

Title 18: Mississippi Department of Child Protection Services

Part 310: General Licensure and Operation Standards for Congregate Care Facilities and Private Child-Placing Agencies

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Title 18: Mississippi Department of Child Protection Services

Part 310: General Licensure and Operation Standards for Congregate Care Facilities and Private Child-Placing Agencies

Chapter 1 ADMINISTRATION AND MANAGEMENT

Rule 1.1. *Authority* – The Mississippi Department of Child Protection Services (MDCPS or Department) is endowed by the Mississippi Legislature with the power to create rules and regulations regarding:

- a. Approving, extending, denying, suspending and revoking licenses for foster homes, congregate care providers (residential child-caring agencies) and child-placing agencies;
- b. Conditional licenses, variances from Department rules and exclusions;
- c. Basic health and safety standards for licensees; and
- d. Minimum administration and financial requirements for licensees.

MDCPS is further authorized to:

- a. Define information that must be submitted to the Department with a license application;
- b. Establish guidelines for the administration and maintenance of client and service records, including staff qualifications and staff-to-client ratios;
- c. Issue licenses in accordance with this chapter;
- d. Conduct surveys and inspections of licensees and facilities;
- e. Establish and collect licensure fees;
- f. Investigate complaints regarding any licensee or facility;
- g. Have access to all records, correspondence and financial data required to be maintained by a licensee or facility;
- h. Have authority to interview any client, family member of a client, employee or officer of a licensee or facility;
- i. Have authority to revoke, suspend or extend any license issued by MDCPS; and

- j. Require a reduction in the number of children or increase in staff, depending upon the individual needs of the children placed in the facility or if the agency is currently under a Corrective Action Plan (CAP).

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105

Rule 1.2. *Definitions* – The following words and phrases, for purposes of this Part and 18 Mississippi Administrative Code, Pt. 311, shall have the following meanings unless the context clearly otherwise requires:

- a. “Child” or “children” mean(s) any unmarried person or persons under the age of eighteen (18) years.
- b. “Child placing” means receiving, accepting or providing custody or care for any child under eighteen (18) years of age, temporarily or permanently, for the purpose of:
 - (i) Finding a person to adopt the child;
 - (ii) Placing the child temporarily or permanently in a home for adoption; or
 - (iii) Placing a child in a foster home or residential child-caring agency.
- c. “Child-Placing Agency” means any entity or person which places children in foster boarding homes or foster homes for temporary care or for adoption or any other entity or person or group of persons who are engaged in providing adoption studies or foster care studies or placement services as defined by the rules of the department.
- d. “Congregate Care Facility” means a licensed group home, shelter, or residential child-caring agency that houses children/youth who are in the custody of MDCPS. These facilities can be therapeutic or traditional in nature, specialized (e.g. teen maternity homes) or generic (e.g. emergency shelters).
- e. “Department” means the Mississippi Department of Child Protection Services.
- f. “Family boarding home” or “foster home” means a home (occupied residence) operated by any entity or person which provides residential child care to at least one (1) child but not more than six (6) children who are not related to the primary caregivers.
- g. “Group care home” means any place or facility operated by any entity or person which provides residential childcare for at least seven (7) children

but not more than twelve (12) children who are not related to the primary caregivers.

- h. “Licensee” means any person, agency or entity licensed under this article.
- i. “Maternity home” means any place or facility operated by any entity or person which receives, treats or cares for more than one (1) child or adult who is pregnant out of wedlock, either before, during or within two (2) weeks after childbirth; provided, that the licensed child-placing agencies and licensed maternity homes may use a family boarding home approved and supervised by the agency or home, as a part of their work, for as many as three (3) children or adults who are pregnant out of wedlock, and provided further, that the provisions of this definition shall not include children or women who receive maternity care in the home of a person to whom they are kin within the sixth degree of kindred computed according to civil law, nor does it apply to any maternity care provided by general or special hospitals licensed according to law and in which maternity treatment and care are part of the medical services performed and the care of children is brief and incidental.
- j. “Partner Provider” means a congregate care facility or a child-placing agency that seeks to obtain, or has obtained, licensing through MDCPS. A Partner Provider who offers therapeutic services must be certified through the Mississippi Department of Mental Health.
- k. “Person associated with a licensee” means an owner, director, member of the governing body, employee, provider of care and volunteer of a human services licensee.
- l. “Qualified Residential Treatment Program (QRTP)” means a specific category of a non-foster family home setting, for which agencies must meet detailed assessment, case planning, documentation, judicial determination and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive Title IV-E foster care maintenance payments for the placement.
- m. “Residential childcare” means the provision of supervision, and/or protection, and meeting the basic needs of a child for twenty-four (24) hours per day, which may include services to children in a residential setting where care, lodging, maintenance and counseling or therapy for alcohol or controlled substance abuse or for any other emotional disorder or mental illness is provided for children, whether for compensation or not.
- n. “Residential child-caring agency” means any place or facility operated by any entity or person, public or private, providing residential childcare, regardless of whether operated for profit or whether a fee is charged. Such residential child-caring agencies include, but are not limited to, maternity

homes, runaway shelters, group homes that are administered by an agency, and emergency shelters that are not in private residence.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-103

Rule 1.3. *Applicability* – These rules apply to Child-Placing Agencies and to Congregate Care Facilities which will accept admissions twenty-four (24) hours a day seven (7) days a week:

- a. Therapeutic group homes
- b. Intake and Assessment Centers / Emergency Shelters
- c. Traditional group homes
- d. Therapeutic foster homes/ Traditional foster homes licensed under a private Child-Placing Agency umbrella
- e. Qualified Residential Treatment Programs (QRTP)
- f. Teen Maternity Homes
- g. Supervised independent living
- h. Specialized group care for minors who are victims of human trafficking

These rules do not apply to child caring entities or agencies that operate exclusively as:

- a. A facility or program owned or operated by an agency of the State of Mississippi or United States government.
- b. A facility or program operated by or under an exclusive contract with the Mississippi Department of Corrections.
- c. Schools and educational programs and facilities whose primary purpose is to provide a regular course of study necessary for advancement to a higher educational level or completion of a prescribed course of study, and which may, incident to such educational purposes, provide boarding facilities to the students of such programs.
- d. Any residential child-caring agency or child-placing agency operated or conducted under the auspices of a religious institution and meeting the requirements or conditions of this section is exempt from the licensure requirements of this article under the following conditions:
 - i. Such religious institutions must have a tax-exempt status as a non-profit religious institution in accordance with Section 501(c) of the

Internal Revenue Code of 1954, as amended, or the real property owned and exclusively occupied by the religious institution must be exempt from location taxation; and

- ii. The agency must not be in violation of state law regarding the abuse or neglect of any child served by such home who has been adjudicated by the youth court as an abused or neglected child.
 - iii. Nothing in this rule will prohibit a congregate care child caring agency or child placing agency operated by or conducted under the auspices of a religious institution from obtaining a license pursuant to this article.
- e. Placement of custody under a power of attorney executed under Mississippi law.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105, -107, -111, -117; 26 CFR §501(c)(3)

Rule 1.4. *Compliance* – Partner Providers must follow MDCPS administrative rules, policies and procedures.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105, -107

Rule 1.5. *Continuum of Care* – All Partner Providers are required to be a part of the MDCPS Continuum of Care (“CoC”), which serves as a network of partnering agencies that work collectively to ensure that children are protected and are provided with a wide range of family centered services that meets their needs at any level of involvement with the child protection system.

As a part of the Continuum of Care, each Partner Provider commits to its designated service role (according to contract) within the CoC and is required to engage in evidenced based practices that promote physical and psychological safety, shared parenting, a culture of trauma awareness, and actively collaborate with MDCPS regarding youth admissions and discharge transitions.

As Continuum of Care members, Partner Providers agree to work diligently to ensure that youth are not denied admission and/or discharge based upon agreed contract criteria. Partner Providers will actively coordinate with MDCPS and other members of the CoC regarding referrals, admissions, discharges, placement transitions and aftercare recommendations / services.

Partner Providers will also be required to actively participate in the Congregate Care Provider Scorecard Bi-Annual Review.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105

Rule 1.6. *Prohibition Against Discrimination* – All Partner Providers accepting referrals from MDCPS must be in compliance with all laws and regulations pertaining to non-discrimination in order to receive and retain a license by MDCPS.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105, -107; Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990

Rule 1.7. *Confidentiality* – All Partner Providers must have procedures that safeguard the confidentiality of the personal, financial, and child records in accordance with all state and federal confidentiality laws. Failure to maintain confidentiality is a violation of state law and may result in revocation of license.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105, -107, 119, -123; 43-21-251, -259, -261

Rule 1.8. *Public Record Classification* – Information received by MDCPS through reports, complaints, investigations and inspections of a Partner Provider must be classified as “public” in accordance with Title 25, Chapter 61, Mississippi Code of 1972, Mississippi Public Records Act.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105; 43-15-109; 25-61-1 et seq.

Rule 1.9. *Required Notification to MDCPS* – The Partner Provider must report all significant events and changes to MDCPS. The following changes must be reported before they take place:

1. A change in ownership or sponsorship;
2. A change in location;
3. A change in the name of the Partner Provider;
4. Any change in the structure of the living units of the facility;
5. A change in ages of population served;
6. A change in capacity, services, population served, or geographic area served.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105

Rule 1.10. *Reports to Mississippi Centralized Intake and Assessment Unit* – The Partner Provider must immediately make a report to Mississippi Centralized Intake and Assessment (MCIA) in the event of the death, abuse, severe accident, illness, hospitalization, runaway, kidnapping, suicide attempts, injury, neglect, exploitation, or emergency medical attention of a child in care (Regularly scheduled doctor’s

visits such as dental, vision or mental health appointments are excluded but are updated in the client's file).

1. MCIA reporting options:

MCIA Hotline at 1-800-222-8000

Online Reporting Tool: <https://reportabuse.mdcp.ms.gov/>

2. Reporting timeframes. All reports to MCIA shall be made within eight (8) hours of becoming aware of the incident. Reports of elopement shall be made within one (1) hour of becoming aware of the elopement to the following partners:

Local law enforcement

MCIA Hotline (1-800-222-8000)

MDCPS Human Trafficking Coordinator –
MCI_HTIRNotifications@mdcps.ms.gov

MBI Statewide Human Trafficking Coordinator
(ReportHT@dps.ms.gov)

3. Serious Incident Reports. After making the initial report to MCIA, the Partner Provider must submit a Serious Incident Report (SIR) to the Congregate Care Unit within 24 hours of the incident.

4. Records. A copy of any of the SIR must be kept in the Partner Provider's child's file.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105; 43-21-353

Rule 1.11. *Evacuation Procedures* – A Partner Provider must have written procedures for evacuation of the facility in case of fire, natural disaster, active shooter, or any other evacuation event at the facility. The Partner Provider must notify MDCPS, by any means of communication possible, as soon as possible, but no later than twenty-four (24) hours, particularly if children are moved to another location.

Source: Miss. Code Ann. §§ 43-26-1; 43-15-105, -107

Chapter 2 GENERAL REQUIREMENTS FOR PARTNER PROVIDERS

Rule 2.1. *Partner Provider Statement of Purpose* – The Partner Provider must have a written statement of its philosophy, purpose, and program as follows:

1. The statement must contain both a description of all services the Partner Provider provides or expects to provide, the methods of service delivery, and a description of the geographical area it serves or intends to serve.
2. This statement will be available to MDCPS, referral sources, and other interested persons.
3. The services or programs must be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma (including complex trauma) in accordance with evidence-based principles of trauma specific interventions to address trauma's manifestations and facilitate healing.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 2.2. *Partner Provider Location* – A Partner Provider must have an administrative office and staff located within the state of Mississippi. The location must provide adequate space for services, including provision of a room, which offers privacy, as a meeting place for adults and children to visit or prepare for adoptive or foster care placement.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 2.3. *Inspection of Partner Provider* – A Partner Provider must allow MDCPS to inspect all aspects of a program and to interview any staff member or child at any time. MDCPS representatives must be admitted immediately, without delay, and be given free access to all areas of a facility and grounds. If any area of a facility is set aside for private use by the facility's owner, MDCPS representatives must verify that no children are present in that area and that the area is inaccessible to children. Any area to which children have/had access is presumed to be part of the facility and not the private area of the owner or operator.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 2.4. *Fees* – If fees are charged, the Partner Provider must have a written policy on fees for services in keeping with the usual charges for similar services in the community. The fee policy must describe the relationship between fees and services provided and the conditions under which fees are charged or waived.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 2.5. *Written Notification Requirements* – The Partner Provider must provide written notification to MDCPS within ten (10) calendar days of occurrence of any of the following:

1. A change in the executive director or program director.
2. Suspending or closing of any youth living facility.
3. Major remodeling, structure or maintenance changes.
4. Change in fees or charges for services.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 2.6. *Governance of Partner Provider* – The Partner Provider must have a governing body which exercises authority over, and has responsibility for, the operation, policy, and practices of the Partner Provider, and the Partner Provider must provide proof that they are in good standing with the Mississippi Secretary of State.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 2.7. *Partner Provider Governing Body* – The governing body of each Partner Provider must adhere to the following:

1. Conflicts of Interest

- a. The members of the governing body of non-profit organizations must refrain from direct administration or operation of the facility.
- b. No employee of any public agency which regulates or purchases the services of a private Partner Provider or member of their immediate family may serve as a member of the Partner Provider’s governing body.
- c. The members of the governing body of non-profit organizations must have no direct or indirect financial interest in the assets, leases, business transactions or in current professional services of the Partner Provider.

2. Personnel

- a. The governing body must establish and utilize personnel practices for selection and retention of sufficient staff to operate the facility.
- b. The governing body must ensure the employment of a qualified executive director and delegate responsibility to that person for the administration and operation of the Partner Provider.

3. Administration

- a. The governing body must develop and follow policies for selection criteria of all members.
- b. The governing body should meet as often as necessary with a minimum of two meetings a year. A quorum of its members must be present at all meetings. The quorum necessary to hold meetings should be defined in the by-laws but must be at least a majority of members of the governing body.
- c. The governing body must establish and utilize policies and procedures for periodic evaluation of each of the Partner Provider's facilities and Partner Provider's services.
- d. The governing body or its designee must obtain an amended license from MDCPS prior to:
 - i. Establishing a new childcare Partner Provider;
 - ii. Changing the purpose, goals or function of the basic program;
or
 - iii. Extending services into additional program or geographic areas.
- e. The governing body must ensure the establishment of written operating policies including, but not limited to:
 - i. Organizational structure;
 - ii. Administration of the organization;
 - iii. Personnel practices;
 - iv. Intake;
 - v. Discharge;
 - vi. Provision of services; and
 - vii. Behavior management practices.
 - viii. The governing body must approve the annual budget of anticipated income and expenditures necessary to provide the services described in its statement of purpose. The governing body must also approve the annual financial audit report to ensure that the Partner Provider is adequately funded and

fiscally sound by reviewing and approving the Partner Provider's annual budget or cost report.

4. Records

- a. The governing body must maintain records in accordance with the Mississippi Secretary of State Non-Profit requirements:
 - i. Articles of Incorporation or other legal basis for existence;
 - ii. By-laws;
 - iii. Organizational structure;
 - iv. Name and position of person(s) authorized to sign agreements and submit official documents;
 - v. Board composition, including terms of membership;
 - vi. Purchase of service agreements and insurance coverage;
 - vii. Copies of investigation findings received from the office of the Director of the MDCPS Congregate Care Unit; and
 - viii. Copies of any Corrective Action Plans created as a result of investigation findings or licensure deficiency.
- b. The governing body must maintain records of attendance and minutes of its meetings for five (5) years, which must be made available to MDCPS upon request.
- c. The governing body must retain a copy of all financial records and ledgers for a minimum of five (5) years, which must be made available to MDCPS upon request.
- d. The governing body must retain copies of all applicable accreditation and certification documents, which must be made available to MDCPS upon request.

Source: Miss. Code Ann. §§ 43-15-105, -107; 79-1-1 et seq

Rule 2.8. *Partner Provider Finances* – The governing body and the executive director are responsible for the prudent use of the funds of the facility or Partner Provider. The Partner Provider must have the capital necessary for a six-month (6) period of operation. None of these funds may be direct state funds.

To receive state funding for service provision, the Partner Provider must be approved through the MDCPS Request for Proposal (RFP) process. The Partner

Provider must prepare a written budget annually. Twenty-five percent (25%) of the projected budget resources must be in the Partner Provider's name and may not be direct state funds.

The Partner Provider must have financial records audited annually by an independent certified public accountant or by the appropriate government auditing authority.

Source: Miss. Code Ann. §§ 43-15-105, 107; 31-7-401 et seq

Chapter 3 LICENSURE REQUIREMENTS

Rule 3.1. *License Application* – Potential Partner Providers interested in becoming licensed should contact MDCPS at the following address:

Attention: Congregate Care Unit
Mississippi Department of Child Protection Services
Post Office Box 352
Jackson, MS 39205-0352
Congregate.Care@mdcps.ms.gov

Upon receiving an inquiry, MDCPS will send an application form and a copy of the current MDCPS requirements for Partner Providers within five (5) business days. An application for a license will be made on the forms provided by MDCPS. Completed applications and accompanying materials will be returned via certified mail to the address set forth immediately above.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 3.2. *Materials to Submit with Initial Application* – The following materials must accompany the initial application for a license:

1. Proof of good standing with the Formation of a Mississippi Nonprofit Corporation with the Mississippi Secretary of State;
2. For-profit applicants must provide information on corporate structure, ownership and proprietary interest;
3. An original copy of the completed application form;
4. An original copy of the letter from the applicant's Board of Directors authorizing the applicant to sign the application;
5. A list of the titles, names, and term expiration dates of Board members;
6. A statement of purpose that specifies:
 - a. A description of the geographic area to be served;
 - b. The children to be accepted for placement or care (to include age range and gender(s));
 - c. A description of the services to be provided; and
 - d. The program goals and objectives.
7. Verification of six (6) months operating capital, which must not include state funds;

8. Current budget showing both expected expenses and sources of income;
9. Policies regarding fees and charges for services;
10. Staff organizational chart including names of all employees currently holding those positions;
11. A general description of each type of staff position proposed for the Partner Provider detailing qualification requirements, including any necessary credentials;
12. All organizational policy, including but not limited to, the personnel policies and admission/discharge policies;
13. Staff development and training plan that complies with the MDCPS training requirements;
14. Plan for providing care and services;
15. All forms that will be utilized by the Partner Provider, such as an intake application and placement agreement;
16. Certificate of compliance with the civil rights laws;
17. Most recent audit;
18. IRS Form 990;
19. A diagram of all structures of the facility showing compliance with square footage requirements and designated use of each room and location on grounds, any applicable building codes, and evidence of compliance with applicable codes;
20. Proof of fire, sanitation, and other hazardous condition inspections completed within the last three (3) months;
21. Certification of occupancy requirements, elevator inspections, Occupational Safety and Health Administration codes, and all other applicable safety codes;
22. Current emergency policies and procedures for all natural or man-made disasters affecting the facility; and
23. Current insurance policy coverage including but not limited to:
 - a. Auto insurance for staff and volunteers who transport children;

- b. Comprehensive general liability; and
- c. Owner property insurance on the facility.

The applicant should retain the original copies of all materials submitted unless otherwise denoted above. The applicant should submit only copies of the requested documents unless otherwise denoted above. MDCPS will not be held responsible for loss of originals submitted with application.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 3.3. *Review of Initial Application* – Upon receipt of an initial application from a prospective Partner Provider:

1. MDCPS will notify the applicant in writing within ten (10) calendar days to acknowledge receipt of the application. MDCPS will review the application and notify the applicant, in writing, of the results of the initial review within thirty (30) calendar days. If additional information or documents are needed for the application process, MDCPS will notify the applicant of the results of the initial review.
2. If MDCPS requests additional information or documents to proceed with the application process, the applicant has thirty (30) calendar days to respond in writing to such request. Ultimately, the applicant will have no more than two (2) opportunities to respond to requests for additional information. If there is no response by the applicant within thirty (30) calendar days of a request being made, MDCPS will proceed with closure of the application.
3. Within thirty (30) calendar days of confirmation of a complete packet, the on-site review will begin and will include such things as record reading, observation, and interviews with staff, residents, or others.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 3.4. *Issuance of License* – MDCPS will issue a license only when the review shows the applicant substantially complies with all licensing regulations and requirements.

1. Initial Duration. An initial license issued to a Congregate Care Facility will be valid for two (2) years from the date of issuance unless revoked by MDCPS or voluntarily surrendered by the licensee. An initial license issued to a Child-Placing Agency will be valid for one (1) year from the date of issuance unless revoked by MDCPS or voluntarily surrendered by the licensee.
2. Congregate Care Facility License. The license will show the name of the Partner Provider; the beginning and ending dates of the licensing period; the services provided under the license; the facility capacity; and ages of

children approved. The number of children served, and the age range must not exceed the limits specified on the license.

3. Child-Placing Agencies. For those Partner Providers that license foster parents, the license will show the name of the Foster Parents, beginning and ending dates of the licensing period; the services provided under the license along with the license capacity and ages of children approved. The number of children served, and the age range must not exceed the limits specified on the license.
4. Non-transferable. The license applies only to the location and Partner Provider to whom it is issued, and the services approved. When a license is granted, it must be displayed in a prominent public place in the facility of the Partner Provider.

Source: Miss. Code Ann. §§ 43-15-103, -107, -113, -119, -123

Rule 3.5. *Expiration of License* – At least sixty (60) days before a license is set to expire, MDCPS should notify the Partner Provider and request completion of a license renewal application.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 3.6. *Renewal of License* – When the Partner Provider submits a timely application for renewal, the current license will remain in effect until the review is completed and MDCPS either issues a renewal license or denies the application. Renewal must be accomplished prior to the expiration date of the current license. If the renewal application and all the required documents have not been received prior to the current license expiration date, the renewal license will be denied.

A renewal application must be sent with the following materials:

1. A copy of the annual report published since the last license was issued;
2. A list of names, titles, and term expiration dates of all Board members with the officers of the Board specified;
3. The budget for the current fiscal year, which shows capital necessary for a twelve (12) month period of operation. The Partner Provider should provide proof that twenty-five percent (25%) of the current operating budget is available in the name of the Partner Provider, which must not include the MDCPS board payment;
4. The most recent financial audit review is required for congregate care settings and the IRS Form 990 is required for child placing agencies;

5. The names, classifications and qualifications of current staff and their work schedules;
6. Current staff organizational chart, if changed since the last license was issued;
7. A description of any program review and evaluation, and changes in program content and purpose which have occurred since the last license was issued;
8. Any revisions in personnel policies that have been made since the last license was issued;
9. Current staff development and in-service training plan;
10. Program accreditations, licenses with other states, and the licensure certificate;
11. For-profit Partner Providers must detail any changes in corporate structure, ownership or proprietary interest since the last license was issued;
12. A current copy of the required fire inspections performed in the last three (3) months;
13. Any changes in the diagram or designated use of any structure or room or locations on the campus of each Partner Provider;
14. A copy of current insurance policy coverage including but not limited to: auto insurance for staff that transports children, comprehensive general liability, and owner property insurance on the facility;
15. A copy of policies regarding fees and charges for services to prospective adoptive parents (for adoption Partner Providers only).

Source: Miss. Code Ann. §§ 43-15-5(2); 43-15-105, -107

Rule 3.7. *Denial of Application* – MDCPS will deny a license application when the review shows that the applicant does not substantially comply with licensing regulations or requirements and will send written notice to the applicant giving the reasons for the denial of the license within thirty (30) days of denial.

Denials and/or revocations of a license may be appealed to the Director of Congregate Care Licensure in writing. If an initial application for a license or application for renewal of a license is denied, a new application for licensure may not be filed for six (6) months from the date of denial.

Source: Miss. Code Ann. §§ 43-15-105, -107, -113

Rule 3.8. *Reapplication for License* – If an initial application for a license or application for renewal of a license is denied, a new application for licensure may not be filed for six (6) months from the date of denial. If a license is revoked, or applicant voluntarily requests closure, an application for a new license may not be filed for one (1) year from the date of revocation or closure. Any denials and/or revocation of a license may be appealed to the Director of Congregate Care Licensure in writing.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 3.9. *Licensure Changes* – All Partner Providers requesting a licensure change must submit a request in writing to MDCPS at congregate.care@mdcps.ms.gov at least sixty (60) days prior to the day the licensure change is needed. A new Partner Provider is required to be in operation for one (1) year before any changes can be made to the current license.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 3.10. *Licensure Investigations* – The following will be followed for allegations and reports of maltreatment of a child in the care of a Partner Provider:

1. Reporting. All allegations of maltreatment in care, abuse, neglect, corporal punishment, must be reported to the Mississippi Centralized Intake and Assessment (MCIA) 1-800-222-8000 or via the Online Reporting Tool (www.mdcps.ms.gov) regardless of whether the child is in the custody of MDCPS.
2. Allegations Occurring in Congregate Care Facility. MDCPS will conduct a separate licensure investigation in all Congregate Care Facilities to determine whether the Partner Provider is in compliance with MDCPS's licensure standards within thirty (30) days following a safety investigation.
 - a. If licensure standards violations are found, the Partner Provider must submit to MDCPS a Corrective Action Plan (CAP) within 10 days, including timeframes for undertaking the actions.
 - b. MDCPS will review the CAP and either approve it or return a request for revision. If the Partner Provider refuses to implement the CAP satisfactorily or fails to comply with the CAP and timeframes approved, MDCPS may revoke the license.
 - c. When a Partner Provider is placed on a CAP, MDCPS will monitor the facility for an identified timeframe to include announced or unannounced visits which will occur at the discretion of MDCPS.
 - d. In the event the allegation/investigation identifies an employee(s) involved in licensure violations and/or maltreatment, the employee

may have no contact with children in MDCPS care pending the outcome of the investigation.

3. Allegations Occurring in Child-Placing Agency. Child Placing Agencies will conduct a separate investigation following receipt of maltreatment report in the identified foster home to determine whether the Partner Provider is in compliance with MDCPS's licensure standards. This separate investigation will be conducted within thirty (30) days following the safety investigation. A copy of the investigation findings shall be provided to MDCPS upon request.
 - a. MDCPS will send the Partner Provider a Licensure Investigation Form to any Child-Placing Agency after receiving notification of an investigation. This must be completed and returned within thirty (30) days.
 - b. If any licensure standard violations are found, the Partner Provider must submit to MDCPS a Corrective Action Plan (CAP), including timeframes for undertaking the actions.
 - c. MDCPS will review the CAP and either approve it or return a request for revision. If the foster home refuses to implement the CAP satisfactorily or fails to comply with the CAP and approved timeframes, the Child-Placing Agency may revoke the license. MDCPS may request copies of all documents within the Partner Provider file(s), including but not limited to criminal background, fingerprint, central registry and sex offender checks.
 - d. When a foster home is placed on a CAP, MDCPS and the Child-Placing Agency will monitor the foster home for an identified timeframe to include announced or unannounced visits which will occur at the discretion of the Child-Placing Agency and MDCPS. Child-Placing Agencies shall respond to all CAP's within ten (10) business days following receipt of CAP.
 - e. In the event that the allegation/investigation identifies a foster parent(s) or household member(s) involved in licensure violations and/or maltreatment, the Partner Provider shall submit a written safety plan accordingly to be approved by MDCPS.

Source: Miss. Code Ann. §§ 43-15-107, -115, -119

Rule 3.11. *Revocation of License* – The Partner Provider's license may be immediately revoked if the following occurs:

1. If evidence is found that a Partner Provider has provided false information to MDCPS (income, staff, documents, etc.);

2. If the renewal application and all the required documents for licensing have not been received prior to the current license expiration date;
3. If evidence of abuse, neglect, degrading punishment, corporal punishment, or other maltreatment of children in custody is found;
4. If the facility refuses to satisfactorily implement the CAP or fails to comply with the CAP and time frames approved.

Source: Miss. Code Ann. §§ 43-15-107, -115, -119

Rule 3.12. *On-Site Visits* – MDCPS staff may make scheduled or unannounced visits to a Partner Provider or foster home. During an on-site visit, MDCPS staff may interview youth placed at the facility or foster home and review all records pertaining to licensing.

Source: Miss. Code Ann. §§ 43-15-105, -115

Rule 3.13. *Special Safety Review (Three or More Reports)* – MDCPS may undertake a special safety review including an unannounced site visit, of all foster homes, group homes, and other Congregate Care Facilities that house children in custody with **three (3) or more repeated reports of maltreatment and/or licensure violations, including corporal punishment, within a ninety (90) time frame** to determine whether any children placed in those settings are at risk of harm and any licensing standards related to child safety are not being met. Special safety reviews are in addition to any previous/current correction action plan(s).

MDCPS will schedule an initial meeting with the Partner Provider’s Executive Director to develop plans to effectively mitigate any ongoing reports of maltreatment. MDCPS may also interview children at the home or facility as well as other residents and staff of the home or facility. It is imperative that the Partner Provider cooperate and not prevent access to the residents and/or employees that are currently residing and/or working in the facility.

Any necessary corrective actions will be identified, and the facility will have ten (10) days to submit a CAP to MDCPS that includes timeframes for undertaking the actions.

Source: Miss. Code Ann. § 43-15-115

Chapter 4 PERSONNEL OF PARTNER PROVIDERS

Rule 4.1. *Organizational Chart* – The Partner Provider must maintain a current organizational chart showing the administrative structure and staffing, including the lines of authority and credentials. The Partner Provider must provide MDCPS with an updated copy of the organizational chart within twenty-four (24) hours of a change being made.

Source: Miss. Code Ann. § 43-15-105

Rule 4.2. *Personnel Policies and Practices* – The Partner Provider must have written personnel policies and best practices conducive to recruitment, retention, and effective performance by qualified personnel. These policies and procedures must reflect the Partner Provider’s compliance with the civil rights laws, as amended. These policies and practices must include at least the following:

1. Written job descriptions and titles for each position defining the qualifications, duties, and lines of authority;
2. Provisions for on-the-job training by experienced direct care staff to provide support to new staff until these staff members are able to adequately care for the children;
3. Procedures for scheduling staff hours and assignments;
4. Description of evaluation procedures for all agency employees, which must include provisions for employee participation in the evaluation process;
5. All direct care staff members must receive an evaluation ninety (90) days after hire and annual evaluations;
6. Description of the termination procedures established for resignations, retirements, or terminations;
7. Description of the process in responding to employees involved in alleged child abuse/neglect/maltreatment.
8. Grievance and discipline policies and procedures for employees; and
9. Plan for review of the personnel policies and practices with staff participation when necessary and at least annually.

Source: Miss. Code Ann. § 43-15-105

Rule 4.3. *Personnel Files* – A Partner Provider licensed as a Congregate Care Facility must keep an up-to-date personnel file for each employee that includes at least the following and which is made available to MDCPS upon request:

1. The application for employment;
2. A MACWIS Inquiry Data Sheet which was submitted to MDCPS prior to employment;
3. Criminal background, Sex Offender Registry, and Central Registry checks completed on the employee prior to employment and repeated annually, and placed in the employee file;
4. Documentation of satisfactory Criminal Information Center (CIC) check, including National Criminal Information Database (NCID) prior to employment and every five (5) years thereafter;
5. Three (3) professional letters of reference;
6. Applicable professional credentials and certifications;
7. Proof that employee annual performance evaluations were performed;
8. Documentation of training records;
9. Employee's start and termination dates;
10. Current driver's license and proof of insurance for all drivers operating Partner Provider or private vehicles in transporting children;
11. Cardiopulmonary Resuscitation (CPR) training and First Aid training documentation prior to service delivery. Every staff person must maintain their CPR and First Aid certification;
12. Signed documentation stating that each employee has read and understands the child abuse reporting laws;
13. Acknowledgment of training on Partner Provider policies and procedures.

File Maintenance. The Partner Provider must maintain the personnel file of an employee who leaves the facility for a minimum period of three (3) years from the date of employee's departure.

Criminal History. Anyone who has been convicted of a sex offense, a violent crime, a crime against a child, or has been adjudicated physically or mentally incompetent may not be employed by the Partner Provider nor permitted to volunteer at any of the Partner Provider's facilities.

Source: Miss. Code Ann. §§ 43-15-303, -305, -307; 28 U.S.C. § 534(f)(3)(A)

Rule 4.4. *Professional Qualifications and Job Functions* – All professional staff employed by the Partner Provider must be qualified in their occupational field or licensed in their

professional field. The Partner Provider must employ sufficient staff to provide the fiscal, clerical, food service, housekeeping, and maintenance functions needed. The Partner Provider must also employ staff to perform administrative, supervisory, services, and care functions.

All Professional Staff employed by the Partner Provider that will provide counseling or therapy for the children must have and maintain the licensing and certification requirements of their professional discipline, such as Mississippi State Board of Examiners for Social Workers for Marriage and Family Therapists, the Mississippi State Board of Examiners for Licensed Professional Counselors, and Mississippi State Board of Examiners for Psychology.

The following positions must have at least the following qualifications, responsibilities, and comparable titles:

1. Executive Director. The Executive Director must be responsible for the general management and administration of the facility or Partner Provider in accordance with the policies of the governing body and must be qualified by training and experience as agreed upon by the governing body.
 - a. The Executive Director is responsible for informing the governing body in writing of any investigation findings from the Congregate Care Unit or Safety Department.
 - b. The Executive Director must be a full-time employee working a minimum of forty (40) hours per week.
 - c. Must have at least a master's degree in social work, administration, psychology or related area of study from an accredited school and at least two years' experience in the management or supervision of childcare personnel and program or a bachelor level licensed social worker or licensed counselor with four years' experience in the management or supervision of childcare personnel and programs.
2. Program Director. The Program Director must be responsible for the onsite, day-to-day development, implementation, and supervision of the programs and services of the facility, and be on-site at least forty (40) hours per week or participating in planned activities with children off-site.
 - a. This includes making sure youth have transportation to, and participate in independent living skills groups and planning and coordinating the services and resources affecting children and their families.
 - b. The Program Director must have a master's degree in social work or a related area of study from an accredited school and at least two years' experience as a case manager, management, and supervisor of a childcare program or bachelor's degree in social work or a

comparable field with two years' experience working directly with children.

- c. The Program Director is responsible for supervising, evaluating, training and monitoring the functions of all staff.
3. Social Worker. A Social Worker is responsible for performing intake services, providing casework or group work services for children and their families if applicable, conducting counseling and therapy sessions with children and seeking placements and assessment studies related to family foster homes and adoption.
 - a. The Social Worker must be a Licensed Master's Social Worker, or have either a master's degree in social work or a related area of study comparable with the human services field or be a Licensed Social Worker with a bachelor's degree in social work or a comparable human services field with two years' experience working directly with children.
 - b. This position must work a minimum of forty (40) hours a week.
4. Case Manager. A Case Manager performs casework and group work tasks for children and their families, if applicable, making sure youth have transportation to and participate in independent living skills groups, and plan and coordinate services and resources affecting the children and their families.
 - a. The Case Manager must have a bachelor's degree in social work or comparable human services field from an accredited school and at least two years related experience.
 - b. The Case Manager must be a full-time employee working a minimum of forty (40) hours a week.
5. Direct Care Supervisor. A Direct Care Supervisor refers to people in charge of small congregate care facilities under the direction of an executive director.
 - a. Responsible for supervising, evaluating, and monitoring the daily work and progress of the direct care staff.
 - b. The Direct Care Supervisor must have an associate's degree in childcare or related area of study from an accredited school with at least two years' experience in a facility; or a high school or equivalency diploma and at least three years' experience in a facility.
6. Direct Care Staff. The Direct Care Staff is responsible for the daily direct care, nurturing and supervision of the children.

- a. Direct Care Staff must be at least twenty-one (21) years of age and have a high school or equivalent diploma and at least one (1) year experience in the caring of children.

Source: Miss. Code Ann. § 43-15-105

Rule 4.5. *Staff Development and Training* – Partner Providers must provide new staff with an orientation that thoroughly acquaints new employees with Partner Provider policies and procedures. This process must be under the direction of qualified staff and appropriate to the position being assumed by the new employee.

1. Training must consist of a minimum of forty (40) hours of pre-service training and a minimum of twelve (12) hours of annual training for all staff members.
2. Pre-service training must be completed prior to staff assuming unsupervised work duties and must be documented in the employee file.
3. Training must be provided in the following areas for all Partner Providers:
 - a. Administrative procedures and overall program goals, including specific responsibilities of assigned job duties, etc.
 - b. Resident's rights and responsibilities (annually)
 - c. Trauma-informed care and complex trauma by a licensed professional (annually)
 - d. Identification and mandated reporting of child abuse and neglect (annually)
 - e. Prevention and treatment of substance abuse
 - f. Best practices identifying effective means of discipline
 - g. MDCPS approved crisis management, de-escalation and the management of aggressive behavior (annually)
 - h. Permanency Planning
 - i. Principles and practice of supervision
 - j. Emergency and safety procedures (annually)
 - k. The supervision and use of volunteers
 - l. Cultural diversity and sensitivity (annually)

- m. Effective management of medication, including psychotropic drugs, dosages and side effects (annually)
 - n. Separation and loss focusing on issues of children in custody and the impact on family relationships
 - o. CPR and First Aid Training and certification must be maintained according to requirements set forth by the entity that training was obtained from (i.e., American Red Cross, etc.).
 - p. Universal precautions for prevention of infectious diseases (annually)
 - q. Confidentiality (annually)
 - r. Reporting serious incidents (annually)
 - s. Shared Parenting
 - t. Working with people with disabilities
 - u. Suicide prevention
 - v. Identifying risk behaviors and managing runaways
 - w. Trust-Based Relational Intervention (TBRI)
 - x. Crisis Prevention and Intervention (CPI)
4. Additional annual in-service training topics may include but are not limited to:
- a. Child safety issues
 - b. Effects of multiple placements
 - c. The impact of the media on children
 - d. Child development
 - e. Dynamics of child sexual abuse
 - f. Working effectively with custodial Partner Providers
 - g. Effective treatment planning
 - h. Mental health diagnoses and treatment: post-traumatic stress disorder, intermittent explosive disorder and reactive attachment disorder

5. All therapeutic Partner Providers must adhere to the training hour requirements and topics as required by the Mississippi Department of Mental Health for pre-service and in-service training in addition to those required by MDCPS.

Source: Miss. Code Ann. § 43-15-105

Rule 4.6. *Staffing Requirements* – The Partner Provider must have adequate staff coverage at all times to provide the services identified in the statement of purpose.

1. Adequate staff coverage is defined as:
 - a. Intake and Assessment Centers – One (1) staff member per six (6) youth
 - b. Traditional Group Homes - One (1) staff member per six (6) youth
 - c. Therapeutic Group Homes – Two (2) staff members must be on site at all times
 - d. Qualified Residential Treatment Program - Two (2) direct staff members must be on site at all times
 - e. Teen Maternity Home – One (1) direct staff member per five (5) youth; Two (2) direct care staff members when infants and/or toddlers are present.
 - f. Specialized Group Care for Minor Victims of Sex Trafficking – Two (2) direct staff members must be on site at all times
 - g. Permanency Assessment Center – Two (2) staff members must be on site at all times
2. The Partner Provider must designate an on-premises staff member to be in charge at all times.
3. The Partner Provider must provide on-call emergency staff when only one (1) staff member is on duty.
4. The Partner Provider must provide face-to-face supervision to all direct care staff members at least monthly.
5. Traditional Group Homes utilizing an approved houseparent model must be awake while children are present and awake.
6. Every direct care staff who directly supervises children must be off two (2) days per week, with a minimum of twenty-four (24) consecutive hours during which they are not working in a direct care capacity.

7. The Partner Provider must have at least one (1) social worker or comparable professional for every twelve (12) children that are in care. i.e.; one (1) social worker for one (1) to twelve (12) children; two (2) social workers for thirteen (13) to twenty-four (24) children. This staff must work full-time.

Source: Miss. Code Ann. § 43-15-105

Rule 4.7. *Prohibition of Staff Residing at Facility* – A Congregate Care Facility may not be used as a permanent residence for live-in childcare workers or other staff members working at the facility. Staff must leave the facility when they are not working in a childcare worker capacity. Traditional Group Home Partner Providers utilizing an approved house parent model must provide direct care workers that live on the property with separate living quarters with a bedroom, bath and kitchen.

Source: Miss. Code Ann. § 43-15-105

Rule 4.8. *Use of Volunteers* – Partner Providers wishing to use volunteers to work directly with children on a regular basis must complete an application to utilize volunteer services for each facility where they wish to use volunteers. Each facility must be approved for to use volunteers by MDCPS.

Under no circumstances may volunteers assume the total responsibilities of any paid staff member. The Partner Provider must develop a description of duties and specify responsibilities for volunteer positions. This description must accompany the application.

A designated staff member must supervise and evaluate volunteers. There may be no more than two (2) volunteers for every (1) supervising staff member. The designated staff member must keep a record of activities and hours worked of all volunteers.

Source: Miss. Code Ann. § 43-15-105

Rule 4.9. *Volunteer Background Screening* – Volunteers who work directly with children must be screened and vetted in the same manner as staff, with the exclusion of the medical requirements.

1. Screening. Partner Providers must:
 - a. Obtain and verify three (3) personal references and one (1) professional reference for each volunteer.
 - b. Complete a Central Registry check, a criminal background check and a Sex Offender Registry check for each volunteer. These checks must be updated annually.
 - c. Submit a MACWIS Inquiry Data Sheet to MDCPS.

- d. Complete NCIC fingerprinting for each volunteer. This check must be updated every five (5) years.
2. Groups. Requirements for volunteers that are serving on behalf of an approved entity (i.e., public school district providing tutors for youth at facility) that requires satisfactory background checks for its employees may be waived upon written request to MDCPS. The Partner Provider shall continue to adhere to the required staffing ratio in this instance.

Volunteer groups (i.e., church groups, etc.) shall not be left alone with any children and Partner Provider shall adhere to the required ratio in this instance.

3. Restrictions. The Partner Provider must not
 - a. employ or permit to volunteer an applicant who has been convicted of a sex offense, a violent crime, a crime against a child, or any other felony conviction.
 - b. employ or permit to volunteer an applicant who has been adjudicated physically or mentally incompetent to stand trial by a court of law.

Source: Miss. Code Ann. §§ 43-15-6, 43-15-303, -305, -307; 28 U.S.C. § 534(f)(3)(A)

Rule 4.10. *Training Volunteers* – Partner Providers must develop a plan for the orientation and training of volunteers on the philosophy of the Partner Provider and the needs of the children in care including childhood and complex trauma. MDCPS must approve the plan, and all changes, prior to implementation.

Source: Miss. Code Ann. § 43-15-105

Rule 4.11. *Student Field Placement and Internships* – A Partner Provider that accepts students for field placements or internships must:

1. Develop a written plan describing their tasks and functions. Copies of the plan must be provided to each student and their school.
2. Designate a staff member to supervise and evaluate the student.
3. Develop a plan for the orientation and training of student interns on the philosophy of the Partner Provider and the needs of the children in care.
4. Provide an opportunity for students to participate in developing and carrying out the service plans for the children and families they are working with directly.

5. Ensures students and interns do not assume the total responsibilities of any paid staff.
6. Ensure student field placement individuals or interns who work directly with children are screened in the same manner as staff with a criminal background check, MACWIS check, a Central Registry check, and fingerprinting.

Source: Miss. Code Ann. § 43-15-105

Rule 4.12. *Mandatory Reporting of Child Abuse and Neglect* – The Partner Provider must follow MDCPS policy and Mississippi law for handling any suspected incidents of child abuse or neglect involving staff (employed, volunteer, or intern) or residents. Under Mississippi law all personnel, administrators, volunteers, and residents of a Partner Provider facility must report any and all incidences of suspected child maltreatment, abuse, or neglect to MDCPS through MCIA by calling 1- 800-222-8000 or by using the online reporting tool on the agency’s website, www.mdcp.ms.gov within eight (8) hours of the incident. Regular doctor’s visits such as dental, vision, medical, or mental health appointments are excluded and shall be updated in the client’s file. If the incident is life threatening or there is immediate risk of harm the incident should first be reported to the appropriate authorities or emergency personnel.

1. The Partner Provider policies governing post-reporting procedure must include:
 - a. The Serious Incident Report must be submitted to MDCPS no later than twenty-four (24) hours after the incident occurs;
 - b. An action plan that provides immediate protection for all parties involved during the investigation;
 - c. Provisions for preservation of any security footage in the Partner Provider facility where incident occurred;
 - d. Provisions for preventing a recurrence of the alleged incident pending investigation;
 - e. With the exception of child placing agencies, Partner Providers must include a provision that bars the conducting of an internal investigation of the incident until after completion of all MDCPS investigations and includes a provision acknowledging that conducting an internal investigation prior to the completion of all MDCPS investigations may result in the revocation of licensure for the Partner Provider; and

- f. A procedure for evaluating the continued utilization of any staff member determined to be involved in an incident of child abuse, maltreatment, or neglect.
2. Each Partner Provider staff member must read and sign a statement acknowledging they have read and understand the procedures for handling suspected incidents of child abuse or neglect.
 - a. The statement must outline the state child abuse and neglect law and outline the staff member's responsibility to report all suspected incidents of child abuse and neglect according to the law.
 - b. The signed employee statement must be filed in the employee's personnel file.

Source: Miss. Code Ann. §§ 43-15-5; 43-21-353, -354

Rule 4.13. *Maltreatment and Corporal Punishment* – Maltreatment, including the use of degrading or corporal punishment, by a Child-Placing Agency Partner Provider or Congregate Care Facility Partner Provider on foster children is strictly forbidden by MDCPS. If any MDCPS staff or Partner Provider staff suspect a child in custody is being maltreated, or that corporal or degrading punishment is being used at the Partner Provider or Foster Home, a formal report must be made using the procedures outlined within these Rules and in the Partner Provider policy. Examples of degrading punishment include: harsh and humiliating punishment, physical or emotional abuse or verbal abuse of a child and derogatory remarks about a child or the child's family.

Source: Miss. Code Ann. §§ 43-15-105; 43-21-353

Chapter 5 RECORD KEEPING BY PARTNER PROVIDERS

Rule 5.1. *Records Maintenance* – The Partner Provider must maintain records to document services provided and administrative and fiscal accountability. MDCPS must have access to all records and reports when requested. The following requirements apply to record maintenance:

1. The following required records must be kept for five (5) years:
 - a. Fiscal records and audits
 - b. Statistical records
 - c. Include number of children served with identifying information
2. The following required records must be kept three (3) years:
 - a. Personnel records and training records
 - i. All information should be current within 30 days
 - b. Employee work schedule log
 - c. A sign-in and sign-out log or swipe record
3. The following required records must be kept permanently:
 - a. Adoption files
4. All records must be confidential and protected from fire, damage or theft.
5. In the event of the closing of the Partner Provider, the Partner Provider must develop a plan for the long-term storage of children's records which includes:
 - a. The closed records must be kept up to a minimum of seven (7) years upon closing of the case.
 - b. Adoption files must be kept permanently.

Source: Miss. Code Ann. §§ 43-15-105; 43-21-251 et seq.

Rule 5.2. *Release of Records* – The Partner Provider may not release records without the approval of the court or MDCPS. Failure to comply may result in being found guilty of a misdemeanor and subject to a fine of no more than one thousand dollars (\$1,000) or six (6) months imprisonment.

Source: Miss. Code Ann. §§ 43-15-105; 43-21-251 et seq.

Rule 5.3. *Child Records* – All child records must be clearly marked as “confidential.” The Partner Provider must maintain individual records for each child in care which must include the following:

1. A Residential Service Application, including the reason for referral;
2. A current dated photograph of the child/youth within thirty days of admission. A current/updated photograph must be added to the client file on at least an annual basis;
3. Cover sheet that includes:
 - a. Child’s name;
 - b. Birth date;
 - c. Race;
 - d. Gender;
 - e. Date of the admission;
 - f. Religious affiliation; and
 - g. Custodian’s address and contact information.
4. Partner Provider’s intake assessment;
5. Medical assessment and mental health assessment within 30 days of intake;
6. Name, address, and relationship of person with whom the child was living immediately prior to placement;
7. Comprehensive Family Assessment and Family Service Plan (should be requested from MDCPS within thirty (30) days of admission);
8. Psychiatric and/or psychological evaluation;
9. Copies of legal documents of importance for the child including, but not limited to:
 - a. Birth certificate;
 - b. Social Security card;
 - c. Immunization records;
 - d. Court orders; and

- e. Any agreement with parent, Partner Provider or legal custodian.
10. Current medical, dental and vision examination records;
 11. Current drug test, if applicable;
 12. Educational records including:
 - a. A current Best Interest Determination (BID) from MDCPS service area staff and/or Education Unit-Education Liaison. BIDS should take place within seven (7) days of the youth entering foster care or changing placement;
 - b. Educational placement records and reports;
 - c. Grade level;
 - d. Special education needs;
 - e. IEP, if applicable; and
 - f. Any reports, notes, or notices provided by the school.
 13. Placement agreement;
 14. Visitation plan; and
 15. Discharge and aftercare summary.

Source: Miss. Code Ann. §§ 43-15-105; 43-21-251 et seq.

Rule 5.4. *Discharge Records* – The Partner Provider’s discharge records must contain:

1. Services provided during care, the progress, and accomplishments, assessed needs which remain to be met, and recommendations and assistance in securing aftercare services;
2. A summary of the child’s behavior and circumstances along with any observations or information that would be useful to the next caretaker or care Partner Provider;
3. Date of discharge, discharge summary, reason for discharge, and the name, address, telephone number, and relationship of the person(s) or Partner Provider to whom the child was discharged;
4. Aftercare plans which specify any clinical recommendations for the child and his/her family for follow-up;

5. A copy of the child's medical and dental information to include medications, last date of refill and pharmacy, if applicable;
6. Any accrued allowances or monies of the child. These must be held by the legal guardian and documented in the Inventory Record;
7. Correspondences, including:
 - a. Social and developmental history,
 - b. Individual Service Plans,
 - c. Evaluations and daily progress notes,
 - d. Authorization for payment,
 - e. Termination and breaks in service,
 - f. Acknowledgment of admission, grievance, and discipline policy,
 - g. Acknowledgment of Partner Provider rules and regulation policy,
 - h. Vocational, employment, and independent living training (if applicable), and
 - i. Referral to other Partner Providers.
8. Partner Providers shall ensure to complete a personal clothing/belonging inventory with the child/MDCPS worker and transfer all of the child's personal clothing/belongings at the time of discharge or other scheduled and approved date.

Source: Miss. Code Ann. §§ 43-15-105; 43-21-251 et seq.

Chapter 6 **ADMISSION POLICY OF PARTNER PROVIDERS**

Rule 6.1. *Admission Procedures* – The Partner Provider must have and follow clearly defined, written admission policies and procedures which include the following:

1. All denials for admission must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).
 - a. Denials for admission based upon past behaviors not involving acts of physical violence and/or acts of sexual aggression shall be considered a violation of contract agreement.
 - b. Written justification for the denial of admission must be provided to MDCPS within 24 hours, and it will be reviewed to determine if the reasons meet the terms of MDCPS’s policy and agreed upon contract. Written justification may be provided by the provider’s licensed mental health professional (delineated above).
2. An outline of the admissions process to include capacity to provide support to MDCPS in locating appropriate homes for youth placement twenty-four (24) hours per day – seven days per week, to include holidays and weekends. This policy or procedure should include the Partner Provider’s 24 hour on-call process for emergency admissions.
3. A description of the Partner Provider’s history and current capacity to serve youth in foster care who have experienced complex trauma often manifested by high-risk behaviors such as elopements, verbal outbursts, physical intimidation, aggression, self-harm histories, poor school attendance/grades, etc. This description must also include any outcomes of current utilization of evidenced-based intervention models.
4. A description of the Partner Provider’s plan to adequately inform foster parents of the potential characteristics and behavior manifestations of youth who have experienced complex trauma.
5. A requirement that Partner Provider ensures that each youth receives an Initial Safety/Risk Assessment within 24 hours of admission.
6. A description of the Partner Provider’s ability to ensure that each youth receives a comprehensive initial assessment and individual service plan to be performed by a fully licensed mental health professional (delineated above) within 14 days of admission.
7. A requirement that the Partner Provider shall receive child/youth referrals from the MDCPS Therapeutic Placement Department via a Residential Services Application (RSA) sent to the Partner Provider’s designated email address provided to MDCPS.

- a. Partner Providers shall have up to 24 hours to respond to the RSA email with Acceptance or Denial of admission (this excludes emergency placements).
8. The Partner Provider is encouraged to interview any child via in person/remote within a reasonable timeframe to assist youth with a comfortable transition and pre-welcome (with the exception of emergency placements).
9. Placement change procedures for the child including;
 - a. Notification of parent or guardian;
 - b. Documentation to MDCPS prior to any placement change;
 - c. Method used to assign a child to an appropriate group; and
 - d. Method used to determine whether the Partner Provider is equipped to adequately serve the child's needs.
10. An MDCPS approved pre-placement visit plan for the child to the Partner Provider as well as the date and outcome of the visit must be documented in the child's record, if applicable.
11. Placement must comply with all federal civil rights laws.
12. The Partner Provider may only accept children within the age range of their license.
13. Sibling groups in which one or more of the siblings are under the age of ten (10) must not be placed in congregate care settings for more than sixty (60) days. Any approvals must be provided by MDPCS.

Source: Miss. Code Ann. § 43-15-105; 42 U.S.C. § 14141; 42 U.S.C. § 622; 42 U.S.C. § 671

Rule 6.2. *Requirements for Children Placed in Congregate Care Facility* – MDCPS refers and places children only in Partner Providers who have been licensed by MDCPS. This requirement includes:

1. Therapeutic Group Homes, Therapeutic Foster Care, Teen Maternity Homes, Specialized Group Care for Minor Victims of Human Trafficking and Supervised Independent Living must be licensed by MDCPS and also certified by the Mississippi Department of Mental Health (DMH).
2. No child under ten (10) years of age shall be placed in a congregate care setting, including group homes and Intake and Assessment Center, unless:

- a. The child has exceptional needs that cannot be met in a licensed foster home; or
 - b. To keep a sibling group together for a temporary period; or
 - c. To enable a mother and baby to be placed together and there is not an available foster home for both; or
 - d. The appropriate MDCPS Assistant Deputy Commissioner has granted express written approval for the congregate care placement.
3. MDCPS must select an appropriate facility for a child and document in the child's case record the following:
- a. The child's level of development, social and emotional needs and the reason the child needs a group living experience;
 - b. The child's Family Service Plan;
 - c. Description of the parent-child relationship and the potential for parental, Foster Parent, or guardian participation in the program and visitation;
 - d. The plan for sibling visitation if not placed together;
 - e. Documentation on reason siblings are not placed together and the plan to reunite siblings;
 - f. The reason the congregate care Partner Provider was selected as the most appropriate for the child;
 - g. Statement regarding proximity of placement to child's family and county of jurisdiction.
4. The facility must also meet the definition of a child care institution (CCI) at sections 472(c)(2)(A) and (C) of the Social Security Act, including that it must be licensed (in accordance with section 471(a)(10) of the Social Security Act) and that criminal record and child abuse and neglect registry checks must be completed in accordance with section 471(a)(20)(D) of the Social Security Act.

Source: Miss. Code Ann. §§ 43-15-105, 41-4-1 et seq.; 42 U.S.C. § 672(c)(2)(A), (C); 42 U.S.C. § 671(a)(10), (a)(20)(D)

Rule 6.3. *Prohibition on Admitting Adults* – Partner Providers may not admit adult(s) as residents into Congregate Care Facilities.

Source: Miss. Code Ann. § 43-15-105

Rule 6.4. *Medical Information* – The Partner Provider must obtain, from MDCPS prior to admission, the report of a medical examination of the child which was performed within thirty (30) calendar days of custody. In an emergency admission, the medical examination must be performed within seven (7) working days following the placement.

Source: Miss. Code Ann. § 43-15-105

Rule 6.5. *Orientation and Expectations Child and Parents* – The Partner Provider must provide, prior to or at admission, an orientation to living in the facility for each child and MDCPS or parent(s). As part of the orientation, the Partner Provider must:

1. Provide each child and MDCPS or parent(s) with a written list of rules governing the care of children including visitation plan, discipline policies, religious practices, resident's right and responsibilities, and all other services available, including independent living services.
2. Provide a written description of procedures which the child and MDCPS or parent(s) may use to file a grievance and inform the child/parent of the process.
3. Inform the child/parent that should they desire to report a grievance, the Partner Provider must always give access to MDCPS specialist(s) for registering a complaint.

Source: Miss. Code Ann. § 43-15-105

Rule 6.6. *Placement Agreements* – The placement Partner Provider must have a signed agreement with MDCPS and foster parent(s) where a child is placed which must include:

1. A description of roles and responsibilities of all Partner Providers and persons involved with the child in the placement;
2. Arrangements regarding visits, mail, telephone calls, vacations, gifts and family contact and involvement;
3. The confidentiality statement regarding sharing information about the child signed by MDCPS's designee;
4. Methods of payment for the child's care; and
5. The amount of the board payment and breakdown of child's allowances.
6. Foster Parent Bill of Rights.
7. Foster Parent Grievance Procedures.

8. Child Rights.

9. Child Grievance Procedures

A copy of the signed agreement must be kept in the child's record maintained by the Partner Provider, and copies provided to the assigned MDCPS specialist and foster parent(s).

Source: Miss. Code Ann. §§ 43-15-105, 43-15-13

Chapter 7 DISCHARGE POLICY OF PARTNER PROVIDERS

Rule 7.1. *Discharge Procedures* – The Partner Provider must have and follow clearly defined, written discharge policies and procedures which include the following:

1. All discharges must be based upon the clinical justifications of a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist).
2. Partner Providers must coordinate child and family team meetings targeting the preservation of placement in advance of discharge.
3. Partner Providers must submit a discharge summary to MDCPS at least 14 days in advance of discharge (within 7 days in the event of emergency discharge).

Source: Miss. Code Ann. § 43-15-105

Rule 7.2. *Re-admission of Youth* – If a youth is sent to a higher level of care such as acute care and is ready to be released, the Partner Provider must re-admit the youth provided:

1. The youth continues to meet the provider criteria;
2. The acute care facility recommends return to the provider and returning to the provider is in the best interest of the youth; and
3. While the youth is in a higher level of care, the provider shall continue to receive board payments for up to fourteen (14) days as a placement holder. If the provider does not allow the youth to return, such board payments shall be forfeited.

Source: Miss. Code Ann. §§ 43-15-105, 43-15-13

Rule 7.3. *Release to Suitable Placement* – The youth may not be released from the Partner Provider’s care until suitable placement is obtained unless the youth presents as an immediate danger to self or others or other safety issues are present. If the youth does not present as an immediate danger, the provider must establish a written safety plan and safety contract with the youth. Examples of immediate danger may include such things as:

1. Refusal to relinquish access to a weapon.
2. Repeated acts of physical violence toward others.
3. Active suicidal and/or homicidal attempts that cannot be managed safely.

Source: Miss. Code Ann. §§ 43-15-105, 43-15-13

Rule 7.4. *Therapeutic Program Safety Plan* – A Partner Provider’s therapeutic program is expected to establish a safety plan to address the needs of the youth while awaiting discharge. Reasons for all denials and discharges must be sent to MDCPS via email at Therapeutic.Placement@mdcps.ms.gov (Coordinated Care Department).

Source: Miss. Code Ann. §§ 43-15-105, 43-15-13

Rule 7.5. *Written Justification for Denying Discharge* – The Partner Provider must provide written justification for the denial of discharge, and it will be reviewed to determine if the reasons meet the terms of MDCPS’s policy. Written justification may be provided by the provider’s licensed clinician and/or licensed medical professional (psychiatrist/psychiatric nurse practitioner). When the discharge request is approved, the Provider will receive a Discharge Memo from the Coordinated Care Department within five (5) business days of receipt.

Source: Miss. Code Ann. § 43-15-105

Rule 7.6. *Premature Discharge* – The Partner Provider may not discharge youth prematurely without providing MDCPS with 14 calendar days’ notice, in writing by a fully licensed mental health professional (LCSW, LPC, LMFT, Psychiatric Nurse Practitioner, Psychologist, Psychiatrist). The Partner Provider shall assist with ensuring appropriate assessments and/or evaluations are completed to determine the level of care needed for the youth and/or if the youth may be safely maintained in the setting with additional supports provided.

Source: Miss. Code Ann. § 43-15-105

Rule 7.7. *Discharge Plan* – The Partner Provider shall provide MDCPS with a comprehensive discharge plan to include clinical recommendations. The Partner Provider shall also work, collaboratively, with MDCPS in securing appropriate aftercare services and/or placement.

The Partner Provider must maintain the youth under close supervision according to the mutually developed and agreed upon safety plan until an appropriate placement is found and the transfer is complete, unless the safety and well-being of the youth are compromised.

Source: Miss. Code Ann. §§ 43-15-105, 43-15-13

Rule 7.8. *Detention Centers* – A youth who is sent to a detention center may be dismissed from the Partner Provider if: (i) there are charges that result in the youth being sent to the training school, (ii) there is incarceration, (iii) there is a need for acute care, or (iv) the youth continues to be a danger to self or others.

A dismissal to a detention center must meet the following requirements:

1. This dismissal must be justified by court order or via a written recommendation of a psychiatrist, psychiatric nurse practitioner, licensed psychologist or other licensed clinical staff.
2. The Partner Provider must assist MDCPS with placing the youth in an acute care facility, a congregate care treatment center, or other appropriate placement by making placement recommendations when appropriate.

Source: Miss. Code Ann. §§ 43-15-105, 43-15-13

Rule 7.9. *Challenging Behaviors* – A youth may not be discharged due to challenging behaviors. Challenging behaviors are defined as, but not limited to, fighting, non-compliant or defiant behavior, verbal altercations and/or minor property destruction.

Source: Miss. Code Ann. § 43-15-105

Chapter 8 CARE AND SERVICES PROVIDED BY PARTNER PROVIDERS

Rule 8.1. *Initial Assessment and Service Plan* – The Partner Provider must complete an initial assessment and individual service plan on each child admitted - to be conducted by a fully licensed mental health professional with 14 days of youth’s placement and reviewed with MDCPS worker.

1. Collaboration. In developing and implementing the written service plan for the child and the child’s family, the Partner Provider must collaborate with:
 - a. All appropriate staff members.
 - b. Appropriate MDCPS staff.
 - c. Outside parties that may help support the child's needs including but not limited to:
 - i. Education services.
 - ii. Extracurricular activities coaches.
 - iii. MDCPS Independent Living staff, etc.
 - d. Parents or legal guardians, and
 - e. The child, if age appropriate.
2. Contents of Service Plan. The Partner Provider’s individual service plan for the child must include the following:
 - a. The date the plan is approved;
 - b. An assessment of the child’s and family’s strengths and needs;
 - c. Defined goals, staff assignments, time schedules and steps to be taken to meet the goals;
 - d. The plan for family visitation, including siblings, unless prohibited by the court;
 - e. An alternate permanency plan in the event a determination is made by MDCPS that reunification is not in the best interest of the child;
 - f. A plan regarding estimated length of placement, discharge, and aftercare;
 - g. A scheduled meeting no more than ninety (90) days from date of approval of initial plan to review or amend plan;

- h. A signed copy of MDCPS’s Client’s Rights and Responsibilities for the appropriate age group of the child;
- i. Services to the child by the Partner Provider;
- j. Services to the family by the Partner Provider;
- k. A plan that is maintained by the Partner Provider to provide transportation for youth to and from school, work, and extracurricular activities; and
- l. A plan for youth fourteen (14) and above that have spent at least one (1) day in care for facilitating participation in the MDCPS Transition to Independent Living Program (TILP), including transportation to and from TILP activities.

The plan must be signed by the child’s parent or legal guardian, Partner Provider program director, and assigned MDCPS specialist. A copy of the signed plan must be given to each signing party, with the original maintained by the MDCPS specialist.

The Partner Provider must maintain contact with MDCPS. If appropriate within the parameters of a court order, the Partner Provider must maintain contact with the child’s parent(s) and should encourage the parent(s) to communicate and visit the child in accordance with the service plan.

Source: Miss. Code Ann. § 43-15-105; 42 U.S.C. § 672(k)(3); 42 U.S.C. § 675a(c)

Rule 8.2. *Partner Provider Service Plan Review* – The Partner Provider must review each child’s service plan at least every ninety (90) days using the following guidelines:

- 1. All parties present at the previous planning meeting should be encouraged to attend the review.
- 2. The service plan must be revised by the Partner Provider to reflect any progress made toward achieving the goals established in the previous service plan and any changes made in the service plan.
- 3. If changes are made to the service plan the Partner Provider must detail the reasons for the changes and include plans to achieve the new service plan goals.
- 4. Written documentation of the review must be signed and dated by the Partner Provider program director or case manager, the assigned MDCPS specialist, the parent(s) or legal guardian if appropriate, and the child if appropriate.

5. The reviewed service plan and other supporting documents must be copied and filed in the child's record and copies given to all signing parties, with the original maintained by the MDCPS specialist.

Source: Miss. Code Ann. § 43-15-105

Rule 8.3. *Visiting Family* – If the Partner Provider uses private family homes for visitation by children during weekends, holidays or vacations, to support family or community connections, the Partner Provider must develop written policy and procedures, including forms to be used in approving and utilizing these homes, to address the following:

1. Visiting families must have limited involvement and decision-making authority over the day-to-day activities of the children with whom they visit. Decisions about the safety, permanency and well-being of the child must be made by the primary caretaker parent, legal guardian, or MDCPS.
2. Visiting home policies and records must include the following:
 - a. Child's specialist must give prior written approval for all visits;
 - b. A completed application listing demographic information and the family's reasons for requesting to be a visiting family home;
 - c. A site visit and home assessment which addresses safety issues to include pictures of the home and a safety checklist;
 - d. Documentation that a visiting child must have their own bed and must not share a bedroom with any adult or persons of the opposite sex;
 - e. Two (2) written references which indicate the family can provide proper temporary care and supervision for a child;
 - f. Partner Providers must submit a MACWIS Inquiry Data Sheet to the MDCPS Congregate Care Unit;
 - g. Criminal background check, Central Registry check, and fingerprinting on all household members ages eighteen (18) years and older;
 - h. A written and signed agreement which states the roles and responsibilities of both the Partner Provider and family;
 - i. A signed statement agreeing to confidentiality regarding the child's situation and circumstances;

- j. A signed statement from the parent or legal guardian authorizing the child's participation in a visiting family home program;
 - k. Employees of MDCPS may not be utilized as visiting family homes; and
1. Visits must not exceed fourteen (14) consecutive nights.
 3. Prior to visitation, the Partner Provider must discuss with the visiting family the child's likes, dislikes, needs, behavior and health issues including any allergies and medications.
 4. The Partner Provider must provide the visiting family with emergency contact names and telephone numbers.
 5. The child must agree to each visit.
 6. After visitation, the Partner Provider must talk with the child to determine their feelings and experiences and must be recorded in the child's records.

Source: Miss. Code Ann. §§ 43-15-6, -13, -105; 42 U.S.C. § 631(a)(7); 42 U.S.C. § 675(5)(A)

Rule 8.4. *Child Access to Social Worker or Counselor* – A child must have access to a social worker or counselor at all times and be able to schedule private appointments upon their own initiative.

Source: Miss. Code Ann. §§ 43-15-7, -13, -105

Rule 8.5. *Daily Routines* – The Partner Provider must post the daily schedule in a prominent place. The Partner Provider's daily routine must provide time for privacy and individual pursuits of all children in the Partner Provider's care.

Source: Miss. Code Ann. § 43-15-105

Rule 8.6. *Meals, Food, and Nutrition* – A Congregate Care Facility must assign one (1) staff member to the overall management of the food service. If this person is not a professionally qualified dietitian, monthly scheduled consultations on menus must be obtained from a professionally qualified dietitian. Facilities participating in the USDA Child Nutrition Program administered by the Department of Education meet this requirement.

1. Menu Requirements. The staff member in charge of food service must plan menus at least a week in advance. These menus must be kept on file for one (1) year and made available for review upon request. At least three (3) meals must be served each day, each with a different menu.

2. Meal and Snacks Requirements. The Partner Provider must provide wholesome, nutritious, and properly prepared daily meals and snacks:
 - a. Daily Meals should include:
 - i. Meats or meat substitutes,
 - ii. Vegetables;
 - iii. Milk;
 - iv. Fruit;
 - v. Cereal;
 - vi. Bread; and
 - vii. Dessert.
 - b. Nutritious between meals and evening snacks must be available, except when restricted for dietary or health reasons.
 - c. The Partner Provider must serve staff members and children in care the same food, except when age, special dietary requirements, or cultural consideration dictate differences. Food must be served in a family style setting and at least one (1) staff member on duty in living units must eat meals with the children.
3. Food Requirements. Handling, storage, and preparation of food must comply with state health standards as dictated by the Mississippi Department of Health and:
 - a. When special dietary needs are identified, professional consultation must be requested, and modifications made as needed.
 - b. Special dietary needs must be provided as recommended by a physician.
 - c. Food must be of appropriate portions for the age, growth, and development of the child.

Source: Miss. Code Ann. §§ 43-15-13, -105, 37-13-137, 37-11-8, 41-3-15 et seq; 89 CFR 31962; 42 U.S.C. § 675(5)(A)

Rule 8.7. *Clothing and Personal Belongings* – The Partner Provider must have written policy and procedures which include the following:

1. Inventory. The Partner Provider must maintain an inventory of clothing, personal belongings, and monetary funds belonging to each child.
 - a. Each child must have their own inventory list. Inventory lists encompassing more than one (1) child is not permissible and will be viewed as a mishandling of child assets.
 - b. The inventory log must be signed by the child, parent, guardian, or MDCPS designee upon admission and discharge.
2. Clothing. The Partner Provider must ensure that each child has their own clean, well fitting, attractive, seasonal clothing, including shoes, which are appropriate to age, sex, individual needs, and comparable to the community standards.
 - a. The Partner Provider must involve the child in the selection, care, and maintenance of personal clothing as appropriate to age and ability.
 - b. The Partner Provider must send all clothing with the child when they leave the facility.
3. Personal Belongings. The Partner Provider must provide each child with individual items for personal hygiene and grooming, such as bathroom supplies, laundry needs or other items.
 - a. The Partner Provider must allow a child to bring and acquire personal belongings.
 - b. The Partner Provider may limit or supervise the use of personal belongings while the child is in care provided the limitation or supervision is not a used as form of punishment or discipline.
 - c. The Partner Provider must send all clothing and belongings in appropriate luggage with the child when they leave the facility. Whenever possible, the child or youth should be present when their clothing and belongings are packed.
4. Allowances. All unused personal and clothing allowances, as well as any other funds received by the child, must be maintained in a personal account solely benefiting the child and distributed to the child upon discharge from the Partner Provider.
 - a. The Partner Provider must have a means of keeping children’s money safe and separate from the facility’s financial accounts.

- b. The Partner Provider must use the child’s clothing allowance for the child or place funds in the child’s personal account.
- c. In the event a child opts to save their clothing and/or personal allowance, the Partner Provider must show documentation signed by the child that explains the savings goal. The documentation must be maintained in the child’s file indefinitely.
- d. The Partner Provider must give personal allowances to the child and allow reasonable choices in spending allowances.
- e. The Partner Provider must provide documentation signed by the child showing the child received their clothing and personal allowances. This documentation must be filed in the child's record and kept for one (1) year.

Source: Miss. Code Ann. §§ 43-15-13, -105; 42 U.S.C. § 675(5)(A)

Rule 8.8. *Financial Education* – The Partner Provider must provide opportunities for children to learn the value and use of money through allowances, earnings, spending, and savings. Youth over the age of fourteen (14) must be allowed to participate in the Independent Living programs offered through MDCPS.

Source: Miss. Code Ann. § 43-15-5, -105; 42 U.S.C. § 671(30); 42 U.S.C. § 675; 42 U.S.C. § 677

Rule 8.9. *Recreation and Leisure Activities* – The Partner Provider must have and follow written policies to involve children in community activities to include the following:

- 1. The Partner Provider must arrange transportation and supervision as needed for use of community resources.
- 2. The Partner Provider must have and follow a written plan for a range of indoor and outdoor recreational and leisure activities.
- 3. The Partner Provider must collaborate activities with other Federal and State programs for youth including transitional living youth projects, abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops) and school-to-work programs offered by high schools or local workforce Partner Providers, if applicable.
- 4. In co-ed facilities, boys and girls must have opportunities for recreation and social activities together. Such activities must be based on the group and individual interests and needs of the children in care.

5. Activities must be offered throughout the year with an emphasis during the summer months. Potential activities include, but are not limited to:
 - a. Youth retreats, youth conferences, or other activities offered through MDCPS;
 - b. Religious or secular activities, including retreats; and
 - c. School activities.
6. The Partner Provider must have a current schedule of the activities posted in a conspicuous area, as well as copies to provide to youth for personal use.
7. It is recommended that the Partner Provider allow no more than two (2) to three (3) hours of quality TV and videos per day.
8. The Partner Provider must provide support and instruction in Life Skills for Youth which include, but are not limited to, the following:
 - a. Career planning;
 - b. Education;
 - c. Daily living;
 - d. Home life;
 - e. Housing;
 - f. Money management;
 - g. Self-care;
 - h. Social relationships;
 - i. Work life; and
 - j. Work and study skills.

Source: Miss. Code Ann. §§ 43-15-5, -105; 42 U.S.C. § 671(30); 42 U.S.C. § 675; 42 U.S.C. § 677

Rule 8.10. *Discipline* – The Partner Provider must have and follow written policies on discipline which must be available to the child, the child’s parent(s) or guardian, and MDCPS and must include the following:

1. The policies must include positive reinforcement by praising and encouraging children when they exhibit self-control and desired behavior, and methods for protecting children and others when a child is out of control.

2. All children must be educated on the rules of the Partner Provider at the time of admittance and as rules are changed or added. The Partner Provider must maintain a current copy of the rules signed by each child stating they have read, understand, and agree to abide by all the rules of the Partner Provider.
3. The Partner Provider is responsible for thorough training of all staff members on policies and practices concerning discipline.
4. All discipline must be reasonably related to the child's age, understanding, need, and level of behavior.
5. All discipline must be limited to the least restrictive appropriate method, administered by appropriately trained staff, and documented in the child's record.
6. The following forms of punishment are strictly forbidden by MDCPS and may not be used when disciplining a child [Use of any of these forms of discipline may result in revocation of licensure]:
 - a. Corporal punishment;
 - b. Punishment administered by peers;
 - c. Assignment of excessive or inappropriate work;
 - d. Denial of daily needs, such as meals, snacks, and program activities;
 - e. Denial of personal and hygienic needs, including but not limited to: haircuts, feminine products, showers, etc.;
 - f. Denial of planned visits, telephone calls, mail or contacts with family that are required by the service plan;
 - g. Denial of personal allowances, clothing allowances, or any other funds intended for the child's use;
 - h. Harsh, degrading or humiliating punishment, including physical or emotional abuse; or
 - i. Verbal abuse of a child and derogatory remarks about a child or his family.
7. A child who must be isolated from his peers must be monitored by staff, with age-appropriate adult supervision and proper time frames.

Source: Miss. Code Ann. §§ 43-15-5, -105

Rule 8.11. *Family Visits and Communication* – The Partner Provider must have and follow written policies that encourage and support family visitation, mail, telephone calls, and other forms of communication with family, friends, and significant others. The policy must include approval of the visit based on the court order or MDCPS’s approval. A copy of the policies must be provided to all children, staff, parent(s) or guardian, and MDCPS.

Source: Miss. Code Ann. §§ 43-15-5, -105; 42 U.S.C. § 675

Rule 8.12. *Spiritual Enrichment* – The Partner Provider must provide opportunities for the child to have spiritual enrichment and education in accordance with the child’s own statement of preference. Children must not be coerced to affiliate with any religious organization if there is no religious preference identified. Where sponsorship of specific children or youth exists, no child may be compelled against their will to visit such sponsors.

Source: Miss. Code Ann. § 43-15-105

Rule 8.13. *Photography and Publicity of Children and Youth in Care* – Under no circumstances may photos, video recordings, livestream videos, or audio recordings of children in care be shared via social media, email, cellular phone, internet websites, or any other form of communication without the express prior written consent of MDCPS. Failure to adhere to this rule may result in revocation of licensure.

1. The Partner Provider must not engage in practices which exploit the rights of children.
2. The Partner Provider must ensure that all records involving children-in-care are kept confidential and may be disclosed only in accordance with the law. An Order of Limited Disclosure must be issued by the youth court with jurisdiction over the child before information is released.
3. Prior express written approval must be obtained from MDCPS for all photographs of the children.
4. All activities involving the use of children for publicity and fundraising must be voluntary and have:
 - a. A Court Order of Limited Disclosure from the judge having jurisdiction;
 - b. The prior documented written approval of MDCPS;
 - c. The prior documented written consent of the parents or legal guardian if the guardian is not MDCPS; and
 - d. The prior documented written consent of the child.

5. Public appearances and photographing of the children is permitted only when:
 - a. There is positive and constructive benefits for the children;
 - b. The activities respect their dignity and confidentiality; and
 - c. The Partner Provider has obtained prior written permission from MDCPS.

Source: Miss. Code Ann. §§ 43-15-105; 43-21-251 et seq

Rule 8.14. *Transportation of Children* – Partner Providers who transport children must adhere to the following guidelines:

1. General Requirements

- a. Use age-appropriate passenger restraint systems;
- b. Provide adequate passenger supervision as required by statute or regulation;
- c. Properly maintain vehicles and obtain required registration and inspection;
- d. Provide the MDCPS with annual validation of current licenses, driving records, and appropriate insurance of Partner Provider and/or Partner Provider staff; and
- e. When transporting children, Partner Provider staff must not make additional, unapproved stops except for fuel and emergencies.

2. Vehicle Restrictions

- a. Partner Provider must purchase a van in the Partner Provider's name within one (1) year of opening the facility.
- b. Partner Provider and privately-owned vehicles used to transport children must be equipped with a first aid kit and fire extinguisher at the time of transportation.
- c. Partner Provider staff's private cars may only be used in case of an emergency.

3. Safety Restrictions

- a. The number of people in a Partner Provider owned vehicle used to transport children must not exceed the number of available seats.

- b. Partner Providers must not transport children in the back or bed of a truck, regardless of distance.
- c. Seatbelts or age-appropriate child safety restraints prescribed by law must be used when transporting children.
- d. The Partner Provider staff must provide information regarding special medical needs or problems to the operator of any vehicle transporting children.

4. Prohibition on Youth in Care Operating Vehicles

- a. No youth in care may operate a motor vehicle to transport other persons.
- b. Negligence or willful misconduct of a driver under seventeen (17) years of age is imputed to person signing application for license and will be imputed to the Partner Provider in the event a youth in their care operates a vehicle.

Source: Miss. Code Ann. §§ 43-15-5, -105; 37-41-3; 63-1-1 et seq; 63-2-1 et seq; 63-7-301 et seq; 49 CFR § 39216

Rule 8.15. *Children’s Grievance Procedures* – The Partner Provider must have and follow a written grievance procedure which allows Children in care to make complaints without fear of retaliation. The grievance form must be placed in an area and made available, with easy accessibility, to the residents.

This procedure must be written in clear and simple language and must be explained to children and their legal guardian. A copy must be provided to each individual party or a child placing Partner Provider upon request.

Source: Miss. Code Ann. §§ 43-15-5, -105

Rule 8.16. *Health Services* – The Partner Provider must have and follow a written plan for providing medical and dental services to all children in care, to include the following:

1. General Requirements

- a. All MDCPS Nurses must have access to children in the care of a Partner Provider at all times without exception. All medical records must be made accessible to MDCPS nurses at all times.
- b. MDCPS must refer all children in custody ages three (3) and under to the Statewide Early Intervention Program for a comprehensive evaluation and screening. This recommendation can also be made by

the Partner Provider or in conjunction with the parent or legal guardian.

2. Pre-Admission Medical Exams

- a. The Partner Provider must require a pre-admission medical examination for all children in care except for Intake and Assessment Centers/Emergency Shelters.
- b. Documentation of a tuberculosis (TB) screen and medical examination must be included in the child's file and if not previously conducted must be performed within seven (7) days after admission. A copy of the written report should be submitted to MDCPS.
- c. The Partner Provider must arrange for each child to have follow-up medical treatment or examinations as recommended by the medical examination.

3. Annual Medical Exams

- a. The Partner Provider must ensure that each child has a medical examination annually. All findings must be sent to MDCPS upon request.
- b. The Partner Provider must arrange for each child to have follow-up medical treatment or examinations as recommended by the medical examination.
- c. The Partner Provider must ensure that each child has a dental examination annually and cleaning every six (6) months and all findings should be sent to MDCPS.
- d. The Partner Provider must ensure that each child has annual vision and hearing examinations or as often as medically necessary. All findings must be sent to MDCPS.

4. Mental Health Assessment. MDCPS will ensure that a child's/family's mental health needs and strengths are assessed within thirty (30) days of child's placement by an independent assessor and provide the Partner Provider with a copy of the final assessment.

5. Routine Medical Care

- a. The Partner Provider must make arrangements with a licensed physician(s) or licensed nurse practitioner to provide ongoing medical treatment for children in care.

- b. The Partner Provider must make arrangements with a licensed hospital for the admission and treatment of children in care.
- c. The Partner Provider must make arrangements with a licensed dentist(s) to provide dental care and all findings should be sent to MDCPS.

6. First Aid Kit

- a. The Partner Provider must have a first aid kit in each living unit consistent with the guidelines of the American Red Cross.
- b. The staff must know the location of the box and ensure its contents are checked every thirty (30) calendar days and restocked accordingly.
- c. The first aid kit must be kept locked and inaccessible to children in care.

7. Medical Records. The Partner Provider must maintain medical, dental and mental health records for children in care. The records must include the dates of all immunizations, examinations and any treatment for specific illnesses or medical emergencies.

8. Administration of Medication. The Partner Provider must have and follow written procedures for the prescription, administration of medication, and the disposal of outdated and unused medication. This procedure must be given to all Partner Provider staff members responsible for prescribing and administering medication and include the following:

- a. The administration of all prescription drugs and other medical procedures must be directed and supervised by a licensed physician or licensed nurse in accordance with the Mississippi Nursing Practice Law and Rules and Regulations.
- b. The facility must keep all medication in a locked cabinet within a separate room with a locked door. A log must be maintained on all medication administered as well as a youth's refusal to take medications. MDCPS should be notified, within 24 hours, of all refusals via Serious Incident Report (SIR).
- c. The facility must not permit medication prescribed for one child to be given to another.

9. Disposal of Medication

- a. Per the Mississippi Board of Pharmacy, the best practice for medication disposal is to turn the medication in to an appropriate

Medical Disposal Bin found at most pharmacies or any Mississippi Highway Patrol Office.

- b. If disposal in a Medical Disposal Bin is unfeasible, medication must be rendered inactive meaning it is unusable for use. Controlled substances such as narcotics require witnessed disposal.
- c. Quantity of medication disposed of and method of disposal of medication must be documented on the medication documentation form.

Source: Miss. Code Ann. §§ 43-15-5, -105; 41-29-191; 43-13-117; 43-27-103; 41-87-1 et seq; 73-15-1 et seq

Rule 8.17. *Educational Services*

- 1. School Attendance. Each child in care must attend school in accordance with state law.
 - a. The Partner Provider, legal guardian, or MDCPS must enroll children in school within seven (7) days of placement change, if a school change is necessary. A child must remain enrolled in their school of origin until the BID is completed.
 - b. The Partner Provider must collaborate with MDCPS to ensure children are enrolled in the appropriate grade and classes and when applicable, request an IEP placement meeting to ensure that the child receives the protections outlined in federal and state law. To include but not limited to, timelines for evaluations, implementation of an IEP and placement in the least restrictive environment.
 - c. The Partner Provider must ensure that the appropriate contact has been made and documented with MDCPS within seven (7) days of the child's admission. This includes:
 - i. Receipt of educational documentation to enroll the child in school (ex. BID, enrollment letter, grade report, IEP when applicable, etc.)
 - ii. Active parent log in information, such as, name on the account and password
 - d. If a Partner Provider is unable to enroll a child in school within the seven (7) day timeframe, an education referral should be made to the education hotline number 601-576-1558 or email the Education Unit education@mdcps.ms.gov. An Education Liaison will respond within forty-eight (48) hours of receiving the referral to assist.

- e. Children should be encouraged to participate in all school clubs, sports and other extracurricular activities, including all Independent Living activities. Transportation to these activities must be provided by the Partner Provider.
 - f. When the Partner Provider provides therapeutic or psychiatric treatment, they must integrate such treatments with the child's educational program.
 - g. Partner Providers must not withdraw children or change a child's school without consultation with MDCPS.
2. Best Interest Determination (BID). The Partner Provider must obtain the BID document from MDCPS for children in foster care within seven (7) days of placement.
- a. The best interest determination will be made by MDCPS, and the location education agency point of contact.
 - b. MDCPS and MDE retain final authority in any disputes as to school placement.
3. Alternative Academic Settings
- a. If the needs of congregate care children can only be met by the provision of an on-campus educational program, such programs must maintain standards of instruction comparable to those of the local public schools. Enrollment in said alternative academic setting must be approved by MDCPS.
 - b. The Partner Provider must arrange for specialized training for each child based on the needs of the child.
 - c. Partner Providers requesting to have a child placed in a day treatment program must seek approval from MDCPS.
4. Children Not Enrolled in School. Children of legal working age who are not in school must be encouraged to seek employment in the community in accordance with their service plan and MDCPS approval, and in compliance with state and federal laws.

Source: Miss. Code Ann. §§ 43-15-5, -13, -105; 37-1-3; 37-13-91; 37-177-1; 37-173-16; 34 CFR § 300.22; 42 U.S.C. § 671

Chapter 9 PHYSICAL FACILITY REQUIREMENTS FOR PARTNER PROVIDERS

Rule 9.1. *General Requirements for Licensure* – Partner Providers must meet or exceed all standards prescribed within these and other applicable rules in order to receive and maintain licensure.

1. Location of Partner Provider Facility. The facility must be located in a residential zoning area that is aware of the Partner Provider’s mission and purpose. Any disputes arising from the facility’s location must be resolved before licensure can be received.
2. Facility Grounds. The facility and premises must be maintained in a clean, sanitary, comfortable and safe condition. Garbage and trash must be secured in covered containers and removed on a weekly basis. Unsafe areas such as steep grades, cliffs, open pits, lakes, ponds, swimming pools, drainage ditches or other hazards must have appropriate barriers to protect children. The facility must be located on land that is properly drained.
3. Changes to Partner Provider Facility. The Partner Provider must submit a written plan of action to MDCPS for approval prior to start-up operation and/or commencing any new construction work. All Partner Providers must obtain approval of local fire, safety, building construction and zoning authorities. The Partner Provider must provide documentation as follows:
 - a. Written records of inspections from the appropriate local fire, and safety authorities annually.
 - b. Documentation that appropriate action was taken to correct deficiencies cited by the above entities.
 - c. Evidence and documentation of a routine pest control service.
4. Smoke-Free Environment. The Partner Provider must maintain a smoke-free environment in all indoor areas of the home and in all vehicles used to transport a child in placement.

Source: Miss. Code Ann. §§ 43-15-105, -107; 17-2-1 et seq; 29-5-162, -163; 42 U.S.C. § 672(c)

Rule 9.2. *Emergency and Natural Disaster Drills* – The Partner Provider must have and follow written procedures for fire and natural disasters, including tornadoes, hurricanes, and floods which specify frequency of drills, evacuation plans and responsibilities of staff. The drills must include an actual evacuation of children to safe areas. All Partner Providers must have a continuity of operations plan.

1. Conducting Drills. Partner Providers must post a schedule of fire drills and applicable disaster drills. Partner Providers must specify emergency escape

procedures and ensure staff and residents are aware of the emergency escape routes. Partner Providers must post maps throughout the facility in highly visible locations that clearly indicate:

- a. Current location;
- b. Nearest exits; and
- c. Best escape routes from current location to nearest exits.

2. Frequency of Drills.

- a. Fire drills must be conducted at least monthly in a residential program and must be rotated among the following time frames.
 - i. 7:00 A.M. to 3:00 P.M.
 - ii. 3:00 P.M. to 11:00P.M
 - iii. 11:00 P.M. to 7:00 A.M.
- b. Disaster drills must be conducted at least annually.

3. Fire Detection Equipment.

- a. Fire extinguishing equipment, fire alarms, and smoke detectors must be inspected annually.
- b. Fire extinguishers, fire alarms, and smoke detectors must be located and securely mounted throughout the facility in all residential areas and where conditions warrant (i.e., flammable storage areas).
- c. Fire extinguishers should be mounted on the wall or underneath a cabinet, secured from children. Fire alarms should be mounted on the ceiling or wall and be resistant to tampering. Smoke detectors should be mounted on the ceiling or wall and be resistant to tampering.
- d. Staff and children of appropriate age and functioning capacity must be trained in the correct reporting of fires and how to extinguish small fires.

4. Reporting Drills. Partner Providers must maintain a record of completed drills. Written reports must follow each fire or emergency drill and must include at a minimum:

- a. Date of drill;
- b. Time required for completion of drill;

- c. Number of children involved in drill;
- d. Signature of staff member completing the report; and
- e. A copy of the completed report must be sent to the MDCPS Congregate Care Unit at congregate.care@mdcps.ms.gov within twenty-four (24) hours.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.3. *General Sanitation*

1. The water supply must be from an approved municipal system where available. Where a municipal system is not available, the facility must obtain approval for the water supply from the Mississippi Health Department.
2. All kitchens, food preparation, food storage, and utensil cleaning must comply with Health Department regulations.
3. Sewage disposal and other water-carried wastes must be disposed of through a municipal water sewer system. Where a municipal sewer connection is not available, the facility must have approval from the Health Department for liquid waste disposal. All septic tanks must be tested annually and certified by the state and/or local health authorities.

Source: Miss. Code Ann. §§ 43-15-105, -107; 19-5-17; 41-26-1 et seq; 41-67-1 et seq; 42 U.S.C. §300 et seq; 21 CFR §170.3

Rule 9.4. *General Safety*

1. A Partner Provider must have access to twenty-four (24) hour telephone service. Telephones must be centrally located and readily available for staff use in each living unit of the facility and any building that houses children. Emergency numbers including the fire department, police department, medical services, poison control and ambulance services must be posted near the telephones.
2. Sharp objects and hazardous equipment must be double locked by securing in a locked drawer or cabinet behind a locked door.
3. The facility must be free of rodents and insects and routinely inspected by a licensed pest control service.

Source: Miss. Code Ann. §§ 43-15-105, -107; 41-26-1 et seq; 41-67-1 et seq; 42 U.S.C. §300 et seq; 21 CFR §170.3

Rule 9.5. *Animals in the Facility*

1. Animals kept on the premises must be inoculated by a veterinarian annually. Efforts must be made to keep the grounds free from stray animals and animal feces. An animal that has shown aggressive behavior must be removed immediately from the home. Animals must have an annual certificate of rabies vaccination on file in the home or facility if required by law to be vaccinated.
2. An animal that is not aggressive but could pose a threat to the health and safety of children such as, but not limited to, lizards, snakes, and turtles, must be routinely confined in an appropriate container, e.g. a cage or an aquarium.
3. Children may be allowed to handle pets if determined that it is reasonably safe to do so. Animals kept in the house must be house broken.

Source: Miss. Code Ann. §§ 43-15-105, -107; 69-15-1 et seq; 19-5-50

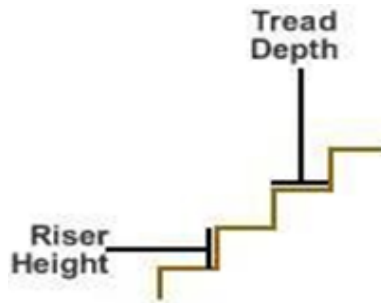
Rule 9.6. *Use of Security Cameras* – Facilities using security cameras must have written approval from MDCPS and facility security cameras must be on a secure network.

1. The location of cameras must be made known to MDCPS. A notice that security cameras are in use must be posted in visible locations.
2. Facilities using security cameras must have and follow written policies and procedures that state where cameras are placed and who is responsible for reviewing footage.
3. Cameras may not be used in bathrooms, bedrooms, pool changing rooms, or anywhere else it is likely that a child may change clothes.
4. Camera footage must be maintained for at least seven (7) calendar days on a rolling basis.
5. In the event MDCPS receives a report of abuse, neglect, or maltreatment in care, the Partner Provider must preserve all facility footage from the time of the report and must allow MDCPS to review all footage from the facility.
6. Erasure of recordings in violation of this rule may result in loss of licensure.
7. Video recorded as a matter of practice is covered under the confidentiality laws.

Source: Miss. Code Ann. §§ 43-15-105, -107; 43-21-259

Rule 9.7. *Physical Attributes of Partner Provider Facility* – Facilities must be handicapped accessible. The arrangement, appearance, and interior areas of the facility must be similar to those of a home environment. The facility must be decorated and furnished to create a home-like environment. Furnishings must be safe, attractive, easy to maintain, and selected for their suitability to the age and development of the children in care.

1. Doors. When the door is in the fully open position, the width of doorway must not be fewer than thirty-two (32) inches wide. Locks on exit doors must not require the use of a key for operation from inside the building.
2. Stairs. Doors opening onto stairs must have a landing at a minimum of the width of the door. The minimum headroom on stairs to clear all obstruction must be six feet and eight inches tall (6' 8"). The width of stairs must not be less than thirty-two (32) inches. The minimum tread depth of each step of the stairs must not be less than nine (9) inches. The maximum height of risers in each step must not exceed eight (8) inches.



3. Guardrails and Handrails. Guards and handrails must be provided on both sides of all stairs and ramps rising more than thirty (30) inches above the floor or grade. Guards and handrails must continue for the full length of the ramp or stairs. Handrails must provide at least two (2) inches between the inner side of the rail and support wall. Handrails must not be more than thirty-four (34) inches above the step or ramp nor less than thirty (30) inches.
4. Ramps, Platforms, and Landings. Ramps, platforms and landings associated with the guards and handrails must be designed for not less than one hundred (100) pounds per square foot and have a slip-resistant surface.
5. Exits. Exits must be accessible at all times. No stove or heater must block an escape route.

Source: *Miss. Code Ann. §§ 43-15-105, -107; 43-6-1 et seq; 42-17-1 et seq; 42 U.S.C. § 12101; 42 U.S.C. § 675*

Rule 9.8. *Living Area Requirements* – The facility must have a living room or den for the children residing in a living unit. If the facility houses more than six (6) children, there must be an additional living room or lounge space. The space must be equipped with age-appropriate, comfortable furnishings suitable for relaxation and social interaction. Each living area must be equipped with a working television appropriate to the room size.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.9. *Dining Area Requirements* – A facility must have dining areas that permit children, staff, and guests to eat together in small groups. The dining area must be clean, well lit, ventilated, and attractively furnished.

Source: Miss. Code Ann. §§ 43-15-105, -107; 41-3-1 et seq 21 CFR §170.3

Rule 9.10. *Kitchen Requirements* – A fire-resistant back splash must be installed behind all areas where stoves, hot plates, or toaster ovens are used. All knives and other sharp cooking implements must be secured away from children in a locked drawer or room behind a locked door.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.11. *Study Area Requirements* – Each living unit must have a quiet area for study purposes equipped with adequate lighting, desks or tables, appropriate chairs, and bookshelves suitable for use by the children in care. The Partner Provider must ensure there is an adequate supply of paper and writing utensils. The study area must contain a computer available for any child to use. The Partner Provider must install site-monitoring software on all shared computers. The computer must have a logbook for children to sign up for its use.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.12. *Recreation Space Requirements* – The facility must have space for indoor recreation and at least seventy-five (75) square feet of accessible exterior space per child. The Partner Provider must have a variety of safe play equipment, toys, and supplies which are age and developmentally appropriate for children in care.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.13. *Laundry Requirements* – Laundry facilities must be behind a locked door and must be located in an area separate from areas occupied by children. Space for sorting, drying, and ironing must be made available to children old enough and capable of handling their personal laundry. Laundry activities must be monitored by a staff member and ironing activities closely supervised.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.14. *Administrative and Counseling Space Requirements* – The facility must have space that is distinct from the children’s living area to serve as an administrative office for records, secretarial work and bookkeeping as well as a designated space to allow private discussions and counseling sessions between individual children, families and staff.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.15. *Bathroom Space Requirements* – Facilities must have bathrooms with a separate toilet, bathtub or shower, and sink for every four (4) children.

1. Bathroom doors must have locks designed to permit the opening of the locked door from the outside by staff. Bathrooms must be kept clean and sanitary. The bathtub and shower must have a slip-resistant surface.
2. Facilities must provide an adequate supply of soap, towels, and tissues in each bathroom. The facility must have separate bath and toilet facilities for boys and girls. Residents are allowed to share a bathroom if they are roommates. No other children are allowed in another youth’s bathroom.
3. The facility must have an adequate supply of cold and hot water. Hot water must not exceed 120 degrees Fahrenheit.
4. Facilities must have a separate toilet and lavatory available for staff and visitors.
5. Facilities must have at least one handicap-accessible bathroom.

Source: Miss. Code Ann. §§ 43-15-105, -107; 43-6-5; 42 U.S.C. § 12101

Rule 9.16. *Bedroom Requirements*

1. Occupancy.
 - a. The facility must have no more than four (4) children in each bedroom (Traditional Group Homes and Intake and Assessment Centers only). The facility must have no more than two (2) children per room that are emotionally challenged or have a behavioral disorder.
 - b. The facility must provide separate sleeping rooms for boys and girls.
 - c. The facility must not permit non-ambulatory children to sleep above the first floor. Non-ambulatory includes children too young to walk and children lacking the mobility necessary to ascend or descend floors in an emergency or natural disaster.

2. Room Size. All bedrooms must be seventy-four (74) square feet for the initial occupant and an additional fifty (50) square feet for each additional occupant with ceiling heights of at least seven and a half (7 ½) feet.
3. Room Features.
 - a. All bedrooms must have a direct source of natural light, i.e., a window, as well as a working light fixture in each room. Lamps may not be the sole source of light.
 - b. Each child must have their own individual closet, locker, or bureau to store clothing and personal belongings. If the closet, locker, or bureau can be locked, a duplicate key or copy of combination must be in the possession of the staff.
 - c. Children must have the opportunity to personalize their bedrooms with furnishings and possessions to reflect their tastes and interests.
4. Beds.
 - a. Clean sheets, pillowcases, pillows and blankets must be provided to each child. Sheets and pillowcases must be changed at least once a week unless greater frequency is necessary.
 - b. The facility must provide each child with an adequate, meaning safe and comfortable bed. Under no circumstances are air mattresses, sleeping bags, sleeping pads, pallets, hammocks, sleeper sofas, convertible beds, or cots considered adequate beds.
 - c. If bunk beds are used, they must have safety rails and sufficient room to allow the occupants of both bunks to sit up in bed. Only children ages seven (7) and above may sleep in the top bunk in a foster home. Bunks may only consist of two beds.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.17. *Playground Requirements* – The playground equipment must be age appropriate and must be in good repair. The play area must be fenced if there are conditions which may pose a danger to a child playing outside.

The playground area and playground equipment must be installed and setup in compliance with the Mississippi State Department of Health Playground Standards (link provided). These standards include technical safety guidelines for designing, constructing,

Source: Miss. Code Ann. §§ 43-15-105, -107; 41-3-1 et seq; MSDH Rule 15 -11-55.1.10.2

Rule 9.18. *Swimming Pool Requirements* – Swimming pools must be approved by the Health Department and routinely tested according to Health Department standards.

1. Physical Barriers to Pool Entrance.

- a. The pool must be enclosed with protective fencing (a fence, wall or other barrier) so that the pool is separated from the facility or otherwise made physically inaccessible to a child.
- b. The wall, fence or barrier must not contain openings for handholds or footholds accessible from the exterior side of the enclosure.
- c. If any window, door or other openings of the facility constitute part of the swimming pool enclosure, the openings must be permanently secured and must not be essential as a fire exit. No bedrooms should have an opening into the swimming pool area.
- d. All entrances to the swimming pool must be self-closing and self-latching with the latch located at least fifty-four (54) inches above the underlying ground.

2. Physical Characteristics of Pool.

- a. Diving boards and water slides into the pool are strictly prohibited. Markings for water depth must be visible at each additional six (6) inches of depth. A rope must be secured across the swimming pool to indicate the four (4) foot depth.
- b. The following signs must be clearly posted and easily readable:
 - i. Running or boisterous play is not allowed in the pool area.
 - ii. Glass articles, sharp metal objects and other hazardous objects are not allowed in the pool area.

3. Safety Measures.

- a. Any facility with a pool must carry the appropriate liability insurance. Proof of current insurance must be provided to the MDCPS Congregate Care Unit.
- b. There must be safety measures in place for all bodies of water located at or near the facility.
- c. The facility must have one staff member with a current Advanced Life Saving certificate or certified lifeguard on duty and one additional staff person present when any water activity is in progress.

At least one CPR-certified staff must be present at all times when children are at or near a body of water.

Source: Miss. Code Ann. §§ 43-15-105, -107; 41-3-1 et seq

Rule 9.19. *Staff Living Space* – The facility may not be used as a permanent residence for live-in childcare workers or other staff members working at the facility. Staff must leave the facility when they are not working in a childcare worker capacity. Traditional Partner Providers may utilize an approved home parent model and must provide employees with separate living space are provided with bedroom, bath and kitchen.

Source: Miss. Code Ann. §§ 43-15-105, -107

Rule 9.20. *New Construction* – New construction at a facility includes new buildings, additions to existing buildings, or the conversion of existing buildings or portions thereof. Prior to commencing new construction, the Partner Provider must submit a plan of action to MDCPS and a copy of the building permit to MDCPS. The Health Department and Fire Department must be contacted prior to commencing new construction.

Source: Miss. Code Ann. §§ 43-15-105, -107