

# DEPOSITORY COPY

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New Jersey Department of Institutions and Agencies

DIVISION OF MENTAL RETARDATION

Standards  
for  
Public Institutions

Revised June 25, 1969

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## FOREWORD

Title 30:1-15 and 30:1-15.1 invests 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 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.

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NEW JERSEY DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF MENTAL RETARDATION

Standards for Public Institutions  
for the Mentally Retarded

PHILOSOPHY AND GOALS

The institution's philosophy shall 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, shall 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 goals, the institution shall be guided by its obligation to provide:

- A. Adequate and wholesome living facilities which maximize individual attention, privacy and independent living for every resident, consistent with their mental and physical capacities.
- 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 and spiritual development.
- G. Release to the community or to a community oriented program when the resident is considered suitable for extramural programming.
- H. Continuous staff training.
- I. Cooperation with colleges and universities in the training of professional personnel.

## PHILOSOPHY AND GOALS (Cont'd)

- J. Grouping of residents according to a classification plan consistent with goals and programs of the institution.
- K. Diagnostic and evaluation services for effective programming.
- L. Research for specific problems of program development within the institution and toward general knowledge in mental retardation.
- M. Cooperation with community programs.
- N. Inter-departmental coordination.

## ADMINISTRATIVE STANDARDS

\*A written statement of philosophy and goals of the institution consistent with the needs of the population it serves, shall 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 shall 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 shall 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 program objectives written in conformance with legal statutes, administrative orders, Division circulars and Division standards describing plans and schedules for attainment of objectives shall be developed by department heads 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 shall be reviewed and amended annually to conform with changes in techniques, regulations, etc.

\*All items so identified require written procedures.



ADMINISTRATIVE STANDARDS (Cont'd)

- C. An administrative manual of procedures describing the processes, sequence of events, records, and reports designed to implement objectives shall be formulated by staff members responsible for development and implementation of programs.
1. Procedures of implementation shall be a means of attaining program objectives. They shall be designed to facilitate inter-institutional cooperation and conform to the philosophy and goals of the institution.
  2. Descriptions of implementation procedures shall provide:
    - a. Descriptive title
    - b. Planning - including a statement of purpose (immediate and long range)
    - c. Standards of expected performance (frequency, scheduling, etc.)
    - d. Organization, or procedure description including:
      - (1) Identification of operating units involved
      - (2) Sequential steps required
      - (3) Assignment of staff responsibilities at each level of the operation
      - (4) Reporting and recording requirements
  3. A table of organization shall be 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.

ADMINISTRATIVE STANDARDS (Cont'd)

- \*D. An internal administrative audit procedure shall be developed and implemented on a continuing basis to assure compliance with existing regulations and procedures. Specific assignments shall be made in the various institutional departments to carry out this function.
- \*E. An officer of the day procedure shall be developed and implemented in which the schedules for continuous coverage and the officer's administrative authority and responsibilities are identified.
- \*F. A procedure for reporting and investigation of unusual incidents shall be developed. Corrective action taken to eliminate the cause of the incident shall be a part of the report. A description of the incident and corrective action taken shall be communicated to the Division Director's office per Administrative Order 1:44 and Division Circular #12.
- \*G. A plan shall be available to provide rapid action within the institution and to engage resources of the community to return a resident discovered missing, as soon as possible.
- \*H. A procedure for the accountability of residents on campus shall be implemented in which the institution standards for the degree of control expected are enforced.
- \*I. A reward and restriction program shall be developed and implemented providing procedures for effective positive and negative re-inforcement in the continuous process of developing the highest degree of self-discipline in the resident.
  - 1. Corporal punishment training measures shall be prohibited.
  - 2. Isolation or restraints shall be used only upon medical authority or per Division Circular #20.
- \*J. Procedures and criteria shall be established for the effective implementation of a vacation and visiting program.

ADMINISTRATIVE STANDARDS (Cont'd)

- K. Copies of statements of philosophy, goals and program objectives shall be available to parents and other interested persons, in addition to being filed with the Division of Mental Retardation.
- L. The manual of procedures for attainment of program objectives shall be made available to various program directors of the institution and shall be submitted to the Division of Mental Retardation. Copies of additions and/or revisions shall be submitted as they are written.
- M. The Superintendent, as Chief Executive Officer, shall be responsible for the implementation of the Division's policy on standards. He shall direct that implementation procedures be developed as required to integrate and coordinate the activities of the institution for the maximum benefit to the residents and as efficiently as possible.
- N. The administrator of the institution shall be responsible for the efficient and economic utilization of resources at his disposal. In the instance of unmet goals, the institutional administrator 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.
- O. 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. Developing procedures including criteria, referral and appointment schedules, records and other

ADMINISTRATIVE STANDARDS (Cont'd)

supporting roles resident unit personnel shall be expected to undertake (see program areas for standard requirements).

2. Active participation in and development of in-service training programs.
3. Advisory services to non-professionals in their working relationships with residents.

\*P. A resident evaluation committee shall be created with responsibility for the comprehensive evaluation of all new admissions and the routine re-evaluation of residents in accordance with the schedule established by the institution. The minimal professional personnel for this committee shall include a qualified physician, clinical psychologist, social worker, and representatives from education and training and Cottage Life. Additional specialists shall participate in response to the needs of the individual.

ADMISSION AND RELEASE

\*A. Admission procedures of the institution shall be structured to include planned processing and initial assignments to develop a smooth transition from the community to institutional residency.

\*B. The routing of new admissions shall be clearly defined to include:

1. Admission interviews and study.
2. Medical inspection on the day of admission.
3. Initial evaluation for immediate assignment.
4. Fingerprinting and photographing (Admin. Order 1:55)
5. Orientation consistent with the resident's mental and physical capacities.

ADMISSION AND RELEASE (Cont'd)

- \*C. Within 30 days of admission, the institution shall engage in a systematic evaluation of the resident to effect an amended program of assignment, or to confirm determination of the program assignment made upon initial evaluation. At the time of this evaluation schedules for re-evaluations by staff shall be established for diagnostic and testing services (medical, psychological, educational, speech pathology and audiology).
- \*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.
- \*E. Release procedures shall be clearly defined to include:
  - 1. Release evaluation, interviews and study.
  - 2. Assurance that the medical condition of the person to be released is such that the release shall not constitute a hazard to the resident or the community.
  - 3. Where the individual is a minor or adult under guardianship, a signed statement indicating acceptance of responsibility for the release shall be obtained.

INSTITUTIONAL PROGRAMMING

Programs shall provide services to all residents in the following areas:

Cottage Life  
Medical and Health Care  
Psychological  
Education and Training Services  
Social Services  
Speech Pathology and Audiology  
Chaplaincy  
Recreational

A. Cottage Life

- 1. The environment shall be appropriate to the resident's mental level, chronological age, physical handicap and

INSTITUTIONAL PROGRAMMING  
Cottage Life (Cont'd)

behavior of the resident, ranging from open and permissive to maximum protection or custody.

- \*2. Personnel shall be scheduled to provide the level of care required. The minimum coverage required for custody and safety for each residential unit shall be established.
- \*3. The grouping of residents shall be by planned classification for effective programming in areas of social, educational, vocational and recreational activities. The classification plan shall be incorporated into the administrative manual.
- 4. A minimum of 70 square feet per bed in dormitories shall be allocated.
- 5. Cottage Life services offered shall include:

Personal Hygiene  
Clothing and Linen  
Housekeeping - Safety - Sanitation  
Recreation  
Training

- a. Personal Hygiene - Objectives, standards, schedules and structured procedures of implementation of routine health activities shall be developed. 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.

INSTITUTIONAL PROGRAMMING  
Cottage Life (Cont'd)

- \*(3) Grooming schedules for hair cutting, styling, shaving, trimming finger and toe nails, etc., shall be developed.
- (4) Residents shall be weighed every three months and recorded in an appropriate weight record.
- \*(5) Procedures for storage, administration, and recording of medications shall be structured as directed by the Chief of Medical Services within the institution.
- \*(6) The feeding of residents shall be scheduled and procedures structured to meet the need for care, training, and supervision required with emphasis directed toward self-help goals. A minimum of three balanced meals shall be served daily. Snacks shall be served where indicated.
- \*(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 and convulsive seizures.
- (9) Minimum temperatures of 68 degrees and adequate ventilation shall be maintained at bed level in all living and training areas.
- (10) Personnel shall be taught personal hygiene techniques consistent with those developed in the Attendant Training Manual of the Division.

INSTITUTIONAL PROGRAMMING  
Cottage Life (Cont'd)

- (11) Proper use and care of eye-glasses, dentures, hearing aids and orthopedic appliances shall be emphasized.

\*b. Clothing - Linens - A program of clothing and linens shall be developed and maintained. The objectives, standards and organization 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 allowance of clothing as determined by the daily requirement plus time required for laundering (pars).
- (2) Residents' undergarments shall be changed at least once a day and outer garments three times a week or more frequently when 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 shall be trained in housekeeping techniques and use of supplies and equipment.
- (2) The techniques applied shall conform to those developed in the Attendant Training Manual of the Division.



INSTITUTIONAL PROGRAMMING  
Cottage Life (Cont'd)

- \*(3) Procedures of requisitioning, distribution, and replacement shall be developed and maintained for housekeeping supplies and equipment based on pars established commensurate to the needs of each unit.
  - (4) Personnel shall be trained in prevention, reporting, evacuation, and safety measures in fire and extreme emergencies.
- \*d. Recreation - The recreation program of Cottage Life shall be an integral part of the overall institution's recreation program. Procedures of implementation shall be developed and integrated with the other programs of the institution.
- (1) Cottage Life personnel shall participate actively in training toward individual skills in recreation.
  - (2) Active as well as passive activities shall be included in the program and selected according to the needs of individual residents.
  - (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 objective in all areas of training in the cottage and shall include: personal hygiene, feeding, grooming, housekeeping, safety, sanitation, recreation and general behavior. Descriptive statements of training techniques employed shall be part of in-service training manuals and shall be included as part of the training program for each employee.

INSTITUTIONAL PROGRAMMING (Cont'd)  
Medical and Health Care

B. Medical and Health Care - Categories of 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 medically evaluated.
2. Special examinations - shall be given as required, i.e. laboratory studies, EEG, x-rays, orthopedic, psychiatric, etc.
- \*3. Annual examinations - shall be given each resident, to include a chest x-ray or skin testing, physical, or other examinations as required.
4. Recommendations - for medications, therapy needs and medical program goals shall be established and reviewed periodically for each resident and reflected in admission evaluation and routine re-evaluation summaries.
5. General Medical and Health Care
  - a. Routine and emergency service.
    - \*(1) Twenty-four hour, seven-day week medical coverage by a qualified physician supplemented by professional nursing staff shall be maintained and substantiated by a minimum coverage requirement procedure or chart for each department.
    - \*(2) A daily clinic shall be organized to process patients with physical complaints requiring routine medical care and possible referral for hospitalization. The daily clinic schedules shall be incorporated in the administrative manual.

INSTITUTIONAL PROGRAMMING  
Medical and Health Care (Cont'd)

- \*(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.
- (4) All personnel shall be trained in first aid procedures.

b. Daily Medical Supervision

- (1) A nurse shall be assigned, on a daily basis, to visit cottages housing residents confined to bed or wheelchair for the purpose of assessing residents' general state of health and to provide consultative assistance to Cottage Life personnel in the area of general health care and personal hygiene of the resident population.
- (2) Self-contained isolation facilities shall be available for residents displaying symptoms of contagious illness in accordance with Public Health Laws.
- \*(3) Procedures for the proper storage, accurate administration and recording of medications shall be developed and implemented in accordance with Federal and State Drug Laws and Administrative Order 5:07 and 5:08.
- \*(4) Procedures for the distribution of medication by individual prescription to the cottages and recording individual dosages of medication administered shall be formulated and filed with medical and Cottage Life personnel.
- \*(5) Provisions for the referral of behavior problems shall be reflected in a written procedure.

INSTITUTIONAL PROGRAMMING  
Medical and Health Care (Cont'd)

- (6) New Jersey State Sanitary Codes and regulations established by the State Department of Health shall be implemented in all service areas. A copy of the codes shall be centrally filed for easy reference. Regulations applicable in each service area shall be posted.
- (7) Hospital medical-surgical services shall be available on the grounds, or through pre-arrangements with nearby hospital facilities capable of providing these services in the event of severe illness or surgical need. These services shall be obtained from State hospitals within the Department of Institutions and Agencies whenever feasible.
- (8) Long Term Medical and Surgical Services - Tube feeding, tracheotomy care 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 pertinent fields of medicine shall be available to residents who can derive benefit therefrom, either within the institution or in the community.

Recommended Specialties:

- (a) Pediatrics
- (b) Psychiatry, including child psychiatry.
- (c) Urology
- (d) Gynecology
- (e) Neurology
- (f) Neurosurgery

INSTITUTIONAL PROGRAMMING  
Medical and Health Care (Cont'd)

- (g) Orthopedic surgery
- (h) Physiatry
- (i) Internal medicine
- (j) General surgery
- (k) Anesthesiology
- (l) Ophthalmology
- (m) Otorhinolaryngology
- (n) Dermatology
- (o) Radiology
- (p) Pathology

\*Records of consultant services administered shall be recapitulated in a consolidated file maintained by the Medical Department for easy reference and evaluation.

- (10) Dental Services - All phases of dentistry (appropriate to the individual needs of residents) shall be made available within the institution or in other State or community resources.

Services shall include:

- (a) Dental Examination - Admission examination of the mouth and associated structures including intra and/or extra oral x-rays and prophylaxis, when possible.
- (b) Dental Records - Findings, recommendations and treatments are to be recorded.
- \*(c) Routine Dental Care - Annual dental examination and repair of teeth including necessary dental or

INSTITUTIONAL PROGRAMMING  
Medical and Health Care (Cont'd)

extra oral x-rays and prophylaxis when indicated. The plan for scheduling shall be included in the administrative procedures manual.

- (d) Preventive Dentistry - Dental education and surveys in the teaching of oral hygiene to include toothbrushing, diet (coarse and low carbohydrates), mouth protection and interceptive dental care.

Children under the age of 10 shall receive ingested fluoride supplements.

- (e) Prosthetic Dentistry - The restoration phase of dentistry to include inter and extra coronal restorations, fixed and removable prosthesis.

- (f) Oral surgery

- (g) Local and/or general anesthesia

- (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) Recreational and vocational therapy.

- (c) Optical Services - to include: provision for glasses upon prescription and the repair of broken glasses.

INSTITUTIONAL PROGRAMMING  
Medical and Health Care (Cont'd)

(d) Ancillary Medical Services:

- (1) Institutions shall arrange for special laboratory services as needed to provide: pathological, clinical, anatomical, x-ray, and EEG.
  - (2) A pharmacy under the direction of a registered pharmacist shall be maintained. The institutional pharmacy shall be suitably equipped to facilitate all pharmacy operations in accordance with regulations 1, 2 and 3 of the N. J. Board of Pharmacy under R.S. 45:14-32.
  - \*(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.
  - (4) Provisions shall be made for proper sterilization and sterile surgical technique shall be maintained in the handling of syringes, needles, instruments and dressings, etc.
  - (5) The institution shall maintain proper security precautions in the storage and utilization of syringes and needles. Complete destruction of disposable syringes shall be insured in accordance with State of New Jersey Narcotic Control Commission.
- (e) A program of foot care administered by a podiatrist.

INSTITUTIONAL PROGRAMMING  
Medical and Health Care (Cont'd)

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

- \*(1) Immunizations shall be given as prescheduled on a regular basis for smallpox, diphtheria, tetanus, pertussis, polio, measles, mumps and other illnesses so identified, consonant with accepted medical practices, Public Health Laws and recommendations.
- \*(2) Chest x-rays or skin testing for TB are to be carried out annually. Prophylactic courses of treatment shall be administered to tuberculin reactors.
- (3) Provision shall be made for isolation of communicable diseases and the prevention of their spread.
- \*(4) Sanitation inspections shall be conducted every month with a record of the results filed for easy reference.
- (5) Diets shall be adequate, nourishing and food tastefully prepared and served in a sanitary manner. Provisions shall be made for adequate special diets when medically prescribed.
- (6) Water, milk, ice machines, etc., shall be periodically examined and tested bacteriologically.

6. Medical Records

- a. An individual medical record shall be maintained for each resident in the institution. All information filed shall be dated and signed by the proper



INSTITUTIONAL PROGRAMMING  
Medical and Health Care (Cont'd)

authority and shall be readily accessible.

b. Each record shall contain:

1. Medical history and physical examination
2. Provisional and final diagnosis
3. Physicians' orders
4. Physicians' periodic progress notes on physical status
5. Medication and treatment record
6. Pertinent nurses' notes
7. Reports - laboratory, x-ray, consultation, operation, autopsy, etc.
8. All papers authorizing treatment (surgery and autopsy when performed, Administrative Order 1:58)
9. Discharge summaries

7. A written statement shall be on file affirming that the medical condition of the person to be released does not constitute a hazard to the resident or the community.

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

\*1. Psychological Classification in accordance with established procedures for implementation.

\*a. All new admissions shall be evaluated for intellectual development and analysis of mental and emotional characteristics. Recommendations for programming shall be contained in evaluation summaries as indicated in the standard on admissions.

INSTITUTIONAL PROGRAMMING  
Psychological Services (Cont'd)

- \*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. Counseling and Therapy - Residents identified as needing psychotherapy shall be provided such treatment utilizing the latest appropriate techniques available. Procedures for referral and routine schedules shall be developed.
  - 3. In-Service Training
    - a. A formal internship program shall be carried out in accordance with guide lines established in Administrative Order 4:04.
    - b. Psychological personnel shall participate in the in-service training programs designed to train institutional personnel.
  - \*4. Records shall be maintained concerning psychometric tests and therapies administered.
  - \*5. 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's effort directed toward the ultimate potential of each resident.
- 1. A formal educational curriculum and course of study shall be available.
  - 2. All professional education and training personnel shall meet the State Department of Education requirements for professional certification. Teaching assignments shall be appropriate to the individual's certification and Civil Service classification.

INSTITUTIONAL PROGRAMMING

Education and Training Services (Cont'd)

- \*3. Residents shall be assigned to programs on the basis of individual needs as determined in routine procedures of diagnosis and classification reviews.
4. All children of school age shall be in a learning training situation, except those who cannot profit from such experiences.
- \*5. All adult residents shall be included in organized learning training programs, except in the instance of those who cannot profit from the experiences.
- \*6. Learning training activities for the severely and profoundly retarded shall be planned and implemented.
7. Programs shall be provided in each of the following areas: speech and hearing, training for the visually handicapped, music, arts and crafts, physical education, and vocational training.
8. Classes shall be co-educational when appropriate, and grouped homogeneously, based on criteria established at the institution.
- \*9. The program schedules, subject matter, minimum hours of instruction, class size, and records shall conform to State Department of Education requirements.
- \*10. Vocational training programs shall be planned and implemented for pre-vocational training as well as for productive employment within the institution and outside placement.
11. Teacher schedules shall provide a daily minimum of four hours of formal teaching. Where they do not teach a full day, teachers shall be involved in related professional activities, including direct participation in Cottage Life learning training situations.

INSTITUTIONAL PROGRAMMING

Education and Training Services (Cont'd)

- \*12. Classification procedures shall provide for resident evaluations which serve as the basis for assignment to vocational activities.
  - \*13. All areas of the institution which are suitable for vocational training shall be utilized with responsibility for training clearly defined and coordinated.
- E. Social Service - This program shall provide a liaison and coordinating service between the institutions, the family, the Bureau of Field Services, and community resources. 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 assembling individual reports from appropriate service areas to aid in the evaluation of residents shall be developed and coordinated with other departments. Facts required shall be included in a consolidated report.
  - 2. Family counseling, participation in program planning, counseling with individuals and groups of residents.
  - \*3. Procedures for referral and schedules for routine counseling of residents shall be developed and maintained.
  - 4. Consultation for selection of placement referrals, employment, sheltered work shops, foster and/or boarding homes, as required.
  - 5. Active participation in parents' groups both within the institution and in the community.
  - \*6. Comprehensive and dynamic records concerning counseling administered.
  - 7. Consultation to community agencies to facilitate identification of existing and needed resources for the resident and his family. These resources shall be sought in conjunction with the Bureau of Field Services.

INSTITUTIONAL PROGRAMMING (Cont'd)  
Speech Pathology and Audiology Services

- F. Speech Pathology and Audiology Services - Services in speech pathology and audiology 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 routine procedures of implementation for resident admission evaluations, re-evaluations and speech and auditory training. These services shall provide:

1. Diagnostic (evaluation)
  - a. Speech evaluation
  - b. Language and communication appraisal
  - c. Hearing aid evaluation program
  - d. 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. Records and reporting systems shall be maintained providing timely clinical and statistical data concerning evaluations and therapy administered.

INSTITUTIONAL PROGRAMMING (Cont'd)  
Chaplaincy Services

G. Chaplaincy Services - Chaplaincy Service program for residents consistent with Administrative Order 1:53 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. Routinely scheduled Catholic, Protestant and Jewish worship services.
2. Observance of recognized religious holidays of the three major faiths.
- \*3. Religious instruction and counseling scheduled through routine procedures of implementation.
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 counseling 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 - This program shall provide prescriptive as well as amusement forms of recreation.

- \*1. All appropriate departments shall participate through coordinated, advanced scheduling.
2. Activities shall be provided for each resident consistent with his interests, abilities and capabilities.
- \*3. Intramural and extramural co-educational social activities shall be included in the recreational program.

INSTITUTIONAL PROGRAMMING  
Recreational Services (Cont'd)

4. Active and passive games, sports and off campus trips shall be included in the recreational program.

RESEARCH PROGRAMMING

Institutions shall continually strive to base their treatment, training, and care programs 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 projects shall be processed and conducted in a manner consistent with Administrative Order 6:01 and 6:02. The procedure to be followed in all services shall be developed and implemented.

Standards for research shall require the institutions to:

- A. Utilize opportunities to obtain funds from private or government sources to finance research.
- B. Encourage and support institutional personnel with demonstrated research interest and ideas to carry on research.
- C. Cooperate with universities and other research agencies in making research facilities available.
- D. 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 maintain 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.

## PUBLIC RELATIONS (Cont'd)

- B. Creating a more realistic understanding of the causes of mental retardation and the possibilities for 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

An active volunteer services program shall be instituted. Provision shall be made for:

- A. Employment of a full-time staff member 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. Routine schedules and procedures of implementation for the orientation of all new employees shall be developed. The training shall 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.

PERSONNEL, TRAINING AND STAFF DEVELOPMENT  
Personnel Standards (Cont'd)

- G. Working conditions shall be at least equivalent to those in the general community.
- H. Individual employee's performance shall be evaluated in accordance with established Civil Service and Departmental rules and regulations.
- I. Provisions shall be made to provide 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 with procedures developed to comply with Administrative Order 2:03.
- K. Employees working directly with residents or in food service shall be given annual health examinations in accordance with Administrative Order 2:12.
- \*L. In-service training programs, regularly scheduled, shall be available for all employees requiring extensive technical training, or whose pre-employment training and experience do not equip them with skills needed for the most effective contribution to the institutional economy.
- \*M. Each institution shall maintain current employee records utilizing record keeping procedures in compliance with Civil Service and Department of I. & A. requirements.

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 Director of the Division of Mental Retardation.

PERSONNEL, TRAINING AND STAFF DEVELOPMENT  
Professional Standards (Cont'd)

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, possessing qualifications established by the Department of Civil Service, 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 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. Chief of Nursing Services - Institutions with hospital facilities shall include a Director or Supervisor of Nurses on its staff possessing qualifications established by the Department of Civil Service. The incumbent shall be responsible for development and implementation of an effective nursing care program in the hospital and resident living facilities.
- E. Supervisor of Educational Programs - Each institution shall include on its staff an individual possessing the educational and certification requirements established by the New Jersey Department of Education and the Department of Institutions and Agencies, to administer the educational and training program of the institution.
- 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

PERSONNEL, TRAINING AND STAFF DEVELOPMENT  
Professional Standards (Cont'd)

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 by the institution, clinical services for emotionally disturbed residents, and participation in the institution's clinical review or evaluation 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 who shall have a MSW Degree from an accredited school of social work and at least three years post master's experience. 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 shall participate in the institution's clinical review or evaluation committee and in-service training programs.
- H. Supervisor of Cottage Life - Each institution shall appoint an individual possessing the qualifications established by the Department of Civil Service to the position of Supervisor of Cottage Life, to manage and administer all aspects of residential services in cottages. This shall include supervision over all employees assigned to Cottage Life and functions involving integration and coordination of specialized programs in the cottages such as: in-service training, resident training, food service, housekeeping, nursing and medical care, recreation, and regular resident evaluation.
- I. Supervisor of Recreational Services - A certified person with qualifications established by the Department of Civil Service shall supervise the recreation program. The Supervisor of Recreation shall be responsible for all recreational activities undertaken in cottages and special group recreation programs on and off campus.

PERSONNEL, TRAINING AND STAFF DEVELOPMENT  
Professional Standards (Cont'd)

- J. Chief of Volunteer Services - Each institution shall employ a full-time Volunteer Services Assistant possessing the qualifications established by the Department of Civil Service to supervise and coordinate the selection, training and utilization of volunteers.
- K. Business Manager - Each institution shall have an officer possessing qualifications established by the Department of Civil Service; 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.
- L. Personnel Officer - A staff member certified by Civil Service shall be in charge of the institution's personnel program. The incumbent shall be responsible for recruitment, orientation, processing grievances, and all other aspects of a progressive personnel program.
- M. Medical Record Librarian - A qualified person certified by the Department of Civil Service shall be responsible for maintaining resident case records, including medical data.
- N. The head of the Food Service Department shall be certified by the Department of Civil Service and shall have complete responsibility for administration and continual evaluation of the food service program. In the event the head of the Food Service Department is not a dietitian, provision shall be made to employ a dietitian.
- O. Engineer in Charge of Maintenance - A qualified, certified 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 certified by Civil Service shall be appointed

PERSONNEL, TRAINING AND STAFF DEVELOPMENT  
Professional Standards (Cont'd)

to manage and coordinate the housekeeping program of the institution. This program shall include routine and general cleaning of all living and work areas in the institution, the control and requisition of housekeeping supplies and the management of the linen, clothing and laundry services programs.

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 - In addition to a full-time Medical Director, the ratio of staff physicians to residents shall be:

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

Furthermore, the institution shall employ such additional physicians as required for medical, surgical, psychiatric treatment, outpatient evaluation services and medical consultant services described in the medical program section.

- B. Professional Nursing Services - Each institution providing medical hospital services shall be staffed by one Chief of Nursing Services supplemented by sufficient professional nursing personnel to complete staff required by post trick analysis.

PERSONNEL, TRAINING AND STAFF DEVELOPMENT  
Staffing Ratios (Cont'd)

Supportive personnel (licensed practical nurses, technicians or attendants) shall be available to provide a ratio of 1:1.6.

- 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.

The ratio for non-supervisory personnel to residents shall be:

Profound and Severe	1:1.6
Moderate and Mild	1:3.6

- E. Education and Training - In addition to the Supervisor of Educational Programs and two Assistant Supervisors of Educational Programs, Academic and Vocational, the ratio of certified teachers to classified residents in the chronological age range 5-20 inclusive, in the following categories, shall be:

- 1. Educable 1:15 (maximum overall IQ to minimum overall IQ of 50)
- 2. Trainable 1:10 (maximum overall IQ of 49 to minimum overall IQ of 25)
- \*\*3. Sub-trainable 1:50 (maximum overall IQ of 24)
- 4. Emotionally disturbed 1:8
- \*\*5. Adults 1:100 (chronological age over 21)

\*\*Certified teaching staff assigned to these residents will serve primarily as master teachers assisted by Cottage Life and other ancillary employees involved in a learning-training situation.

The above ratio of teaching staff shall be supplemented by at least one specialist for each of the following special training areas appropriate to the institution's population:

PERSONNEL, TRAINING AND STAFF DEVELOPMENT  
Staffing Ratios (Cont'd)

music, arts and crafts, training the visually handicapped, speech and hearing, vocational and 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 benefiting from recreation programs.

\*\*\*These ratios may not meet requirements for programs which carry specialized missions of evaluation, therapy and outpatient services; and where the populations served present severe or extensive psycho-social problems. In such instances ratios shall be established by joint consideration of the Division of Mental Retardation and the institution.

RECORDS AND REPORTING

Each institution shall maintain centralized filing of current residents' records for completeness and consistency. Minimum standard requirements for subsidiary records pertaining to specialized services are referred to in the separate program areas. Central files on each resident shall contain:

A. Pre-admission Data

1. Reports of psychological and medical examinations and evaluation.



RECORDS AND REPORTING (Cont'd)

2. Relevant medical, family and social history.
3. Previous institutionalization and hospital care.

B. Identification and Legal Data

1. Name and unit number.
2. Current address of parents of guardians and resident.
3. Birthday, place of birth and citizenship status.
4. Sex, height, weight and identifying marks.
5. Legal guardian.
6. Ethnic group and religion.
7. Legal status of resident's admission.
8. Social security and veteran status of parents and resident with identifying number.
9. Appropriate legal information relevant to disability, such as medical insurance, etc.
10. Place of legal residence at time of admission.
11. Photograph, fingerprints and classification.

C. The central record on each resident shall also contain admission evaluation, subsequent evaluations, etiology (MR) diagnosis, general treatment plan and progress while enrolled.

1. The treatment plan shall include education and training, psychological, medical, speech and hearing and social services.
2. Progress in the institution shall consist of:

RECORDS AND REPORTING (Cont'd)

- a. Changes in status and classification.
  - b. Educational status and progress.
  - c. Social Service - record of correspondence, counseling, etc.
  - d. Vocational status - training, experience.
  - e. Significant behavior incidents.
  - f. Discharge summaries and diagnosis.
  - g. Autopsy findings and death certificate.
- D. All records, subsidiary or centrally filed, shall be retained for the period of time specified by the records retention schedule, Division Circular #11.
- \*E. Trust funds provided for residents shall be retained in the institution's business office. Procedures of requests for withdrawal with limits established for purchases, etc. shall be developed. Funds held in trust for residents shall be deposited according to Administrative Order 5:04.
- \*F. A procedure shall be established to compile a consolidated perpetual daily census 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 daily recording and reporting shall be established within each program area. A report necessarily integrated with all programs of the institution shall be maintained to provide a log of major activities and unusual events that occur.
- H. Assistance in development and coordination of record and reporting procedures shall be the responsibility of the institution's professional staff.

## PHYSICAL PLANT

### A. Maintenance of Buildings and Grounds

- \*1. A program with procedures for implementation of preventive maintenance measures shall be implemented for all housing units, service facilities, and mechanical equipment.
- \*2. Procedures for reporting and expediting routine and non-routine repairs to physical facilities and equipment shall be implemented.
3. An effective grounds maintenance program shall be implemented to provide adequate roadways, parking facilities, and attractive institutional grounds.

### B. Health and Safety (Heat, Light and Ventilation)

1. Heating facilities shall be of sufficient capacity and level of operation to provide minimum temperatures of 68 degrees.
2. Humidity, water and climate controls plus adequate ventilation and lighting shall be provided to maximize comfort and health of residents.
3. Auxiliary equipment of sufficient capacity to provide minimum heat and light shall be available and maintained in suitable working order to meet emergencies.

### C. Health and Sanitation

1. State and local regulations governing water supply, sewerage disposal, plumbing, and insect control shall serve as minimum institutional standards.
2. Living units shall contain at least one lavatory, one bathing unit, and one toilet for each 8 to 10 persons with separate toilet facilities for each sex.
3. Toilet and handwashing facilities in all kitchen and food preparation areas, service rooms, and treatment rooms shall be provided to maximize comfort and health of residents and employees.

PHYSICAL PLANT

Health and Sanitation (Cont'd)

4. Personnel who work in the preparation or service of food shall be trained in food sanitation to conform with the Standard Operating Procedure for Institutions and Agencies' Sanitarians' Manual.
5. Sanitary storage space shall be available in all living areas for storage of clean linens and supplies.
6. Facilities for handling soiled linens and clothing shall be available in all resident, hospital and food service areas.
7. Living, sleeping, and eating areas shall be provided to meet the specialized needs of the institutional population.
8. An exterminator shall be engaged to routinely inspect and provide services to keep units free of infestation.

D. Safety

All areas of the physical plant shall incorporate 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. Housekeeping supplies shall be properly labeled with identification and written instructions regarding proper use.
5. Fire extinguishers and related fire fighting equipment shall be available as required by the State Fire Marshal.
- \*6. Fire drills shall be conducted monthly. The nature of each drill shall be in compliance with an established evacuation

PHYSICAL PLANT  
Safety (Cont'd)

plan approved by the State Fire Marshal as per Administrative Order 4:08.

- \*7. A fire and safety inspection of each unit shall be conducted at least once a month as directed by the institution's coordinator of fire and safety. A report shall be submitted to the State Fire Marshal.

E. Specialized Areas

Space shall be provided for all special program and service functions carried out by the institution including:

1. Food storage, preparation, and distribution areas.
2. Power plant, laundry, maintenance shops and all other central services.
3. Office space for fiscal, and all program related clerical functions.
4. Attractive space for visitors and guests, including public waiting rooms and wash-room facilities.

WO:ek

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