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New Jersey Department of Institutions and Agencies

DIVISION OF MENTAL RETARDATION

Standards

for

Public Institutions

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NEW JERSEY DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF MENTAL RETARDATION

Standards for Public Institutions
for the Mentally Retarded

FOREWORD

Title 30:1-15 and 30:1-15.1 invest the State Board of Control with the responsibility for inspection of all residential facilities within the State. As a prerequisite of this responsibility, the State Board of Control is required to set standards and to assign its agents to make on site inspections, at least once a year, of "all residential facilities which provide diagnosis, care or treatment of the mentally ill or mentally retarded, whether State, county, municipal, public or private, in order to determine the conditions under which such persons are lodged, cared for, maintained or treated, and in order to assure that adequate standards of care and treatment are maintained, that civil liberties of individuals receiving care are preserved, and that the public may be informed of the adequacy of these facilities."

In accordance with this mandate, the State Board of Control has invested the operating Divisions of the Department of Institutions and Agencies with the responsibility for developing a set of standards designed to meet the objectives described in statutes. Consequently, the standards presented in this statement have as their primary goals the preservation of human rights and dignity, the safety, health, welfare, and development of the innate mental and physical potential of persons entrusted in New Jersey's public institutions for the retarded.

PHILOSOPHY AND OBJECTIVES

The institution's philosophy should emphasize recognition of the concept that it is a community with the capacity to provide life experience for each of its residents similar to those planned and provided for mentally retarded persons residing in a community. In no instance, should services be rendered to a resident within the institution that are sub-standard to those services which the individual might receive in a community setting.

In developing objectives, the institution should be guided by its obligation to provide:

- A. Adequate and wholesome living facilities which maximize individual attention, privacy and independent living for each resident.
- B. Attractively served wholesome foods in sufficient quantities to meet individual needs of residents.
- C. Medical and nursing care and related services essential to good health.
- D. Education and training consistent with the resident's mental and physical capacities.
- E. Recreational activities.
- F. Opportunities for social living and social development.
- G. Release to the community or to a community oriented program when the resident obtains an adaptive behavior level suitable for extramural programming.
- H. Continuous staff training.
- I. Cooperation with colleges and universities in the training of professional personnel.
- J. Grouping of residents into homogeneous administrative units of manageable size.
- K. Diagnostic and evaluation services for effective programming.
- L. Research both for specific problems of program development within the institution and toward general knowledge in mental retardation.
- M. Cooperation with community programs.

ADMINISTRATIVE STANDARDS

A written statement of philosophy and goals of the institutions, consistent with the needs of the population it serves, should be on file in the offices of the superintendent, his assistant, and each of the institutional department heads and a copy submitted to the Director of the Division of Mental Retardation. The statement should be designed to provide direction to administrative staff members responsible for programming and developing suitable procedures for attainment of goals.

- A. The statement of philosophy and goals should be evaluated at least annually by the Superintendent and institutional staff responsible for the development and application of program to determine its adequacy and effectiveness on the basis of new knowledge, changes in statutes, or "revisions of Department and Division regulations".
- B. A statement of objectives written in conformance with legal statutes, administrative orders, and division circulars, describing the institution's plans and schedules for attainment of goals shall be developed by administrative staff members of the institution and shall be made part of the institution's file with a copy submitted to the Director of the Division of Mental Retardation. This statement will be reviewed and amended periodically, as needed, to conform with changes in techniques, regulations, etc.
- C. A manual of procedures describing detailed methods, forms, processes and sequence of events designed to implement objectives will be formulated by staff members responsible for development and implementation of programs.
 1. Procedures of implementation shall be the means or tools in the attainment of institution goals. They shall be designed to facilitate inter-institutional cooperation and conform to the philosophy and purpose of the institution.
 2. The procedure descriptions of implementation shall provide for:
 - a. Planning or purpose (immediate, long range)
 - b. Organization (flexibility of sequence according to the nature of the task and residents involved)
 - c. Accountability (responsibility for implementation)
 - d. Staffing (personnel performing the task)
 - e. Reporting systems (as means for budgeting and evaluation)

3. There shall be a table of organization incorporated in the Procedures Manual to clearly define functions and line of authority of each employee by which inter and intra-departmental cooperation is maintained and achieved.
- D. An internal audit procedure will be developed and implemented on a continuing basis to assure compliance with existing regulations and procedures. Specific assignments will be made in the various institutional departments to carry out this function.
- E. Copies of statements of philosophy, goals and objectives will be available to parents and other interested persons, in addition to being filed with the Division of Mental Retardation.
- F. The manual of procedures for attainment of objectives and the procedures devised for internal audits will be made available to various administrative members of the institution and will be submitted to the Division of Mental Retardation.
- G. The Superintendent as Chief executive officer is responsible for the implementation of the Division's policy on standards. He shall direct that implementation procedures are developed as are necessary to integrate and coordinate the activities of the institution for the maximum benefit to the residents and as efficiently as possible.
- H. The administrative staff of the institution is responsible for the efficient and economic utilization of resources at its disposal. In the instance of unmet goals, it is further responsible for identification of specific deficiencies in programs, evaluation of causes for such deficiencies, and development of plans to correct them through internal adjustments or, if required, through development of sound justifications for budget requests based on the principles of performance program budgeting.

ADMISSION AND RELEASE

- A. Admission procedures of the institution shall be structured to include pre-evaluation interviews or study, planned processing and initial assignments to develop a smooth transition from the community to institutional residency.

- B. A more permanent program of comprehensive evaluation shall be provided in routine schedules established within 30 days. The minimal professional team for this evaluation shall include a qualified physician, clinical psychologist and social worker. Additional specialists shall participate in response to the needs of the individual.
- C. The routing of new admissions shall be clearly defined to include:
 - 1. Admission interviews and study.
 - 2. Physical inspection on the day of admission.
 - 3. Initial diagnostic and testing services for immediate classification and assignment.
- D. Release procedures shall conform to RS 30:4-107, Division Circular #5, and routine evaluation procedures. Release shall be predicated upon serving the best interests of the individual and society. Decisions concerning release shall be communicated to appropriate authorities, parents or guardians.
- E. Release procedures shall be clearly defined to include:
 - 1. Release evaluation, interviews and study.
 - 2. Medical examination within 48 hours prior to release and a statement of general condition recorded.
 - 3. A signed statement indicating acceptance of responsibility for the resident following release.

INSTITUTIONAL PROGRAMMING

Program planning shall provide services to all residents in the following areas:

- Cottage Life
- Medical
- Psychological
- Education and Vocational Training
- Social Services
- Speech and Hearing
- Chaplaincy
- Recreational

A. Cottage Life

1. The environment shall be commensurate with the degree of retardation, physical handicap and behavior of the resident, ranging from open and permissive to maximum protection or custody.
2. Personnel shall be scheduled adequately according to the degree of care required and reflected in budget requests as established division standards indicate.
3. The grouping of residents shall be by planned classification for effective programming in areas of social, educational, vocational and recreational activities.
4. A minimum of 60 square feet per bed in dormitories shall be allocated.
5. Cottage Life services offered shall include:

General Health
Training
Recreation
Clothing and Linen
Housekeeping - Safety - Sanitation
Professional Relationships

- a. General Health - Goals, standards, schedules and structured procedures of implementation of routine health activities shall be developed and incorporated into the Administrative Manual of the institution. These shall include:

Bathing	Grooming
Brushing Teeth	Feeding
Weighing	Emergencies
Medication	

- (1) Each resident shall have a shower or bath at least once a day, and more frequently in the instance of incontinent cases, unless contraindicated by medical orders.
- (2) Teeth shall be brushed at least two times a day.

- (3) Grooming schedules for hair cutting, styling, shaving, trimming finger and toe nails, etc., shall be developed.
 - (4) Residents shall be weighed at least once a month and recorded in the daily log.
 - (5) Procedures for administration of medications shall be structured as directed by the Chief of Medical Services and consistent with Drug Administration Statutes.
 - (6) Feeding procedures shall be structured according to the degree of care and supervision required but directed toward self-help goals. A minimum of 3 balanced meals plus snacks shall be served daily.
 - (7) Illnesses, accidents and emergencies shall be reported to the Medical Department through routine procedures of implementation and recording.
 - (8) Records shall be kept on menstruation periods, convulsive seizures and other incidents that effect the resident's health and welfare.
 - (9) A minimum temperature of 68 degrees shall be maintained at bed level in all living and training areas.
 - (10) Personnel shall be taught General Health techniques consistent with those developed in the Attendant Training Manual of the Division.
- b. Clothing - Linens - A program of clothing and linens shall be developed and maintained in which the goals, standards and procedures shall include routine implementation procedures of purchasing, records of receipt, distribution, laundering, mending, cleaning, condemning and "par" needs peculiar to the institution and its separate units.

- (1) Each resident shall have an adequate allowance of clothing as determined by the daily requirement plus time required for laundering (pars).
 - (2) Residents shall be changed at least once a day for undergarments and 3 times a week for outer garments to several times a day for both according to the degree of care required.
 - (3) The type or style of clothing shall be of simple design, conform to current fashions, and shall be compatible with needs of individual residents.
- c. Housekeeping - Safety - Sanitation - Routine housekeeping schedules and structured procedures of implementation shall be developed, maintained, and integrated with other programs.
- (1) Personnel (and residents where appropriate) shall be trained in housekeeping techniques and use of supplies and equipment for maximum efficiency.
 - (2) The techniques applied shall conform to those developed in the Attendant Training Manual of the Division.
 - (3) Procedures of requisitioning, distribution, and replacement shall be developed and maintained for housekeeping supplies and equipment based on pars established commensurate with needs peculiar to each unit.
 - (4) Personnel shall be trained in prevention, reporting, evacuation, safety measures in fire and extreme emergencies.
 - (5) Fire drills shall be conducted monthly.

- (6) A Fire and Safety Inspection of each unit shall be conducted at least once a month by a qualified person.
 - (7) An exterminator shall be engaged to routinely inspect and provide services to keep units free of infestation.
- d. Recreation - The recreation program of Cottage Life shall be a part of the overall institution's recreation program. Procedures of implementation shall be developed by the accountable staff member (Education or Recreation) in cooperation with Cottage Life and integrated with the other programs of the institution.
- (1) Cottage Life personnel shall participate actively in supervision as well as training toward self-help skills.
 - (2) Active as well as passive activities shall be included in the program and selected according to the degree of participation anticipated and necessary for self-help goals.
 - (3) Schedules of activities shall be prepared in advance to allow for preparation, coordination and evaluation.
- e. Training - Self-help and social skills shall be the goal in all areas of training in the cottage - personal hygiene, feeding, grooming, housekeeping, safety, sanitation, recreation and general behavior.
- (1) Statements of implementation shall be included in procedures dealing with the separate areas of training.
 - (2) Procedures of reward and restriction shall be clearly defined in the process of developing the highest degree of self discipline in areas of general behavior.
- f. Professional Relationships - Staff responsible for the various institutional programs shall periodically visit resident living and training areas and shall be responsible for effective extension of their specialized services in those areas. Suitable professional direction shall be given on a consultative basis by appropriate department heads. Assistance to be provided shall include:

- (1) Procedures including criteria, referral and appointment schedules, records and other supporting roles resident unit personnel shall be expected to undertake.
- (2) Development of, and active participation in, in-service training programs.
- (3) Advisory services to non-professionals in their working relationships with residents.

B. Medical Services - Categories of Medical Services:

1. Admission services - shall consist of a complete medical examination for every new admission, including neurological and developmental assessment by a qualified physician.
 - a. Every resident shall be classified as to etiology and prognosis.
2. Special examinations - shall be given as required, i.e. laboratory studies, EEG, X-rays, orthopedic, psychiatric, etc.
3. Annual examinations - a complete medical examination shall be given each resident, at least annually.
4. Recommendations - for medications, therapies and general program goals shall be established for each resident.
5. General Medical and Health Care
 - a. Routine and emergency service.
 - (1) Twenty-four hour, seven-day week medical coverage by qualified medical and nursing staff shall be maintained.
 - (2) A daily clinic shall be organized to process ambulant patients manifesting minor complaints or requiring routine medical care.
 - (3) A procedure for prompt reporting of accident or illness of a resident to medical personnel shall be formulated and communicated to all institutional staff members.

b. Daily Medical Supervision

- (1) A professional nurse shall be assigned, on a daily basis, to visit cottages housing residents confined to bed or wheel chair for the purpose of assessing resident's general state of health and to provide consultative assistance to cottage life personnel in the area of general health care and person hygiene of the resident population.
- (2) Physical isolation facilities shall be available for residents displaying symptoms of contagious illness.
- (3) A system for regulations, accurate distribution and recording of medications employed for extended periods of time shall be developed and included in appropriate medical and residential units.
- (4) Procedures for distribution of daily medication in cottages shall be formulated and filed with medical and cottage life personnel.
- (5) Provisions shall be reflected in written procedures for treatment of behavioral problems.
- (6) Written procedures for maintenance of sanitation standards, in accordance with State Public Health and Sanitation Code, shall be implemented and filed in all cottages and services areas of the institution.
- (7) Hospital surgical services shall be available on the grounds, or in a nearby hospital facility capable of providing these services in the event of severe illness or surgical need.
- (8) Long Term Medical and Surgical Services - Tube feeding, tracheotomies and other cases involving specialized medical management, shall be supervised by a qualified physician assisted by professional nursing personnel.

(9) Consultant Services

Specialists in all fields of medicine shall be available as consultants and shall visit and hold clinics in the institutions on a regular basis where possible, or be available on a regular basis in the community. Among specialties to be represented are:

- (a) Pediatrics
- (b) Psychiatry, including child psychiatry.
- (c) Electroencephalography
- (d) Neurology
- (e) Neurosurgery
- (f) Orthopedic surgery
- (g) Physical medicine rehabilitation
- (h) Internal medicine
- (i) General surgery
- (j) Anesthesiology
- (k) Ophthalmology
- (l) Otorhinolaryngology
- (m) Radiology
- (n) Pathology

(10) Dental Services - Provisions shall be made for the following:

- (a) Routine care and repair of teeth, including a thorough dental examination at least annually.
- (b) A program of preventive dentistry including periodic surveys in the teaching of mouth hygiene.

- (c) A program of prosthetic dentistry, including the provision of dentures, crowns, bridges, and braces.
 - (d) Oral surgery - if the latter is not available in the institution, arrangement should be made to obtain such services from other sources.
- (11) Special Treatment Services - The following shall be made available to all residents who can derive benefit therefrom:
- (a) Physical Therapy - to include:
Ambulation of muscle re-education, functional training in the activities of daily living physical modalities, i.e., heat, hydrotherapy, etc., the provision for braces, walkers, special chairs, crutches, and other physical rehabilitation equipment.
 - (b) Occupational therapy.
 - (c) Optical Services - to include:
Provision for glasses upon prescription, and the repair of broken glasses.
 - (d) Speech and Hearing - to include:
Diagnosis of hearing and speech handicaps, the prescription and provision of hearing aides, the recommendation of special therapies.
 - (e) Ancillary Medical Services:
 - (1) Institutions shall arrange for special laboratory services to provide:
pathological, clinical, anatomical, X-ray, and EEG.
 - (2) An adequately staffed pharmacy which stocks and dispenses drugs for the institution shall be maintained. The pharmacy shall be under the direction of a registered pharmacist.

(3) A system of controls for narcotics, alcohol, and other drugs shall be maintained in accordance with Federal and State laws, and Administrative Order 5:07 and 5:08.

(f) A program of foot care administered by a podiatrist.

(g) Preventive Medicine - An adequate program of preventive medicine shall be established and will include the following:

(1) Immunizations are to be given on a regular basis for Small-Pox, Diphtheria, Tetanus, Pertussis, Polio and other illnesses deemed necessary, consonant with acceptable medical practices and Public Health Laws.

(2) Chest X-rays or skin testing for TB are to be carried out annually.

(3) Provision shall be made for isolation of communicable diseases and the prevention of their spread.

(4) Sanitation inspections shall be carried out periodically and corrections made as indicated.

(5) Diet shall be adequate, nourishing and food tastefully prepared and served in a sanitary manner.

(6) Water, milk, ice machines, etc., shall be periodically examined and tested bacteriologically as indicated.

6. Medical Records

- a. Individual medical records shall be maintained for every resident in the institution, hospital, or clinic.
- b. An adequate system of indexing and filing shall be maintained to make information readily accessible.

Each record shall contain:

- (1) Sufficient data to justify the diagnosis and treatment.
- (2) Periodic progress reports on physical status and program.
- (3) All papers authorizing treatment.

- c. Records shall be retained for the period of time specified by the records retention schedule.

7. Release - a medical examination shall be given within 48 hours prior to release. Record of the medical examination shall be on file.

C. Psychological Services - Provisions shall be made to provide the following services to institutional populations:

1. Psychological Classification

- a. All new admissions shall be evaluated for intellectual development, analysis of mental and emotional characteristics, and recommendations for programming.
- b. A schedule for reevaluation of each resident to conform with the Division Circular #6, concerning determination of mental deficiency, shall be maintained to reassess intellectual and emotional development, and adequacy of program involvement leading to specific recommendations for each resident.

2. Counselling and Therapy - Residents identified as needing psychotherapy will be provided such treatment when required, utilizing the latest appropriate techniques available.

3. In-Service Training

- a. A formal internship program shall be carried out in accordance with guide lines established in the Department of Institutions and Agencies.
 - b. Psychological personnel shall participate in in-service training programs designed to train institutional personnel.
4. Research - Procedures for active participation in various research projects shall be established by the head of institutional Psychological Services.
 5. Adequate records shall be maintained concerning psychometric tests and therapies administered. A system of collecting psychological data shall be developed for psychological reporting, studies and evaluations.
- D. Education and Training Services - The Education and training program within the institution shall be an integral part of the total institution-community effort directed toward the ultimate potential of each resident.
1. All professional education and training personnel shall meet the requirements for professional certification.
 2. Residents shall be assigned to programs on the basis of individual needs as determined in routine procedures of Diagnosis and Classification Reviews.
 3. All children of school age shall be in a classroom situation (except those who cannot profit from such experiences).
 4. Adult residents shall be included in a continuation education program, except in the instance of those who cannot profit from such experiences.
 5. Supplemental education shall be provided in each of the following areas: speech, music, arts and crafts, learning disabilities, physical education, vocational training and training of the emotionally disturbed.
 6. Classes shall be co-educational when appropriate and with homogeneous grouping based on criteria established at the institution.

7. The program schedules, subject matter, minimum standards of hours of instruction, class size, and records maintained shall conform to the State Department of Education requirements.
 8. Vocational training programs shall be planned for pre-vocational as well as for productive employment within the institution and outside placement.
 9. Occupational evaluations shall be routinely planned and included as a part of the Classification program of the institution.
 10. All areas of the institution deemed suitable for vocational training shall be utilized with degrees of responsibility clearly defined and coordinated.
- E. Social Service - The Social Service Department shall provide a liaison and coordinating service between the institutions, the family, the Bureau of Field Services, and community resources. Pre-admission counselling, social casework, group work therapy and placement programs shall be developed in conjunction with the Bureau of Field Services and closely coordinated with other programs of the institution. The Social Service program shall provide:
1. Procedures for preparing case histories to help in the diagnosis, training and understanding of the resident in cooperation with other departments. Facts required shall be included in a consolidated report.
 2. Family counselling, participation in program planning, counselling with individuals and groups of residents.
 3. Consultation in selections of placement referrals, employment, sheltered work shops, foster and/or boarding homes, as required.
 4. Active participation in parents' groups both within the institution and in the community.
- F. Speech Pathology and Audiology Services - Programming in speech pathology, audiology and research shall be provided by a full-time staff, or in the event such is not available, by utilization of outside consultants, to the extent that each resident requiring such service shall receive its benefits. Speech pathology and Audiology services shall consist of:

1. Diagnostic

- a. Speech evaluation
- b. Language and communication appraisal
- c. Hearing screening, testing and diagnosis
- d. Hearing Aid evaluation program
- e. Diagnostic therapy (differential diagnostic examinations).

2. Therapeutic Training (not included in education and training programs).

- a. Speech Programming including speech correction, speech (lip) reading, auditory training, hearing aid utilization offered individually or in small groups.
- b. Speech Training and Education, individually or in small groups.
- c. Language Development and Speech Stimulation - offered in group therapy, to infirm, non-ambulatory or nursery living care areas.
- d. Auditory Training in relation to problems of instruction offered on the pre-school, kindergarten or school classroom level, and in relation to all phases of clinical activity.

3. Reporting and Interpretation

Suitable records and reporting systems providing timely clinical and statistical data shall be maintained.

4. Consultation Services to other sections of the institution.

G. Chaplaincy Services - Chaplaincy Service Program for residents in the major faith groups in all institutions for the mentally retarded shall be maintained by employment of full-time chaplains if possible, or at least by utilization of part-time chaplains from local communities. Basic chaplaincy services shall include provisions for:

1. Regular worship services in the major faiths.
2. Observance of recognized religious holidays in all faiths.
3. Religious instruction and counselling.

4. The rites and sacraments of the faith groups shall be administered to residents in accordance with requirements of the respective faiths.
 5. Residents shall be given the opportunity for counselling by chaplains.
 6. Chaplaincy services shall include a visitation program for the sick in hospital wards and in cottages.
 7. Adequate physical facilities, equipment and materials for the efficient operation of a chaplaincy services program shall be made available.
- H. Recreational Services - The Recreation Program within the institution shall be a service clearly defined in areas of scheduling and degree of participation by all departments to provide each resident with enjoyable leisure time activities.
1. All residents shall be included in the program according to their interests and abilities.
 2. Co-educational and social activities within and away from the institution shall be a part of the planned program.
 3. Active as well as passive sport programs including intramural and trips to major events shall be included.
 4. Recreational activities shall be planned and schedules distributed early enough for preparation requirements.

RESEARCH PROGRAMMING

Institutions shall continually strive to base their programs in treatment training and care upon the most up-to-date scientific knowledge available, and shall have the obligation to contribute to advances in new scientific information for research.

In the instance of research involving human subjects, suitable measures shall be taken to assure protection of the individual's physical well-being and civil liberties.

All research shall be conducted in a manner consistent with Administrative Order 6:01 and 6:02.

Standards for research shall require the institutions to:

- A. Develop an organized program of research.
- B. Utilize opportunities to obtain funds from private or government sources to finance research.

- C. Encourage and support institutional personnel with demonstrated research interest and ideas to carry on research.
- D. Cooperate with universities and other research agencies in making research facilities available.
- E. Stimulate research efforts (both individual and programmed research) which will contribute not only to the improvement of treatment, training and care within the institution, but to new knowledge about mental retardation.

PUBLIC RELATIONS

The institutions shall sustain a public relations program consistent with Administrative Order 1:20, aimed at:

- A. Acquainting community agencies, organizations, and the general public with its goals and programs.
- B. Creating a more realistic understanding of the causes of mental retardation and the possibilities in prevention, treatment, training and care.
- C. Striving to establish closer working relations with communities to expand volunteer programs, develop affiliations with schools and colleges, and to improve recruitment potential in local communities.

The Public Relations program shall include:

- A. A group of competent institutional staff members designated to serve as a speakers' bureau to provide authentic information on the institution, its goals, operations and problems.
- B. A system for handling tours for persons in groups interested in the nature and scope of services provided by the institution.
- C. Channels for dissemination of news, including newspapers, radio, television, etc.
- D. An effective professional affiliation program between the institutions and colleges and universities.

VOLUNTEER SERVICES

Development of volunteer services, including:

- A. A full-time staff member employed to direct and coordinate a volunteer program for the institutions.

- B. Standards and procedures for volunteers developed and distributed to all volunteers and staff members.
- C. Implementation of an orientation and training program for volunteers.
- D. A plan for coordination of volunteers.
- E. Coordination of volunteer service activities with other program activities.

PERSONNEL, TRAINING AND STAFF DEVELOPMENT

Personnel Standards - Comprehensive personnel services shall be developed in each institution to maximize recruitment efforts, staff and employee training, retention of competent employees, and development of safe, adequate, attractive working conditions. The personnel program shall include the following standards:

- A. Each institution shall make every effort to recruit and retain persons whose personal, professional and technical qualifications will lead to the attainment of institutional goals.
- B. Each institution shall strive to obtain sufficient personnel in all work areas to preclude dependence upon resident help.
- C. Ethical standards developed by the professions represented shall be accepted as the minimum standards of the institution.
- D. Persons employed by the institutions shall meet educational and experience requirements established by the Department of Civil Service.
- E. Employees hired under specific Civil Service classifications shall primarily perform duties appropriate to their specific job specification.
- F. Orientation training shall be provided to all new employees to acquaint them with:
 - 1. The structure and goals of the Department of Institutions and Agencies and the Division of Mental Retardation
 - 2. Goals of the institution
 - 3. Resident population it serves
 - 4. Rules governing employment

5. Information concerning payroll and fringe benefits
 6. Institutional rules and regulations
 7. Tasks and responsibilities of the specific position the employee is expected to fill.
- G. Working conditions shall be equivalent to or superior to those in the general community for similar work.
 - H. Regular and periodic evaluations of individual employee's performance shall be made in accordance with established Civil Service and Departmental rules and regulations.
 - I. There shall be adequate work space and equipment to promote efficiency and to assure employee safety and welfare.
 - J. The health and physical welfare of employees shall be safeguarded by implementation of a sound safety program and employee health and medical services. Employees working directly with residents or in food service shall be given annual health examinations.
 - K. In-service training shall be made available for all employees requiring extensive technical training, and whose pre-employment training and experience do not equip them with skills for the most effective contribution to the institutional economy.

Professional Standards - Requirements for professional program and service personnel shall include application of ethical standards adopted by the various professions and education and experience qualifications established by the New Jersey Department of Civil Service. The following positions shall be considered basic to an institution's table of organization:

- A. Superintendent - Every institution shall be administered by a chief executive officer. The Superintendent shall have responsibility for administrative and professional leadership, subject to his Board of Managers, and the Commissioner of the Department of Institutions and Agencies through the Director of the Division of Mental Retardation.

The Superintendent shall be a graduate of a recognized college and shall have at least five years of administrative experience.

- B. Assistant Superintendent - Each Superintendent shall have a first assistant who will serve as administrator of the institution in the Superintendent's absence.

In addition to his primary role as Assistant Superintendent, the incumbent shall be assigned specific administrative program or service responsibilities.

- C. Chief of Medical Services- Institutions shall designate a qualified physician, Board Certified, to serve as Chief of Medical Services. The incumbent shall be directly responsible for administration of the medical program, integration and coordination of nursing care and medical treatment of residents requiring such services.
- D. Director of Nurses - Institutions with hospital facilities shall include a Director of Nurses on its staff. The incumbent shall be responsible for development and implementation of an effective nursing care program in the hospital and resident living facilities.
- E. Director of Education - Each institution shall include on its staff an individual possessing the certification requirements established by the New Jersey Department of Education and the Department of Institutions and Agencies, to administer and direct the institution's academic, self-help training, vocational and special training programs, including music, arts and crafts, physical education, speech and hearing, etc.
- F. Chief of Psychological Services - Psychological services in institutions shall be administered by a supervising psychologist, preferably with a doctorate in psychology or at least a Master's Degree in Psychology and specialization in clinical psychology with corresponding experience requirements established by the Department of Civil Service and the Department of Institutions and Agencies. The Chief of Psychological Services shall be responsible for psychological evaluations of all new admissions, periodic review of all residents in accordance with the schedule established under the Division of Mental Retardation Circular #6, clinical services for emotionally disturbed residents, and participation in the institution's clinical review or classification committee and in-service training program.
- G. Chief of Social Services - Supervision and responsibility for the social service program of the institution shall be assigned to a professional social worker. The Chief of Social Services shall develop a program to assist all new admissions and their families, counsel with residents of the institution with regard to family relationships and community placements. In addition,

the Social Service Department will participate in the institution's clinical review or classification committee and in-service training programs.

- H. Supervisor of Cottage Life - Each institution shall appoint a qualified individual to the position of Supervisor of Cottage Life, to manage and administer all aspects of residential services in cottages. This will include supervision over all Cottage Life employees, in-service training of those employees, integration and coordination of specialized programs in the cottages such as; resident training, food service, housekeeping, nursing and medical care, recreation, and periodic resident evaluation, etc.
- I. Chief of Research Services - All institutions with formalized research programs shall employ a qualified research scientist to provide competent leadership and direction to institutional staff involved in research projects.
- J. Supervisor of Recreational Services - Each institution shall assign a college trained person with qualifications established by the Department of Civil Service to direct the recreation program in the institution. This individual will be responsible for all recreation activities undertaken in cottages, special group recreation programs on and off the grounds, and shall participate in the institution's in-service training program.
- K. Chief of Volunteer Services - Each institution shall employ a full-time staff person with adequate training to supervise and coordinate the selection, training and utilization of volunteers.
- L. Business Manager - Each institution shall have an officer responsible for management of all fiscal and financial matters, including accountability for State, Federal, or private funds allocated or donated to the institution and its residents.
- M. Personnel Officer - A qualified staff member shall be in charge of the institution's personnel program. The incumbent shall be responsible for recruitment, orientation, coordination of employee training programs, mediation of grievances, and all other aspects of a progressive personnel program.
- N. Food Service Supervisor - The head of the Food Service Department shall have complete responsibility for administration and continual evaluation of the food

service program. A trained dietitian shall be employed in this position, or provisions shall be made to include a trained dietitian on the staff of the Food Service Department.

- O. Engineer in Charge of Maintenance - A qualified engineer, competent and experienced in general building construction, physical plant maintenance and power plant engineering, shall be appointed to supervise and administer the overall management of the physical plant, grounds, utilities, fire protection, and generation of heat and power.
- P. Housekeeping Supervisor - A qualified person shall be appointed to manage and supervise the housekeeping program of the institution. This program will include routine and general cleaning of all living and work areas in the institution, the control and requisition of housekeeping supplies, management of the housing and linen program, supervision of marking and distribution of clothing and linen, repairs of these items, and coordination of laundry services.

Other administrative program or service functions shall require employment of a competent person for their administration and direction.

Staffing Ratios - Assignment of specific staffing ratios must recognize a variety of fixed conditions and limitations beyond the control of individual institutions, such as: characteristics of resident populations served, geographic location of institution, and design of physical plant. Definite standards, however, shall be applied to those program areas providing direct treatment, care, and training to residents. In the instance of ancillary services, those ratios suggested for individual institutions by service divisions of the Department of Institutions and Agencies, and endorsed by the Division of Mental Retardation, shall be considered the minimum standards for the individual institution.

Minimum staffing ratios for those programs dealing with direct treatment, care and training of residents shall be as follows:

- A. Medical - The ratio of staff physicians to residents shall be:

- 1:200 - Profound and Severe
- 1:250 - Moderate
- 1:350 - Mild

In addition to the full-time physician requirement enunciated above, medical consultant services described in the medical services program section shall be provided for each specialty not represented by staff physicians.

- B. Professional Nursing Services - Each institution providing medical hospital services shall be staffed by one Chief of Nursing Services supplemented by sufficient supervisory nursing personnel to complete staff required by post trick analysis. Additional registered nurses, licensed practical nurses or attendants shall be available to provide a ratio of 1:1.6.

In addition, one Visiting Nurse to each group of 500 residents shall be assigned to make daily rounds of all cottages housing non-ambulant residents.

- C. Dental - For each 1,000 residents, there shall be one Dentist, one Dental Hygienist, and two Dental Aides.
- D. Resident Care (Cottage Life) - There shall be available one Supervisor of Cottage Life supplemented by sufficient additional supervisory personnel to complete post trick analysis requirements.

A ratio of 1:1.6 shall be provided in housing units containing infants and children up to six years of age, or profoundly and severely handicapped residents. Staffing for other categories of residents shall be predicated upon post trick analysis requirements.

- E. Education and Training - In addition to the Director of Education, who will be assisted by a Supervisor of Instruction, Academic, and a Supervisor of Instruction, Vocational, the ratio of teachers to residents shall be:

Educable 1:15 (class size)
Trainable 1:10 (class size)
Vocational 1:15 (class size)

The above ratio of teaching staff shall be supplemented by supportive personnel at the rate of one teacher to fifty residents for each of the following special education training areas appropriate to the institution's population:

Music
Arts and Crafts
Speech and Hearing
Training of Emotionally Disturbed
Learning Disabilities Specialist
Physical Education

- F. In addition to the Chief of Psychological Services, the following ratios of psychologists to residents, based upon levels of retardation shall obtain:

Profound and Severe	1:400
Moderate	1:200
Mild and Borderline	1:100

- G. Social Service - In addition to the Chief of Social Services, the following ratio of social workers to residents shall apply:

Profound and Severe	1:400
Moderate	1:300
Mild and Borderline	1:100

- H. Recreation - In addition to the Supervisor of Recreation, institutions shall provide a minimum ratio of 1:125 recreation workers for residents capable of benefitting from recreation programs.

RECORDS AND REPORTING

Each institution shall maintain centralized filing of current residents' records for completeness and consistency, and subsidiary records pertaining to specialized treatment. Records on each resident shall contain

A. Pre-admission Data

1. Reports of psychological and medical examinations and evaluation.
2. Relevant medical, family and social history.
3. Previous institutionalization and hospital care.

B. Identification and Legal Data

1. Name
2. Current address of parents or guardians
3. Resident's number according to unit numbering system
4. Birthday, place of birth and citizenship status
5. Residence
6. Sex
7. Height, weight and identifying marks

8. Legal guardian
 9. Ethnic group
 10. Religion
 11. Legal status of resident's admission
 12. Social security status of parents and patient, veteran status.
 13. Appropriate legal information relevant to disability, such as medical insurance, etc.
 14. Identifying numbers such as parent and resident social security, veteran's, etc.
 15. Place of legal residence at time of admission.
 16. Fingerprints and classification
 17. Photograph
- C. Records on each resident shall also contain admission evaluation, subsequent evaluations, diagnosis, treatment plan and progression while enrolled.
1. Medical history and physical examination
 2. Classification of etiology
 3. Treatment plan to include education, rehabilitation, medical, physical and social service.
- D. Progress in the Institution
1. Medical treatment and medication, including psychiatric, dental, X-ray, surgery, accidents and injuries, seizures, fertility, etc., shall be recorded in accordance with the procedures recommended by the Joint Commission on Accreditation of Hospitals.
 2. Periods of restraint or isolation - time, duration, justification.
 3. Changes in status and classification.
 4. Educational status and progress.
 5. Social service - record of correspondence, counsel, etc.
 6. Vocational status - training, experience.
 7. Significant behavior incidents.

8. Discharge summaries and diagnosis
 9. Authorizations for treatments, surgery and autopsy.
 10. Autopsy findings and death certificate
- E. Funds provided for resident's recreation, clothing, etc. shall be retained in the institution's business office.
 - F. A consolidated perpetual daily census shall be compiled from daily cottage and ward reports listing residents admitted, discharged, transferred and going or returning from the institution, to conform with the Statistics Program of the Bureau of Social Research and Administrative Order 1:30.
 - G. Procedures for recording and reporting shall be established within each program area and necessarily integrated with all programs of the institution to avoid unnecessary effort and duplication.
 - H. Assistance in development and coordination of record procedures shall be the responsibility of the institution's professional staff.

PHYSICAL PLANT

- I. Maintenance of Buildings and Grounds
 - A. A program with adequate procedures for implementation of preventive maintenance measures shall be implemented for all housing units, service facilities, and mechanical equipment.
 - B. Procedures for reporting and expediting routine and non-routine repairs to physical facilities and equipment shall be implemented.
 - C. An effective grounds maintenance program shall be implemented to provide adequate roadways, parking facilities, and attractive institutional grounds.
- II. Health and Safety - legal requirements for sanitation, heat, lighting, ventilation and safety shall be the minimum acceptable standards.
 - A. Heat, Light and Ventilation
 1. Heating facilities shall be of sufficient capacity and level of operation to provide a minimum temperature of 68 degrees.

2. Adequate ventilation and lighting shall be provided in all areas.
3. Humidity and climate control shall be provided to maximize comfort and health of residents.
4. Auxiliary equipment of sufficient capacity to provide minimum heat and light shall be available and maintained in suitable working order to meet emergencies.

B. Health and Sanitation

1. State and local regulations governing water supply, sewerage disposal, plumbing, and insect control shall serve as minimum institutional standards.
2. There shall be at least one lavatory for every 8 to 10 persons, one bathing unit for each 8 to 10 persons and one toilet for each 8 to 10 persons with separate toilet facilities of suitable size for each sex.
3. There shall be adequate facilities for washing hands in all bathrooms and toilet rooms.
4. There shall be adequate toilet and handwashing facilities provided in all kitchen and food preparation areas, service rooms, and treatment rooms.
5. Sufficient sanitary storage space shall be available in all living areas for adequate storage of clean linens and supplies.
6. Sanitary facilities for handling soiled linens and clothing shall be available in all resident, hospital and food service areas.
7. Adequate living, sleeping, and eating areas shall be provided to meet the specialized needs of the institutional population.

C. Safety

All areas of the physical plant shall incorporate suitable safety measures required by State and local regulations.

1. All stairways shall be equipped with handrails.
2. All elevators and machinery with moving parts shall be provided with adequate guards.

3. All exits shall be clearly marked for easy identification in the event of day or night emergencies.
4. Fire extinguishers and related fire fighting equipment shall be available as required by the Department Fire Marshal.

D. Specialized Areas

Suitable space shall be provided for all special program and service functions carried out by the institution. This shall include:

1. Food storage, preparation, and distribution areas.
2. Power plant, laundry, maintenance shops and all other central services.
3. Adequate office space for fiscal, and all program related clerical functions.
4. Suitable and attractive space for visitors and guests, including public waiting rooms and washroom facilities.