



Standard Operating Procedure

Procedure Name: Licensure for Care Partner Providers - Personnel Functions/Qualifications and Recordkeeping	Chapter: 12
Procedure Number: 2.12.2	Effective Date: 17 FEB 2026

1.0 Purpose. The purpose of this procedure is to provide guidance for personnel functions and qualifications and record keeping for congregate care Partner Providers and private child placing agencies. This procedure is two of seven procedures that cover the specific requirements to receive a license and defines the operational standards that must be met to be a licensed Partner Provider.

2.0 Definitions.

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

4.0 Procedure.

Procedure 4.3 - Personnel Functions and Qualifications

A. Organizational Table. The Partner Provider must maintain a current organizational table showing the administrative structure and staffing, including the lines of authority and credentials. The Partner Provider must provide the MDCPS Congregate Care Department with an updated copy of the organizational table within twenty-four (24) hours of a change being made.

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

- 1) Written job descriptions and titles for each position defining the qualifications, duties, and lines of authority.
- 2) Provisions for on-the-job training by experienced direct care staff to provide support to new staff until these staff members can adequately care for the children.
- 3) Procedures for scheduling staff hours and assignments.
- 4) Description of evaluation procedures for all agency employees; Procedure for employee evaluation which must include provisions for employee participation in the evaluation process.

5) All direct care staff members must receive an evaluation ninety (90) days after hire and an annual evaluation.

6) Description of the termination procedures established for resignation, retirement, or discharge.

7) Description of the process in responding to employees involved in alleged child abuse/neglect/maltreatment.

8) Grievance and discipline policies and procedures for employees; and,

9) Plan for review of the personnel policies and practices with staff participation at least annually and when necessary.

C. Personnel Files.

1) A Partner Provider licensed for congregate care by MDCPS must keep an up-to-date personnel file for each employee that includes at least the following and made available to MDCPS upon request:

a) The application for employment.

b) Partner Providers must submit a MACWIS Inquiry Data Sheet to the MDCPS Congregate Care Department prior to employment.

c) Partner Provider must conduct Criminal background, Sex Offender Registry, and Central Registry checks on all personnel completed **prior to employment**. These checks must be conducted annually and placed in the employee file.

d) Documentation of satisfactory Criminal Information Center (CIC) check, including National Criminal Information Database (NCID) prior to employment and every five (5) years thereafter.

e) Two (2) personal letters of reference and one professional reference from previous job;

f) Applicable professional credentials and certifications;

g) Proof that employee *annual* performance evaluations were performed;

h) Documentation of training records;

- i) A complete physical completed within thirty (30) days of employment and must be updated every three (3) years thereafter;
 - j) Employee's start and termination dates;
 - k) Current driver's license and proof of insurance for all drivers operating Partner Provider or private vehicles in transporting children;
 - l) Cardiopulmonary Resuscitation (CPR) training and First Aid training documentation prior to service delivery. Every staff member must maintain their CPR and First Aid certification;
 - m) Signed documentation stating that each employee has read and understands the child abuse reporting laws; and
 - n) Acknowledgment of training on Partner Provider policies and procedures.
- 2) The Partner Provider must maintain the personnel file of an employee who leaves the facility for a minimum period of three (3) years from the date of employee's departure.
- 3) Criminal History. Anyone who has been convicted of a sex offense, a violent crime, a crime against a child, or has been adjudicated physically or mentally incompetent may not be employed by the Partner Provider nor permitted to volunteer at any of the Partner Provider's facilities.

D. Professional Qualifications and Job Functions.

- 1) All professional staff employed by the Partner Provider must be qualified in their occupational field or licensed in their professional field. The Partner Provider must employ sufficient staff to provide the fiscal, clerical, food service, housekeeping, and maintenance functions needed. The Partner Provider must also employ staff to perform administrative, supervisory, services, and care functions.
- 2) All Professional Staff employed by the Partner Provider that will provide counseling or therapy for the children must have and maintain the licensing and certification requirements of their professional discipline, such as Mississippi State Board of Examiners for Social Workers for Marriage and Family Therapists, the Mississippi State Board of Examiners for Licensed Professional Counselors, and Mississippi State Board of Examiners for Psychology.
- 3) These positions must have the following qualifications, responsibilities, and comparable titles.

a) Executive Director. The Executive Director serves as the organizations chief executive and is responsible for overall leadership, management, and strategic direction.

i) Must be responsible for the general management and administration of the facility or Partner Provider in accordance with the policies of the governing body and must be qualified by training and experience as agreed upon by the governing body.

ii) The Executive Director is responsible for informing the governing body in writing of any investigation findings from the Congregate Care Department or Safety Department.

iii) The Executive Director must be a full-time employee working a minimum of forty (40) hours per week.

iv) The Executive Director shall meet one (1) of the following qualifications:

- Must have at least a master's degree in social work, or a service related field of study from an accredited school and at least three (3) year's of full-time senior administrative or leadership experience in child welfare, family services or other related human services field; or

- Must have a bachelor's degree in social work or a service related field, and at least seven (7) years of full-time senior administrative or leadership experience in child welfare, family services or other related human services field.

b) Program Director.

i) 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.

ii) 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.

iii) The Program Director must have a master's degree in social work or a related area of study from an accredited school and at least two years' experience as a case manager, management, and supervisor of a childcare program or bachelor's degree in social work or a comparable field with two years' experience working directly with children.

iv) The Program Director is responsible for supervising, evaluating, training and monitoring the functions of all staff.

c) Social Worker.

i) 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.

ii) 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.

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

d) Case Manager.

i) 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.

ii) 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.

iii) The Case Manager must be a full-time employee working a minimum of forty (40) hours a week.

e) Direct Care Supervisor.

i) This position refers to people in charge of small congregate care facilities under the direction of an executive director.

ii) Responsible for supervising, evaluating, and monitoring the daily work and progress of the direct care staff.

iii) The Direct Care Supervisor must have an associate's degree in childcare or related area of study from an accredited school with at least two years' experience in a facility; or a high school or equivalency diploma and at least three years' experience in a facility.

f) Direct Care Staff.

i) Responsible for the daily direct care, nurturing and supervision of the children.

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

E. Staff Development and In-Service Training.

1) Partner Providers must provide new staff orientation that thoroughly acquaints new employees with Partner Provider policies and procedures. This process must be under the direction of qualified staff and appropriate to the position being assumed by the new employee.

2) Training must consist of a minimum of forty (40) hours of pre-service training and a minimum of twelve (12) hours of annual training for all staff members.

3) Pre-service training must be completed prior to staff assuming unsupervised work duties and must be documented in the employee file.

4) Training must be provided in the following areas for all Partner Providers:

- a) Administrative procedures and overall program goals, including specific responsibilities of assigned job duties, etc.
- b) Resident's rights and responsibilities (annually)
- c) Trauma-informed care and complex trauma by a licensed professional (annually)
- d) Identification and mandated reporting of child abuse and neglect (annually)
- e) Prevention and treatment of substance abuse
- f) Best practices identifying effective means of discipline
- g) MDCPS approved crisis management, de-escalation and the management of aggressive behavior (annually)
- h) Permanency Planning
- i) Principles and practice of supervision
- j) Emergency and safety procedures (annually)
- k) The supervision and use of volunteers
- l) Cultural diversity and sensitivity (annually)
- m) Effective management of medication, including psychotropic drugs, dosages and side effects (annually)
- n) Separation and loss focusing on issues of children in custody and the impact on family relationships
- o) CPR and First Aid Training and certification must be maintained according to requirements set forth by the entity that training was obtained from (i.e., American Red Cross, etc.).
- p) Universal precautions for prevention of infectious diseases (annually)
- q) Confidentiality (annually)

- r) Reporting serious incidents (annually)
- s) Shared Parenting
- t) Working with people with disabilities
- u) Suicide prevention
- v) Identifying risk behaviors and managing runaways
- w) Trust-Based Relational Intervention (TBRI)
- x) Crisis Prevention and Intervention (CPI)

5) Additional annual in-service training topics may include but are not limited to:

- a) Child safety issues
- b) Effects of multiple placements
- c) The impact of the media on children
- d) Child development
- e) Dynamics of child sexual abuse
- f) Working effectively with custodial Partner Providers
- g) Effective treatment planning
- h) Mental health diagnoses and treatment: post-traumatic stress disorder, intermittent explosive disorder and reactive attachment disorder

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

F. Staffing Requirements

1) The Partner Provider must always have adequate staff coverage to provide the services identified in the statement of purpose. Adequate staff coverage is defined as:

- a) Intake and Assessment Centers – One (1) staff member per six (6) youth
- b) Traditional Group Homes - One (1) staff member per six (6) youth
- c) Therapeutic Group Homes – Two (2) staff members must always be on site
- d) Qualified Residential Treatment Program - Two (2) direct staff members must always be on site

e) Teen Maternity Home – One (1) direct staff member per five (5) youth;
Two (2) direct care staff members when infants and/or toddlers are
present.

f) Specialized Group Care for Minor Victims of Sex Trafficking – Two (2)
direct staff members must always be on site

g) Permanency Assessment Center – Two (2) staff members must always
be on site

2) The Partner Provider must designate a staff member on the premises to always be
in charge.

3) The Partner Provider must provide on-call emergency staff when only
one (1) staff member is on duty.

4) The Partner Provider must provide face-to-face supervision to all direct
care staff members at least monthly.

5) Traditional Group Homes utilizing an approved houseparent model must be
awake while children are present and awake. 6) Every direct care staff who directly supervises
children must be off two (2) days per week, with a minimum of twenty-four (24) consecutive
hours during which they are not working in a direct care capacity.

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

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

H. Partner Provider Use of Volunteers.

1) Partner Providers wishing to use volunteers to work directly with children on a
regular basis must complete an application to utilize volunteer services for each facility where
they wish to use volunteers.

2) Each facility must be approved for to use volunteers by the MDCPS Congregate
Care Department. Under no circumstances may volunteers assume the total responsibilities of
any paid staff member.

3) The Partner Provider must develop a description of duties and specify
responsibilities for volunteer positions. This description must accompany the application.

4) 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.

I. Volunteer Background Screening

1) References. Partner Providers must obtain and verify three (3) personal references and one (1) professional reference for each volunteer.

2) Screening

a) Volunteers who work directly with children must be screened and vetted in the same manner as staff, with the exclusion of the medical requirements.

b) Volunteers must complete a Central Registry check, a Criminal Background Check and a Sex Offender Registry check. These checks must be updated annually.

c) Partner Providers must submit a MACWIS Inquiry Data Sheet to the MDCPS Congregate Care Department.

d) Volunteers must complete NCIC fingerprinting. This check must be updated every five (5) years.

e) Requirements for volunteers that are serving on behalf of an approved entity (i.e., public school district providing tutors for youth at facility) that requires satisfactory background checks for its employees may be waived upon written request to MDCPS Congregate Care Department. The Partner Provider shall continue to adhere to the required staffing ratio in this instance.

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

3) Restrictions.

a) The Partner 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.

b) The Partner 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.

J. Training Volunteers.

1) Partner Providers must develop a plan for the orientation and training of volunteers on the philosophy of the Partner Provider and the needs of the children in care to include childhood trauma/complex trauma.

2) This plan must be approved by MDCPS prior to implementation. All changes to the plans must be approved by MDCPS.

K. Student Field Placement and Internships.

1) A Partner Provider that accepts students for field placements must:

a) Develop a written plan describing their tasks and functions. Copies of the plan must be provided to each student and their school.

b) Designate a staff member to supervise and evaluate the student.

c) Develop a plan for the orientation and training of student interns on the philosophy of the Partner Provider and the needs of the children in care.

d) 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.

2) Students and interns may not assume the total responsibilities of any paid staff.

3) 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, MACWIS check, a Central Registry check, and fingerprinting.

L. Mandatory Reporting of Child Abuse and Neglect.

1) The Partner Provider must follow MDCPS procedures and Mississippi law for handling any suspected incidents of child abuse or neglect involving staff or residents.

2) Under Mississippi law all personnel, administrators, volunteers, and residents of a Partner Provider facility must report any and all incidences of suspected child maltreatment, abuse, or neglect to MDCPS.

3) The reporter must report incidents to MDCPS Centralized Intake and Assessment by calling 1- 800-222-8000 or by using the online reporting tool on the agency's website, www.mdcp.ms.gov within eight (8) hours of the incident. Regular doctor's visits such as dental, vision and/or psychiatric appointments are excluded and shall be updated in the client's file accordingly.

4) 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.

5) The Partner Provider policies governing post-reporting procedure must include:

a) The Serious Incident Report must be submitted to the Congregate Care Department no later than twenty-four (24) hours after the incident occurs.

b) An action plan that provides immediate protection for all parties involved during the investigation.

c) Provisions for preservation of any security footage in the Partner Provider facility where incident occurred.

d) Provisions for preventing a recurrence of the alleged incident pending investigation.

e) With the exception of child placing agencies, Partner Providers must include a provision 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 Partner Provider; and

f) A procedure for evaluating the continued utilization of any staff member determined to be involved in an incident of child abuse, maltreatment, or neglect.

6) Each Partner Provider staff member must read and sign a statement acknowledging they have read and understand the procedures for handling suspected incidents of child abuse or neglect.

a) The statement must outline the state child abuse and neglect law and outline the staff member's responsibility to report all suspected incidents of child abuse and neglect according to the law.

b) The signed employee statement must be filed in the employee's personnel file.

M. Maltreatment and Corporal Punishment of Children in Custody

1) Maltreatment, including the use of degrading or corporal punishment, by a child placing Partner Provider or congregate care child caring Partner Provider on foster children is strictly forbidden by MDCPS.

2) If any MDCPS staff or Partner Provider staff suspect a child in custody is being maltreated, or that corporal or degrading punishment is being used at the Partner Provider or Foster Home, a formal report must be made using the procedures outlined above and in the Partner Provider policy. Examples of degrading punishment include harsh and humiliating

punishment, physical or emotional abuse or verbal abuse of a child and derogatory remarks about a child or the child's family.

Procedure 4.4 - Record Keeping.

A. Records Maintenance.

1) The Partner Provider must maintain records to document services provided and administrative and fiscal accountability. MDCPS must have access to all records and reports.

2) In the event of the closing of the Partner Provider, the Partner Provider must develop a plan for the long-term storage of children's records.

a) The closed records must be kept up to a minimum of seven (7) years upon closing of the case.

b) Adoption files must be kept permanently.

3) All records must be confidential and protected from fire, damage or theft.

4) 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.

B. Required Records

1) The following records must be kept for five (5) years:

a) Fiscal records and audits

b) Statistical records

c) Include number of children served with identifying information

2) The following records must be kept three (3) years

a) Personnel records and training records

b) All information should be current within 30 days

c) Employee work schedule log

d) A sign-in and sign-out log or swipe record

C. Child Records.

1) All child records must be clearly marked as "confidential."

2) The Partner Provider must maintain individual records for each child in care which must include the following:

- a) A Residential Service Application, including the reason for referral.
- b) A current dated photograph of the child/youth in his or her records within thirty days of admission. An updated photograph must be placed in the client file on an annual basis.
- c) Cover sheet that includes:
 - i) Child's name.
 - ii) Birth date.
 - iii) Race.
 - iv) Gender.
 - v) Date of the admission.
 - vi) religious affiliation; and
 - vii) Custodian's address and contact information.
- d) Partner Provider intake assessment.
- e) Medical assessment and mental health assessment within 30 days.
- f) Name, address, and relationship of person with whom the child was living immediately prior to placement.
- g) Comprehensive Family Assessment and Family Service Plan; (should be requested from MDCPS within thirty (30) days of admission)
- h) Psychiatric evaluation, psychological evaluation.
- i) Copies of legal documents of importance for the child including, but not limited to:
 - i) Birth certificate,
 - ii) Social Security card,
 - iii) Immunization records,

- iv) Court orders, and
- v) Any agreement with parent, Partner Provider or legal custodian
- j) Current medical, dental and vision examination records.
- k) Current drug test, if applicable.
- l) educational records including:
 - i) The facility should request a current Best Interest Determination (BID) from MDCPS Service area staff and/or Education Unit- Education Liaison. BIDS should take place within seven (7) days of the youth entering foster care or changing placement.
 - ii) Educational placement records and reports.
 - iii) Grade level.
 - iv) Special education needs.
 - v) IEP, if applicable; and
 - vi) Any reports, notes, or notices provided by the school.
- m) Placement agreement.
- n) Visitation plan; and
- o) Discharge and aftercare summary.

D. Discharge Records. Discharge records must contain:

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

4) Aftercare plans which specify any clinical recommendations for the child and his/her family for follow-up.

5) A copy of the child's medical and dental information to include medications, last date of refill and pharmacy, if applicable.

6) Any accrued allowances or monies of the child. These must be held by the legal guardian and documented in the Inventory Record.

7) Correspondences:

a) Social and developmental history,

b) Individual Service Plans,

c) Evaluations and daily progress notes,

d) Authorization for payment,

e) Termination and breaks in service,

f) Acknowledgment of admission, grievance, and discipline policy,

g) Acknowledgment of Partner Provider rules and regulation policy,

h) Vocational, employment, and independent living training (if applicable),

i) Referral to other Partner Providers.

j) Partner Providers shall ensure to complete a personal clothing/belonging inventory with the child/MDCPS worker and transfer all of the child's personal clothing/belongings at the time of discharge or other scheduled date.

5.0 Regulatory Requirements.

A. Miss. Code Ann. §43-15-105

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

C. Miss. Code Ann. §43-21-353, §43-15-115, §43-15-119

E. Miss. Code Ann. §43-15-21

6.0 Appendix.

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

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

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

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

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

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

G. Link to Licensure Requirements for Congregate Care Providers - 4.12 Requirements for Private Childcare Agencies (ESPER #2.12.6) [Licensure Requirements for Congregate Care Providers \(Procedure 12\) Esper 2.12.6](#)

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

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

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

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

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

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

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