



July 6, 2026

Pennsylvania Independent Regulatory Review Commission
555 Walnut Street, Suite 804
Harrisburg, PA 17101

RE: Notice for public comment regarding Regulation #14-559: Residential Services for Children and Youth

Dear Members of the PA IRRC,

Children First respectfully submits the following comments regarding Regulation #14-559: Residential Services for Children and Youth, 55 Pa. Code Chapters 3800, 3900, 3910 and 3920.

Children First (formerly Public Citizens for Children and Youth) improves the lives and life chances of children in Southeast Pennsylvania and across the Commonwealth by advocating for the building blocks of opportunity — equitable access to high-quality early education, sound health care, effective public schools, as well as dependency and delinquency systems that heal children. We work with and organize parents, youth, and concerned citizens to advance these fundamental requirements of a more just society and for a better future.

We greatly appreciate the opportunity to shape these critical regulations, which will impact children receiving residential treatment services across the Commonwealth. We look forward to engaging with the Department of Human Services as the agency continues to develop and implement these changes and hope that DHS will view Children First as a resource.

Children First will provide comments on sections of the proposed regulation where our expertise is most relevant.

§ 3900.5. Definitions.

Children First recommends that the roles of “peer advocate” and “peer support specialist” be clearly defined in the regulations.

§ 3900.16. Reportable incidents.

Children First supports the inclusion of body cavity searches unexplained child absences in the list of reportable incidents. This appropriately reflects that these incidents should not be a routine part of facility operations, are serious in nature, and require commensurate response and documentation.

Strip (body) searches are not identified as reportable incidents in these proposed regulations, though they are invasive by nature and may involve the exposure of a child’s private body parts to

facility staff. Thus, Children First recommends that strip (body) searches be included in the list of reportable incidents as well.

§ 3900.17. Recordable incidents.

Children First commends the inclusion of unsubstantiated investigations of grievances by children or their parents. Facilities should be required to keep a record of all grievances, including those that were unsubstantiated, in order to identify patterns and possible systemic issues.

§ 3900.20. Confidentiality of records.

Children First supports the inclusion of requirements to develop confidentiality policy specifically related to photos and social media. It is important to note, however, that inclusion of children's faces in published photos and social media posts serves as identification and disclosure that they are receiving services from a facility. This, in and of itself, is a violation of children's privacy, and as such, Children First recommends that these regulations include a prohibition on the use and posting of photos that include children's faces or other identifying information.

§ 3900.31. Notification of rights and grievance procedures.

Children First commends the thorough, detailed policy on youth rights posting requirements, processes that allow for different methods of filing grievances, and documentation.

§ 3900.32. Specific rights.

Children First applauds the comprehensive list of specific rights, which are more youth-driven (particularly the emphasis on participation in one's own treatment) and trauma-informed. This list of youth rights is also more nuanced and is inclusive of new technology considerations and important considerations for gender identity needs.

§ 3900.41. Person and property searches.

First, Children First supports the prohibition on facility staff conducting body cavity searches, and the inclusion of cavity searches in reportable events. We also commend the detailed requirements for facility policy, additional supervisory approval, attempts at risk mitigation, special consideration for transgender and nonbinary youth, documentation of searches, and aggregate data reporting. Cavity searches are extremely invasive and traumatic for young people, especially those who may have already experienced sexual harm. It is important that they only be done under very specific conditions, and we appreciate the thoughtfulness of this section of the proposed regulations.

Children First does have concern about potentially contradictory language in 3900.41(c)(4) and 3900.42(c).

3900.41(c)(4) states:

"(c) (4): Body searches may be deemed reasonable for children or youth with documented histories of aggressive or violent behavior, self-harming behavior or threats, or alleged or known access to weapons, potentially harmful items or other types of contraband."

3900.42(c) states *“Searches may be conducted by facility staff only if there is reasonable cause to suspect that the child or youth possesses contraband, the search is no more invasive than necessary to detect the contraband and the search is conducted under circumstances to minimize the intrusive effect.”*

3900.41(c)(4) describes a child’s history, not their current state, and such should not be utilized as justification for a body search. The language in 3900.42(c), which indicates the need for reasonable suspicion of contraband, is more appropriate for justification of a search.

In addition, Children First is concerned that the parent/contracting agency are only notified when contraband is found. Parents, contracting agencies, and the child’s attorney should be notified of all invasive searches and their outcomes.

§ 3900.55. Additional staff responsibilities

Children First applauds the requirement that agencies include peer resources, as peers can be essential to supporting children and their families through navigating complex service systems. Please note, however, that parent and youth peers are not interchangeable roles. We recommend that facilities designate both and receive sufficient financial resources for staffing both roles. In addition, the roles are not clearly defined in these proposed regulations. We recommend the inclusion of clear definitions for each, including a statement that lived experience is a requirement for the role.

§ 3900.57. Staff training

Children First commends the thorough training requirements in this section. These comprehensive requirements will promote best practices in residential facilities and positive outcomes for children and youth receiving treatment. It is essential that facilities adopt and train their staff on a trauma-informed approach, verbal de-escalation, child development and needs, treatment planning, and confidentiality and grievance processes.

§ 3900.88. Video surveillance system

Children First supports the inclusion of requirements for video surveillance systems and recording retention, as these provisions are essential to protect youth safety and rights. Children First also recommends inclusion of a statement regarding compliance with other applicable confidentiality statutes and regulations.

3900.161. Appropriate use of restrictive procedures

3900.161 (4) states “a restrictive procedure shall be discontinued when the child or youth demonstrates that they have regained self-control.”

Children First notes that this language is too vague. Self-control is a broad term for which the assessment is highly subjective; furthermore, it goes beyond the threshold for initiation of a restrictive procedure (risk of harm to self or others). Therefore, Children First recommends that this section be modified to indicate that restrictive procedures should be discontinued when the child or youth demonstrates that their behavior is no longer a risk of harm to self or others.

§ 3900.164. Restrictive procedures staff training

Children First supports the inclusion of requirements that facilities utilize and train staff in a professionally recognized, evidence-based curriculum.

§ 3900.167. Chemical restraints

Chemical restraints carry health risks, including breathing issues and heart complications. Children First recommends that chemical restraints be prohibited under this section, as they are in several other states. If permitted, there should be extensive safeguards in place and plans to prevent overuse.

§ 3900.168. Physical restraints

Children First recommends several clarifications and additions to this section.

In 3900.168 (b) (3), Children First recommends that “physical prompts” be clearly defined, as it is a type of physical intervention that must clearly be distinguished from the others described in this section.

In 3900.168 (b) (4), it is important to note that while escorting and guiding a youth may not be considered a physical restraint, unwanted and/or unnecessary physical escorts may provoke physical reactions from youth or aggressive behavior that can lead to otherwise preventable physical and/or chemical restraints. There should be clear guidelines regarding when staff is permitted to physically intervene with children and youth, and documentation for such.

Regarding 3900.168 (e) and (f), Children First recommends the inclusion of maximum time limits for physical restraint and guidelines for when staff should seek medical and/or psychiatric evaluation of a child whose behavior requires restraint beyond the stated time.

§ 3900.170. Restrictive procedure records

Children First commends the inclusion of additional documentation requirements for restrictive procedures, as well as requirements for quality improvement processes and data collection and analysis. Children First recommends that the Department make aggregate data publicly available on an annual basis.

In section 3900.170(i), Children First recommends inclusion of a requirement to notify the child’s attorney of restrictive procedures, including the guardian ad litem if applicable.

§ 3900.183. Child and youth involvement

Children First supports the inclusion of requirements that facilities engage youth in specific programming to ensure their success upon discharge.

§ 3900.184. Youth training

Children First commends the inclusion of requirements for training in 3900.184 (a)-(e). For the training topics in (a)-(c) specifically, Children First recommends that PA DHS identify specific trainings and provide training resources to facilities.

3900.185. Description of services

Children First supports the addition of this section. Inclusion of a description of the services offered at the facility (particularly subpart c) should reduce inappropriate referrals and as such, ejections or rejections which can lead to increased lengths of stay.

3900.191. Content of the ISP

Children First supports the expansion of this section to include more detailed requirements for Individual Service Plans, including the specific services and activities to meet the youth's needs as well as their treatment goals and transition support for older youth.

§ 3900.195. Transfer or discharge

Children First supports the expansion of this section to include more comprehensive requirements for discharge planning, including active participation by the child or youth in the planning process and connections to community services and supports.

3900.211. Sanctions

Children First commends the addition of this section to expand oversight and accountability for facilities that violate this chapter. Robust oversight and accountability practices are critical to protecting the rights and safety of youth in residential facilities, and we applaud the comprehensive provisions in this section.

§ 3920.6. Reportable incidents

Children First commends the additional requirements for reportable incidents in secure detention settings. We recommend that the use of physical restraint longer than the specified maximum time be added to this list.

§ 3920.22. Seclusion

Children First supports the inclusion of requirements to obtain a court order to continue seclusion, handcuffs, and restraints beyond specified timelines.

In closing, Children First is grateful for the comprehensive, thorough nature of these proposed regulations. They represent an important step toward protecting the safety and well-being of children in residential settings and ensuring that they receive treatment services that meet their needs and allow them to transition back home and into the community successfully.

Thank you for the opportunity to comment.

Sincerely,

Stefanie Arbutina

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