



# Standard Operating Procedure

Procedure Name: Licensure Requirements for Congregate Care Providers - Requirements for Private Childcare Agencies	Chapter:12
Procedure Number: 2.12.6	Effective Date: DEC 2024

**1.0 Purpose.** The purpose of this procedure is to provide guidance for private childcare agencies that are congregate care providers and private child placing agencies. This procedure is six of seven procedures that cover the specific requirements to receive a license and defines the operational standards that must be met to be a licensed provider for therapeutic and traditional foster homes.

## 2.0 Definitions

A. Definition of foster family homes. For purposes of titles IV-B/IV-E of the Act, a ‘foster family home’ is the home of an individual or family:

- 1) That is licensed or approved by the state or tribe in which it is situated as a foster family home that meets the standards established for the licensing or approval.
- 2) In which a child in foster care has been placed in the care of an individual, who resides with the child and who has been licensed or approved by the state or tribe to be a foster parent.
- 3) The state or tribe deems capable of adhering to the reasonable and prudent parent standard.
- 4) That provides 24-hour substitute care for children placed away from their parents or other caretakers; and

**3.0 Responsible Parties.** Questions concerning this procedure should be directed to the Deputy Commissioners for Clinical Support. All requests for rule changes should be sent via email to the Director of Congregate Care at [congregate.care@mdcps.ms.gov](mailto:congregate.care@mdcps.ms.gov)

## 4.0 Procedure.

### Procedure 4.12 - Requirements for Private Childcare Agencies (Therapeutic and Traditional Foster Homes)

#### A. Therapeutic Foster Home Overview

1) Therapeutic foster homes are licensed or approved by the state as a foster family home that meets the standards established to provide care for children or youth with Serious Emotional Disturbance in a family setting, utilizing specially trained foster parents. Private Childcare Placing Agencies may only use adults with current documentation with approval from MDCPS Congregate Care Department.

2) Therapeutic Foster Care services are intensive and supportive services provided to children in the custody of MDCPS. These children have significant medical, developmental, emotional, or behavioral needs, who with additional resources, can remain in a family setting and achieve growth and development. Services include specialized training, clinical support, and in-home intervention to therapeutic foster parents and the child, allowing the child to remain in a family home setting.

a) Partner Provider must be licensed by MDCPS to receive a referral of any child/ren in MDCPS custody. Therapeutic Partner Providers must also be certified by the Mississippi Department of Mental Health as a therapeutic provider for therapeutic group homes, intellectual and developmental disabilities and supervised independent living.

b) Each foster home or resource home must have no more than one (1) child/youth with serious emotional disturbance placed in the home at a given time. Agency providers seeking to place more than one (1) child/youth with serious emotional disturbance in a resource home must obtain prior approval from the MS Department of Child Protection Services. Siblings with serious emotional disturbance may be placed together in the same home if all the following conditions apply:

i) The siblings have never been separated.

ii) The siblings are not a danger to others or to each other; and,

iii) Therapeutic resource parents asked to place siblings in their home must consent in writing in advance of the placement. This documentation must be maintained in the record of each sibling. (*MS DMH Standards Rule*).

c) Therapeutic Foster Care involves the following features:

i) Provision of special training to foster parents to assist them in working with a child/youth who has experienced interpersonal trauma to include, but not limited to Trauma-Based Relational Intervention (TBRI), shared parenting, mandated reporting and a non-violent, crisis de-escalation.

ii) Partner Providers shall work with the youth, foster family and biological family to create a plan for engaged and shared parenting.

iii) Creation of a support system among foster parents.

B. Traditional Foster Home Overview. Traditional Foster Homes are licensed or approved by the state as a foster home that meets the standards established to provide care for children in a family setting with licensed foster parents to support lasting permanency and/or reunification with biological families.

C. Requirements for Traditional and Therapeutic Foster Home Services.

1) A Foster Home provides temporary care for a child who is in the custody of the Department and cannot return safely to his/her own home for some period. A Foster Home may

also be a prospective adoptive home under the dual licensure policy of MDCPS. All Foster Homes must complete the same licensure requirements for foster or adoptive services.

2) A child placing agency which provides Foster Home services must develop and follow written policies and procedures for these services. These policies and procedures must comply with the standards contained herein, as well as all other applicable MDCPS policies. If a Partner Provider is unsure whether a MDCPS policy is applicable, they must contact the MDCPS Congregate Care Department: [Congregate.Care@mdcps.ms.gov](mailto:Congregate.Care@mdcps.ms.gov)

3) A Private Child Placing Agency that establishes and maintains a license for a Therapeutic Foster Home shall have Therapeutic Foster Care Specialists whose specific responsibilities must include at least the following:

a) Recruitment and training of therapeutic foster parents:

i) Partner Providers shall ensure that parents and families are trained in Trust-Based Relational Intervention (TBRI).

ii) Partner Providers shall ensure that parents and families are trained in verbal de-escalation techniques via a recognized model approved by MDCPS.

b) Conducting interviews and other necessary work to appropriately place individual children/youth with prospective Traditional/Therapeutic Foster Parents.

D. Traditional and Therapeutic foster homes must be licensed within 120 days of receipt of initial inquiry.

1) Maintenance of regular contacts with Therapeutic Foster Care Families by the Private Child Placing Agency and provide documentation of those contacts in the person's record:

a) The contract agency staff will conduct visits, at least, two (2) times a month when there are foster children placed in the home. One of those visits must be in the foster home to observe the members of the family together with the child. The other visit must include an interview with the child without the foster parent(s) present.

b) Monthly contacts can be conducted by telephone or email when there are not foster children placed in the home. All visits must be documented in the child's file and available upon request to the MDCPS Congregate Care Unit.

2) Maintenance of regular contacts with Traditional Foster Care Families by the Private Child Placing Agency and provide documentation of those contacts in the person's record:

a) The contract agency staff will conduct *monthly* in-home visits when there are foster children placed in the home. Monthly contacts can be conducted by telephone or email when there are not foster children placed in the home.

b) More frequent contacts (in-home, telephone, email) may be required if there is a concerning issue facing the foster child/family or if there is an active Corrective Action Plan.

3) Ensure that the foster parents participate in Foster Parent Support Groups at least monthly.

E. A person who wishes to become a Foster Parent must apply to a placing agency on the form specified by the placing agency. MDCPS and the agency will conduct adequate screening of all prospective applicants in accordance with MDCPS Licensure Requirements found on the MDCPS website: [www.mdcps.ms.gov](http://www.mdcps.ms.gov). Partner Providers must submit a MACWIS Inquiry Data Sheet to the MDCPS Congregate Care Department for all new hires, foster parents, interns and volunteers. If using MDCPS for the screening, then Partner Providers can submit the application for Livescan and background screening.

1) Employees of MDCPS and Youth Court personnel can be licensed by a MDCPS Partner Provider as a foster parent. The criteria are:

a) Employees cannot foster a child(ren) that is on their caseload.

b) Court personnel wanting to foster cannot be in the same court jurisdiction of the child(ren) that they will foster or the siblings to that child(ren). A special judge would need to be brought in to hear the case should a relative come into care that is in the same jurisdiction.

c) All employees/court personnel who are approved foster parents follow the same policies and procedures, regardless of their employment position.

2) When the Partner Provider denies licensure of an applicant or closes a foster home, notice shall be sent to MDCPS within five (5) business days.

#### F. Foster Home Application.

1) Prospective Foster Parents must be informed of the agency's requirements for Foster Parents, the gender and ages of children to be served and the reimbursement process.

2) Prospective Foster Parents must complete an application form which shall include basic demographic information on all family members, a list of any criminal charges, permission to perform a criminal background, Central Registry check and fingerprinting on all household members aged eighteen (18) years and older, and four (4) references. Partner Provider

employees and board members must be licensed by a different Partner Provider to serve as foster parents.

3) The Placing Agency must submit to MDCPS a Foster Home Inquiry Data Form for each applicant prior to the family attending any training. The purpose of this form is to screen prospective Foster Parents for current and or past involvement with MDCPS and any other affiliations, such as other Placing Agencies.

G. Foster Parent Criteria.

1) Age. Foster parents must be at least twenty-one (21) years old at the time of application.

2) Marital Status.

a) Foster Parents may be married or single.

b) All adult household members must be screened for all required background checks.

c) If the composition of the household changes at any time, the foster parent(s) must notify MDCPS and the partner provider prior to the change to assess the need for additional background checks.

3) Residency. Applicant(s) must be a resident of the State of Mississippi.

4) Income. Applicant(s) must be financially self-sufficient without the board payment. Applicant(s) working outside the household must have a plan for safe, stable and reliable childcare as well as sufficient work flexibility to meet the needs of the children.

5) Acceptance. Applicant(s) must be willing to accept placement of child(ren) of any racial, ethnic, religious, diverse populations or educational backgrounds.

6) Space.

a) Applicant(s) must have adequate room in the home.

b) Children may not sleep on couches or share a bed with another person. Exceptions may be approved by MDCPS Congregate Care Department.

c) Only same sex and similar aged children may share the same room. Exceptions may be approved by MDCPS Congregate Care Department.

d) Children must be able to access a bathroom without passing through another person's bedroom. Exceptions may be approved by MDCPS Congregate Care Department.

7) Telephone. Applicant(s) must have telephone service.

8) Transportation.

a) Applicant(s) must have an operable automobile.

b) All persons transporting children must have automobile insurance and valid driver's license.

c) Vehicles must have the ability to transport all children in age-appropriate restraints.

9) Occupancy. Traditional and Therapeutic Foster Homes may have no more than a total of six (6) children, including biological, foster, or adopted children. No more than two (2) children in the foster home may be under the age two (2). No more than one (1) child may have therapeutic/special needs. However, a sibling group may be placed together more than these limits, but only upon written consent from MDCPS and a waiver from MDMH.

10) Criminal History. Applicant(s) must have a clear criminal background and Central Registry check, Sex Offender check and fingerprinting on all prospective parents and all persons residing in the household eighteen (18) years of age and older.

11) References. The applicant(s) shall have three (3) personal references. Only one (1) of these three (3) references may be related to the applicant(s).

12) Training.

a) Applicant(s) for Therapeutic Foster Care must attend at least twenty-four (24) hours of pre-service training and successfully pass all skill testing.

b) Applicant(s) for Traditional Foster Care must attend at least 15.5 hours of pre-service training.

c) Training is considered as part of the application process and does not guarantee that the applicant will be accepted in the program.

d) Pre-service training shall include:

i) Trust-Based Relational Intervention (TBRI),

- ii) Verbal de-escalation techniques,
- iii) Mississippi PATH or other approved foster parent training curriculum,
- iv) Car seat safety,
- v) Identification and mandated reporting of child abuse and neglect,
- vi) Best practices identifying effective means of discipline,
- vii) MDCPS approved crisis management, de-escalation and the management of aggressive behavior,
- viii) Emergency and safety procedures,
- ix) Cultural diversity and sensitivity,
- x) Effective management of medication, including psychotropic drugs, dosages and side effects,
- xi) Separation and loss focusing on issues of children in custody and the impact on family relationships,
- xii) CPR and First Aid Training and certification must be maintained,
- xiii) Universal precautions for prevention of infectious diseases,
- xiv) Confidentiality,
- xv) Reporting serious incidents,
- xvi) Shared Parenting,
- xvii) Suicide prevention, and
- xviii) Identifying risk behaviors and managing runaways

13) Home Study. MDCPS or the Partner Provider must conduct a study of the prospective Foster Parent's home.

- a) Home Studies shall be updated every two (2) years and in accordance with the modality requirements.
- b) Partner Providers must utilize the Structured Analysis Family Evaluation (SAFE) as its home study assessment.
- c) SAFE is a structured home study methodology that allows child welfare agencies/professionals to thoroughly evaluate prospective kinship, foster, adoptive and/or guardianship families in a uniform manner. (<https://www.safehomestudy.org/>).

#### 14) Discipline.

- a) Applicant(s) must be willing to refrain from any use of corporal punishment with the foster child. Foster Parents are expected to learn and use approved forms of discipline.
- b) Corporal punishment and degrading punishment are prohibited.

15) Cooperation. Applicant(s) must be willing to work closely and cooperatively with Partner Provider staff, MDCPS, and others in learning to carry out parenting procedures within prescribed guidelines. This includes attendance at monthly support meetings, following treatment recommendations, transporting child to appointments, and any other necessary procedures.

#### H. Foster Home Study.

- 1) The Partner Provider must conduct a Foster Home study to assess the appropriateness of the applicant(s) to be Foster Parent(s) utilizing the SAFE methodology to include the frequency of visits/interviews. Partner Providers must follow all requirements set forth in the SAFE Home Study methodology related to applicant references, etc.
- 2) In addition to the overall requirements of the SAFE Home Study, the Partner Provider must ensure that the following areas are included in the home study(s):
  - a) Ability to ensure that the family has additional supports for alternative care when needed to include daycare/childcare.
  - b) Child caring skills and willingness to acquire additional skills needed for the child's development.
  - c) Ability to provide for the child's physical and emotional needs.
  - d) Verification from a physician that each family member has no communicable diseases, specific illnesses or disabilities which would interfere with the family's



capability to care for a child. All household members must provide additional immunization records.

e) Ability to provide financially for the child or children; (a detailed description of the finances of the prospective Foster Parent (s) including but not limited to income, debts, expenses, medical insurance and life insurance).

f) Verification of employment and/or income.

g) Religious orientation, if any.

h) Location and physical environment of the home.

i) Recommendations for foster care regarding number, age, sex, characteristics and special needs of children best served by the family.

3) All foster home application records must be maintained while the foster home is open, and seven (7) years thereafter.

#### I. Responsibility of Partner Provider to Foster Parents.

##### 1) Orientation and Support Groups.

a) The Partner Provider must provide orientation to applicants approved to be Foster Parents to acquaint them with the agency's policies and practices.

b) The Partner Provider must provide monthly formal support groups for Foster Parents. Each foster parent is required to attend at least six (6) support groups annually.

2) Agreement. The Partner Provider shall have a signed agreement with all Foster Parents which includes the following:

a) Confidentiality policy.

b) Expectations and responsibilities of the Partner Provider staff and the Foster Parents.

c) The services to be provided.

d) Partner Provider policies on discipline.

e) The actions which require Partner Provider staff authorization.

- f) The legal responsibility for damage or risk resulting from children in their home.
- g) The amount of the board payment and breakdown of child's allowances.
- h) Partner Provider policies on firearms in the home; and
- i) Partner Provider policies on transportation and reimbursement for expenses, if applicable.

3) Ongoing In-Service Training.

a) Partner Providers must ensure the provision of foster parent support groups in each area of service and offer required annual training hours (10). Five hours must be in-person and five hours may be online (any exceptions may be made, collaboratively, by MDCPS and the Partner Provider).

b) The training may be provided in the following areas:

- i) Roles and relationships in care of children between agency personnel, Foster Parents, child's parents and the child.
- ii) Separation and loss and the importance of a child's birth family and the child's communication with them.
- iii) Permanency planning.
- iv) Developmental needs of children in care.
- v) Cultural and religious awareness and differences.
- vi) Behavior management and discipline techniques.
- vii) Stress management.
- viii) Multi-cultural placement and adoption.
- ix) CPR, First Aid, communicable diseases and other health issues.
- x) Understanding trauma and its impact on children.
- xi) Prevention of abuse and neglect in Foster Homes.

xii) Roles in shared parenting.

xiii) Foster Parent involvement in family team meetings and county conferences (Foster Care Review);

xiv) Sibling interactions.

xv) Parenting adolescents.

xvi) Child sexual abuse; and

xvii) Other training as deemed appropriate.

c) The Partner Provider must provide training certificates, letters or verification of training to each Foster Parent for each training session attended.

4) Foster Parent Bill of Rights. Every Foster Parent both therapeutic and traditional must be provided with a copy of the Foster Parent Bill of Rights (<https://www.mdcps.ms.gov/foster-and-adoptive-parents/foster-parent-resources>).

5) Grievance Policy.

a) Every Foster Parent both therapeutic and traditional must be provided with a copy of the foster parent grievance policy (<https://www.mdcps.ms.gov/foster-and-adoptive-parents/foster-parent-resources>).

b) A formal grievance is a formal statement of complaint for an alleged wrong or hardship suffered which may be filed by a person who provides foster care or relative care.

c) A formal grievance may be filed by filling out Section I of the Foster Parent Grievance Form. The form is located on MDCPS's website (<https://www.mdcps.ms.gov/foster-and-adoptive-parents/foster-parent-resources>) in an online version and a printable PDF version. The online version will be automatically filed once completed. The printable version must be filed via email at [FPgrievance@mdcps.ms.gov](mailto:FPgrievance@mdcps.ms.gov). An MDCPS representative will make contact with the foster parent once the grievance has been reviewed.

J. Partner Provider Foster Home Supervision.

a) The Partner Provider shall maintain continuous supervision of the child and the Foster Home while the child is in placement to include all case management functions. The Partner Provider shall ensure that the child is receiving care in accordance with Partner Provider

standards and in relation to the child's specific needs. Weekly therapy sessions are required for all children placed in therapeutic foster homes.

b) Partner Provider must provide documentation upon request of all therapy notes to MDCPS.

#### K. Foster Home Relicensing.

1) Therapeutic Foster Homes shall be relicensed every two (2) years. All requirements including local background checks must be completed annually. However, fingerprinting is only required every five years.

2) Traditional Foster Family homes shall be relicensed every two (2) years. All requirements, including local background checks must be completed every two (2) years during the relicensing process. However, fingerprinting is only required every five years.

L. Specialized Homes for Medically Fragile Children. A licensed Foster Family specializing in medically fragile children shall comply with all foster home requirements as well as the following conditions:

1) Receive training to provide care to children with specific medical diagnoses.

2) Demonstrate the ability to care for children with special needs such as feeding tubes, heart monitors, oxygen, fetal alcohol syndrome, cerebral palsy, diabetes, diagnosed emotional or behavioral illnesses or disorders, HIV, etc.

3) Verify an additional eight (8) hours of specialized training by a certified Partner Provider. The additional hours shall include CPR training, first aid, medication administration and recognition and response to child behaviors that jeopardize health and well-being.

4) Agree to be licensed for no more than one (1) special care child at any given time. Placement of more than one (1) special care child may be considered in cases of sibling groups or other extraordinary circumstances. A waiver must be requested from MDCPS Coordinated Care Unit ([Therapeutic.Placement@mdcps.ms.gov](mailto:Therapeutic.Placement@mdcps.ms.gov)). If the specialized home is caring for the siblings of a medically fragile child, these siblings will not receive the special care board rate unless they have also been certified as eligible for that benefit.

5) Understand that specialized medical/treatment Foster Parents shall provide transportation and accompany the special care foster child to all school activities treatment and medical appointments, as well as any follow-up visits.

6) Agree to stay at the hospital with a special care child in their care should the child be hospitalized.

7) Maintain important records including medical documents, immunization records and a health journal for each special care foster child placed in their home.

8) Maintain adequate school/educational records on each special care foster child placed in their home.

9) Participate as a member of the service team through at least one of the following methods:

a) Personal attendance at team meetings

b) Conference calls

c) Provision of a written report on the child's progress, including any recommendations for service.

#### M. Therapeutic and Traditional Foster Home Records for Private Childcare Agencies

1) The Partner Provider must keep separate records for each Foster Family home which must contain:

a) The application.

b) Completed SAFE home study.

c) Current medical reports including any medications, including psychotropic meds, and any additional information from mental health therapists or physicians needed to support that the foster family members can safely and effectively carry out childcare tasks.

d) Verification of Tuberculosis (TB) Test results.

e) Criminal background, Sex Offender and Central Registry checks which include fingerprints on all household members aged eighteen (18) years and older prior child being placed in the home.

f) MACWIS Inquiry Data Sheet results from the Congregate Care Department.

g) List of the Partner Provider workers' visits with the child and Foster Family, including dates of visits and detailed summaries for each.

h) Three (3) letters of personal reference.

i) Copy of the license;

- j) Historical narrative of the care provided for each child including all significant events by the Foster Family.
- k) Chronological list of children placed with the Foster Family, including date placed, date discharged from care and child's legal name.
- l) Narratives and all supporting documentation regarding any and all allegations of abuse, neglect, exploitation, corporeal punishment, and/or other maltreatment alleged to have occurred during the time the child was placed in that home.
- m) A termination summary for closed homes including reasons for the closure.
- n) Legal documents including but not limited to:
  - i) Current marriage license.
  - ii) All divorce decrees.
  - iii) Proof of auto insurance; and
  - iv) Valid driver's license.
  - v) Current bi-annual CPR and First Aid training.
- o) If the home has a pool, all household members must be certified in CPR and First Aid. The Partner Provider and foster parent(s) must also provide a safety plan that outlines how they will keep the child/ren safe to include:
  - i) Prevention of access to pool without supervision.
  - ii) Life-saving equipment.
  - iii) Any other barriers to prevent a child from entering pool unsupervised
- p) Verification of training completion.
- q) Copy of the board payment included in the Partner Provider's placement agreement.
- r) Signed copy of the Partner Provider's grievance policy.
- s) Signed copy of Partner Provider's discipline policy and corporal punishment policy;
- t) Signed copy of Foster Parent Bill of Rights.
- u) Signed copy of Foster Parent grievance policy.
- v) Transportation plan.

w) Disaster plan and emergency plan.

x) Current vaccination records on all domestic household pets and outdoor animals on the premises that are accessible to the foster children. Any pets that do not receive vaccinations must be caged and not exposed to children placed in the home. Exceptions may be made by MDCPS upon request.

2) The following information regarding ALL Foster Homes must be sent to Congregate Care Department within seven (7) calendar days after a home is licensed and as information is updated:

a) Face Sheet.

b) Copy of all parent licenses and certifications background checks, criminal record, central registry check, sexual offender registry including fingerprints on all household members aged 18 years and older.

c) Signed copies of grievance and discipline policy.

d) Signed copies of child abuse state of compliance.

e) Home study.

f) Detailed pictures of each room in the home.

g) Detailed pictures of the exterior of the home and surroundings; and

h) Home inspection report of the checklist of minimum compliance.

3) All the above information will be maintained by the Partner Provider.

N. Specialized Group Care for Minor Victims of Sex Trafficking (SGC).

1) Specialized Group Care for Minor Victims of Sex Trafficking (SGC) is a setting that is licensed to provide 24-hour care and supervision for children and youth identified to be involved in any form of commercial exploitation. Partner Providers of this setting conduct services for commercially sexually exploited children (CSEC) (used synonymously with victims of human trafficking or victims at risk of human trafficking) and must meet the licensing requirements set forth in the Congregate Care Licensure Standards Section 3 Rule 3.1 through Rule 3.2 in addition to the program requirements outlined in this rule.

2) Licensing.

3) If the Partner Provider seeks reimbursement from MDCPS as a therapeutic placement resource, the resource must be certified through the Mississippi Department of Mental Health in addition to meeting the MDCPS licensure requirements for Congregate Care.

4) The child-caring agency shall submit the following documentation to the Licensing Authority for license as an SGC.

5) Facility's security plan;

- 6) Documentation of client services provided, to include age range and gender(s).
- 7) Copy of supervision policies and procedures.
- 8) Documentation of specialized training hours related to Human Trafficking completed for all staff; and
- 9) Documentation of compliance with the requirements applicable to a Specialized Group Care for Minor Victims of Human Trafficking
- 10) General Requirements
- 11) Utilize an evidenced-based and trauma-informed approach to care
- 12) Serve exclusively one sex in the placement.
- 13) Assess and serve child victims of commercial sexual exploitation who need placement in a safe home on a voluntary basis without regard to MDCPS custody.
- 14) Have awake staff members on duty 24 hours a day. See licensure standards for staffing ratios.
- 15) Security Plan
- 16) Provide appropriate security through staffing, facility location and design, hardware, technology, including, but not limited to, internal/external video monitoring and door exit alarms.
- 17) Client Services
- 18) Specialized Group Care for Minor Victims of Human Trafficking shall provide services tailored to the needs of minor victims of human trafficking and shall conduct a comprehensive assessment of the service needs of each resident. In addition to the services required to be provided by congregate care child caring agencies, SGC's must provide, arrange for, or coordinate, at a minimum, the following services:
  - a) A mental health assessment completed by a licensed mental health practitioner within thirty (30) days of placement.
  - b) Documented Safety Plan developed with the child and family (if applicable)
  - c) Trauma-focused mental health therapy
  - d) Family counseling
  - e) Health care coordination
  - f) Treatment and intervention for sexual assault
  - g) Education tailored to the child's individual needs, including remedial education, if necessary



- h) Life skills and workforce training
- i) Mentoring by a survivor of commercial sexual exploitation, if available and appropriate for the child
- j) Substance abuse screening and, when necessary, referral for treatment
- k) Planning services for the successful transition of each child back to the community
- l) Activities structured in a manner that provides child victims of commercial sexual exploitation with a schedule of activities tailored to meet their individual needs.

19) Training.

20) The child-caring agency shall ensure all staff having direct contact with residents complete pre-service training requirements as outlined in the Congregate Care Licensure Standards and receive an additional 24 hours of specialized training on human trafficking prior to working with youth. The 24-hours of training shall be instructor led and delivered by a trainer certified to conduct Human Trafficking Training. The 24-hours of training are initial trainings to be completed before engagement with the population.

21) The child-caring agency shall ensure that staff trained in a human trafficking prevention education curriculum to facilitate to youth residing in the home.

22) Partner Providers shall ensure that staff are trained in an evidenced based trauma informed care model.

23) Partner Providers shall ensure that staff are trained in verbal de-escalation techniques via a recognized model approved by MDCPS.

24) Additional and ongoing training for staff may be reviewed in the training licensure standards.

25) Policies and Procedures.

26) The child-caring agency shall develop policies and procedures for all services and as well as a security plan and emergency response plan that includes local law enforcement agencies that meet minimum standards as determined by the regulatory body (i.e. Mississippi Department of Mental Health or MDCPS) including an emergency response plan that includes local law enforcement agencies.

27) Changes made to any policies and procedures shall be submitted to the Licensing Authority within ten (10) business days of the proposed amendments and will need to be reviewed by the regulatory body. Changes shall be reviewed prior to implementation to ensure they meet minimum standards as set forth.

28) Admission and Discharge.

- a) You must be at least ten (10) years of age at the time of admission.
- b) Congregate care licensure standards describing pre-discharge requirements shall apply. The Partner Providers admission criteria shall identify any exclusionary factors and outline the intake and discharge procedures. This shall include criteria for requests for change of placement and early termination of the program due to youth's consistent unapproved leave (i.e. runaway) from the program as determined by the Partner Provider.
- c) Current or historical trauma-related behaviors and coping mechanisms, such as the following should not be used as a reason to deny a placement request or discharge a youth, unless it can be determined that such behavior will create an imminent risk to the safety or stability of other residents in the home:
  - i) Running away.
  - ii) Non-violent delinquent offenses (with consideration of violent offenses on a case-by-case basis)
  - iii) Recruitment, grooming or similar behaviors.
  - iv) Violent behaviors that do not pose an imminent risk to others.
  - v) Mental health diagnoses that do not require a higher level of care; or
  - vi) Occasional substance abuse, separate from deep substance abuse, places the child in imminent danger that may require inpatient treatment.
- d) The child-caring agency shall outline in their program policy responses to behaviors that support and develop the child's healthy recovery and resilience as included in the therapeutic model.

29) Discharge Planning and After Care Services.

- a) Prior to a discharge determination from the SGC, each youth shall have a re-evaluation of their service plan and multidisciplinary team staffing to include the MDCPS HT Coordinator.
- b) The child-caring agency shall have a written policy on discharge planning and aftercare services which shall specify the availability of services and identify the staff member or agency responsible for follow-up and implementation of the plan. The Partner Provider must incorporate an after-care plan upon discharge that identifies community services for the youth as stipulated in Standards.
- c) The child-caring agency shall prepare a written discharge summary and document this in the child's case record at least fourteen (14) calendar days prior to the anticipated date of discharge from the program unless the release is unplanned and unforeseen. A copy of the discharge summary shall be provided to the parent, guardian, or referral agency at

least 14 calendar days prior to the proposed discharge date unless the discharge is unplanned and unforeseen.

d) Discharge planning shall include input from the child, the child's parent or guardian, caregiver, child's attorney if applicable.

e) The discharge summary shall include the following:

30) A summary of services, an assessment of goal achievement, and identification of the needs which remain to be met.

31) Clinical recommendations for the child and family following discharge, including provisions for support and referrals.

32) The date and reasons for discharge.

33) The name, address, telephone number and relationship of the person or agency to whom the child is being discharged; and

34) A copy of the child's medical, mental health, dental, educational, legal assistance, alcohol and drug treatment, and other records for the use of the person or agency who will assume care of the child.

a) The child-caring agency shall have procedures for adequate follow-up or aftercare services. Aftercare plans shall at a minimum, reflect recommendations for services, where appropriate, and document any referrals generated, and include at least one (1) documented contact with the discharged child or his/her family within the first thirty (30) days following discharge.

b) Documentation shall be placed in the child's file.

O. Ratio.

1) The facility shall have at least one bedroom per resident based on the square footage of the room as described in the Congregate Care Licensure Standards.

2) There shall always be at least two (2) direct care staff members awake at all times with a maximum of ten (10) children/youth in the facility.

3) The agency shall ensure 24-hour per day supervision of the children and young adults in its care and always observe the required ratio.

P. Educational Services. Must meet the educational requirement as stated by the Mississippi Department of Education and Section 7.19.

## **5.0 Regulatory Requirements**

A. Miss. Code Ann 43-15-13

B. Miss. Code Ann. § 43-15-117

## **6.0 Appendix.**

A. Link to Policy for Licensure Requirements for Congregate Care Providers (Esper #1.12.1): [MDCPS Policy for Licensure of Congregate Care Providers \(Esper 1.12.1\)](#)

B. Link to Licensure Requirements for Congregate Care Providers: Provider and Licensure Requirements - 4.1 Provider and 4.2 Licensure Requirements (ESPER #2.12.1): [Licensure Requirements for Congregate Care Providers \(Procedures 1 and 2\) Esper 2.12.1](#)

C. Link to Licensure Requirements for Congregate Care Providers: Personnel Functions / Qualifications and Record keeping - 4.3 Personnel Functions/Qualifications and 4.4 Record keeping (ESPER #2.12.2): [Licensure Requirements for Congregate Care Providers \(Procedures 3 and 4\) Esper 2.12.2](#)

D. Link to Licensure Requirements for Congregate Care Providers: Admission and Care and Services - 4.5 Admission and 4.6 Care and Services (ESPER #2.12.3): [Licensure Requirements for Congregate Care Providers \(Procedures 5 and 6\) Esper 2.12.3](#)

E. Link to Licensure Requirements for Congregate Care Providers: Physical Facility and Traditional Group Homes and Therapeutic Group Homes - 4.7 Physical Facility and 4.8 Traditional Group Homes and Therapeutic Group Home Requirements (ESPER #2.12.4): [Licensure Requirements for Congregate Care Providers \(Procedures 7 and 8\) Esper 2.12.4](#)

F. Link to Licensure Requirements for Congregate Care Providers: Qualified Residential Treatment Programs, Teen Maternity Home, Supervised Independent Living for Youth Ages 18 and Older - 4.9 Qualified Residential Treatment Programs, 4.10 Prenatal and Parenting Teen Homes, 4.11 Supervised Independent Living for Youth Ages 18 and Older (ESPER #2.12.5): [Licensure Requirements for Congregate Care Providers \(Procedures 9-10-11\) Esper 2.12.5](#)

G. Link to Licensure Requirements for Congregate Care Providers – Requirements for Adoption Services, Intake and Assessment Centers, Permanency Assessment Centers, Adolescent Diversion Units / Access Units - 4.13 Requirements for Adoption Services, 4.14 Intake and Assessment Centers, 4.15 Permanency Assessment Centers, 4.16 Adolescent Diversion Units/Access Units (ESPER #2.12.7) [License Requirements for Congregate Care Providers \(Procedures 13-14-15-16\) Esper 2.12.7](#)

H. Link to the “Draft” Congregate Care – Level of Care Structure / Foster Care Maintenance Payment (ESPER #4.12.1) [Congregate Care - Level of Care Structure / Foster Care Maintenance Payment \(Esper 4.12.1\)](#)

I. Link to the Bi-Annual Review / Congregate Care Provider Scorecard (Esper #4.12.2) [Congregate Care Provider Scorecard / Bi-Annual Review \(Esper #4.12.2\)](#)

J. Link to the Foster Care Maintenance Payment (ESPER #4.12.3): [2024 Foster Care Board Payment Chart \(Esper #4.12.3\)](#)

K. Link to the Initial Application for Foster Care License (Esper #4.12.4): [MDCPS Application for Licensure \(Esper #4.12.4\)](#)

L. Link to the Renewal Application for Foster Care License (Esper #4.12. 5): [MDCPS Renewal Application for Licensure \(Esper #4.12.5\)](#)

M. Link to the Serious Incident Forms (Esper #4.19.9): [MDCPS Serious Incident Forms \(Esper #4.19.9\)](#)