for access by volunteers or interns, shall require that a personnel file be maintained for each volunteer or intern and shall stipulate that volunteers or interns given direct access to children undergo reference checks, orientation, training and evaluation similar to that of the program's professional employees. A copy of this policy shall be provided to each volunteer or intern.

(g) Every personnel record shall contain a form, signed by the employee at the time of hiring, that he has read, understands and will adhere to the provisions of Section 17a-28 of the Connecticut General Statutes regarding confidentiality for all children in the program who are in the custody of the commissioner.

(Effective August 1, 1994)

### **Sec. 17a-147-11a. Finances**

The extended day treatment program shall have sufficient income and resources to adequately maintain the plant, equipment and program encompassed by these regulations. Financial records showing the amount and sources of all income and expenses and of all assets and liabilities of the extended day treatment program and the sponsoring organization shall be maintained. There shall be an annual audit of all capital resources, assets, liabilities, receipts and expenditures by a qualified public accountant not affiliated with the program or organization as an employee. A copy of each such annual audit in such form as required by the commissioner or designee shall be a part of the program's record and shall be submitted to the department upon request.

(Effective August 1, 1994)

**Sec. 17a-147-11b. Fire, liability and vehicle insurance**

The licensee shall carry insurance covering fire and liability as protection for children or youth in care. The licensee shall ensure that any vehicle authorized for use in transporting children in care, in accordance with the Connecticut statutory and regulatory transportation requirements and used by any of the licensee's staff on the licensee's business shall have insurance which covers liability.

(Effective August 1, 1994)

**Sec. 17a-147-11c. Health, sanitation, fire safety and zoning approval**

(a) Health and sanitation approval by the state and local departments of health, approval for fire safety by the state and local fire marshals, certificate of occupancy and compliance with local zoning are prerequisite to licensing upon initial application. State and local fire and health approvals shall be required for renewal of a license.

(b) An extended day treatment program shall ensure that all structures and space used by the program are free from any danger to health or safety. The extended day treatment program shall ensure the availability of comfortable and sufficient space to staff and children and youth in treatment to permit effective operation of the program. An extended day treatment program shall have written policy and procedures regarding emergency planning and procedures including evacuation due to fire and natural disasters, staff responses to emergency medical situations, and staff responses to emergency mental health situations. An extended day treatment program shall conduct unannounced, fire drills in which all staff and children shall participate at a frequency established by the Connecticut Fire and Safety Code. Documentation of fire drills held shall be maintained on a standardized form which records the date, time, minutes taken to evacuate, problems noted, follow up to problems and simulated conditions of the drill. Fire evacuation diagrams shall be posted at eye level of the children and youth in treatment and written in the primary language of the children and youth in treatment. An extended day treatment program shall ensure that at all times at least one staff member on-duty is qualified by American Red Cross certification to administer First Aid and CPR. An extended day treatment program shall develop written standards regarding housekeeping supplies and procedures in keeping with its established infection control program.

(Effective August 1, 1994)

**Sec. 17a-147-11d. Personnel policies and procedures**

(a) Personnel policies and operating procedures regarding program employment and personnel practices shall be in writing and on file with the department. A copy shall be given to each employee and volunteer worker. All applications for employment or volunteers will have a criminal conviction records check completed before being hired or selected; the results of which shall be filed, separately and confidentially in their personnel record. All direct care personnel shall have a physical examination, including a test for tuberculosis, immediately prior to assuming their assigned duties.

(b) An extended day treatment program shall not hire or employ anyone who has been within five years of date of employment convicted of a felony against persons, for injury or risk of injury to or impairing the morals of a child, or for the possession, use or sale of a controlled substance, is awaiting or is on trial for such charges, or has had a child removed from his care or custody for reasons of child abuse or neglect. Prior to employment and anytime thereafter upon request all employees

shall undergo a State Police background check for any convictions. An extended day treatment program shall maintain written job descriptions outlining the general requirements for each position. A copy shall be given to each employee. All job descriptions shall be made available to all staff upon request. An extended day treatment program shall provide staff reasonable access to their personnel file. There shall be written policies and procedures that are designed to assure the confidentiality of personnel records and specify who has access to various types of personnel information. Personnel policies shall include a written plan for staff training and development that includes but is not limited to: introductory orientation; ongoing training and development; supervision; and evaluations; and external training and education.

(Effective August 1, 1994)

#### **Sec. 17a-147-12. Hazardous equipment**

All power-driven machines and other hazardous equipment shall be properly safeguarded and their use by children regulated by supervisory staff of the program.  
(Effective September 27, 1991)

#### **Sec. 17a-147-12a. Construction**

The plans and designs for all new construction, additions to or substantial modification of buildings or parts of buildings used or to be used in the operation of the extended day treatment program shall be submitted to the commissioner or his designee for review before such construction is contracted for or begun. The proposed plans shall include written confirmation of required fire, health, safety and zoning approvals. The commissioner or his designee shall determine if the proposed plans are in compliance with the intent of these regulations within thirty (30) days.

(Effective August 1, 1994)

#### **Sec. 17a-147-12b. Water supply**

The water supply shall be adequate and potable. If the program is not served by a public water supply, the well water shall be analyzed and approved by the state department of public health and addiction services, local department of health or a private water testing laboratory approved by the state department of public health and addiction services at the time of initial licensure and at any subsequent time the department deems such testing as necessary.

(Effective August 1, 1994)

#### **Sec. 17a-147-12c. Sewage and garbage facilities**

Adequate and safe sewage and garbage facilities shall be maintained.

(Effective August 1, 1994)

#### **Sec. 17a-147-12d. Heating, ventilation and lighting**

Comfortable heating, sufficient ventilation, and both natural and artificial lighting shall be provided.

(Effective August 1, 1994)

#### **Sec. 17a-147-12e. Lavatory facilities**

The state and local departments of health shall determine the requirements for lavatories based upon the number of children and youth to be served by the program and the number of employees. The bathroom equipment for the children and youth

shall be of appropriate size and height for their use. Bathrooms and toilets shall allow for individual privacy.

(Effective August 1, 1994)

**Sec. 17a-147-13. Rooms to be used for the treatment of children**

Rooms shall be sufficient in size and equipment to accommodate the licensed program. Each room shall be comfortably and attractively furnished, well heated, lighted, ventilated and screened, clean and cheerful, with substantial furnishings suitable for use by children.

(Effective September 27, 1991)

**Sec. 17a-147-14. Kitchens, equipment, food handling**

The extended day treatment program shall provide for the serving of snacks or meals depending upon the program's hours of operation. Food served shall be wholesome and of sufficient quantity. All kitchens shall be clean, well lighted, properly ventilated and screened, and provided with essential and proper equipment for the preparation and serving of food. Storage, refrigeration and freezer facilities shall be adequate for the number of persons to be served. All perishable foods shall be refrigerated at a temperature at or below 45 degrees Fahrenheit. Freezers and frozen food compartments shall be maintained at minus 10 degrees to 0 degrees Fahrenheit. Cooking utensils, dishes and tableware shall be in good condition and proper cleaning facilities for the equipment shall be provided. Dishes shall be stored in a clean, dry place protected from flies, dust or other contamination. Proper food handling techniques and sanitation to minimize the possibility of the spread of food-borne diseases shall be maintained. The extended day treatment program's kitchen, equipment and food handling must comply with all applicable sections of the public health codes and all other state and federal laws.

(Effective September 27, 1991)

**Sec. 17a-147-15. Eating areas and supervision**

Designated areas for serving meals or snacks shall be kept clean and attractive, well lighted, properly screened and ventilated, and shall be large enough to accommodate the children and staff responsible for their supervision. Staff supervision shall be adequate to ensure a safe and comfortable atmosphere for eating.

(Effective September 27, 1991)

**Sec. 17a-147-16. Housekeeping equipment and supplies**

Housekeeping equipment and supplies shall not be accessible to children unless an individual determination is made concerning their ability to safely use them or their use is under direct staff supervision. Such materials shall be maintained in a safe, protected space which shall be clean, dry, well lighted, ventilated and in good repair, free from rodents and other vermin.

(Effective September 27, 1991)

**Sec. 17a-147-17. Recreational facilities**

Recreational facilities, supplies and equipment shall be provided for use by the children. Appropriate safety measures, instructions and supervision shall be provided to ensure the safety of children.

(Effective September 27, 1991)

**Sec. 17a-147-18. Instructions in safety procedures. Supervision**

Each child shall be instructed, as appropriate to his own age level, in safety procedures, including fire drills, civil defense and safe use of electrical or power equipment. All use of such equipment shall be under the supervision of a competent adult. If an extended day treatment program has on-ground or access to a waterfront or swimming pools, the following safety procedures must be maintained. All on-ground pools shall be enclosed with safety fences and shall be regularly tested to ensure that the pools are free of contamination. A certified individual shall be on duty when the children are swimming. A certified individual is one who has a current water safety instructor's certificate or senior lifesaving certificate from the Red Cross or its equivalent. The waterfront or pool shall be properly maintained and have proper safety equipment available. Any proposed or existing pool shall meet regulatory and zoning requirements.

(Effective August 1, 1994)

**Sec. 17a-147-19. Internal and external security**

The extended day treatment program shall provide adequate internal and external security to ensure the safety of children and staff.

(Effective September 27, 1991)

**Sec. 17a-147-20. Office space. Confidential files**

Private office space shall be available for administrative and counseling staff. There shall be office space available large enough to accommodate family counseling or group therapy in a comfortable and confidential manner. There shall be locked files for all confidential material. The records shall not be available to anyone other than authorized persons. A list of duly authorized personnel shall be maintained by the program.

(Effective September 27, 1991)

**Sec. 17a-147-21. Health and medical treatment. Administration of first aid. Prescription medication. Administration of medicine or treatment. Written records. Storage of drugs, medicines and instruments. Sick room. Telephone**

(a) The extended day treatment program shall provide for the health and medical treatment needs of children while attending the program by having a written plan which specifies the arrangements for routine and emergency medical care. The program shall arrange for medical emergency treatment during its hours of operation.

(b) There shall be written policies and procedures, reviewed by a physician at least annually, for the administration of first aid care of children with minor illnesses; injuries or special conditions; and for the administration or use by children of patent medicines.

(c) The program shall only permit prescription medication to be administered to a child upon the written order of the child's physician and written approval of the parent or guardian.

(d) The program shall permit only staff who have been fully instructed in the proper administration, expected and side effects, and contraindications to continued administration of a prescribed medicine or treatment to administer that medicine or treatment pursuant to Section 20-14i of the Connecticut General Statutes. The program shall have a written policy specifying the criteria used for designating staff to administer medication and a written plan for training staff. The program shall maintain a current, written roster of staff designated to administer medication. There

shall be periodic reviews and updating of staff's knowledge about medication and other treatments and their administration.

(e) A written record shall be kept of the administration of all prescription and non-prescription medicine to a child, identifying the medicine and dosage, time of administration and the person who administered the medicine.

(f) All drugs, medicines and medical instruments shall be kept in labeled containers out of reach of children in a locked cabinet accessible only to designated staff members. A child may keep and administer prescribed medicines himself only with the written approval of his physician and parent or guardian and the agreement of designated staff that this practice would not be a risk for other children in the program.

(g) The program shall ensure that children, in the event of sickness have an area which is comfortable, safe and allows appropriate privacy until the child can be taken home by his parent or guardian. Any child showing suspicious signs of illness shall be isolated from other children as much and as soon as possible and the parent or guardian called immediately.

(h) Working telephones shall be on-site. All telephones shall have posted emergency medical and poison information numbers, especially in areas where medications are kept and in the gym and cafeteria.

(i) Appropriate first aid supplies shall be available in the extended day treatment program, out of the reach of children.

(Effective August 1, 1994)

#### **Sec. 17a-147-26. Record of enrolled children**

The extended day treatment program shall keep a record of each enrolled child, including name, address and telephone number of parent/guardian; child's date of birth, enrollment date; attendance record; accidents and major illnesses while in care and date of termination from the program.

(Effective September 27, 1991)

#### **Sec. 17a-147-27. Written permission for emergency health care**

Written permission for emergency health care of the child must be obtained from the parent/guardian, including the names, addresses and telephone numbers of the child's physician, the hospital-of-choice to be called in case of an emergency and two responsible adults the extended day treatment program staff may contact in case the parent/guardian is not available.

(Effective September 27, 1991)

#### **Sec. 17a-147-28.**

Repealed, August 1, 1994.

#### **Sec. 17a-147-29. Reporting to the department**

The extended day treatment program shall report, in writing, to the department on the next working day any emergency circumstances which alter the service as originally licensed or statement of fact in the application for licensing.

(Effective September 27, 1991)

#### **Sec. 17a-147-30. Children's grievance procedure**

The extended day treatment program shall have written grievance procedures for children. This policy shall be explained to the child and, if the child is unable to sign his or her name, the parent/guardian must sign the form after the child has been informed. The staff member shall enter a note into the child's case record

confirming that this explanation has taken place. Any grievance and its disposition shall be recorded in the child's case record.

(Effective September 27, 1991)

### **Sec. 17a-147-31. Referral process**

(a) The program shall consider for admission all referrals regardless of race, sex, religion, disabilities or ethnic origin. The program shall certify that it has notified the appropriate parties of its decision in writing no more than forty-five (45) days from the date of receipt of the application.

(b) In the case of refusal, the extended day treatment program shall document the reason for refusing admission and so inform the referring agency of these reasons and include recommendations for a more appropriate treatment program.

(Effective August 1, 1994)

### **Sec. 17a-147-32. Assessment process**

(a) The assessment process shall be documented. This process shall be conducted by a professionally qualified staff member. Testing instruments used in the assessment process shall be reflected in the child's record. The assessment shall specify the needs and strengths of the child in the areas of health care, education, psychological development, social development, family relationships, vocational training, recreation and life skills development.

(b) All methods and procedures used in the assessment process shall consider the child's age, cultural background and dominant language or mode of communication.

(Effective September 27, 1991)

### **Sec. 17a-147-33. Treatment plan**

(a) The extended day treatment program shall ensure that there is a written individualized treatment plan for each child within thirty (30) calendar days of the child's entry into the program.

(b) The treatment plan shall specify measurable and time-bounded goals and objectives to be achieved by the child and family in order to establish or re-establish emotional or physical health as well as maximum growth and adaptive capabilities.

(c) These goals shall be based on periodic assessments of the child and, when appropriate, the child's family.

(d) The treatment plan shall specify any specialized services or treatment to be provided as well as identify the person responsible for implementing or coordinating the implementation of the treatment plan.

(e) The treatment plan shall delineate the specific criteria to be met for termination of treatment. Such criteria shall be part of the initial treatment plan and all subsequent plans.

(f) The treatment plan shall identify the supports and resources that may be required for discharge.

(g) Preliminary plans for discharge shall be discussed as well as alternative aftercare programs, when appropriate.

(h) The treatment plan shall specify the anticipated discharge date.

(i) The number of contacts shall be specified for the delivery of treatment services.

(j) The extended day treatment program shall ensure that the treatment plan and any subsequent revisions are explained to the child, his parent or guardian and the referring agency, in language understandable to these persons.

(k) The treatment plan shall be signed by the chief administrator of the extended day treatment program or his designee; a representative of the referring agency or person; the child, if he is capable of doing so; and the child's parent or guardian.

(l) In accordance with the treatment plan, each record shall contain notes which document services provided and progress made toward goals and objectives. Each note shall be entered in ink by a qualified staff member or consultant and shall be dated, legibly printed, signed by the person making the entry, and include the person's title.

(Effective August 1, 1994)

#### **Sec. 17a-147-34. Treatment plan review**

(a) The program shall review each treatment plan initially sixty (60) days after the completion and approval of the initial treatment plan. This review shall document and evaluate the progress or lack thereof toward the established goals and objectives and shall revise the treatment plan accordingly. Thereafter, individual treatment plans shall be documented and reassessed at sixty (60) working day intervals.

(b) The treatment plan shall indicate the date of the next review and identify the individuals who will participate.

(Effective September 27, 1991)

#### **Sec. 17a-147-34a. Case records**

(a) Each extended day treatment program shall maintain a current confidential case record for each child in treatment including family, social and health history. The case record shall contain but not be limited to pre-admission data; the reason for admission; results of all diagnostic assessments performed; a summary of admission information; the individual treatment plan; a record of all care and services, including medical services, provided by the program; progress notes on the child in treatment; reviews of the treatment plan; the plan for discharge and disposition; a discharge summary and all other documents received and required for the treatment of a particular child.

(b) The case record shall contain only information pertaining to a particular child and not identifying information regarding other children in care.

(c) The case record shall include contact summaries where appropriate and copies of special behavior contracts used for a particular child.

(d) The parent or guardian of the child shall be entitled to receive, upon written request, reports and information concerning their child.

(Effective August 1, 1994)

#### **Sec. 17a-147-35. Discharge and aftercare procedures**

The extended day treatment program shall establish criteria for discharge, including administrative and emergency discharges.

(Effective September 27, 1991)

#### **Sec. 17a-147-36. Discharge summary**

(a) When a child is discharged, the extended day treatment program shall compile a complete written discharge summary within thirty (30) days of the date of discharge.

(b) The discharge summary shall include the extended day treatment program's name, address, telephone number, a summary of services provided during treatment, a summary of growth and accomplishments during treatment, the assessed needs which remain to be met and alternate service possibilities which might meet those needs, and recommendations as appropriate for a follow-up plan and identification of who is responsible for follow-up services.

(c) When the discharge date is not in accordance with the child's treatment plan, the following items shall be added to the summary: the circumstances leading to

the unplanned discharge; the actions taken by the extended day treatment program to avoid the discharge and the reason for these actions.

(d) All discharge documentation shall be maintained in the child's case record.  
(Effective September 27, 1991)