DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 22 - BIRTH CENTERS

6 CCR 1011-1 Chapter 22

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Adopted by the Board of Health on November 20, 2019. Effective January 14, 2020.

SECTION 1 – STATUTORY AUTHORITY AND APPLICABILITY

1.1 The statutory authority for the promulgation of these rules is set forth in section 25-1.5-103 and 25-3-100.5, *et seq.*, C.R.S.

1.2 A birth center, as defined herein, shall comply with all applicable federal and state statutes and regulations, including, but not limited to:

(A) This Chapter 22, and

(B) 6 CCR, 1011-1, Chapter 2, General Licensure Standards, unless otherwise modified herein.

SECTION 2 – DEFINITIONS

2.1 "Birth center" means a freestanding facility licensed by the department that is not a hospital, attached to a hospital, or in a hospital which provides prenatal, labor, delivery and postpartum care to low risk pregnant persons and the newborns. Care during delivery and immediately after delivery shall be generally less than twenty-four hours.

2.2 "Certified Nurse Midwife" (CNM) means an advanced practice nurse licensed in the state of Colorado who is educated in the two disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the American Midwifery Certification Board.

2.3 "Client" means a person receiving prenatal, intrapartum, and postpartum services. Unless the context dictates otherwise, client also means an infant receiving newborn care services from the facility.

2.4 "Facility" means a birth center.

2.5 "Intrapartum" means pertaining to the period of labor and birth.

2.6 "Low risk pregnancy" means expected normal, uncomplicated prenatal and intrapartum course assisted by adequate prenatal care and prospects for a normal uncomplicated birth based on continual screening for prenatal high risk factors. Prenatal high risk factors shall preclude eligibility for admissions as well as continued services at the facility.

2.7 "Medical waste" means waste that may contain disease causing organisms such as discarded surgical gloves, sharps, blood, human tissue, products of conception; or waste that may contain chemicals that present potential health hazards such as pharmaceutical waste and laboratory waste.

SECTION 3 – RESERVED

SECTION 4 – GOVERNING BODY

4.1 The governing body shall be responsible for the overall operation and management of the facility. The governing body shall provide adequate facilities, personnel and services necessary for the welfare and safety of the clients. The facility shall delineate the structure and membership of the governing body in written policy.

4.2 The governing body shall:

(A) adopt administrative and operational by-laws in accordance with legal requirements that include the facility's organizational structure with lines of authority and responsibility.

(B) meet at least annually and maintain accurate records of such meetings.

(C) define the scope of the services provided by the facility.

(D) ensure that the facility is available for occupancy 24 hours per day.

(E) appoint, in writing, a full-time administrator.

(F) appoint and delineate, in writing, clinical privileges of practitioners based upon recommendations by the clinical staff and commensurate with the practitioner's qualifications, experience, and present capabilities. An up-to-date roster of practitioners credentialed by the facility that specifies the approved procedural privileges of each practitioner shall be available to the staff at all times.

(G) approve written policies and procedures for the operation of the facility. Policies and procedures shall be consistent with current professional standards, reviewed annually and revised as necessary.

(H) ensure that contracted services are delivered in accordance with the facility's policies and procedures. Contracts, including service contracts, shall be reviewed annually and revised as necessary.

(I) develop job descriptions for all employee positions that delineate functional responsibilities and authority.

(J) maintain an effective quality management program in accordance with 6 CCR 1011-1, Chapter 2, Part 4.

(K) adopt a national standard for infection control and ensure the adequate investigation, control and prevention of infections.

(L) establish a written plan for emergent and non-emergent transport of clients to a hospital with specific examples that denote emergent and non-emergent conditions. The effectiveness of the plan shall be evaluated annually. Clients with an emergent condition shall be transported by emergency medical services to the nearest hospital capable of providing care.

(M) develop and maintain a written emergency preparedness plan for the emergency care or relocation of clients in the event of fire or other physical damage to the facility, weather emergencies endemic to the region, loss of utilities or equipment malfunction. The plan shall be current. Emergency evacuation drills shall be conducted at least semiannually.

(N) ensure that staff perform medical emergency drills at least quarterly.

SECTION 5 – ADMINISTRATOR

5.1 The administrator shall have authority for the day to day operation of the facility. The administrator shall designate in writing a qualified employee to act as administrator in the temporary absence of the administrator.

5.2 The administrator shall be responsible for the development of facility policies and procedures for employee and clinical staff use. All policies and procedures shall be reviewed and/or updated as necessary but at least annually.

SECTION 6 – CLINICAL STAFF

6.1 The facility shall have an organized clinical staff restricted to the following practitioners: physicians and certified nurse midwives. The clinical staff shall be currently licensed to practice medicine or midwifery in Colorado.

6.2 Clinical services shall be under the supervision of a clinical director, who shall be a member of the clinical staff. The clinical director shall be the formal clinical liaison with the governing body. The clinical director shall be responsible for implementing, coordinating and assuring the quality of client care services. The clinical director shall also be responsible for the coordination of all the professional medical consultants to the facility.

6.3 The clinical director or a delegated committee of the clinical staff shall:

(A) meet at least annually and maintain accurate records of such meetings.

(B) formulate, adopt and enforce by-laws, rules, regulations and policies for the proper conduct of its members.

(C) recommend clinical staff privileges to the governing body.

(D) participate in the quality management program.

(E) recommend policies and procedures for admission and client care to the governing body. Such policies and procedures shall address cultural competency and the social determinants of health, in accordance with national standards for midwifery care.

6.4 Practitioner consultative services by individuals such as advanced practice nurses, family medicine practitioners, obstetricians, and pediatricians shall be available to clinical staff commensurate with the scope of services provided by the facility. An up-to-date roster of professional medical consultants shall be available to the staff at all times.

SECTION 7 – HEALTH INFORMATION MANAGEMENT

7.1 The facility shall provide sufficient space and equipment for the processing and the safe storage of health information records. Records shall be maintained and stored out of direct access of water, fire, and other hazards to protect them from damage and loss. A records recovery or backup system shall be utilized to ensure that there is no loss of health information records.

7.2 A person knowledgeable in health information management shall be responsible for the proper administration and protection of health information.

7.3 The facility shall store health information in a manner that protects client privacy and confidentiality and allows for retrieval of records in a timely manner.

7.4 Retention

(A) With the exception of health information records of minors (individuals under the age of 18 years) records shall be preserved as original records, on microfilm, or electronic format for no less than seven years after the most recent client care encounter, after which time records may be destroyed at the discretion of the facility.

(B) Health information records of minors shall be preserved for the period of minority plus 10 years.

7.5 General Content

(A) Complete health information records shall be maintained on every client from the time of registration for services through discharge. All entries into the record shall be dated, timed, and signed by the appropriate personnel.

(B) All orders for diagnostic procedures, treatments and medications shall be signed by the clinical staff or other authorized licensed practitioners submitting them and entered in the record in ink or type, as a facsimile, or by electronic means. The prompt completion of the health information record shall be the responsibility of the clinical staff. Authentication may be by written signature, identifiable initials or computer key.

(C) The record shall contain accurate documentation of significant clinical information pertaining to the client and newborn sufficiently detailed and organized in such a manner to enable:

(1) another practitioner to assume care of the client or newborn at any time.

(2) evaluation of the quality of client care by the quality management program.

(3) the clinical staff to utilize the record to instruct the client and family members.

(4) the clinical staff to determine high risk factors throughout the pregnancy, labor, delivery and postpartum period.

7.6 Content of Adult Client Record

(A) The records of adult clients shall contain, but not be limited to:

(1) identification data including history, physical examination, and risk assessments, including psychosocial information. Each client shall have a unique medical record identification number.

(2) executed informed consent(s) which shall be obtained prior to the onset of labor.

(3) all laboratory testing results, including but not limited to, test results for rubella screening and RH factor.

(4) clinical observations, interventions, and medications administered during prenatal care, labor and delivery, and immediate postpartum care.

(5) medical orders and, if applicable, consultative reports.

(6) complications, referrals, and transfers.

(7) discharge summary.

(8) postpartum visits.

(9) the family member or support person designated by the client, who will care for the newborn in the event that the adult client is separated from the newborn.

7.7 Content of Newborn Record

(A) Records of newborns shall be maintained as separate records. The clinical records of the newborn shall contain:

(1) date and time of birth, birth weight and length, period of gestation, sex and condition of infant on delivery (including Apgar and any resuscitative measures taken).

(2) record of ophthalmic prophylaxis.

(3) record of administration of Rh immune globulin, if any.

(4) physical examination at birth and at discharge.

(5) genetic screening, PKU or other metabolic disorders report.

(6) fetal monitoring record.

(7) copy of birth certificate worksheet.

(8) any complications, referrals and transfers.

(9) discharge summary.

7.8 Progress Notes. The facility shall establish a standard methodology for recording client education, medications, treatments and procedures. Documentation shall include notation of the instructions given to clients at the time of discharge. All recordings shall be signed, including name and identifying title.

7.9 Central Log. There shall be a log for registering births, with information about the adult client and the newborn.

(A) Adult Client. The log shall contain the following information for the adult client:

(1) name.

(2) date of delivery.

(3) time of delivery.

(4) type of delivery.

(5) transfer information, if applicable:

(a) mode of transfer, i.e, EMS or other.

(b) reason for transfer.

(c) outcome after transfer.

(B) Newborn. The log shall contain the following information for the newborn:

(1) name, if available.

(2) sex.

(3) weight.

(4) gestational age.

(5) Apgar score.

(6) transfer information, if applicable:

(a) mode of transfer, i.e, EMS or other.

(b) reason for transfer.

(c) outcome after transfer.

SECTION 8 – NURSING AND OTHER PERSONNEL

8.1 Staffing

(A) Each facility shall be staffed with an appropriate number of professional and ancillary personnel whose education, training and experience is commensurate with assigned duties and responsibilities.

(B) There shall be sufficient registered nurses and auxiliary nursing personnel on duty to meet the total nursing needs of the clients.

(C) Nurses and other personnel shall perform their duties in accordance with their scope of practice.

8.2 Personnel files shall be maintained on the premises for all personnel which contain at minimum:

(A) evidence of current licensure or certification.

(B) signed contracts for contracted employees.

8.3 The facility shall develop and implement written policies and procedures regarding:

(A) the conditions of employment, orientation and management of employees.

(B) evaluation of skills for non-credentialed staff.

(C) employee health to protect clients from being exposed to communicable disease. The policy shall:

(1) address pre-employment health requirements, if any.

(2) identify which communicable diseases render an employee ineligible for duty and the process for restoring eligibility for duty.

(3) provide that staff exposed to blood shall have full immunization against hepatitis B or documentation of refusal.

8.4 The facility shall require all persons, including students, who examine, observe, or treat clients to wear identification stating, at minimum, the person's name and credentials.

SECTION 9 – ADMISSIONS AND DISCHARGE

9.1 Only members of the clinical staff shall admit clients to the facility.

9.2 As a condition of admission all persons shall sign prior to the onset of labor a disclosure document which shall contain:

(A) an explanation of the services available.

(B) an explanation of the services not available, including types of anesthesia.

(C) the risks, benefits and eligibility requirements for care.

(D) the facility's plan for provision of emergency and non-emergency care in the event of complications with client or newborn, and a statement of the time to and location of the nearest hospital for care of the client and newborn.

(E) a written statement of fees for services and responsibilities for payment.

9.3 Only low risk pregnant persons for whom prenatal and intrapartum history, physical examination, and laboratory screening procedures have demonstrated a normal, uncomplicated course of pregnancy and labor shall be admitted.

(A) The facility shall specify in policy and procedure the criteria used to evaluate risk status. The criteria shall be based on a current national standard of care, such as, but not limited to, indicators established by the American Association of Birth Centers. The social, medical, obstetric, fetal and/or neonatal risk factors which exclude persons from the low-risk intrapartum group shall be clearly delineated and annually reviewed and updated as appropriate.

(B) The criteria used to evaluate risk status shall be applied for each client during the entire course of care delivered by the facility.

(C) Prenatal care in accordance with current standards of practice shall be a prerequisite for admission.

9.4 Discharge Planning

(A) An individualized discharge plan shall be communicated to the client and recorded in the client's chart. The discharge plan shall include:

(1) information about follow up visits. A follow up visit shall be scheduled prior to discharge.

(2) referrals for continuity of care for both the client and newborn. The facility shall provide the relevant portions of the newborn records to the client. Upon request by the client or the pediatric care provider, the facility shall provide a copy of the newborn records to the pediatric care provider.

(B) The facility shall provide a list of available counselors and counseling services to clients known to be considering relinquishing or terminating parental rights. The list shall also be provided to any other family or support person designated by the client.

(C) The facility shall file birth certificates with the state registrar in accordance with Section 25-2-112, C.R.S.

SECTION 10 – LABORATORY SERVICES

10.1 Clinical laboratory services shall be available as required by the needs of the clients as determined by the clinical staff. Whether provided on-site or by contract, the laboratory shall meet the requirements of the "Clinical Laboratory Improvement Amendments of 1988," 42 USC § 263a, and the corresponding regulations at 42 CFR Part 493.

SECTION 11 – FOOD SERVICES

11.1 Safe food storage and preparation practices shall be followed, in accordance with policies and procedures developed by the facility, whether food is prepared at the facility, by a contracted catering service, or brought by clients.

SECTION 12 – EMERGENCY CARE AND TRANSFERS

12.1 Policies and procedures regarding emergency care and transfer shall address, but not be limited to, the following:

(A) transfer to a hospital, when appropriate, in a timely manner to ensure the well-being of the adult client and newborn.

(B) transfer of information required for proper care and treatment of the individual(s) transferred, including client health records.

(C) security and accountability of the personal effects of the individual(s) being transferred.

(D) communication with the receiving hospital.

12.2 Clients with the following conditions intrapartum shall be transferred to a hospital:

(A) client request for transfer from birth center care.

(B) client admitted with any conditions which preclude birth center delivery.

(C) need for pharmacologic agents for cervical ripening, induction, and augmentation of labor.

(D) failure of progressive cervical dilation or descent after trial of therapeutic steps capable of being applied at the facility.

(E) fetal monitoring beyond intermittent auscultation.

(F) fetal distress without delivery imminent.

(G) development of preeclampsia.

(H) intrapartum hemorrhage (placenta previa or abruptio placentae).

(I) prolapsed cord.

(J) change to non-vertex presentation.

(K) evidence of amnionitis.

(L) development of any other complication beyond the facility's scope of services identified by the governing board pursuant to section 4.2 (C) of these regulations.

12.3 Clients with the following conditions post-partum shall be transferred to a hospital:

(A) Adult Client

(1) hemorrhage not responding to treatment.

(2) retained placenta.

(3) need for extended observation.

(4) development of any other complication beyond the facility's scope of services identified by the governing board pursuant to section 4.2 (C) of these regulations.

(B) Newborn

(1) Apgar less than 7 at 5 minutes.

(2) need for oxygen beyond 5 minutes.

(3) signs of prematurity.

(4) signs of respiratory distress.

(5) jaundice, anemia, polycythemia, or hypoglycemia.

(6) persistent hypothermia (less than 97° F at 2 hours of life).

(7) persistent hypotonia.

(8) exaggerated tremors, seizures or irritability.

(9) any significant congenital anomaly, seen or suspected.

(10) sign of significant birth trauma.

(11) development of any other complication beyond the facility's scope of services identified by the governing board pursuant to section 4.2 (C) of these regulations.

SECTION 13 – RESERVED

SECTION 14 – PHARMACEUTICAL SERVICES

14.1 The facility shall maintain an inventory of medications sufficient to care for the number of adult clients and newborns registered for care.

14.2 The facility shall develop and implement policies and procedures for the storage, dispensing and administration of drugs and biologicals in accordance with professional standards of practice and applicable state and federal laws and regulations, including but not limited to, 21 CFR Section 1300, et seq., pertaining to federal drug enforcement administration requirements for controlled substances.

14.3 Medication shall be administered only by a licensed nurse or the clinical staff.

14.4 The facility shall monitor the expiration date of all medications.

14.5 Medications maintained in the facility shall be appropriately stored and safeguarded against diversion or access by unauthorized persons.

(A) Appropriate records shall be kept regarding the disposition of all medications. Expired medications shall be disposed of in accordance with state law.

(B) Controlled Substances

(1) Controlled substances shall be maintained in double-locked, secured cabinets. There shall be a written procedure for maintaining accountability and monitoring for diversion.

(2) On-site destruction of controlled substances shall be witnessed and documented in writing by two clinically licensed individuals and destroyed in a manner that renders the controlled substances totally irretrievable.

SECTION 15 – CLIENT CARE

15.1 Client Rights. The facility shall be compliant with 6 CCR 1011.1, Chapter 2, Part 7.

15.2 Policies and Procedures. The facility shall develop and implement written policies and procedures to provide comprehensive perinatal care for low-risk pregnancy, newborn care and referral of high risk pregnancy consistent with current standards of practice. Policies and procedures shall include, but not be limited to:

(A) parent education, including orientation to the philosophy of care and the scope of services of the facility.

(B) continuous screening for high risk that addresses:

(1) a screening process that includes written criteria for admission of only low risk pregnancies.

(2) the routine evaluation of clients throughout pregnancy to assure that their pregnancy remains low risk.

(3) protocols for referral of high risk persons and newborns to appropriate providers of obstetrical and newborn care.

(C) breastfeeding supportive practices.

(D) availability or actual contact with clinical staff on a 24 hour per day, 7 days per week basis.

15.3 Provision of Care

(A) All persons admitted to the facility shall be under the direct care of a member of the clinical staff and agree to remain at the facility not less than four hours postpartum.

(B) Antenatal Care

(1) There shall be a program of education including provision of information to include, but not be limited to:

(a) anticipated changes during pregnancy.

(b) the signs of preterm labor.

(c) preparation for labor and delivery, including pain management and obstetrical complications and procedures.

(d) feeding options and care of the newborn, including infant safe sleep practices.

(e) signs of depression during pregnancy and after childbirth.

(f) preparation needed for discharge of the client and the newborn following delivery, including referrals associated with ensuring the continuity of care.

(2) Each client shall have a plan of care developed by clinical staff. The plan shall identify the care to be provided and the need for postpartum services. The client shall be involved in reassessments and revisions of the plan that may be required.

(3) Each client shall be assessed for immunity to rubella and counselled on associated risks.

(4) Each client shall undergo prenatal testing in accordance with professional standards of care.

(C) Care During Labor and Delivery

(1) The facility shall provide regular and appropriate assessment of the client and fetus throughout labor.

(2) Anesthesia

(a) Only local anesthesia for episiotomies and repair of lacerations may be provided.

(D) Postpartum Care. Care during the postpartum period shall include, but not be limited to:

(1) Client

(a) maternal assessments and follow up care.

(b) screening and referral for postpartum depression.

(2) Newborn

(a) newborn assessments and follow up care.

(b) eye prophylaxis in accordance with Section 25-4-301, C.R.S.

(c) newborn screenings based on current standards of practice as well as in accordance with Section 25-4-1001, et seq., C.R.S. If the facility does not provide newborn hearing screening, it shall provide information regarding where parents may have their infants' hearing screened and the importance of such screening.

(d) a newborn identified with abnormalities shall be referred for appropriate follow up, in accordance with facility policy. The facility shall communicate with the pediatric care provider and transfer birth and newborn records to the pediatric care provider.

15.4 Staffing

(A) There shall be sufficient staff to meet the demands for services routinely provided and coverage during periods of high demand or emergency.

(B) Clinical staff shall be present at each birth and until the client and newborn are stable postpartum. At a minimum, there shall be a second person in addition to the clinical staff, who is a registered nurse with adult and infant resuscitation skills, present during the delivery.

(C) Clinical staff or a registered nurse with adult and infant resuscitation skills shall be present at the facility at all times when a client or newborn is present postpartum through discharge. Additional and sufficient personnel shall be provided when more than one client is in active labor.

SECTION 16 – EQUIPMENT AND SUPPLIES

16.1 Each facility shall be equipped with those items needed to provide low risk maternity care and shall include equipment to initiate emergency procedures. The facility shall have readily accessible equipment and supplies in order to:

(A) perform initial and ongoing assessment of the client and fetus.

(B) provide care during birth, including repair of lacerations and management of uterine atony.

(C) perform evaluation and, if necessary, resuscitation of the newborn.

(D) perform screening and ongoing assessment of the newborn.

(E) provide oxygen supplementation for the adult client or newborn as needed.

(F) establish and provide intravenous access and fluids, as needed.

16.2 There shall be a readily accessible emergency cart or tray for the adult client and the newborn to carry out the emergency procedures of the facility. There shall be written logs of routine maintenance for readiness.

16.3 There shall be a system to monitor the readiness of all equipment, medications, intravenous fluids and supplies.

(A) Equipment shall be maintained and tested in accordance with manufacturer's instructions.

(B) The inventory of supplies and intravenous fluids shall be sufficient to care for the number of adult clients and newborns registered for care.

16.4 Supplies such as needles, syringes and prescription pads shall be appropriately stored to avoid public access.

SECTION 17 – HOUSEKEEPING SERVICES

17.1 Each facility shall provide housekeeping services which ensure a pleasant, safe and sanitary environment. If the facility contracts with an outside vendor to provide housekeeping services, there shall be a written agreement regarding the services and the facility shall be ultimately responsible for quality control of the contractor.

17.2 Written policies and procedures shall be established and followed which ensure adequate cleaning and/or disinfection of the facility and equipment.

17.3 All cleaning materials, solutions, cleaning compounds and hazardous substances shall be properly identified and stored in accordance with manufacturer's instructions.

17.4 All waste containers in client care areas shall be impervious, lined and clean.

17.5 All personnel shall wash their hands immediately after handling waste.

SECTION 18 – LAUNDRY AND LINENS

18.1 The facility shall make arrangements for the cleaning of linen and laundry either on the premises or per contractual arrangement.

18.2 The facility shall develop and implement written policies and procedures for the handling, storage and transporting of clean and soiled linen that prevents contamination.

18.3 Linen shall be cleaned in a manner that prevents contamination and laundry chemicals shall be used in accordance with manufacturer's instructions. Linen shall be maintained in good repair.

18.4 A facility with laundry service on the premises shall have space and equipment for the safe and effective operation of a laundry service. There shall be distinct areas for the separate storage and handling of clean and soiled linens.

SECTION 19 – INTERIOR AND EXTERIOR ENVIRONMENT

19.1 The facility shall develop and implement written policies and procedures for a maintenance program to keep the facility in good repair and to provide for the safety, welfare and comfort of the occupants of the building.

19.2 The facility shall eliminate hazards to clients and visitors. In areas accessible to children, elimination of hazards shall include, but not be limited to, uncovered electrical outlets.

19.3 The facility shall develop and implement written policies and procedures to provide for effective control and eradication of vermin. All openings to the outer air shall be effectively protected against the entrance of vermin by self-closing doors, closed windows, screens, controlled air currents or other effective means.

SECTION 20 - WASTE STORAGE AND DISPOSAL

20.1 Facilities shall manage, transport, and dispose of medical waste in accordance with the state solid waste regulations, 6 CCR 1007-2, Part 1.

20.2 Facilities that generate waste, including medical waste, shall conduct a hazardous waste determination in accordance with Part 261 of the state hazardous waste regulations, 6 CCR 1007-3. If the facility generates hazardous waste, it shall manage, transport, and dispose of such waste in accordance with 6 CCR 1007-3.

SECTION 21 – PHYSICAL PLANT STANDARDS

21.1 Any construction or renovation of a birth center initiated on or after July 1, 2020, shall conform to Part 3 of 6 CCR 1011-1, Chapter 2, unless otherwise specified in this current Chapter.

21.2 Birthing Room

(A) Each birthing room shall be maintained in a condition which is adequate and appropriate to provide for the equipment, staff, supplies and emergency procedures required for the physical and emotional care of a client, the client's designated family member or support person, and the newborn during birth, labor and the recovery period.

(B) Birthing rooms shall be located to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles and equipment.

(C) A window in the birthing room shall not be required solely for the purpose of natural light.

21.3 Doors

(A) Doors providing entry/exit and access into the facility and birth room(s) shall be of adequate width and/or configuration to accommodate maneuvering of ambulance stretchers and wheelchairs and other emergency equipment.

(B) The doors to the toilets in labor, delivery and postpartum care areas for client use shall have hardware that allows staff emergency access.

Editor's Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on the rule's current version page. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap 04 or 6 CCR 1011-1 Chap 18.

History

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