



Licensure Requirements and  
Operations Standards  
for Congregate Care Providers

## Table of Contents

<u>Section 1:</u>	<u>Generally</u>	<u>1</u>
Rule 1.1	Repeal of Prior Rules	1
Rule 1.2	Overview	1
A.	History of the Agency	1
B.	History of the Standards	1
C.	Rule Changes	1
Rule 1.3	Legal Basis for Authority	2
Rule 1.4	Scope and Applicability	2
Rule 1.5	Providers and MDCPS Policy	4
Rule 1.6	Prohibition Against Discrimination	4
Rule 1.7	Confidentiality	4
Rule 1.8	Public Record	4
Rule 1.9	Required Notification to MDCPS	5
<u>Section 2:</u>	<u>Provider Requirements</u>	<u>6</u>
Rule 2.1	Provider Statement of Purpose	6
Rule 2.2	Provider Location	6
Rule 2.3	Inspection of Provider	6
Rule 2.4	Fees	7
Rule 2.5	Events Requiring Written Notification	7
Rule 2.6	Governance of Provider	7
Rule 2.7	Responsibilities of Provider Governing Body	8
A.	Conflicts of Interest	8
B.	Personnel	8
C.	Administration	8
D.	Records	9
Rule 2.8	Provider Finances	10
<u>Section 3:</u>	<u>Licensure</u>	<u>11</u>
Rule 3.1	Application for a Congregate Care License	11

Rule 3.2	Materials to Submit with Application .....	11
Rule 3.3	Review of Initial Application.....	13
Rule 3.4	Reapplication for a Congregate Care License.....	14
Rule 3.5	Renewal of a Congregate Care License: .....	14
Rule 3.6	Approval of an Application.....	16
Rule 3.7	Denial of an Application .....	16
Rule 3.8	Licensure Changes .....	16
Rule 3.9	Provisions of the License .....	16
Rule 3.10	Allegations and Reports of Maltreatment in Care.....	17
Rule 3.11	Revocation of a License .....	18
Rule 3.12	On-Site Visits .....	18
Rule 3.13	Special Safety Review for Two or More Reports within Last Two Years .....	19
<b>Section 4:</b>	<b><u>Personnel Functions and Qualifications</u></b> .....	<b>19</b>
Rule 4.1	Organizational Table .....	19
Rule 4.2	Provider Personnel Policies and Practices .....	19
Rule 4.3	Personnel Files .....	20
Rule 4.4	Medical Requirements for Personnel .....	22
Rule 4.5	Criminal History.....	22
Rule 4.6	Professional Qualifications and Job Functions .....	23
	A. Overview.....	23
	B. Executive Director .....	23
	C. Program Director .....	24
	D. Social Worker .....	24
	E. Case Manager.....	25
	F. Direct Care Supervisor.....	25
	G. Direct Care Staff .....	25
Rule 4.7	Staff Development and In-Service Training: .....	26
Rule 4.8	Staffing Requirements.....	28
Rule 4.9	Staff-to-Child Ratios .....	28
Rule 4.10	Prohibition of Staff Residing at Facility .....	29

Rule 4.11	Provider Use of Volunteers .....	29
Rule 4.12	Volunteer Background Screening .....	30
	A. References .....	30
	B. Screening .....	30
	C. Restrictions .....	30
Rule 4.13	Training Volunteers.....	30
Rule 4.14	Student Field Placement and Internships .....	31
Rule 4.15	Mandatory Reporting of Child Abuse and Neglect.....	31
Rule 4.16	Maltreatment and Corporal Punishment of Children in Custody.....	33
<b>Section 5:</b>	<b><u>Recordkeeping.....</u></b>	<b>33</b>
Rule 5.1	Records Maintenance .....	33
Rule 5.2	Required Records .....	34
Rule 5.3	Child Records.....	34
Rule 5.4	Discharge Summary Records .....	36
Rule 5.5	Resource Home Records .....	37
Rule 5.6	Adoptive Family Records.....	39
Rule 5.7	Adoption Re-application .....	40
Rule 5.8	Birth Parent Records .....	40
<b>Section 6:</b>	<b><u>Admission.....</u></b>	<b>41</b>
Rule 6.1	Admission Procedures.....	41
Rule 6.2	Requirements for Children Placed in Residential Care.....	42
Rule 6.3	Admitting Adults into Provider Facility.....	43
Rule 6.4	Medical Information.....	43
Rule 6.5	Orientation and Expectations .....	44
Rule 6.6	Placement Agreements.....	44
Rule 6.7	Discharge and Termination .....	45
Rule 6.8	Declination Policy .....	46
Rule 6.9	Dismissal Policy.....	47
<b>Section 7:</b>	<b><u>Care and Services.....</u></b>	<b>48</b>
Rule 7.1	Service Plan.....	48

Rule 7.2	Service Plan Review.....	49
Rule 7.3	Family Home Visitation.....	50
Rule 7.4	Child Access to Social Worker or Counselor.....	51
Rule 7.5	Daily Routines.....	51
Rule 7.6	Meals, Food, and Nutrition .....	51
Rule 7.7	Clothing and Personal Belongings .....	53
Rule 7.8	Financial Education.....	54
Rule 7.9	Recreation and Leisure Activities .....	55
Rule 7.10	Discipline .....	56
Rule 7.11	Punishment.....	57
Rule 7.12	Family Visits and Communication.....	58
Rule 7.13	Spiritual Enrichment .....	58
Rule 7.14	Photography and Publicity of Children and Youth In Care .....	59
Rule 7.15	Transportation .....	59
Rule 7.16	Children’s Grievance Procedures.....	61
Rule 7.17	Health Services.....	61
	A. Generally.....	61
	B. Pre-Admission Medical Exams.....	61
	C. Annual Medical Exams.....	62
	D. Routine Medical Care .....	62
	E. Staff Medical Training.....	62
	F. Medical Records .....	63
Rule 7.18	Administration of Medication .....	63
Rule 7.19	Disposal of Medication .....	63
Rule 7.20	Educational Services .....	64
	A. School Attendance .....	64
	B. Best Interest Determination .....	64
	C. Alternative Academic Settings .....	65
	D. Children Not Enrolled in School.....	65
<b>Section 8:</b>	<b><u>Physical Facility Requirements.....</u></b>	<b>65</b>

Rule 8.1	Requirements for Licensure .....	65
Rule 8.2	Location of Provider Facility .....	65
Rule 8.3	Facility Grounds .....	66
Rule 8.4	Changes to Provider Facility .....	66
Rule 8.5	Smoke-Free Environment .....	67
Rule 8.6	Inspections by the Mississippi Department of Health.....	67
Rule 8.7	Emergency and Natural Disaster Drills.....	67
Rule 8.8	General Sanitation .....	69
Rule 8.9	General Safety .....	70
Rule 8.10	Animals in the Facility .....	70
Rule 8.11	Use of Security Cameras .....	71
Rule 8.12	Physical Attributes of Provider Facility .....	71
Rule 8.13	Living Area Requirements .....	73
Rule 8.14	Dining Area Requirements.....	73
Rule 8.15	Kitchen Requirements .....	73
Rule 8.16	Study Area Requirements.....	74
Rule 8.17	Recreation Space Requirements.....	74
Rule 8.18	Laundry Requirements .....	75
Rule 8.19	Administrative Space Requirements .....	75
Rule 8.20	Counseling Space Requirements.....	75
Rule 8.21	Bedroom Requirements.....	76
Rule 8.22	Playground Requirements .....	77
Rule 8.23	Swimming Pool Requirements.....	78
Rule 8.24	Staff Quarters .....	79
Rule 8.25	New Construction.....	79
<b>Section 9:</b>	<b><u>Requirements for Maternity Homes.....</u></b>	<b><u>79</u></b>
Rule 9.1	Overview .....	80
Rule 9.2	Staffing Requirements.....	80
Rule 9.3	Staff Development.....	80
Rule 9.4	Admission and Planning.....	81

Rule 9.5	Counseling Services .....	81
Rule 9.6	Health Services.....	82
Rule 9.7	Termination of Services and Aftercare: .....	82
Rule 9.8	Environmental Health and Safety: .....	82
Rule 9.9	Furnishings: .....	82
<b>Section 10:</b>	<b><u>Requirements for Child Placing Providers.....</u></b>	<b>83</b>
Rule 10.1	Social Service Plan.....	83
Rule 10.2	Intake and Admissions Procedures .....	83
Rule 10.3	Case Planning.....	84
Rule 10.4	Discharge or Termination of Services.....	84
<b>Section 11:</b>	<b><u>Requirements for Adoption Services .....</u></b>	<b>85</b>
Rule 11.1	Overview .....	85
Rule 11.2	Administrative Practices .....	85
Rule 11.3	Adoptive Home Application: .....	86
Rule 11.4	Adoptive Parent Qualifications .....	86
Rule 11.5	Adoptive Home Study .....	87
Rule 11.6	Services to Adoptive Parent(s):.....	88
Rule 11.7	Services to Birth Parent(s).....	89
Rule 11.8	Fostering to Adopt.....	90
Rule 11.9	Private Adoption Entity Checklist From Mississippi to another state .....	90
<b>Section 12:</b>	<b><u>Emergency Shelter Care Facilities .....</u></b>	<b>92</b>
Rule 12.1	Overview .....	92
Rule 12.2	Admission and Planning.....	93
Rule 12.3	Placement in Emergency Shelter Care .....	94
Rule 12.4	Emergency Shelter Care Staffing Requirements.....	94
Rule 12.5	Health Services for Emergency Shelter Care .....	94
Rule 12.6	Emergency Shelter Care Licensed Capacity Exceptions .....	95
Rule 12.7	Separation of Living Groups in Emergency Shelter Care.....	95

**Section 1:    Generally**

*Rule 1.1        Repeal of Prior Rules*

Upon their effective date, these rules and regulations supersede and repeal all previous versions of the Licensure Requirements and Operations Standards for Congregate Care Providers.

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

*Rule 1.2        Overview*

A. History of the Agency

1. The Division of Family and Children's Services was designated by the Mississippi Legislature as the licensing authority for the Department of Human Services on July 1, 2000.
2. On May 13, 2016, the legislature created the Mississippi Department of Child Protection Services, and authorized MDCPS to carry out various duties and responsibilities of DCFS including the licensing of family foster homes, child-caring agencies, and child-placing agencies.

B. History of the Standards

1. These policies are based on the Licensing Standards for Residential Child Care Providers reviewed and adopted by the State Welfare Board on March 14, 1988.
2. In revising these standards the Mississippi Department of Child Protection Services (MDCPS) has utilized input from providers, provider staff, MDCPS staff, and received assistance from knowledgeable persons in the field of residential child care.

C. Rule Changes

1. All requests for rule changes should be sent via email to the Director of Congregate Care at [congregatecare@mdcps.ms.gov](mailto:congregatecare@mdcps.ms.gov), copying the MDCPS Policy Bureau at [Policy@mdcps.ms.gov](mailto:Policy@mdcps.ms.gov).

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



*Rule 1.3 Legal Basis for Authority*

A. MDCPS is endowed with the power to create rules and regulations regarding:

1. Approving, extending, denying, suspending and revoking licenses for foster homes, residential child-caring agencies and child-placing agencies;
2. Conditional licenses, variances from department rules and exclusions;
3. Basic health and safety standards for licensees; and
4. Minimum administration and financial requirements for licensees.

B. MDCPS is authorized to:

1. Define information that must be submitted to the division with an application for a license;
2. Establish guidelines for the administration and maintenance of client and service records, including staff qualifications, staff to client ratios;
3. Issue licenses in accordance with this article;
4. Conduct surveys and inspections of licensees and facilities;
5. Establish and collect licensure fees;
6. Investigate complaints regarding any licensee or facility;
7. Have access to all records, correspondence and financial data required to be maintained by a licensee or facility;
8. Have authority to interview any client, family member of a client, employee or officer of a licensee or facility; and
9. Have authority to revoke, suspend or extend any license issued by the division.

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

*Rule 1.4 Scope and Applicability*

These standards do not apply to child care providers 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 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:
  - 1. Such religious institution must have a tax-exempt status as a nonprofit 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
  - 2. The agency or institution must be in compliance with the requirements of the Child Residential Home Notification Act<sup>1</sup>, and must not be in violation of state law<sup>2</sup> 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.
  - 3. Nothing in this rule will prohibit a residential 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.<sup>3</sup>

Source: *Miss. Code Ann.* §43-15-111 (2017)

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<sup>1</sup> Section 43-16-1 et seq., Mississippi Code of 1972

<sup>2</sup> Section 43-16-21(c)

<sup>3</sup> Section 93-31-1 et seq

*Rule 1.5 Providers and MDCPS Policy*

- A. Providers must follow MDCPS policies and procedures as prescribed both herein and incorporated by reference.
- B. Providers must meet all requirements contained in MDCPS Administrative Code and MDCPS Policy as appropriate to the services provided by the provider.

Source: Miss. Code Ann. §43-15-105

*Rule 1.6 Prohibition Against Discrimination*

- A. Any provider 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.
- B. All providers must adhere to all non-discrimination laws in order to be licensed by MDCPS.

Source: 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*

- A. All providers must have procedures that safeguard the confidentiality of the personnel, financial and child records.
- B. Failure to maintain confidentiality is a violation of state law and may result in revocation of license.

Source: Miss. Code Ann. §43-15-261

*Rule 1.8 Public Record*

Information received by MDCPS through reports, complaints, investigations and inspections of a 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. §43-15-109

*Rule 1.9 Required Notification to MDCPS*

- A. The provider must report all significant events and changes to MDCPS.
- B. 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 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.
- C. The provider must immediately call Mississippi Centralized Intake at 1-800-222-8000, make a report online at [www.msabusehotline.com](http://www.msabusehotline.com), or make a report via the MDCPS app 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.
  - 1. After making the initial report to MDCPS, the provider must promptly notify the Congregate Care Unit directly
  - 2. A provider must have written procedures for reporting and documenting of any of the above, including any written reports or notification in the child's file and written notification to the Congregate Care Unit and child's worker within 24 hours of occurrence.
- D. A provider must have written procedures for evacuation of the facility in case of fire or natural disaster at the facility. The 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. §43-15-105 and §43-21-353

## **Section 2:    Provider Requirements**

### *Rule 2.1        Provider Statement of Purpose*

- A. The provider must have a written statement of its philosophy, purpose, and program.
- B. The statement must contain both a description of all the services the provider provides or expects to provide, the methods of service delivery, and a description of the geographical area it serves or intends to serve.
- C. This statement will be available to MDCPS, referral sources, and other interested persons.

Source:        Miss. Code Ann. §43-15-105(1)(d)

### *Rule 2.2        Provider Location*

- A. A provider must have an administrative office and staff located within the state.
- B. The location must provide adequate space for services.
- C. The provider must provide 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(1)(d)

### *Rule 2.3        Inspection of Provider*

- A. A provider must allow MDCPS to inspect all aspects of a program's functioning and to interview any staff member or child at any time.
- B. MDCPS representatives must be admitted immediately and without delay and be given free access to all areas of a facility, including grounds. If any area of a facility is set aside for private use by the facility's owner, MDCPS's representatives must verify that no children are present in that area and that the area is inaccessible to children.
- C. Any area in which children have or have had access to 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

*Rule 2.4 Fees*

- A. If fees are charged, the provider must have written policy on fees for services in keeping with the usual charges for similar services in the community.
- B. 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(1)(d)

*Rule 2.5 Events Requiring Written Notification*

- A. The provider must provide written notification to MDCPS within ten (10) calendar days of occurrence of the following:
  - B. A change in the executive director or program director;
  - C. Major remodeling, structure or maintenance changes;
  - D. Change in fees or charges for services.

Source: Miss. Code Ann. §43-15-105

*Rule 2.6 Governance of Provider*

- A. The provider must have a governing body which exercises authority over and has responsibility for the operation, policy, and practices of the provider.
- B. The governing body must be comprised of members in good standing in the community.
- C. The governing body must be:
  - 1. A board of directors in the case of a non-profit organization;
  - 2. Commissioners or appointed officials of a governmental unit; or,
  - 3. A board of directors or individual owner(s) of a for-profit organization.

Source: Miss. Code Ann. §43-15-105(1)(d)

*Rule 2.7 Responsibilities of Provider Governing Body*

A. Conflicts of Interest

1. The members of the governing body of non-profit organizations must refrain from direct administration or operation of the facility.
2. No employee of any public agency which regulates or purchases the services of a private provider or member of their immediate family may serve as a member of the provider's governing body.
3. 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 provider.

B. Personnel

1. The governing body must establish and utilize personnel practices for selection and retention of sufficient staff to operate the facility.
2. The governing body must assure the employment of a qualified executive director and delegate responsibility to that person for the administration and operation of the provider.
3. The governing body must evaluate the executive director's performance annually. This evaluation must be documented and a copy sent to the MDCPS Congregate Care Unit.
4. The board must notify MDCPS when there is a change of the executive or chief officer of the board within three (3) business days of the change.

C. Administration

1. The governing body must develop and follow policies for selection criteria of all members.
2. 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.
3. The governing body must establish and utilize policies and procedures for periodic evaluation of each of the provider's facilities and provider's services.
4. The board or its designee must obtain an amended license from MDCPS prior to:

- Establishing a new child care provider;
  - Changing the purpose, goals or function of the basic program; or
  - Extending services into additional program or geographic areas.
5. The board must ensure the establishment of written operating policies including, but not limited to:
- Organizational structure;
  - Administration of the organization;
  - Personnel practices;
  - Intake;
  - Discharge;
  - Provision of Services; and
  - Behavior management practices.
6. 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 provider is adequately funded and fiscally sound by reviewing and approving the provider's annual budget or cost report.

#### D. Records

1. The governing body must maintain an administrative file which must contain the following information and documents:
- Articles of Incorporation or other legal basis for existence;
  - By-laws;
  - Organizational structure;
  - Name and position of person(s) authorized to sign agreements and submit official documents;
  - Board composition, including terms of membership;



Purchase of service agreements and insurance coverage;

Copies of investigation findings received from the office of the Director of the MDCPS Congregate Care Unit; and

Copies of any Corrective Action Plans entered into as a result of investigation findings or licensure deficiency.

2. The governing body must maintain records of attendance and minutes of its meetings for five (5) years. These records and minutes must be available for inspection by MDCPS.
3. The governing body must retain a copy of all financial records and ledgers for a minimum of five (5) years. This information must be made available to MDCPS upon request.

Source: Miss. Code Ann. §43-15-105

*Rule 2.8 Provider Finances*

- A. The governing body and the executive director are responsible for the sensible use of the funds of the facility or provider.
- B. The provider must have the capital necessary for a six-month (6) period of operation. None of these funds may be direct state funds.
- C. The provider must prepare a written budget annually. Twenty-five percent (25%) of the projected budget resources must be in the provider's name and may not be direct state funds.
- D. The 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(1)(d)

### **Section 3: Licensure**

#### *Rule 3.1 Application for a Congregate Care License*

A. Those interested in becoming licensed should contact the MDCPS Congregate Care Unit. Upon receiving an inquiry, the MDCPS Congregate Care Division will send an application form and a copy of the current Mississippi Department of Child Protection Services Requirements for Congregate Care Providers within five (5) business days.

1. Inquiries via email should be sent to [Congregate.Care@mdcps.ms.gov](mailto:Congregate.Care@mdcps.ms.gov)
2. Inquiries via mail should be addressed to:

Attention: Congregate Care Unit

Mississippi State Department of Child Protection Services

Post Office Box 352

Jackson, MS 39205-0352

B. An application for a Congregate Care license must be made on the forms provided by the Mississippi Department of Child Protection Services.

C. Completed applications and accompanying materials must be via certified mail sent to:

Attention: Congregate Care Unit

Mississippi State Department of Child Protection Services

Post Office Box 352

Jackson, MS 39205-0352

Source: *Miss. Code Ann.* §43-15-5(2) and §43-15-105

#### *Rule 3.2 Materials to Submit with Application*

A. The following materials must accompany the initial application for a license:

1. Articles of Incorporation and constitution or by-laws of the organization;

Any provider-applicant incorporated outside of the State of Mississippi must secure authorization from the Secretary of State to do business in Mississippi.

For-profit provider-applicants must provide information on corporate structure, ownership and proprietary interest;

2. An original copy of the completed application form;
3. An original copy of the letter from the provider-applicant's Board of Directors authorizing the applicant to sign the application;
4. Zoning verification notice signed by the appropriate zoning administrator;
5. A list of the titles, names, addresses, occupations and term expiration date of Board members;
6. A statement of purpose that specifies:
  - A description of the geographic area to be served;
  - The children to be accepted for placement or care;
  - The services to be provided; and
  - The program 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 table including names of all employees currently holding those positions;
11. A general description of each type of staff position proposed for the provider detailing qualification requirements, including any necessary credentials;
12. All organizational policy, including but not limited to, the personnel policies and admission policies;
13. Staff development and training plan that complies with MDCPS training requirements;
14. Plan for providing care and services;

15. All forms used by the provider, such as 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, health, sanitation, and other hazardous condition inspections completed within the last three 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:
    24. Auto insurance for staff and volunteers who transport children;
    25. Comprehensive general liability; and
    26. Owner property insurance on the facility.
- B. The applicant should retain the original copies all materials submitted unless otherwise denoted above.
- C. The applicant should submit only copies of the requested documents unless other denoted above. MDCPS will not be held responsible for loss of originals submitted with application.

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

*Rule 3.3 Review of Initial Application*

- A. MDCPS will notify the applicant in writing within ten (10) calendar days acknowledging the receipt of the application.

- B. Within thirty (30) calendar days, the licensing application review will begin. The review will include on-site interviews, record reading, observation and other interviews.
- C. 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 in the results of the initial review.
- D. The applicant has thirty (30) calendar days to respond in writing to the additional information or documents requested by MDCPS to proceed with the application process. If there is no response by the applicant within the thirty (30) calendar days, MDCPS will proceed with closure of the application.

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

*Rule 3.4 Reapplication for a Congregate Care License*

- A. If an initial application for a license or application for renewal of a license is denied, or 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 denial, revocation or closure.

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

*Rule 3.5 Renewal of a Congregate Care License:*

- A. At least sixty (60) days before a congregate care license is set to expire, MDCPS should notify the provider and request completion of a license renewal application.
- B. When the provider submits a timely application for renewal, the current license will remain in effect until the review is completed and MDCPS either issues a congregate care 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.
- C. 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, addresses, occupations and term expiration of all Board members; and specify the officers of the Board
3. The budget for the current fiscal year, which shows capital necessary for a twelve (12) month period of operation. The provider should provide proof that twenty-five percent (25%) of the current operating budget is available in the name of the provider, which must not include MDCPS board payment.
4. The most recent financial audit review and IRS Form 990
5. The names, classifications and qualifications of current staff and work schedule
6. Current staff organizational table, 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 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 and health 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 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 providers only).

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

*Rule 3.6 Approval of an Application*

- A. The Congregate Care Unit will issue a license only when the review shows the applicant substantially complies with all licensing regulations and requirements.

Source: Miss. Code Ann. §43-15-105

*Rule 3.7 Denial of an Application*

- A. The Congregate Care Unit must deny a license when the review shows that the applicant does not substantially comply with licensing regulations or requirements.
- B. The Congregate Care Unit will send written notice to the applicant giving the reasons for the denial of the license within thirty (30) days of denial.

Source: Miss. Code Ann. §43-15-105

*Rule 3.8 Licensure Changes*

All providers requesting licensure change must submit a request in writing at least sixty (60) days prior to the day the licensure change is needed.

Source: Miss. Code Ann. §43-15-105

*Rule 3.9 Provisions of the License*

- A. An initial license issued by MDCPS to a residential child caring provider will be valid for two consecutive six month periods.
  - 1. The license will be valid for one (1) year from the date of issuance, unless revoked by MDCPS or voluntarily surrendered by the licensee.
- B. An initial license issued by MDCPS to a child-placing provider will be valid for four (4) consecutive six month periods. The license will be valid for two (2) years from the date of issuance, unless revoked by MDCPS or voluntarily surrendered by the licensee.
- C. A license must show the beginning and ending dates of the licensing period and the services under licensure.

- D. The number of children served must not exceed the number specified on the license with the exception that a sibling group may be placed together in the same foster home in excess of these limits, but only upon written approval by MDCPS determining that the foster children can be maintained safely in the home. The age range must not vary from the limits specified on the license.
- E. A license is not transferable. The license applies only to the location and provider to whom it is issued and the services approved.
- F. When a license is granted, it must be displayed in a prominent public place in the facility and residential child caring provider.
- G. A new provider must be in operation for one (1) year before any changes can be made to the current license.
- H. A provider requesting dismissal of a child due to behavioral problems must allow MDCPS fourteen (14) calendar days to make efforts to avoid a disruption in placement or to locate an alternate placement for the child.

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

*Rule 3.10 Allegations and Reports of Maltreatment in Care*

- A. All allegations of maltreatment in care must be reported to MDCPS, regardless of whether the child is in the custody of MDCPS.
- B. Upon receipt of a report of abuse, neglect, corporal punishment, or maltreatment an investigation must be conducted by the Child Protective Services' Special Investigations Unit.
- C. The Congregate Care Unit will undertake a separate licensure investigation to determine whether the provider is in compliance with MDCPS's licensure standards.
  - 1. If any licensure standards violations are found, the provider must submit to MDCPS a Corrective Action Plan (CAP), including timeframes for undertaking the actions.
  - 2. The Congregate Care Unit will review the CAP and either approve it or return a request for revision. If the facility refuses to implement the CAP satisfactorily, or fails to comply with the CAP and timeframes approved, MDCPS will revoke the licensure.



3. When a child placing provider or residential child caring provider is placed on a CAP, the Licensure Unit will monitor the facility for six months via drop-in visits, announced or unannounced. These visits will occur at the discretion of the Congregate Care Unit.
4. If the provider fails to comply with the CAP, MDCPS will revoke the provider's license.

Source: Miss. Code Ann. §43-21-353 and § Miss. Code Ann. §43-15-115

*Rule 3.11 Revocation of a License*

- A. The provider's license can be immediately revoked if the following occurs:
- B. If evidence is found that a provider has provided false information to MDCPS regarding staff members working at the facility;
- C. If false information is provided regarding income and revenue to operate the facility; If the renewal application and all the required documents for licensing have not been received prior to the current license expiration date;
- D. If evidence of abuse, neglect, degrading punishment, corporal punishment, or other maltreatment of children in custody is found; or,
- E. If the provider provides false documents to MDCPS.

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

*Rule 3.12 On-Site Visits*

MDCPS Congregate Care staff may make scheduled or unannounced visits to a provider. During an on-site visit, the congregated care staff may interview youth placed at the facility and review all records pertaining to licensing, including financial records and minutes of board meetings.

Source: Miss. Code Ann. §43-15-115

*Rule 3.13 Special Safety Review for Two or More Reports within Last Two Years*

- A. The Congregate Care Unit may undertake a special safety review including an unannounced site visit, of all resource homes, group homes and other residential facilities that house children in custody with two or more reports of maltreatment, including corporal punishment, within the previous three year time frame to determine whether any children placed in those facilities are at risk of harm and any licensing standards related to child safety are not being met.
- B. The Congregate Care Unit will interview children at the home as well as other residents and staff of the home or facility. It is imperative that the provider cooperate and not prevent access to the residents that are currently residing in the facility.
- C. Any necessary corrective actions will be identified and the facility must have ten (10) days to submit a CAP to MDCPS that includes timeframes for undertaking the actions.

Source: Miss. Code Ann. §43-15-115

**Section 4: Personnel Functions and Qualifications**

*Rule 4.1 Organizational Table*

- A. The provider must maintain a current organizational table showing the administrative structure and staffing, including the lines of authority and credentials.
- B. The provider must provide MDCPS Congregate Care Unit an updated copy of the organizational table within twenty-four (24) hours when change is made.

Source: Miss. Code Ann. §43-15-105

*Rule 4.2 Provider Personnel Policies and Practices*

- A. The provider must have written personnel policies and best practices conducive to recruitment, retention, and effective performance by qualified personnel.
- B. These policies and procedures must reflect the provider's compliance with the civil rights laws, as amended.

C. These policies and practices must include at least the following:

1. Salary scales;
2. Written job descriptions and titles for each position defining the qualifications, duties, and lines of authority;
3. Description of employee benefits, including:  
Provision for annual leave;  
Sick leave;  
Holidays; and  
Any other special leave.
4. Provisions which will encourage professional growth through supervision, orientation, in-service training, and staff development;
5. 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;
6. Procedures for scheduling staff hours and assignments;
7. Procedures for annual evaluation of the work and performance of each staff member and for three month evaluations of each new direct care staff member, both of which must include provisions for employee participation in the evaluation process;
8. Description of the termination procedures established for resignation, retirement, or discharge;
9. Grievance and discipline policies and procedures for employees; and,
10. Plan for review of the personnel policies and practices with staff participation at least annually and when necessary.

Source: Miss. Code Ann. §43-15-105

*Rule 4.3 Personnel Files*

- A. A provider licensed for congregate care by MDCPS must keep an up-to-date a personnel file for each employee that includes at least the following:

1. The application for employment including the record of previous employment;
2. Criminal background, Sex Offender Registry, and Central Registry checks completed prior to employment;

These checks must be conducted annually and a copy placed in the employee file.

3. Documentation of satisfactory Criminal Information Center (CIC) check, including National Criminal Information Database (NCID) within 30 days of employment and every five (5) years thereafter;
4. Four (4) letters of reference  
  
Three (3) personal references; and  
  
One (1) current or previous employer reference, or other professional reference;
5. Applicable professional credentials and certifications;
6. Evaluation of all direct care staff every three (3) months from date of employment;
7. Annual performance evaluations;
8. Documentation of training records and conferences attended;
9. Personnel, employment, disciplinary, or counseling reports;
10. Employee's start and termination dates and reason for separation;
11. Current driver's license and proof of insurance for all drivers operating provider or private vehicles in transporting children;
12. Cardio Pulmonary Resuscitation (CPR) training and First Aid training documentation prior to service delivery;  
  
Every staff person must receive the CPR training annually.
13. Signed documentation stating that each employee has read and understands the child abuse reporting law;
14. Salary pay rate and time sheets for each worker;
15. A complete physical completed within thirty (30) days of employment;

16. Tuberculosis Test is results, completed prior to initial hiring and conducted annually thereafter; and

17. Acknowledgement of training on provider policies and procedures.

B. The 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.

Source: Miss. Code Ann. §43-15-105

*Rule 4.4 Medical Requirements for Personnel*

A. Any employee having contact with children in care present a medical statement from a physician prior to employment verifying that they suffer from no communicable disease, specific illness, or disability which would interfere with the person's ability to work with or care for children.

B. The physician's statement must be based on an examination performed not more than three (3) months prior to employment.

C. The medical examination must be updated every three (3) years.

1. A record of such examination or physician's statement must include the physician's signature and date, address, phone number and must be on file as a separate confidential medical record.

D. A Tuberculosis (TB) screen must be completed annually.

E. All medical examinations and tuberculosis screens must be done at a licensed, certified physician's office or Health Department.

Source: Miss. Code Ann. §43-15-105

*Rule 4.5 Criminal History*

A. 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 provider nor permitted to volunteer at any of the provider's facilities.

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

*Rule 4.6 Professional Qualifications and Job Functions*

A. Overview

1. All professional staff employed by the provider must be qualified in their occupational field or licensed in their professional field. The provider must employ sufficient staff to provide the fiscal, clerical, food service, housekeeping, and maintenance functions needed. The provider must also employ staff to perform administrative, supervisory, services, and care functions.
2. All Professional Staff employed by the 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.
3. All positions must be verified by MDCPS.
4. These positions must have the following qualifications, responsibilities, and comparable titles.

B. Executive Director

1. Must be responsible for the general management and administration of the facility or 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.
2. The Executive Director is responsible for informing the governing body in writing of any investigation findings from the Congregate Care Unit or Special Investigations Unit within ten (10) calendar days of receipt by the office of the Executive Director.
3. Copies of the investigation findings letters from the Director of Congregate Care or Special Investigations must be included in the Executive Director's communication.
4. The Executive Director is responsible for informing the governing body in writing of any Corrective Action Plan entered into to the governing body within ten (10) calendar days of receipt by the office of the Executive Director.

5. Copies of the Corrective Action Plan must be included in the Executive Director's communication.
6. The Executive Director must be a full-time employee working a minimum of forty (40) hours per week.
7. 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 child care personnel and program or a bachelor level licensed social worker or licensed counselor with four years' experience in the management or supervision of child care personnel and programs.
8. Any Executive Director or Administrator who does not meet these requirements prior to July 1, 2012 is permitted to remain in the position.

#### C. Program Director

1. 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.
2. 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.
3. 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 child care program or bachelor's degree in social work or a comparable field with two years' experience working directly with children.
4. The Program Director is responsible for supervising, evaluating, training and monitoring the functions of all staff.

#### D. Social Worker

1. 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.
2. 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.

3. This position must work a minimum of forty (40) hours a week.

#### E. Case Manager

1. 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.
2. 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.
3. The Case Manager must be a full time employee working a minimum of forty (40) hours a week.

#### F. Direct Care Supervisor

1. This position refers to persons in charge of small residential group care facilities under the direction of an executive director.
2. Responsible for supervising, evaluating, and monitoring the daily work and progress of the direct care staff.
3. The Direct Care Supervisor must have an associate's degree in child care 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.

#### G. Direct Care Staff

1. Responsible for the daily direct care, nurturing and supervision of the children.
2. Direct Care Staff must be at least twenty-one (21) years of age and have a high school or equivalency diploma and at least one (1) year experience in the caring of children.

Source: Miss. Code Ann. §43-15-105



*Rule 4.7 Staff Development and In-Service Training:*

- A. Providers must provide new staff orientation that thoroughly acquaints new employees with 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.
- B. Training must consist of a minimum of forty (40) hours of pre-service training and twelve (12) hours of annual training for all staff members.
- C. Pre-service training must be completed prior to staff assuming unsupervised work duties and must be documented in the employee file.
- D. Training must be provided in the following areas:
  - 1. Administrative procedures and overall program goals, including specific responsibilities of assigned job duties, etc.
  - 2. Resident's rights and responsibilities (annually)
  - 3. Prevention and treatment of substance abuse
  - 4. Effective means of discipline, including crisis management, de-escalation and the management of aggressive behavior (annually)
  - 5. Permanency Planning
  - 6. Recognizing and reporting suspected abuse (annually)
  - 7. Principles and practice of supervision
  - 8. Emergency and safety procedures (annually)
  - 9. The supervision and use of volunteers serving the facility
  - 10. Cultural diversity and sensitivity (annually)
  - 11. Effective management of medication, including psychotropic drugs, dosages and side effects (annually)
  - 12. Separation and Loss focusing on issues of children in custody and the impact on family relationships
  - 13. CPR and First Aid Training (annually)
  - 14. Universal precautions for prevention of infectious diseases (annually)

15. Confidentiality (annually)

16. Reporting serious incidents (annually)

E. Additional annual in-service training topics may include but are not limited to:

1. Child safety issues

2. Significance of birth family relationships

3. Effects of multiple placements

4. The impact of the media on children

5. Working with people with disabilities

6. Child development

7. Dynamics of child sexual abuse

8. Working effectively with custodial providers

9. Effective treatment planning

10. Suicide prevention

11. Identifying risk behaviors and managing runaways

12. Mental Health Diagnoses and Treatment: Post Traumatic Stress Disorder, Intermittent Explosive Disorder and Reactive Attachment Disorder

F. Attendance at conferences and workshops appropriate to the position may be included as part of the twelve (12) hours minimum requirement for annual training.

G. All therapeutic 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 4.8 Staffing Requirements*

- A. The provider must have adequate staff coverage at all times to provide for the services identified in the statement of purpose.
- B. The provider must designate a staff member on the premises to be in charge at all times.
- C. The provider must have at least one direct care staff member on duty in each living unit when children are present while maintaining the appropriate staff-to-child ratio.
- D. The provider must provide on-call emergency staff when only one staff member is on duty.
- E. The provider must provide face-to-face supervision to all staff members in carrying out their work with children and documentation of same. This must include at least one formal conference with a provider supervisor per month.
- F. The provider must have at least two (2) staff members on duty at all times when children are present and awake.
- G. Every child care staff worker 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 child care worker capacity.
- H. The maximum allowable regularly scheduled work hours per week is fifty (50) hours.

Source: Miss. Code Ann. 43-15-105

*Rule 4.9 Staff-to-Child Ratios*

- A. Generally
  - 1. The provider must follow the written staff-to-child ratio formula. The formula must be appropriate for the provider's purpose, the type, ages, and functioning levels of the children in care.
  - 2. The staff-to-child ratio must assure the children's safety, protection and privacy, as well as physical, hygienic, emotional and developmental needs.
  - 3. The facility must count any children living with staff families in the staff-to-child ratio.
- B. Non-therapeutic environments

1. For all non-therapeutic environments, there must be one (1) direct care staff to six (6) children when children are present and awake and one (1) direct care staff to ten (10) children when children are asleep.
2. One (1) staff must remain awake at all times.
3. When two staff are on duty during sleeping hours, one staff must remain awake at all times. The provider must have at least one (1) social worker or comparable professional for every twelve (12) children that are in care.
4. 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.
5. This staff must work full time.

Source: Miss. Code Ann. 43-15-105

*Rule 4.10 Prohibition of Staff Residing at Facility*

- A. The facility may not be used as a permanent residence for live-in child care workers or other staff members working at the facility. Staff must leave the facility when they are not working in a child care worker capacity, unless separate living quarters are provided with bedroom, bath and kitchen.

Source: Miss. Code Ann. 43-15-105

*Rule 4.11 Provider Use of Volunteers*

- A. 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 they wish to use volunteers at.
- B. Each facility must be separately approved for volunteer use by the MDCPS Congregate Care Unit.
- C. Under no circumstances may volunteers assume the total responsibilities of any paid staff member.
- D. The provider must develop a description of duties and specify responsibilities for volunteer positions. This description must accompany the application.

- E. 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 4.12 Volunteer Background Screening*

A. References

- 1. Providers must obtain and verify three (3) personal reference and one (1) professional reference from either the current employer or two (2) from a previous employers within the last five (5) years.

B. Screening

- 1. Volunteers who work directly with children must be screened and vetted in the same manner as staff, with the exclusion of the medical requirements.
- 2. Volunteers must complete a Central Registry check and a Sex Offender Registry check. These checks must be updated annually.
- 3. Volunteers must complete at Criminal Background check with fingerprinting. This check must be updated every five years.

C. Restrictions

- 1. The provider must not 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.
- 2. The provider must not 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. 43-15-105, §43-15-303, §43-15-305 and §43-15-307

*Rule 4.13 Training Volunteers*

- A. Providers must develop a plan for the orientation and training of volunteers on the philosophy of the provider and the needs of the children in care.

- B. This plan must be approved by MDCPS prior to implementation. All changes to plans must be approved by MDCPS.

Source: Miss. Code Ann. 43-15-105

*Rule 4.14 Student Field Placement and Internships*

- A. A provider that accepts students for field placements 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 them
  - 3. Develop a plan for the orientation and training of student interns on the philosophy of the 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.
- B. Students and interns may not assume the total responsibilities of any paid staff.
- C. Student field placement individuals or interns who work directly with children must be screened in the same manner as staff with a criminal background check, a Central Registry check, and fingerprinting.
- D. Providers must obtain and verify two (2) professional references and two (2) personal reference for any student wish to apply for a field placement or internship.

Source: Miss. Code Ann. 43-15-105, §43-15-303, §43-15-305, §43-15-307

*Rule 4.15 Mandatory Reporting of Child Abuse and Neglect*

- A. The provider must follow MDCPS procedures and Mississippi law for handling any suspected incidents of child abuse or neglect involving staff or residents.
- B. Under Mississippi law all personnel, administrators, volunteers, and residents of a provider facility must IMMEDIATELY report any and all instances of child maltreatment, abuse, or neglect to MDCPS.

- C. The reporter must immediately report the incident to MDCPS Centralized Intake at 1-800-222-8000 or online via the MDCPS iPhone and Android app, or at [www.reportabuse.mdcps.ms.gov](http://www.reportabuse.mdcps.ms.gov). 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.
- D. The provider policies governing post-reporting procedure must include:
1. A provision for immediately reporting any suspected incident to the executive director or administrator-in-charge after the report to MDCPS Centralized Intake;
  2. A provision for notifying the Congregate Care Unit as soon as possible but no later than 24 hours after the incident occurs;
  3. An action plan that provides immediate protection for all parties involved during the investigation;
  4. Provisions for preservation of any security footage in the provider facility where incident occurred;
  5. Provisions for preventing a recurrence of the alleged incident pending investigation;
  6. A provision barring conducting an internal investigation of the incident until after completion of all MDCPS investigations with a provision acknowledging conducting an internal investigation prior to the completion of all MDCPS investigations may result in the revocation of licensure for the provider; and
  7. A procedure for evaluating the continued utilization of any staff member determined to be involved in an incident of child abuse, maltreatment, or neglect.
- E. Each 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.
1. 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.
  2. The signed employee statement must be filed in employee's personnel file.

Source: Miss. Code Ann. §43-21-353, §43-15-105, §43-15-115, §43-15-119

*Rule 4.16 Maltreatment and Corporal Punishment of Children in Custody*

- A. Maltreatment, including the use of degrading or corporal punishment, by a child placing provider or residential child caring provider on foster children is strictly forbidden by MDCPS.
- B. If any MDCPS staff or provider staff suspect a child in custody is being maltreated, or that corporal or degrading punishment is being used at the provider or Resource Home, a formal report must be made using the procedures outlined above and in the provider policy.
  - 1. 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: §43-15-105, §43-21-353

**Section 5: Recordkeeping**

*Rule 5.1 Records Maintenance*

- A. The provider must maintain records to document services provided and administrative and fiscal accountability. MDCPS must have access to all records and reports.
- B. In the event of the closing of the provider, the provider must develop a plan for the long-term storage of children's records.
  - 1. The closed records must be kept up to a minimum of seven (7) years upon closing of the case.
  - 2. Adoption files must be kept permanently.
- C. All records must be confidential and protected from fire, damage or theft.
- D. Release of records without the approval of the court or MDCPS may be 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.* §43-15-21, §43-15-105



*Rule 5.2 Required Records*

- A. The following records must be kept for five (5) years:
  - 1. Fiscal Records and Audits
  - 2. Statistical Records
  - 3. Include number of children served with identifying information
- B. The following records must be kept three (3) years
  - 1. Personnel Records and training records
  - 2. All information should be current within 30 days
  - 3. Employee Work Schedule Log
  - 4. Must be a sign-in and sign-out log or swipe record

Source: Miss. Code Ann §43-15-105

*Rule 5.3 Child Records*

- A. All child records must be clearly marked as “confidential.”
- B. The provider must maintain individual records for each child in care which must include the following:
  - 1. A written Residential Service Application, including reason for referral; A recommendation for Therapeutic Placement
  - 2. Cover sheet that includes:
  - 3. Child’s name;
  - 4. Birth date;
  - 5. Race;
  - 6. Gender;
  - 7. Date of the admission;

8. Religious affiliation; and
9. Custodian's address and contact information.
10. Provider intake;
11. Medical assessment;
12. Name, address, and relationship of person with whom the child was living immediately prior to placement;
13. Comprehensive Family Assessment;
14. Psychiatric evaluation, psychological evaluation, or mental health assessment;
15. Copies of legal documents of importance for the child including but not limited to:
  - Birth certificate,
  - Social Security card,
  - Immunization records,
  - Court orders
  - Any agreement with parent, provider or legal custodian
16. Current medical, dental and vision examination records;
17. Current drug test, if applicable;
18. Educational records including:
  - Educational placement records and reports;
  - Grade level;
  - Special education needs;
  - IEP if applicable;
  - Any reports, notes, or notices provided by the school; and
  - A scheduled Best Interest Determination meeting
19. Placement agreement;

20. Visitation plan; and

21. Discharge and aftercare summary

Source: Miss. Code Ann §43-15-105

*Rule 5.4 Discharge Summary Records*

- A. Discharge Summaries must contain:
- B. Services provided during care, the progress and accomplishments, assessed needs which remain to be met, and recommendations of the services needed to meet these goals
- C. Date of discharge, discharge summary, reason for discharge, and the name, address, telephone number, and relationship of the person(s) or provider to whom the child was discharged
- D. Aftercare plans which specify the responsibility for follow-up.
- E. Correspondence
- F. Social and developmental history
- G. Initial treatment plans,
- H. Six (6) month treatment plans,
- I. Individual Service Plans,
- J. Clinical reports,
- K. Evaluations and daily progress notes
- L. Authorization for Payment, Termination and Breaks in service
  - 1. Applicable only to therapeutic placements
- M. Acknowledgement of admission, grievance, and discipline policy
- N. Acknowledgement of provider rules and regulation policy
- O. Vocational, employment, and independent living training (if applicable) Referral to other providers

Source: §43-15-105

*Rule 5.5 Resource Home Records*

A. The provider must keep separate records for each Resource Family home which must contain:

1. The application;
2. Completed home study;
3. Current medical reports including any medical results;
4. Criminal background and Central Registry checks which include fingerprints on all household members age 14 years and older;
5. List of the provider workers' visits with the child and Resource Family, including dates of visits and detailed summaries for each;
6. Four (4) letters of reference: three (3) personal references and one (1) from a current or previous employer;
7. Copy of the license;
8. Historical narrative of the care provided for each child including all significant events by the Resource Family;
9. Chronological list of children placed with the Resource Family, including date placed, date discharged from care and child's legal name;
10. 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;
11. A termination summary for closed homes including reasons for the closure; Legal documents including but not limited to:
  - Current marriage license;
  - All divorce decrees;
  - Proof of auto insurance; and

Valid driver's license

12. Current annual CPR and First Aid training;

If the home has a pool, all household members must be certified in CPR and First Aid.

13. Verification of training completion;

14. Copy of the board payment included in the provider's placement agreement;

15. Signed copy of the provider's grievance policy;

16. Signed copy of MDCPS's discipline policy;

17. Transportation plan;

18. Disaster plan and emergency plan; and

19. Current vaccination records on all domestic household pets and outdoor animals on the premises that are accessible to the foster children.

20. Any pets that do not receive vaccinations must be caged and not exposed to children placed in the home.

B. The following information regarding ALL Resource Homes must be sent to Licensure Unit within ten (10) calendar days after a home is licensed and as information is updated:

1. Face Sheet;

2. Copy of all parent licenses and certifications Background checks, criminal record, central registry check, sexual offender registry including fingerprints on all household members age 14 years and older;

3. Signed copies of grievance and discipline policy;

4. Signed copies of child abuse state of compliance;

5. Home study;

6. Detailed pictures of the each room in the home;

7. Detailed pictures of the exterior of the home and surroundings; and

8. Home inspection report of the checklist of minimum compliance.

C. All of the above information will be maintained by the MDCPS Congregate Care Unit.

Source: Miss. Code Ann §43-15-105

*Rule 5.6 Adoptive Family Records*

A. The provider must keep separate records for each adoptive family which must contain as applicable:

1. The application, disposition of application and any re-licensure;
2. Current medical records of all family members including the foster child;
3. Disclosure statements;
4. Five (5) letters of reference: four (4) personal references and one (1) from a current or previous employer;
5. Criminal background check, fingerprinting, and Central Registry checks on all household members age 14 years and older;
6. Summary of contacts with the prospective adoptive parent from initiation of adoptive process until the adoption is finalized;
7. A copy of the written information given to the prospective adoptive parent(s) concerning a child or children to be placed for adoption;
8. Completed home study;
9. Legal documents including current marriage license, current divorce decrees, death certificates, proof of auto insurance, and valid drivers' license;
10. Copy of the fee contract for adoptive services;
11. Verification of employment;
12. Financial statement;
13. Any ICPC information regarding the child;
14. Placement agreement;
15. Termination of Parental Rights form for the child;

16. Adoption Placement Affidavit;
17. Consent for Adoption;
18. Post-Placement Agreement;
19. Confidentiality policy Petition for Adoption;
20. Final Adoption Decree;
21. Summary of the post-placement visits including transportation of child to family;
22. Disaster plan and emergency plan;
23. Visitation plan, if applicable, for each child;
24. 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.

Source: Miss. Code Ann §43-15-105

*Rule 5.7 Adoption Re-application*

- A. Application for additional children may be submitted at any point after the first adoption is legally finalized. The following information will be needed:
  1. Current application forms including current medical records for parents and child within the last twelve (12) months; and
  2. Criminal background and Central Registry checks for all household members age 14 years and older.
- B. All other MDCPS requirements for adoption apply.

Source: Miss. Code Ann §43-15-105

*Rule 5.8 Birth Parent Records*

- A. Birth Parents Files are kept for children not in MDCPS custody.

B. A birth parent file should include:

1. Application;
2. Summary of contact with birth parent;
3. Legal documents;
4. Release of Parental Rights forms;
5. Medical case assessment and medical records;
6. Any correspondence pertaining to the birth of the child; and
7. Consent for adoption.

Source: Miss. Code Ann §43-15-105

## **Section 6: Admission**

### *Rule 6.1 Admission Procedures*

A. The provider must have written admission policy or procedures as follows:

1. Complete up-to-date list of the materials and forms required from MDCPS or placing parent(s);
2. A written description of the provider acceptance process;
3. Placement change procedures for the child including;
4. Notification of parent or guardian;
5. Documentation to social worker prior to any placement change;
6. Method used to assign a child to an appropriate group;
7. Method used to determine whether the provider is equipped to adequately serve the child's needs;
8. Pre-placement visit plan for the child to the provider as well as the date and outcome of the visit must be documented in the child's record, if applicable;



- B. Placement must comply with all federal civil rights laws.
- C. The provider may only accept children within the age range of their license.
- D. No child under 10 years of age may be placed in a congregate care setting, including group homes and shelters, unless:
  - 1. the child has exceptional needs that cannot be met in a relative or foster family home, or the child is a member of a sibling group; **and**
  - 2. The appropriate MDCPS Regional Director has granted express written approval for the congregate care placement.
- E. Sibling groups in which one or more of the siblings are under the age of 10 must not be placed in congregate care settings for more than 45 days.

Source: Miss. Code Ann §43-15-105

*Rule 6.2 Requirements for Children Placed in Residential Care*

- A. The providers MDCPS refers and places children must be licensed.
- B. No child under 10 years of age shall be placed in a congregate care setting, including group homes and shelters, unless:
  - 1. The child has exceptional needs that cannot be met in a licensed foster home; or
  - 2. In order to keep a sibling group together for a temporary period; or
  - 3. To enable a mother and baby to be placed together and there is not an available foster home for both of them.<sup>4</sup>
- C. MDCPS must select an appropriate facility for a child and document in the case record the following:
  - 1. The child's level of development, social and emotional needs and the reason the child needs a group living experience;
  - 2. The child's Individual Service Plan;

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<sup>4</sup> Olivia Y. v. Bryant, Second Modified Settlement Agreement, Provision 4.9

3. The parent-child relationship and the potential for parental, Resource Parent, or guardian participation in the program and visitation;
4. The plan for sibling visitation if not placed together;
5. Documentation on why siblings are not placed together and plan to reunite siblings;<sup>5</sup>
6. The reason the particular residential provider was selected as the most appropriate for the child;
7. Statement regarding close proximity of placement to child's family and county of jurisdiction.

Source: Miss. Code Ann §43-15-105

*Rule 6.3 Admitting Adults into Provider Facility*

Providers may not admit adult(s) as residents into child caring facilities.

Source: Miss. Code Ann §43-15-105

*Rule 6.4 Medical Information*

A. The provider must obtain from MDCPS prior to admission:

1. Written consent from the child's parent(s), guardian, or MDCPS for the executive director to authorize routine medical and dental procedures for the child, and to authorize emergency procedures when written consent cannot be obtained.
2. The report of a medical examination of the child performed within 30 calendar days prior to admission.

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

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<sup>5</sup> Olivia Y. v. Bryant, Second Modified Settlement Agreement, Provision 4.6

*Rule 6.5      Orientation and Expectations*

- A. The provider must provide, prior to or at admission, an orientation to living in the facility for each child and MDCPS or parent(s).
- B. The provider must 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, and all other services available, including independent living services.
- C. During orientation, the provider must provide a written description of procedures which the child and MDCPS or parent(s) may use to register complaints.
- D. The child must be informed that should they desire to make a complaint, the provider must always give access to MDCPS worker(s) for registering a complaint.

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

*Rule 6.6      Placement Agreements*

- A. The placement provider must have a signed agreement with MDCPS or resource parent(s) which must include:
  - 1. A description of roles and responsibilities of all providers and persons involved with the child in 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
  - 5. The amount of the board payment and breakdown of child's allowances.
- B. A copy of the signed agreement must be placed in the child's record maintained by the provider.
- C. A copy must be given to the assigned MDCPS social worker and resource parent(s).

D. The original will be maintained by the MDCPS Congregate Care Unit.

Source: Miss. Code Ann §43-15-105

*Rule 6.7 Discharge and Termination*

A. The provider must have and follow written policy for termination of services procedures and have a completed discharge summary within ten (10) days after child leaves the provider.

B. The provider must notify MDCPS of any potential disruption in placement and have a meeting with MDCPS, the child, Resource Parents or birth parents to resolve issues and avoid disruption.

C. The provider must notify MDCPS ten (10) business days prior to any change of placement or disruption of placement to allow for MDCPS to find alternate placement or resolve disruption.

D. Prior to discharge, the child's record must include:

1. A summary of services provided, an assessment of goal achievement, and identification of unmet needs
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 provider, to be given to MDCPS at discharge
3. A plan for after-care and follow-up services Any recommendations for the child and his family The date and reasons for discharge and the name, address, telephone number and relationship of the person or provider to which the child is being discharged.
4. Documentation that MDCPS has been contacted to schedule a best interest determination meeting.
5. A copy of the child's medical and dental information
6. All personal clothing and belongings with the child or responsible adult at the time the child is discharged.
7. This must be documented on the Inventory Record.

8. Any accrued allowances or monies of the child. These must be held by the legal guardian.

Source: Miss. Code Ann §43-15-105

*Rule 6.8 Declination Policy*

- A. This rule does not apply to Emergency Shelters.
- B. Therapeutic and non-therapeutic providers must have a clearly defined written policy and procedure regarding declination of admission and dismissal from a facility.
- C. This policy must be based on the criteria for admission and dismissal as stated in their application for license and in their program information.
- D. If a youth has been determined by MDCPS and the provider as meeting the eligibility criteria of the provider authorized for services by MDCPS, the provider must accept the child.
- E. If a youth is sent to a higher level of care such as acute care and is ready to be released, the provider must re-admit the youth provided:
  1. There is an available bed;
  2. The youth continues to meet the provider criteria; and
  3. The acute care facility recommends return to the provider and returning to the provider is in the best interest of the youth.
- F. The youth may not be released from the provider's care until suitable placement is obtained unless the youth presents an immediate danger to self or others or other safety issues are present.
- G. The provider's therapeutic program is expected to adapt treatment plans to address the needs of the youth. Reasons for all declines and dismissals must be sent to the MDCPS Director of Therapeutic Placement.
- H. The provider must provide a written justification to determine if the reasons meet the terms of MDCPS's policy. Written justification may be provided by the provider's therapist or social worker.

- I. The provider may not discharge youth prematurely without giving MDCPS fourteen (14) calendar days' notice, unless it has been determined by a medical professional, social worker, or the court, that the youth is an immediate danger to themselves or others.
- J. The provider must work with MDCPS to develop an appropriate discharge plan into acute care or a less restrictive environment.
- K. The provider must prepare the youth for transition and assist MDCPS in said transition.
- L. The placement will not change until MDCPS receives documentation verifying that the current placement is unsafe or unsuitable. The youth may not be discharged before receiving a termination letter from the MDCPS Director of Therapeutic Placement.
- M. The provider must maintain the youth under close supervision until the proper 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

*Rule 6.9 Dismissal Policy*

- A. A youth who is sent to a detention center may be dismissed from the provider if there are charges that result in the youth being sent to the training school, there is incarceration, a need for acute care, or the youth continues to be a danger to self or others.
  - 1. This dismissal must be justified by court order or written recommendation of a psychiatrist or licensed psychologist or other licensed clinical staff.
  - 2. The provider must assist MDCPS with placing the youth in an acute care facility, a residential treatment center, or other appropriate placement by making placement recommendations when appropriate.
- B. 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, and verbal altercations.

Source: Miss. Code Ann §43-15-105

## **Section 7: Care and Services**

### *Rule 7.1 Service Plan*

- A. The provider must complete a written service plan using the Family Service Plan (FSP) developed by MDCPS within thirty (30) calendar days of placement for every child admitted into care.
- B. In developing and implementing the Family Service Plan for the child and the child's family, the provider must collaborate with:
  - 1. All appropriate staff members,
  - 2. Appropriate MDCPS staff,
  - 3. Outside parties that may help support the child's needs including but not limited to: education services, extracurricular activities coaches, MDCPS Independent Living staff, etc.
  - 4. Parents or legal guardians, and
  - 5. The child, if age appropriate.
- C. The Family Service Plan must include the following:
  - 1. The date the plan is approved;
  - 2. An assessment of the child's and family's strengths and needs;
  - 3. Defined goals, staff assignments, time schedules and steps to be taken to meet the goals;
  - 4. The plan for family visitation, including siblings, unless prohibited by the court;
  - 5. An alternate permanency plan in the event a determination is made by MDCPS that reunification is not in the best interest of the child;
  - 6. A plan regarding estimated length of placement, discharge, and aftercare;
  - 7. A scheduled meeting no more than 90 days from date of approval of initial plan to review or amend plan;
  - 8. A signed copy of MDCPS's Client's Rights and Responsibilities for the appropriate age group of the child;

9. Services to the child by the provider;
  10. Services to the family by the provider;
  11. A plan that is maintained by the provider to provide transportation for youth to and from school, work, and extracurricular activities; and
  12. A plan for youth 14 and above that have spent at least one day in care for facilitating participation in the MDCPS Transition to Independent Living Program, including transportation to and from TILP activities.
- D. The plan must be signed by the child's parent or legal guardian, provider program director, assigned MDCPS social worker,
  - E. A copy of the signed plan must be given to each signing party, with the original maintained by the MDCPS social worker.
  - F. The provider must maintain contact with MDCPS. If appropriate within the parameters of a court order, the 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

*Rule 7.2 Service Plan Review*

- A. The provider must review each child's service plan at least every ninety (90) days. All parties present at the previous planning meeting should be encouraged to attend the review.
- B. The service plan must be revised by the provider to reflect any progress made toward achieving the goals established in the previous service plan and any changes made in the service plan.
- C. If changes are made in the service plan the provider must detail the reasons for the change and include plan to achieve the new service plan goals.
- D. Written documentation of the review must be signed and dated by the provider program director or case manager, the assigned MDCPS worker, the parent(s) or legal guardian if appropriate, and the child if appropriate.



- E. The reviewed service plan and other supporting documents must be copied and filed in the child's record. A copy must also be given to all signing parties, with the original maintained by the MDCPS social worker.

Source: Miss. Code Ann §43-15-105

*Rule 7.3 Family Home Visitation*

- A. If the provider uses private family homes for visitation by children during weekends, holidays or vacations, the provider must develop written policy and procedures including forms to be used in approving and utilizing these homes. Visiting families must have limited involvement and decision making authority on 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.
- B. Visiting home policies and records must include the following:
  - 1. Child's worker must give prior written approval for all visits;
  - 2. A completed application listing demographic information and the family's reasons for requesting to be a visiting family home;
  - 3. A site visit and home assessment which addresses safety issues;
  - 4. 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;
  - 5. Four (4) written references which indicate the family can provide proper temporary care and supervision for a child;
  - 6. Criminal background check, Central Registry check, and fingerprinting on all household members age 14 years and older;
  - 7. A written and signed agreement which states the roles and responsibilities of both the provider and family;
  - 8. A signed statement agreeing to confidentiality regarding the child's situation and circumstances;
  - 9. A signed statement from the parent or legal guardian authorizing the child's participation in a visiting family home program;

- C. Employees of MDCPS may not be utilized as visiting family homes.
- D. Visits must not exceed fourteen (14) consecutive nights.
- E. Board payments must not be made unless visiting family is also an approved Resource Home meeting all Resource Home requirements.
- F. Prior to visitation, the provider must discuss with the visiting family the child's likes, dislikes, needs, behavior and health issues including any allergies and medications.
- G. The provider must provide the visiting family with emergency contact names and telephone numbers.
- H. The child must be in agreement to each visit.
- I. After visitation, the 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 §43-15-105

*Rule 7.4 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 §43-15-105

*Rule 7.5 Daily Routines*

The provider must post the daily schedule in a prominent place. The provider's daily routine must provide time for privacy and individual pursuits of all children in the provider's care.

Source: Miss. Code Ann §43-15-105

*Rule 7.6 Meals, Food, and Nutrition*

- A. Generally

1. The facility must assign one staff member to the overall management of the food service. If this person is not a professionally qualified dietitian, monthly scheduled consultations must be obtained on menus from a professionally qualified dietitian.
2. Facilities participating in the USDA Child Care Food Program administered by MDCPS of Education meet this requirement.

#### B. Menus

1. The staff member in charge of food service must plan menus at least a week in advance.
2. At least three (3) meals must be served each day, each with a different menu.
3. Menus must be written in advance and must be kept on file for one (1) year and available for review.
4. Menus, as served, must be retained on file for one (1) year.
5. Meals and SnacksThe child care provider must provide wholesome nutritious and properly prepared daily meals, including:
6. Meats or meat substitutes,
7. Vegetables;
8. Milk;
9. Fruit;
10. Cereal;
11. Bread; and
12. Dessert.
13. Nutritious Between-meals and evening snacks must be available, except when restricted for dietary or health reasons.
14. The provider must serve staff members and children in care substantially the same food, except when age or special dietary requirements dictate differences. At least one (1) staff member on duty in living units must eat meals with the children.

#### C. Food

1. Handling, storage, and preparation of food must comply with state health standards as dictated by the Mississippi Department of Health.
2. When special dietary needs are identified, professional consultation must be requested and modifications made as needed.
3. Special dietary needs must be provided as recommended by a physician.
4. Food must be of appropriate portions for the age, growth, and development of the child.

Source: Miss. Code Ann §43-15-105

### *Rule 7.7 Clothing and Personal Belongings*

#### A. Inventory

1. The provider must maintain an inventory of clothing, personal belongings, and monetary funds belonging to each child.
2. 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.
3. The inventory log must be signed by the parent, guardian, or MDCPS designee upon admission and discharge.

#### B. Clothing

1. The 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.
2. The provider must involve the child in the selection, care, and maintenance of personal clothing as appropriate to age and ability.
3. The provider must send all clothing with the child when they leave the facility.

#### C. Personal Belongings

1. The provider must provide each child with individual items for personal hygiene and grooming, such as bathroom supplies, laundry needs or other items.
2. The provider must allow a child to bring and acquire personal belongings.

3. The 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.
4. The provider must send all clothing and belongings in appropriate luggage with the child when they leave the facility.

#### D. Allowances

1. All unused personal and clothing allowances, as well as any other funds received by the child, must be maintained in a personal account solely benefitting the child and distributed to the child upon discharge from the provider. The provider must have a means of keeping children's money safe and separate from the facility's financial accounts.
2. The provider must use the child's clothing allowance for the child or place funds in the child's personal account.
3. In the event a child opts to save their clothing allowance, the provider must show documentation signed by the child that explains the savings goal. The documentation must be maintained in the child's file indefinitely.
4. The provider must give the personal allowance to the child and allow reasonable choices in spending allowances.
5. In the event a child opts to save their personal allowance, the provider must show documentation signed by the child that explains the savings goal. The documentation must be maintained in the child's file.
6. The 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 §43-15-105

#### *Rule 7.8 Financial Education*

- A. The provider must provide opportunities for children to learn the value and use of money through allowances, earnings, spending, and savings.
- B. Youth over the age of 14 must be allowed to participate in the Independent Living programs offered through MDCPS.

Source: Miss. Code Ann §43-15-105

*Rule 7.9 Recreation and Leisure Activities*

- A. The provider must have and follow written policies to involve children in community activities. The provider must arrange transportation and supervision as needed for use of community resources.
- B. The provider must have and follow a written plan for a range of indoor and outdoor recreational and leisure activities.
- C. The 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 providers, if applicable.
- D. 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.
- E. Activities must be offered throughout the year with an emphasis during the summer months. Potential activities include, but are not limited to:
  - 1. Youth retreats, youth conferences, or other activities offered through MDCPS;
  - 2. Religious or secular activities, including retreats; and
  - 3. School activities.
- F. The 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.
- G. It is recommended that the provider allow no more than two (2) to three (3) hours of quality TV and videos a day.
- H. The provider must provide support and instruction in Life Skills for Youth which include, but are not limited to, the following:
  - 1. Career Planning;
  - 2. Education;

3. Daily Living;
4. Home Life;
5. Housing;
6. Money Management;
7. Self Care;
8. Social Relationships;
9. Work Life; and
10. Work and Study Skills.

Source: Miss. Code Ann §43-15-105

*Rule 7.10 Discipline*

- A. The provider must have and follow written policies on discipline and punishment which must be available to the child, the child's parent(s) or guardian, and MDCPS.
- B. 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.
- C. All children must be educated on the rules of the provider at the time of admittance. In the event a rule is changed or added, all children in the care of the provider must be educated as to the changes. The 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 provider.
- D. The provider is responsible for thorough training of all staff members on policies and practices concerning discipline and punishment.
- E. All discipline must be reasonable and reasonably related to the child's age, understanding, need, and level of behavior.
- F. All discipline must be limited to the least restrictive appropriate method, administered by appropriately trained staff, and documented in the child's record.

Source: Miss. Code Ann §43-15-105

*Rule 7.11 Punishment*

- A. When punishment is required it must be fair, consistent, brief, and relevant to the offense and in accordance with the provider's and MDCPS's written discipline policies.
- B. The following forms of punishment are strictly forbidden by MDCPS and may not be used when disciplining a child:
  - 1. Corporal punishment
  - 2. Punishment administered by peers;
  - 3. Assignment of excessive or inappropriate work;
  - 4. Denial of daily needs, such as meals, snacks, and program activities;
  - 5. Denial of personal and hygienic needs;
  - 6. Including but not limited to: haircuts, feminine products, showers, etc.
  - 7. Denial of planned visits, telephone calls, mail or contacts with family that are required by the service plan;
  - 8. Denial of personal allowances, clothing allowances, or any other funds intended for the child's use;
  - 9. Harsh, degrading or humiliating punishment, including physical or emotional abuse; or
  - 10. Verbal abuse of a child and derogatory remarks about a child or his family.
- C. Use of the above forms of punishment may result in revocation of licensure.
- D. A child who must be isolated from his peers must be monitored by staff, with age appropriate adult supervision and proper time frames.
- E. All punishments must be reasonable and reasonably related to the child's age, understanding, need, and level of behavior.
- F. All punishments must be limited to the least restrictive appropriate method, administered by appropriately trained staff, and documented in the child's record.

Source: Miss. Code Ann §43-15-105



*Rule 7.12 Family Visits and Communication*

- A. The 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.
- B. The policy must include approval of the visit based on the court order or MDCPS's approval.
- C. A copy of the policies must be provided to all children, staff, parent(s) or guardian, and MDCPS.
- D. Visiting families should have limited involvement and decision making in the day to day activities of the children with whom they visit. Decisions about the safety, permanency, and well-being of the child will be made by the parent, legal guardian or MDCPS.

Source: Miss. Code Ann §43-15-105

*Rule 7.13 Spiritual Enrichment*

- A. The provider must provide opportunities for the child to have spiritual enrichment and education in accordance with child's own statement of preference.
- B. Children must not be coerced to affiliate with any religious organization if there is no religious preference identified.
- C. Where sponsorship of specific children or youth exists, no child may be compelled against their will to visit such sponsors.
- D. If the child actively desires to make such a visit, it must be planned with the child in accordance with the provider's policy and approved child's service plan. Visiting Family Homes must meet all licensing requirements of MDCPS.

Source: Miss. Code Ann §43-15-105

*Rule 7.14 Photography and Publicity of Children and Youth In Care*

- A. 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.
- B. The provider must not engage in practices which exploit the rights of children.
- C. The 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 court of competent jurisdiction for a child before information is released.
- D. Prior express written approval must be obtained from MDCPS for any and all photographing of the children.
- E. All activities involving the use of children for publicity and fundraising must be voluntary and have:
  - 1. A Court Order of Limited Disclosure from the judge having jurisdiction;
  - 2. The prior documented written approval of MDCPS
  - 3. The prior documented written consent of the parents or legal guardian if the guardian is not MDCPS
  - 4. The prior documented written consent of the child,
- F. Public appearances and photographing of the children is permitted only when:
  - 1. There positive and constructive benefits for the children
  - 2. The activities respect their dignity and confidentiality, and
  - 3. The provider has obtained the prior written permission from MDCPS.

Source: Miss. Code Ann §43-15-105

*Rule 7.15 Transportation*

- A. Transportation of Children

1. Providers who transport children must:
2. Use age-appropriate passenger restraint systems;
3. Provide adequate passenger supervision as required by statute or regulation;
4. Properly maintain vehicles and obtain required registration and inspection; and,
5. Provide the provider with annual validation of current licenses, driving records, and appropriate insurance.
6. When transporting children, provider staff must not make additional, unapproved stops except for fuel and emergencies.

#### B. Vehicle Restrictions

1. Provider must purchase a van in the provider's name within one (1) year of opening the facility.
2. 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.
3. Provider staff's private cars may only be used in case of an emergency.

#### C. Safety Restrictions

1. The number of persons in a provider owned vehicle used to transport children must not exceed the number of available seats.
2. Providers must not transport children in the back or bed of a truck, regardless of distance.
3. Seatbelts or age appropriate child safety restraints prescribed by law must be used when transporting children.
4. The provider staff must provide information regarding special medical needs or problems to the operator of any vehicle transporting children.

#### D. Prohibition on Youth in Care Operating Vehicles

1. No youth in care may operate a motor vehicle to transport other persons.
2. 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 provider in the event a youth in their care operates a vehicle.

E. Source: *Miss. Code* §63-1-25

*Rule 7.16 Children's Grievance Procedures*

- A. The provider must have and follow a written grievance procedure which allows children in care to make complaints without fear of retaliation.
- B. The grievance form must be placed in an area and made available, with easy accessibility, to the residents.
- C. This procedure must be written in a clear and simple language and must be explained to children and their legal guardian.
  - 1. A copy must be provided to each individual party or a child placing provider upon request.

Source: Miss. Code Ann §43-15-105

*Rule 7.17 Health Services*

A. Generally

- 1. The provider must have and follow a written plan for providing medical and dental services to all children in care. This does not apply to Emergency Shelters.
- 2. All MDCPS Nurses must have access to children in in the care of a provider at all times without exception. All medical records must be made accessible to MDCPS nurses at all times.
- 3. MDCPS must refer all children in custody ages three and under to the Statewide Early Intervention Program for a comprehensive evaluation and screening. This recommendation can also be made by the provider or in conjunction with the parent or legal guardian.

B. Pre-Admission Medical Exams

- 1. The provider must require a pre-admission medical examination for all children in care except for Emergency Shelters.

2. A comprehensive medical exam, to include a tuberculosis (TB) screen, must be performed within thirty (30) days prior to admission or within seven (7) days after admission.
3. The provider must arrange for each child to have follow-up medical treatment or examinations as recommended by the medical examination.

#### C. Annual Medical Exams

1. The provider must ensure that each child has a medical examination annually. All findings must be sent to MDCPS.
2. The provider must arrange for each child to have follow-up medical treatment or examinations as recommended by the medical examination.
3. The 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 Division of Congregate CAre.
4. The provider must ensure that each child has annual eye and hearing examinations or as often as medically necessary. All findings must be sent to MDCPS.

#### D. Routine Medical Care

1. The provider must make arrangements with a licensed physician(s) or licensed nurse practitioner to provide ongoing medical treatment for children in care.
2. The provider must make arrangements with a licensed hospital for the admission and treatment of children in care.
3. The provider must make arrangements with a licensed dentist(s) to provide dental care and all findings should be sent to MDCPS.

#### E. Staff Medical Training

1. The provider must ensure that all staff are trained in CPR annually and First Aid every two (2) years. A trained staff member must be on duty where children are present at all times. They must be trained to administer first aid and cardiopulmonary resuscitation (CPR).
2. The provider must have a first aid kit in each living unit consistent with the guidelines of the American Red Cross.

3. The staff must know the location of the box and ensure its contents are checked every thirty (30) calendar days.
4. The first aid kit must be kept locked and inaccessible to children in care.

F. Medical Records

1. The provider must maintain medical and dental records for children in care. The records must include the dates of all immunizations, examinations and any treatment for specific illnesses or medical emergency.

Source: Miss. Code Ann §43-15-105

*Rule 7.18 Administration of Medication*

- A. The 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 provider staff members responsible for prescribing and administering medication.
- B. 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.
- C. The facility must keep all medication in a locked cabinet or in 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 of all refusals within 24 hours.
- D. The facility must not permit medication prescribed for one child to be given to another.

Source: Miss. Code Ann §43-15-105, §73-17-5

*Rule 7.19 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 §43-15-105

*Rule 7.20 Educational Services*

A. School Attendance

1. Each child in care must attend school in accordance with state law.
2. The provider, legal guardian, or MDCPS must enroll children in school within five (5) days of placement. During this time, the child must remain enrolled in the current school.<sup>6</sup>
3. The provider must collaborate with MDCPS to ensure children are enrolled in the appropriate grade and classes, and obtain an Individualized Education Plan (IEP) if applicable.
4. The provider must ensure that the appropriate contact has been made and documented with MDCPS within three (3) days of child's admission regarding the child's enrollment or admission into school.
5. 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 provider.
6. When the provider provides therapeutic or psychiatric treatment, they must integrate such treatments with the child's educational program.

B. Best Interest Determination

1. The provider must work with MDCPS and the local education agency to make a "best interest determination"<sup>7</sup> for children in care within five (5) days of placement.

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<sup>6</sup> "school of origin" per ESSA

<sup>7</sup> See MDCPS Foster Care Policy, Educational Services

2. The best interest determination will be made by the MDCPS Education Liaison and the local education agency point-of-contact.
3. MDCPS and MDE retain final authority in any disputes as to school placement.

C. Alternative Academic Settings

1. If the needs of residential children can only be met by the provision of an on-campus educational program, such program must maintain standards of instruction comparable to those of the local public schools. Enrollment in an alternative academic setting must be approved by MDCPS.
2. The provider must arrange for specialized training for each child based on the needs of the child.

D. Children Not Enrolled in School

1. 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 §43-15-105

**Section 8: Physical Facility Requirements**

*Rule 8.1 Requirements for Licensure*

Providers must meet or exceed all standards prescribed within these and other applicable policies in order to receive and maintain licensure.

Source: Miss. Code Ann. §43-15-107

*Rule 8.2 Location of Provider Facility*

- A. The facility must be located in a residential zoning area that is aware of the provider's mission and purpose. Any disputes arising from facility's location must be resolved before licensure can be received.

Source: Miss. Code Ann. §43-15-107



*Rule 8.3 Facility Grounds*

- A. The facility and premises must be maintained in a clean, sanitary, comfortable and safe condition.
- B. Garbage and trash must be secured in covered containers and removed on a weekly basis.
- C. 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.
- D. The facility must be located on land that is properly drained.

Source: Miss. Code Ann. §43-15-107

*Rule 8.4 Changes to Provider Facility*

- A. The provider must submit a written plan of action to the Licensure Unit for approval prior to start-up operation and/or commencing any new construction work.
- B. All providers must obtain approval of local fire, safety, building construction and zoning authorities. The provider must provide documentation as follows:
  - 1. Written records of inspections from the appropriate local fire, health, and safety authorities annually.
  - 2. Documentation that appropriate action was taken to correct deficiencies cited by the above entities.
  - 3. Evidence and documentation of a routine pest control service.

Source: Miss. Code Ann. §43-15-107

*Rule 8.5 Smoke-Free Environment*

The 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. §43-15-107

*Rule 8.6 Inspections by the Mississippi Department of Health*

A. The following inspection(s) must be performed annually by the Mississippi Health Department in order for the facility to comply with licensing standards:

1. Residential child caring providers that have a cottage-style living arrangement with a family-type kitchen in each cottage or individual group home:
2. Must be inspected using only the Mississippi Department of Health Inspection for Residential Facility (Form 750) Inspection Report.
3. The entire form must be completed by the Health Department Environmentalist.
4. Residential child caring providers which have a separate central dining area for all residents and/or have fifteen (15) or more persons eating together:
5. Must have both a Food Service Permit Inspection Report and
6. A Residential Facility Inspection Report (Form 750).
7. If a Form 750 is submitted with negative responses or “no” checked, the provider must submit a Corrective Action Plan within five (5) business days of receiving notification.

B. A copy of the Mississippi State Department of Health Regulations Governing Registration of Child Residential Homes can be found [here](#).

Source: Miss. Code Ann. §43-15-107

*Rule 8.7 Emergency and Natural Disaster Drills*

A. The 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.

#### B. Conducting Drills

1. Providers must post a schedule fire drills and applicable disaster drills.
2. Providers must specify emergency escape procedures and ensure staff and residents are aware of the emergency escape routes.
3. Providers must post maps throughout the facility in highly visible locations that clearly indicate:
  4. Current location;
  5. Nearest exits; and
  6. Best escape routes from current location to nearest exits.

#### C. Frequency of Drills

1. Fire drills must be conducted at least monthly in a residential program and must be rotated among the following time frames.
  2. 7:00 A.M. to 3:00 P.M.
  3. 3:00 P.M. to 11:00 P.M.
  4. 11:00 P.M. to 7:00 A.M.
5. Disaster drills must be conducted at least annually.

#### D. Fire Detection Equipment

1. Fire extinguishing equipment, fire alarms, and smoke detectors must be inspected annually by the Fire Marshall.
2. Fire extinguishers, fire alarms, and smoke detectors must be located throughout the facility in all residential areas and where conditions warrant (i.e., flammable storage areas) and be mounted in a secure manner..
3. Fire extinguishers should be mounted on the wall or underneath a cabinet, secured from children.
4. Fire alarms should be mounted on the ceiling or wall and be resistant to tampering.

5. Smoke detectors should be mounted on the ceiling or wall and be resistant to tampering.
6. Fire extinguishing equipment, fire alarms, and smoke detectors must be inspected annually by the Fire Marshall.
7. Staff and children of appropriate age and functioning capacity must be trained in the correct reporting of fires and how to extinguish small fires.

E. Reporting Drills

1. Providers must maintain a record of completed drills.
2. Written reports must follow each fire or emergency drill and must include at a minimum:
  3. Date of drill;
  4. Time required for completion of drill;
  5. Number of children involved in drill; and
  6. Signature of staff member completing the report.
7. A copy of the completed report must be sent to the MDCPS Congregate Care Unit at [congregate.care@mdcps.ms.gov](mailto:congregate.care@mdcps.ms.gov) within 24 hours.

Source: Miss. Code Ann. §43-15-107

*Rule 8.8 General Sanitation*

- A. 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.
- B. All kitchens, food preparation, food storage, and utensil cleaning must comply with Health Department regulations.
- C. 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. §43-15-107

*Rule 8.9      General Safety*

- A. A 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. Emergency numbers including the fire department, police department, medical services, poison control and ambulance services must be posted near the telephones. There must be telephone service in all buildings housing children.
- B. Sharp objects and hazardous equipment must be secured in a locked drawer or cabinet.
- C. The facility must be free of rodents and insects and routinely inspected by a licensed pest control service.

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

*Rule 8.10      Animals in the Facility*

- A. Animals kept on the premises must be inoculated by a veterinarian annually.
- B. Efforts must be made to keep the grounds free from stray animals and animal feces.
- C. An animal that has shown aggressive behavior must be removed immediately from the home.
- D. Animals must have an annual certificate of rabies vaccination on file in the home or facility if required by law to be vaccinated.
- E. 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.
- F. Children may be allowed to handle pets if determined that it is reasonably safe to do so.
- G. Animals kept in the house must be house broken.

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

*Rule 8.11 Use of Security Cameras*

- A. Facilities using security cameras must have written approval from the MDCPS Congregate Care Unit.
  - 1. Facility security cameras must be on a secured network.
- B. Locations of cameras must be made known to MDCPS Congregate Care Unit.
- C. Notice that security cameras are in use must be posted in conspicuous locations.
- D. 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.
  - 1. Cameras may not be used in bathrooms, bedrooms, pool changing rooms, or anywhere else it is likely that a child may change clothes.
- E. Camera footage must be maintained for at least seven (7) calendar days on a rolling basis.
- F. In the event MDCPS receives a report of abuse, neglect, or maltreatment in care, the provider must preserve all facility footage from the time of the report and must allow MDCPS to review all footage from the facility.
- G. Erasure of recordings in violation of this rule may result in loss of licensure.

Source: Miss. Code Ann. §43-15-107

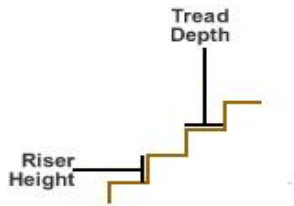
*Rule 8.12 Physical Attributes of Provider Facility*

- A. Facilities must be handicapped accessible.
- B. The arrangement, appearance, and interior areas of the facility must be similar to those of a home environment.
  - 1. The facility must be decorated and furnished to create a home-like environment.
  - 2. Furnishings must be safe, attractive, easy to maintain, and selected for their suitability to the age and development of the children in care.
- C. Doors

1. When the door is in the full open position, the width of doorway must not be fewer than thirty-two (32) inches wide.
2. Locks on exit doors must not require the use of a key for operation from inside the building.

#### D. Stairs

1. Doors opening onto stairs must have a landing at a minimum of the width of the door.
2. Minimum head room on stairs to clear all obstruction must be six feet and eight inches tall (6' 8").
3. Width of stairs must not be less than thirty-two (32) inches.
4. Minimum tread depth of each step of the stairs must not be less than nine (9) inches.
5. Maximum height of risers in each step must not exceed eight (8) inches.



E.

F.

#### G. Guardrails and Handrails

1. 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.
2. Guards and handrails must continue for the full length of the ramp or stairs.
3. Handrails must provide at least two (2) inches between the inner side of the rail and support wall.
4. Handrails must not be more than thirty-four (34) inches above the step or ramp nor less than thirty (30) inches.

#### H. Ramps, Platforms, and Landings

1. Ramps, platforms and landings associated with the guards and handrails must be:

2. Designed for not less than one hundred (100) pounds per square foot
3. Have a slip-resistant surface

I. Exits

1. Exits must be accessible at all times.
2. No stove or heater must block an escape route.

Source: Miss. Code Ann. §43-15-107

*Rule 8.13 Living Area Requirements*

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

Source: Miss. Code Ann. §43-15-107

*Rule 8.14 Dining Area Requirements*

- A. A facility must have dining areas that permit children, staff, and guests to eat together in small groups.
- B. The dining area must be clean, well lit, ventilated, and attractively furnished.

Source: Miss. Code Ann. §43-15-107

*Rule 8.15 Kitchen Requirements*

- A. A fire-resistant back splash must be installed behind all areas where stoves, hot plates, or toaster ovens are used.



- B. All knives and other sharp cooking implements must be secured away from children in a locker drawer or room.

Source: Miss. Code Ann. §43-15-107

*Rule 8.16 Study Area Requirements*

- A. Each living unit must have a quiet area for study purposes.
- B. The study area must be equipped with adequate lighting, desks or tables, and appropriate chairs.
- C. The provider must ensure there is an adequate supply of paper and writing utensils.
- D. The study area must contain a computer available for any child to use.
  - 1. The provider must install site-monitoring software on all shared computers.
  - 2. The computer must have a logbook for children to sign up for its use.
- E. The study area(s) must have tables, chairs, lamps, and bookshelves suitable for use by the children in care.

Source: Miss. Code Ann. §43-15-107

*Rule 8.17 Recreation Space Requirements*

- A. The facility must have space for indoor recreation.
- B. The facility must have at least seventy-five (75) square feet of accessible exterior space per child.
- C. The 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. §43-15-107

*Rule 8.18 Laundry Requirements*

- A. Laundry facilities must be located in an area separate from areas occupied by children.
- B. Space for sorting, drying, and ironing must be made available to children old enough and capable of handling their personal laundry.
- C. Laundry activities must be monitored by a staff member and ironing activities closely supervised.

Source: Miss. Code Ann. §43-15-107

*Rule 8.19 Administrative Space Requirements*

- A. The facility must have space that is distinct from children's living area to serve as an administrative office for records, secretarial work and bookkeeping

Source: Miss. Code Ann. §43-15-107

*Rule 8.20 Counseling Space Requirements*

- A. The facility must have a designated space to allow private discussions and counseling sessions between individual children, families, and staff.
- B. Bathroom RequirementsFacilities must have bathrooms with a separate toilet, bath tub 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.
  - 2. Bathrooms must be clean and sanitary.
  - 3. The bathtub and shower must have a slip- resistant surface.
  - 4. Facilities must provide an adequate supply of soap, towels, and tissues in each bathroom.
  - 5. The facility must have separate bath and toilet facilities for boys and girls.
  - 6. No bathroom may be accessed through another resident's bedroom.

C. The facility must have an adequate supply of cold and hot water.

1. Hot water must not exceed 120 degrees Fahrenheit.

D. Facilities must have a separate toilet and lavatory available for staff and visitors.

E. Facilities must have at least one handicap-accessible bathroom.

Source: Miss. Code Ann. §43-15-107

*Rule 8.21 Bedroom Requirements*

A. Occupancy

1. The facility must have no more than four (4) children in each bedroom.

2. The facility must have no more than two (2) children per room that are emotionally challenged or have a behavioral disorder.

3. The facility must provide separate sleeping rooms for boys and girls.

4. The facility must not permit non-ambulatory children to sleep above the first floor.

5. 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.

B. Room Size

1. All bedrooms must have seventy-four (74) square feet for the initial occupant.

2. There must be an additional fifty (50) square feet for each additional occupant.

3. Bedrooms must have a ceiling height of at least seven and a half (7 ½) feet.

C. Room Features

1. All bedrooms must have a direct source of natural light, i.e. a window, as well as a working light fixture in each room.

2. Lamps may not be the sole source of light.

3. Each child must have their own individual closet, locker, or bureau to store clothing and personal belongings.

4. If the closet, locker, or bureau can be locked, a duplicate key or copy of combination must be in the possession of the staff.
5. Children must have the opportunity to personalize their bedrooms with furnishings and possessions to reflect their tastes and interests.

D. Beds

1. Clean sheets, pillowcases, pillows and blankets must be provided to each child.
2. Sheets and pillowcases must be changed at least once a week unless greater frequency is necessary.
3. The facility must provide each child with an adequate, meaning safe and comfortable, bed.
4. Under no circumstances are air mattresses, sleeping bags, sleeping pads, pallets, hammocks, sleeper sofas, convertible beds, or cots considered adequate beds.
5. 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.
6. Bunks may only consist of two beds.

Source: Miss. Code Ann. §43-15-107

*Rule 8.22 Playground Requirements*

- A. Playground equipment must be age appropriate and must be in good repair.
- B. The play area must be fenced if there are conditions which may pose a danger to a child playing outside.
- C. The playground area and playground equipment must be installed and setup in compliance with the [Mississippi State Department of Health Playground Standards](#). These standards include technical safety guidelines for designing, constructing, operating and maintaining public playgrounds.

Source: Miss. Code Ann. §43-15-107

*Rule 8.23 Swimming Pool Requirements*

A. Swimming pools must be approved by the Health Department and routinely tested according to Health Department standards.

B. Physical Barriers to Pool Entrance

1. The pool must be enclosed with protective fencing. A fence, wall or other barrier must enclose the swimming pool so that the pool is separated from the facility or otherwise made physically inaccessible to a child.
2. The wall, fence or barrier must not contain openings for handholds or footholds accessible from the exterior side of the enclosure.
3. 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. Any bedroom for a facility must not have an opening into the swimming pool area.
4. 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.

C. Physical Characteristics of Pool

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

D. Safety Measures

1. Any facility with a pool must carry the appropriate liability insurance. Proof of current insurance must be provided to the MDCPS Congregate Care Unit.
2. There must be safety measures in place for all bodies of water located at or near the facility.

3. 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.
4. At least one CPR-certified staff must be present at all times when children are at or near a body of water.
5. All swimming pool chemicals must be maintained in a locked storage area.

Source: Miss. Code Ann. §43-15-107

*Rule 8.24 Staff Quarters*

- A. The facility must not be used as a permanent residence for live-in child care workers or other staff members working at the facility.
- B. Staff must leave the facility when they are not working in a child care worker capacity, unless separate living quarters are provided with bedroom, bath and kitchen.

Source: Miss. Code Ann. §43-15-107

*Rule 8.25 New Construction*

- A. New construction at a facility includes new buildings, additions to existing buildings, or the conversion of existing buildings or portions thereof.
- B. Prior to commencing new construction, the provider must submit a plan of action to MDCPS and a copy of the building permit to MDCPS.
- C. The Health Department and Fire Department must be contacted prior to commencing new construction.

Source: Miss. Code Ann. §43-15-107

**Section 9: Requirements for Maternity Homes**

*Rule 9.1 Overview*

- A. The requirements pertaining to the care of children prescribed under other sections of this document must be followed. In addition, there must be compliance with the following specific requirements for maternity homes.

Source: *Miss. Code* §43-15-103(k)

*Rule 9.2 Staffing Requirements*

- A. The maternity home must provide a staff-to-child ratio of one (1) staff member to every five (5) females.
- B. At least one staff member must be awake at all times.
- C. A maternity home caring for young children and infants must have a ratio of at least one staff member to five (5) children. When mothers are not participating in the care, one staff member to four (4) infants must be in effect.
- D. A maternity home must have a registered nurse or licensed practical nurse on the premises or otherwise readily available at all times,
- E. A maternity home must obtain consultation from a licensed practicing physician concerning medical plans and a program of medical care for the mothers and their children.

*Rule 9.3 Staff Development*

- A. The maternity home must provide training for the staff which includes:
- B. Medical, physical and psychological implications of pregnancy
- C. Developmental needs of adolescents and infants
- D. Information on legal options available to young mothers.

*Rule 9.4 Admission and Planning*

- A. The maternity home must accept an applicant without prejudice based on her age, race, marital status, plans for the child, prior pregnancies or stage of pregnancy.
- B. The maternity home must require a complete medical examination including obstetrical information and findings prior to admission.
- C. The maternity home must compile a family medical and social history on the expectant mother and father (if available).

*Rule 9.5 Counseling Services*

- A. The maternity home must provide counseling services for the young mothers, their families, the father of the child and significant others. The counseling services must include:
  - B. Decision making in relation to the child
  - C. Preparation for delivery of the baby
  - D. Help to the mother with family, peer and other significant relationships
  - E. Employment/education planning
  - F. Legal rights and obligations of birth parents in relation to parenthood, relinquishment of baby or termination of pregnancies
  - G. Living arrangements
  - H. Preparation for parenthood and family life for mothers keeping their babies
  - I. Adoption counseling for those mothers planning to relinquish their babies for adoption
  - J. Socialization and support opportunities for single parents



*Rule 9.6 Health Services*

- A. Each expectant mother and infant must be under the medical supervision of a licensed physician. The maternity home must have agreements with clinics and hospitals for obstetrical and related services.
- B. Following delivery, each young mother must be given medical and nursing supervision and allowed an adequate period for recovery. The length of this period and the continued limitation of activities must be determined by the physician.
- C. A post-natal examination must be made by a licensed physician before discharge from the maternity home.

*Rule 9.7 Termination of Services and Aftercare:*

- A. The maternity home must discharge infants only to their parent(s), guardian, or MDCPS.
- B. MDPCS must be notified if the infant's safety is a concern. The maternity home must have a written policy that young mothers seeking adoptive placement for their infants must be referred to a licensed child placing provider or MDCPS.
- C. Aftercare services must be provided and referrals made for mothers leaving the maternity home.

*Rule 9.8 Environmental Health and Safety:*

- A. The maternity home must provide for diaper disposal or soiled diaper storage in a hygienic manner, as applicable.
- B. When mothers and infants sleep in the same room, each room must have a maximum of one (1) mother and her infant(s) and children.
- C. Each mother must have her own bed and each baby have their own crib.

*Rule 9.9 Furnishings:*

- A. The maternity home must have furniture and equipment suitable for infants for feeding, bathing, napping and transportation.

- B. The maternity home must provide supplies necessary for caring for infants such as diapers, wipes and feeding bottles.

**Section 10: Requirements for Child Placing Providers**

*Rule 10.1 Social Service Plan*

- A. Social services must be provided for the child commensurate with their needs.
- B. These services may be performed by social services staff either in the direct employment of the provider or by a contractual arrangement with a public or private social service provider.
- C. Social services must be a continuing process for the child during the time services are received.
- D. The provider must develop a written plan for social services consistent with the policies and purposes of the provider. The plan must include, but not be limited to the admissions procedures and a description of the services offered to children.
- E. The written social service plan must be available to parents, referring providers and other authorized persons upon inquiry.

Source: Miss. Code Ann. § 43-15-117

*Rule 10.2 Intake and Admissions Procedures*

- A. Intake and Admissions procedures must include, but are not limited to the following:
  - 1. Ascertain the type of service needed and
  - 2. Determine if the provider can appropriately serve the child.
- B. Placement decisions must not be made based on race, color, or national origin.
- C. Obtain and record information which will enable development of a plan for the child.

Source: Miss. Code Ann. § 43-15-117

*Rule 10.3 Case Planning*

- A. When a child is to be placed in a resource placement, representatives of the referring provider, the Department, appropriate family members and the child, when advisable, must share in the development of a plan. A written case plan must be developed within thirty (30) days and must include at least the following:
1. Reason for placement;
  2. Goal of placement;
  3. Responsibilities during placement of the provider, the child, the parents, the Department or referring provider, the Resource Family or residential facility where the child is placed;
  4. Visitation plan of the child with family, if appropriate, and all safety concerns are taken into account;
  5. Written permission for emergency medical or surgical care, necessary vaccinations and immunizations, and routine medical care and treatment;
  6. Financial responsibilities of parents, provider and referring agency or provider;
  7. Preparation for placement, including pre-placement visit, if appropriate;
  8. A schedule for regularly reviewing the case plan every six (6) months.

The case review must utilize administrative and supervisory staff to ascertain whether the child is being served in a prompt, effective manner and the progress on permanency planning for the child.

Source: Miss. Code Ann. § 43-15-117

*Rule 10.4 Discharge or Termination of Services*

- A. The decision as to when discharge or termination of services will take place must be the responsibility of the provider and must be determined only by the needs of the particular situation of the child and his family.

- B. Discharge or termination must be affected when the child no longer requires the services of the provider.

Source: Miss. Code Ann. § 43-15-117

## **Section 11: Requirements for Adoption Services**

### *Rule 11.1 Overview*

- A. The goal of adoption is to provide the child, in the absence of care and nurture by his birth family, with a family with whom he/she may develop his/her own personal identity and a new family identity.
- B. It is imperative that the child and the prospective adoptive family have the potential for compatibility.

Source: Miss. Code Ann. § 43-15-117

### *Rule 11.2 Administrative Practices*

- A. The provider must establish administrative policies, practices and procedures related to adoption. These must be clearly defined and explained.
- B. The provider must follow MDCPS criminal background check requirements for the use of interim placements should it become necessary to do so prior to placing the child with the adoptive parents.
- C. A decision on an application to adopt must be based on a home study which must include interviews with applicants and references, as well as medical and legal information.
- D. Placement for adoption will be made in accordance with best practices for children whose parent's rights have been terminated.
- E. The provider must ensure that the inability of prospective adoptive parents to pay a fee will not be criteria of eligibility for applicants and will not in any way influence the choice of the most suitable family for each child.

F. A licensed child placing provider must not conduct or approve a home study on any of its employees or officials which includes board members, volunteers, relatives, or anyone else who has direct affiliation with the provider. Arrangements must be made with another licensed child placing provider or licensed social worker to conduct and approve the home study, make a placement and provide post-placement supervision.

G. Home studies must be approved by a licensed social worker.

Source: Miss. Code Ann. § 43-15-117

*Rule 11.3 Adoptive Home Application:*

- A. The provider must obtain preliminary written information from the prospective adoptive parents to determine if the applicant(s) are a potential resource for the child/children available.
- B. The provider must provide information to the prospective adoptive parent(s) regarding the adoption process, the provider's policies and practices, legal procedures, fees, the approximate time the process will take and types of children available. This information will enable the applicant(s) to make an informed decision as to whether they can meet the specific needs of the children available for adoption.

Source: Miss. Code Ann. § 43-15-117

*Rule 11.4 Adoptive Parent Qualifications*

- A. The prospective parent must meet the following criteria:
  - 1. The applicant(s) must be at least twenty-one (21) years old at the time of the application.
  - 2. The applicant can be single or married.
  - 3. Applicant(s) previously divorced must provide documentation of same.
  - 4. Applicant(s) must be financially solvent and must have an adequate household income exclusive of the foster care board payment.
  - 5. Applicant(s) must be a resident of Mississippi for six (6) months.

- B. Verification of medical exam completed by a physician certifying each family member has no communicable diseases, specific illnesses, or disabilities which would interfere with the family's ability to care for children.

Source: Miss. Code Ann. § 43-15-117

*Rule 11.5 Adoptive Home Study*

- A. The provider must conduct an adoptive home study to assess the appropriateness of the applicant(s) to be adoptive parent(s). The home study process must include at least one office visit, one home visit and individual interviews with each member of the household. The home study process must be a joint effort of MDCPS and the applicant(s).
- B. The provider will include the following areas in the home study and must include the information in the record of the adoptive applicant(s):
  - 1. Motivation for adoption;
  - 2. Verification of training;
  - 3. Strengths and weaknesses of each member of the household
  - 4. The attitudes and feelings of the immediate and extended family, as well as significant others, toward accepting and parenting adoptive children;
  - 5. Attitudes of the applicant(s) toward the birth parent(s) and the reason(s) the child is in need of adoption;
  - 6. The plan for discussing adoption with children of applicant(s);
  - 7. The plan for discussing adoption with prospective adopted child;
  - 8. Emotional stability and maturity;
  - 9. Ability to cope with problems, stress, frustrations, crises, and loss;
  - 10. Capacity to give and receive affection;
  - 11. Child caring skills and willingness to acquire additional skills needed for the child's development;
  - 12. Ability to provide for the child's physical and emotional needs;

13. Verification of marriage(s)/divorce(s);
14. Record of criminal convictions;
15. Criminal background, Central Registry check, and fingerprinting of all household members age 14 years and older;
16. Adjustment of birth children or previously adopted children;
17. 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;
18. Ability to provide financially for the child or children to be adopted;

A detailed description of the finances of the prospective adoptive parent (s) including but not limited to income, debts, expenses, medical insurance and life insurance.

19. Verification of employment and income;
20. Four personal references, including one from employer;
21. Religious orientation, if any;
22. Location and physical environment of the home;
23. Plan for child care if parent(s) works;
24. Recommendations for adoption in regard to number, age, sex, characteristics, and special needs of children best served by the family;
25. History of the origin, educational background and life experiences of applicant(s);
26. Contingency plan for adopted child in case of death or disability of adoptive parent(s).

Source: Miss. Code Ann. § 43-15-117

*Rule 11.6 Services to Adoptive Parent(s):*

- A. The provider will provide services to adoptive applicant(s) to assist them in making an informed decision about adoption. The provider must provide the opportunity for applicant(s) to participate in the adoptive study and evaluation of the potential for meeting the needs of the children available for adoption.

B. The provider must prepare the adoptive family for the placement of a particular child.

Preparation includes:

1. Information about the needs, characteristics, expectations of the child and of the child's family
2. Review of medical histories of the child and of the child's family
3. Visitation with the child prior to placement
4. Arrange visits
5. Assistance with travel arrangements.

C. The MDCPS worker must provide post-placement visits for the adoptive parents in domestic adoptions. The post-placement adoption visits must be held at least two (2) times, face-to-face in the home prior to finalization and based on the needs of the child and prospective parent(s). International post-placement adoption visits are based on the originating country of the child. Observations made during the visits will be used in making recommendations for the finalization of the adoption.

D. The MDCPS will provide information regarding the methods for matching children with adoptive parents.

Source: Miss. Code Ann. § 43-15-117

*Rule 11.7 Services to Birth Parent(s)*

A. The provider must provide services to the birth parent(s), including counseling and referral to other agencies when needed, to assist them in determining the best plan of care for the child. These services must be offered both prior to and after the birth of the child. Documentation regarding services provided by the provider to the parents must be maintained by the provider.

B. The child placing-provider must maintain a file for the birth parent(s) which includes:

1. Face sheet;
2. Application;
3. Legal documents, Adoption Release Consent Form and order regarding surrender of rights;



4. Summary of contact;
  5. Birth child's birth certificate, pictures, medical records and placement visits summary until the adoption has been finalized; and
  6. Correspondence.
- C. The Adoption Services must provide information to the birth mother of possible crime of statutory rape as defined in the Mississippi Code Section 97-3-65.

Source: Miss. Code Ann. § 43-15-117

*Rule 11.8 Fostering to Adopt*

- A. Prospective adoptive parents desiring to adopt through foster care must refer to the MDCPS Licensure Policy.

Source: Miss. Code Ann. § 43-15-117

*Rule 11.9 Private Adoption Entity Checklist From Mississippi to another state*

- A. Private adoption packet should contain five (5) copies of the 100A and three (3) sets of every other document.
  1. 100A completed on each child (Type 100A):
    - Child's name consistent with name on birth records or explanation; proof why different
    - Date of birth consistent with DOB on birth records
    - Correct entity for planning/financial responsibility
    - Prospective adoptive parent name/address/phone number
    - Lists where adoption finalized
    - Sending agency custody
    - Name & address of supervising agency/individual
  2. Cover letter:

Shows name and phone number of agency or provider handling the adoption

Indicates adoption will be finalized in Mississippi

Addresses how birth/legal father(s) rights will be terminated (if applicable)

Lists all contents of packet

Signed by entity representative

3. Notarized consent signed by birth mother:

Signed after birth of child notarized and signed within seventy-two (72) hours after birth; or

Ten (10) days if Indian Child Welfare Act (ICWA) applies.

4. Consent signed by birth father.

If no consent, be sure cover letter addresses how termination of rights will be completed AND at-risk agreement is signed by prospective adoptive parents

5. Social, family and medical information on birth parents, including physical description of birth mother and father(s)

6. American Indian statement. (If yes, proof that tribe was notified and ICWA at-risk agreement signed by prospective adoptive parents or signed statement by Indian birth mother that she does not want the tribe notified and at-risk agreement signed by prospective adoptive parents)

7. Narrative/forms on birth mother/birth father history (reasons for decision to place child for adoption)

Counseling summary reflecting that birth parents were advised of alternatives to adoption and that they chose adoption from available alternatives

8. Hospital birth and delivery form:

Document must be legible (if child one (1) year or older, must have copy of exam completed within six (6) months of proposed placement request)

Legible copy of hospital discharge signed by a hospital official, which identifies child's medical condition at time of discharge

Copies of any medical reports/assessments, etc. if applicable

If child has any special needs a more detailed assessment is required and approval by the Department is needed for a child to leave state.

9. Home study within one (1) year with provider information:

Must include name, address, and phone number of the agency and individual completing home study

Copy of current professional license

Criminal history checks must be within twelve (12) months. (Criminal background, Central Registry check and fingerprinting).

Post placement supervisory agreement

10. Legal Risk Statement:

Signed by prospective adoptive parents or Termination of Parental Rights Order on birth parents

Initial disclosure to adoptive parents/ receipt of disclosure signed by prospective adoptive parents.

Source: MS Code §43-18-1 to §43-18-17

**Section 12: Emergency Shelter Care Facilities**

*Rule 12.1 Overview*

- A. The requirements for congregate care providers applicable to the care of children detailed elsewhere herein must be followed unless there is a clearly denoted exception for emergency shelter care facilities. I

- B. Additionally, emergency shelter care facilities must comply with the requirements for emergency shelter care facilities in this chapter.

Source: Miss. Code Ann. § 43-15-105

*Rule 12.2 Admission and Planning*

- A. The emergency shelter care provider must develop, with MDCPS, a plan for the temporary care of the children including the anticipated length of stay.
- B. Children under ten (10) years of age must not be placed in a congregate care setting including group residential homes and shelters, unless:
  - 1. The child has exceptional needs that cannot be met in another placement; or
  - 2. The child is a member of a sibling group and express written approval is granted by MDCPS's Regional Director or designee.
  - 3. Sibling groups with one or more siblings under ten (10) years of age must not remain in congregate care settings for more than forty-five (45) days.
- C. For children who stay more than three (3) days, the shelter care facility must cooperate with MDCPS in assessing the needs of the child. A plan based on the child's needs must include the specific services to be provided by the shelter care facility and other resources required to meet the needs of the child.
- D. For children who remain in care for twenty-one (21) days, an assessment must be made to facilitate the permanent plan. The plan must include reasons for continued care or other care and plans to eliminate barriers. Copies of the plan must be maintained at the shelter facility as well as given to MDCPS.
- E. The shelter care facility must be open twenty-four (24) hours, seven (7) days per week, including holidays, for admission, except when operating at licensed capacity.
- F. The shelter care facility must write a summary report of the care received by the child including any recommendations regarding the child and parent(s). This report must be sent to MDCPS when the child leaves the shelter.
- G. No child must remain in an emergency or temporary facility for more than forty-five (45) calendar days unless there are exceptional circumstances and the MDCPS Division Director has granted express written approval and documented the need for the extension.

The shelter director must notify the county of responsibility of discharge (14) fourteen calendar days prior to the forty-five (45) days.

Source: Miss. Code Ann. § 43-15-105

*Rule 12.3 Placement in Emergency Shelter Care*

- A. No child may be placed in more than one emergency or temporary facility within one episode of foster care, unless an immediate placement is necessary to protect the safety of the child or others as certified in writing by the Regional Director.
- B. Placement decisions must not be made based race, color, or national origin.

Source: Miss. Code Ann. § 43-15-105

*Rule 12.4 Emergency Shelter Care Staffing Requirements*

- A. The shelter care facility must have at least two (2) staff members on duty at all times.
- B. One (1) direct care staff to six (6) children when children are present and awake and one (1) direct care staff to ten (10) children when children are asleep. At least one (1) staff must remain awake at all times.
- C. The 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 (full time is forty (40) hours per week).

Source: Miss. Code Ann. § 43-15-105

*Rule 12.5 Health Services for Emergency Shelter Care*

- A. Any child who needs immediate medical treatment must be referred to a licensed physician for examination and appropriate treatment must be provided immediately.
- B. The Department must be notified immediately when a child is referred for emergency medical treatment or any other serious incident.

Source: Miss. Code Ann. § 43-15-105

*Rule 12.6 Emergency Shelter Care Licensed Capacity Exceptions*

The license capacity may be temporarily exceeded in shelter care facilities in order to serve children in emergency situations, provided the proper staff-to-child ratio is maintained and the total does not exceed the number of beds available.

Source: Miss. Code Ann. § 43-15-105

*Rule 12.7 Separation of Living Groups in Emergency Shelter Care*

When emergency shelter care is offered as one part of the program of a child care facility, a separate cottage or wing of a dormitory must be used exclusively for shelter care. Ongoing contact with the children in regular group care is prohibited.

Source: Miss. Code Ann. § 43-15-105