



# Standard Operating Procedure

Procedure Name: Licensure Requirements for Congregate Care Partner Providers - Physical Facility and Traditional Group Homes and Therapeutic Home Requirements	Chapter: 12
Procedure Number: 2.12.4	Effective Date: DEC 2024

**1.0 Purpose.** The purpose of this procedure is to provide guidance for physical facility requirements and requirements for children placed in a traditional group homes and therapeutic group homes for congregate care Partner Providers and private child placing agencies. This procedure is four 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](mailto:congregate.care@mdcps.ms.gov).

**4.0 Procedure.**

4.7 Physical Facility Requirements.

A. Requirements for Licensure. Partner Providers must meet or exceed all standards prescribed within these and other applicable policies to receive and maintain licensure.

B. Location of Partner Provider Facility. The facility must be in a residential zoning area that is aware of the Partner Provider’s mission and purpose. Any disputes arising from the facility’s location must be resolved before licensure can be received.

C. Facility Grounds. The facility and premises must be maintained in a clean, sanitary, comfortable and safe condition. Garbage and trash must be secured in covered containers and removed on a weekly basis. Unsafe areas such as steep grades, cliffs, open pits, lakes, ponds, swimming pools, drainage ditches or other hazards must have appropriate barriers to protect children. The facility must be located on land that is properly drained.

D. Changes to Partner Provider Facility. The Partner Provider must submit a written plan of action to the Licensure Department for approval prior to start-up operation and/or commencing any new construction work. All Partner Providers must obtain approval of local fire, safety, building construction and zoning authorities. The Partner Provider must provide documentation as follows:

- 1) Written records of inspections from the appropriate local fire, 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.

E. Smoke-Free Environment. The Partner Provider must maintain a smoke-free environment in all indoor areas of the home and in all vehicles used to transport a child in placement.

#### F. Emergency and Natural Disaster Drills

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

2) Conducting Drills. Partner Providers must post a schedule of fire drills and applicable disaster drills. Partner Providers must specify emergency escape procedures and ensure staff and residents are aware of the emergency escape routes. Partner Providers must post maps throughout the facility in highly visible locations that clearly indicate:

a) Current location.

b) Nearest exits; and

c) Best escape routes from current location to nearest exits.

#### 3) Frequency of Drills

a) Fire drills must be conducted at least monthly in a residential program and must be rotated among the following time frames.

i) 7:00 A.M. to 3:00 P.M.

ii) 3:00 P.M. to 11:00P.M

iii) 11:00 P.M. to 7:00 A.M.

b) Disaster drills must be conducted at least annually.

#### 4) Fire Detection Equipment

a) Fire extinguishing equipment, fire alarms, and smoke detectors must be inspected annually.

b) Fire extinguishers, fire alarms, and smoke detectors must be located throughout the facility in all residential areas and where conditions warrant (i.e., flammable storage areas) and be mounted in a secure manner.

c) Fire extinguishers should be mounted on the wall or underneath a cabinet, secured from children. Fire alarms should be mounted on the ceiling or wall and be resistant to tampering. Smoke detectors should be mounted on the ceiling or wall and be resistant to tampering.

d) Staff and children of appropriate age and functioning capacity must be trained in the correct reporting of fires and how to extinguish small fires.

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

a) Date of drill.

b) Time required for completion of drill.

c) Number of children involved in drill.

d) Signature of staff member completing the report; and

e) A copy of the completed report must be sent to the MDCPS Congregate Care Department at [congregate.care@mdcps.ms.gov](mailto:congregate.care@mdcps.ms.gov) within twenty-four (24) hours.

#### G. General Sanitation

1) The water supply must be from an approved municipal system where available. Where a municipal system is not available, the facility must obtain approval for the water supply from the Mississippi Health Department.

2) All kitchens, food preparation, food storage, and utensil cleaning must comply with Health Department regulations.

3) Sewage disposal and other water-carried wastes must be disposed of through a municipal water sewer system. Where a municipal sewer connection is not available, the facility must have approval from the Health Department for liquid waste disposal. All septic tanks must be tested annually and certified by the state and/or local health authorities.

#### H. General Safety

1) A Partner Provider must have access to twenty-four (24) hour telephone service. Telephones must be centrally located and readily available for staff use in each living unit of the facility. 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.

2) Sharp objects and hazardous equipment must be secured in a locked drawer or cabinet behind a locked door. They must be double locked.

3) The facility must be free of rodents and insects and routinely inspected by a licensed pest control service.

#### I. Animals in the Facility

1) Animals kept on the premises must be inoculated by a veterinarian annually. Efforts must be made to keep the grounds free from stray animals and animal feces. An animal that has shown aggressive behavior must be removed immediately from the home. Animals must have an annual certificate of rabies vaccination on file in the home or facility if required by law to be vaccinated.

2) An animal that is not aggressive but could pose a threat to the health and safety of children such as, but not limited to, lizards, snakes, and turtles, must be routinely confined in an appropriate container, e.g. a cage or an aquarium.

3) Children may be allowed to handle pets if determined that it is reasonably safe to do so. Animals kept in the house must be house broken.

#### J. Use of Security Cameras.

1) Facilities using security cameras must have written approval from the MDCPS Congregate Care Department and facility security cameras must be on a secure network.

2) The location of cameras must be made known to MDCPS Congregate Care department. A notice that security cameras are in use must be posted in visible locations.

3) 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.

4) Cameras may not be used in bathrooms, bedrooms, pool changing rooms, or anywhere else it is likely that a child may change clothes.

5) Camera footage must be maintained for at least seven (7) calendar days on a rolling basis.

6) In the event MDCPS receives a report of abuse, neglect, or maltreatment in care, the Partner Provider must preserve all facility footage from the time of the report and must allow MDCPS to review all footage from the facility.

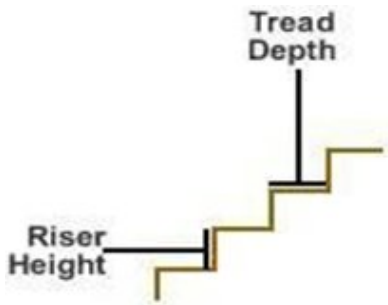
7) Erasure of recordings in violation of this rule may result in loss of licensure.

#### K. Physical Attributes of Partner Provider Facility.

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

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

3) Stairs. Doors opening onto stairs must have a landing at a minimum of the width of the door. The minimum headroom on stairs to clear all obstruction must be six feet and eight inches tall (6' 8"). The width of stairs must not be less than thirty-two (32) inches. The minimum tread depth of each step of the stairs must not be less than nine (9) inches. The maximum height of risers in each step must not exceed eight (8) inches.



4) Guardrails and Handrails. Guards and handrails must be provided on both sides of all stairs and ramps rising more than thirty (30) inches above the floor or grade. Guards and handrails must continue for the full length of the ramp or stairs. Handrails must provide at least two (2) inches between the inner side of the rail and support wall. Handrails must not be more than thirty-four (34) inches above the step or ramp nor less than thirty (30) inches.

5) Ramps, Platforms, and Landings. Ramps, platforms and landings associated with the guards and handrails must be designed for not less than one hundred (100) pounds per square foot and have a slip-resistant surface.

6) Exits. Exits must always be accessible. No stove or heater must block an escape route.

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

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

N. Kitchen Requirements. A fire-resistant back splash must be installed behind all areas where stoves, hot plates, or toaster ovens are used. All knives and other sharp cooking

implements must be secured away from children in a locked drawer or room behind a locked door.

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

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

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

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

#### S. Bathroom Space Requirements.

##### 1) Bathroom Requirements.

a) Facilities must have bathrooms with a separate toilet, bathtub or shower, and sink for every four (4) children. Bathroom doors must have locks designed to permit the opening of the locked door from the outside by staff. Bathrooms must be clean and sanitary. The bathtub and shower must have a slip-resistant surface.

b) Facilities must provide an adequate supply of soap, towels, and tissues in each bathroom. The facility must have separate bath and toilet facilities for boys and girls. Residents are allowed to share a bathroom if they are roommates. No other children are allowed in another youth's bathroom.

2) The facility must have an adequate supply of cold and hot water. Hot water must not exceed 120 degrees Fahrenheit.

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

4) Facilities must have at least one handicap-accessible bathroom.

## T. Bedroom Requirements

### 1) Occupancy

a) The facility must have no more than four (4) children in each bedroom (Traditional Group Homes and Intake and Assessment Centers only). The facility must have no more than two (2) children per room that are emotionally challenged or have a behavioral disorder.

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

c) The facility must not permit non-ambulatory children to sleep above the first floor. Non-ambulatory includes children too young to walk and children lacking the mobility necessary to ascend or descend floors in an emergency or natural disaster.

2) Room Size. All bedrooms must be seventy-four (74) square feet for the initial occupant. There must be an additional fifty (50) square feet for each additional occupant. Bedrooms must have a ceiling height of at least seven and a half (7 ½) feet.

### 3) Room Features.

a) All bedrooms must have a direct source of natural light, i.e., a window, as well as a working light fixture in each room. Lamps may not be the sole source of light.

b) Each child must have their own individual closet, locker, or bureau to store clothing and personal belongings. If the closet, locker, or bureau can be locked, a duplicate key or copy of combination must be in the possession of the staff.

c) Children must have the opportunity to personalize their bedrooms with furnishings and possessions to reflect their tastes and interests.

### 4) Beds

a) Clean sheets, pillowcases, pillows and blankets must be provided to each child. Sheets and pillowcases must be changed at least once a week unless greater frequency is necessary.

b) The facility must provide each child with an adequate, meaning safe and comfortable bed. Under no circumstances are air mattresses, sleeping bags, sleeping pads, pallets, hammocks, sleeper sofas, convertible beds, or cots considered adequate beds.

c) If bunk beds are used, they must have safety rails and sufficient room to allow the occupants of both bunks to sit up in bed. Only children ages seven (7) and above may sleep in the top bunk in a foster home. Bunks may only consist of two beds.

## U. Playground Requirements

1) The playground equipment must be age appropriate and must be in good repair. The play area must be fenced if there are conditions which may pose a danger to a child playing outside.

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

#### V. Swimming Pool Requirements

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

##### 2) Physical Barriers to Pool Entrance

a) 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.

b) The wall, fence or barrier must not contain openings for handholds or footholds accessible from the exterior side of the enclosure.

c) If any window, door or other openings of the facility constitute part of the swimming pool enclosure, the openings must be permanently secured and must not be essential as a fire exit. Any bedroom for a facility must not have an opening into the swimming pool area.

d) All entrances to the swimming pool must be self-closing and self-latching with the latch located at least fifty-four (54) inches above the underlying ground.

##### 3) Physical Characteristics of Pool

a) Diving boards and water slides into the pool are strictly prohibited. Markings for water depth must be visible at each additional six (6) inches of depth. A rope must be secured across the swimming pool to indicate the four (4) foot depth.

b) The following signs must be clearly posted and easily readable:

i) Running or boisterous play is not allowed in the pool area.

ii) Glass articles, sharp metal objects and other hazardous objects are not allowed in the pool area.

#### W. 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 Department. There must be safety measures in place for all bodies of water located at or near the facility.



2) The facility must have one staff member with a current Advanced Life Saving certificate or certified lifeguard on duty and one additional staff person present when any water activity is in progress. At least one CPR-certified staff must always be present when children are at or near a body of water.

3) All swimming pool chemicals must be maintained in a locked storage area.

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

Y. New Construction.

1) New construction at a facility includes new buildings, additions to existing buildings, or the conversion of existing buildings or portions thereof. Prior to commencing new construction, the Partner Provider must submit a plan of action to MDCPS and a copy of the building permit to MDCPS.

2) The Health Department and Fire Department must be contacted prior to commencing new construction.

#### 4.8 Requirements for Children Placed in a Traditional Group Home and Therapeutic Group Home

A. Traditional Group Home Services.

1) Traditional Group Home Services shall be designed to provide services to children and youth in MDCPS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court). Group Homes may serve children younger than ten (10), upon written approval by the Assistant Deputy Commissioner (ADC), when they are siblings of a resident over age ten (10).

2) The goal for children in Group Home Care is lasting permanency through reunification, relative care, adoption, or guardianship. The purpose of Group Home Care is to provide an environment and services that will help children and their families develop the necessary skills to support lasting permanency. The Group Home shall provide services to help children and youth return to their families, transition to a less restrictive setting, or to independent living.

B. Therapeutic Group Home Services

1) Therapeutic Group Home Services shall provide services to children in MDCPS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court) and should be designed to meet the needs of children who are unable to live at home, or with a Foster Family) with at least moderate emotional,

behavioral, medical, or developmental problems, for instance, bipolar disorder, dysthymia (depression), intermittent explosive disorder, oppositional defiant disorder, sexually deviant behavior, intellectual disability/developmental delays, behavior disorder, mental illness/on medication, other diagnosed psychiatric disorders according to the current Diagnostic and Statistical Manual of Disorders and therefore require temporary therapeutic and mental health services in a group care setting that is integrated within the community.

2) The goal for children in therapeutic group homes is lasting permanency through reunification, relative care, adoption or guardianship. Therefore, the primary work with the child and family should be focused on making this happen. The Therapeutic Group Home Applicant shall provide structure, therapeutic support, behavioral intervention and other services identified in a child's permanency plan for children with moderate clinical and behavioral needs.

3) The Therapeutic Group Home Program shall be designed for children and youth in need of twenty-four (24) hour care and integrated planning to address behavioral, emotional, or family problems and the need for progressive reintegration into family and community living. Children and youth in a therapeutic group home placement shall remain involved in community-based schools (if possible) and participate in community and school based recreational activities with appropriate supervision.

#### C. Partner Provider Requirements

1) Partner Providers must meet or exceed all standards prescribed within these and other applicable policies to receive and maintain licensure. The Partner Providers must be licensed to receive a referral of any child/ren in MDCPS custody. No child under ten (10) years of age shall be placed in a congregate care setting, including traditional group homes, unless:

- a) The child has exceptional needs that cannot be met in a licensed foster home; or
- b) In order to keep a sibling group together for a temporary period; or
- c) To enable a mother and baby to be placed together and there is not an available foster home for both.

2) The maximum bed capacity of each Group Home is:

- a) Therapeutic Group Homes - Ten (10) beds per home.
- b) Traditional Group Homes – Twelve (12) beds per home

D. Youth Placement Requirements. 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.
- 3) The parent-child relationship and the potential for parental, Foster 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.
- 6) The reason the residential Partner Provider was selected as the most appropriate for the child.
- 7) A statement regarding proximity of placement to child's family and county of jurisdiction.

## 5.0 Regulatory Requirements

A. Miss. Code Ann. §43-15-107

## 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: 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](#)

F. 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](#)

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

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

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

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

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

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

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