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Document No. 5109

**DEPARTMENT OF SOCIAL SERVICES**

CHAPTER 114

Statutory Authority: 1976 Code Section 63‑11‑30

114‑590 through 114‑595. Residential Group Care Facilities for Children.

**Synopsis:**

The Department of Social Services proposes to amend regulations that address licensure of residential group care facilities for children.

The Notice of Drafting was published in the *State Register* on March 25, 2022.

**Instructions:**

Print the regulations as shown below. All other items remain unchanged.

**Text:**

SUBARTICLE 9

RESIDENTIAL GROUP CARE FACILITIES FOR CHILDREN

(Statutory Authority: 1976 Code Section 63‑11‑30)

114‑590. Licensing of Residential Group Care Organizations for Children.

A. General Purpose and Compliance with Other Laws.

The South Carolina Department of Social Services is authorized to license residential group care organizations for children. In carrying out this authority, the overall purpose of licensing by the agency is to promote the provision of a temporary, safe, stable and humane environment for children who are placed in residential group care settings, and that these settings include adequate supervision, supports for mental and physical health, safe physical facilities, and opportunities for appropriate learning experiences to maximize the potential of each child to be well‑adjusted, responsible and independent. When interpreting and enforcing these regulations, regulations that provide greater specificity supersede regulations that are more general in nature and are therefore, the controlling authority. All residential group care organizations shall comply with these regulations and all other applicable requirements of State and Federal law.

B. Definitions.

(1) “Age‑ or developmentally‑appropriate activities” means activities that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally‑appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

(2) “Behavior intervention” means any containment, management or treatment technique or procedure used to intervene in a child’s behavior when that behavior poses a clear and present danger of serious physical harm to the child or to others.

(3) “Caregiver” means any of the following: A person who is, or is expected to be, an employee or contractor of a facility, who is or is expected to be under the control of the facility, as defined by the Agency by rule, and who has, or is expected to have, regular, direct unsupervised contact with children of the facility.

(4) “Care plan” means a written plan of services to meet the specific goals and care needs of a child.

(5) “Chemical restraints” mean drugs administered to temporarily restrain a child who poses a threat to harm themselves or others.

(6) “Child” means a person under the age of twenty‑one.

(7) “Child Care Institution” means a private residential group care facility, or public residential group care facility which accommodates no more than twenty‑five children, and is licensed by the Agency. The setting does not include wilderness camps or training schools, nor does it include any facility that exists primarily for the detention or correction of children.

(8) “Commercial Sex Act” means any sex act for which anything of value is given, promised or received, directly or indirectly, by any person.

(9) “Corporal punishment” means physical punishment inflicted directly upon the body.

(10) “CSEC” means Commercial Sexual Exploitation of Children.

(11) “De‑escalation” means behavior that is intended to escape escalation of conflicts. It also refers to approaches in conflict resolution. De‑escalation techniques may use verbal and non‑verbal cues.

(12) “Department” means the Department of Social Services.

(13) “Fictive kin” means an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child.

(14) “Gender identity” means a person’s internal identification or self‑image as male or female, which is usually established by age three.

(15) “Group care” means the care and services provided by group care facilities and child care institutions.

(16) “Group care facility” means a residential organization, including residential institutions, residential facilities, and child care institutions, licensed by the Department to provide temporary or long‑term, full‑time residential care for children on a year‑round basis, emergency shelters, and group homes. State contracts may also further categorize group care facilities by population and services provided. Boarding schools that do not operate year‑round or that do not offer services beyond those associated with school programming are not encompassed within these regulations. All group care facilities are considered “residential institutions” for purposes of S.C. Code Section 63‑7‑1210, governing institutional abuse and neglect.

(17) “Infant” means a child under one year of age.

(18) “Licensing agency” or “agency” means the South Carolina Department of Social Services.

(19) “LGBTQ+” means lesbian, gay, bisexual, transgender, questioning or other sexual identities.

(20) “Sex Trafficking” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for a commercial sex act. For minors, under the age of 18, there is no requirement of force, fraud, coercion or inclusion of a third party. No child or youth under the age of 18 can consent to commercial sex.

(21) “Victim of Child Trafficking” ‑ a minor who is under 18 years old who is sex trafficked or labor trafficked as defined in S.C. Code Section 16‑3‑1210.

(22) “Normalcy” means a child’s ability to easily engage in healthy and age or developmentally appropriate activities that promote his or her well‑being, such as participation in social, scholastic, and enrichment activities.

(23) “Program director” means the person responsible for coordinating the general management, administration, and care of the children of a facility in accordance with licensing requirements and policies established by the advisory board.

(24) “Psychotropic medication” means any drug that affects the mind and is used to manage inappropriate behavior or psychiatric symptoms and may include an anti‑psychotic, an antidepressant, lithium carbonate or a tranquilizer.

(25) “Qualified Residential Treatment Program (QRTP)” means a program that serves children with serious emotional or behavioral disorders or disturbances.

(26) “Residential Group Care Organization” means child care institutions, residential institutions, residential facilities, and group care facilities.

(27) “Reasonable and prudent parent standard” means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.

(28) “Relative” means an adult who is related to a child or youth by blood, marriage, or adoption, as well as an adult who is not related by blood, marriage, or adoption, but who has a relationship with the child, youth, or young adult, or their family (fictive kin). Under the Indian Child Welfare Act (ICWA), a relative is defined as a family member who is related to the child by blood, marriage, or adoption only.

(29) “Restraint” means an emergency safety intervention defined as any manual method, physical or mechanical device, material, or equipment attached or adjacent to the child’s body, that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.

(30) “Staff” means an adult who is employed within the group care facility full‑time or part‑time, including, but not limited to, management, administrative, caregiving, program, maintenance, food service, and service personnel. The term includes a person who has or is seeking a license to operate a group care facility. This definition does not include adults who are unpaid volunteers or whose presence in the group care facility or contact with children is incidental in nature. However, the group care facility must ensure that full‑time or part‑time staff provide line‑of‑sight supervision for any adult unpaid volunteer or whose presence in the facility or contact with children is incidental in nature.

(31) “Standard license” means a license issued when a facility meets all regulatory requirements to obtain a license.

(32) “Supervision” means guidance of the behavior and activities of a child by a staff member who is within sight or sound of a child to ensure the safety and well‑being of the child.

(33) “Time out” means a behavior intervention technique that is defined as the temporary restriction of an individual for a period of time to a designated area from which the person is not physically prevented from leaving, for the purpose of providing the individual an opportunity to regain self‑control. Time‑out will last only for the shortest amount of time needed.

(34) “Toddler” means a child at least one year of age but less than 3 years of age.

(35) “Transgender person” means a person whose gender identity (their understanding of themselves as male or female) does not correspond with their anatomical sex. A transgender woman is a woman whose birth sex was male but who understands herself to be female. A transgender man is a man whose birth sex was female but who understands himself to be male.

(36) “Volunteer” means a person, who of their own free will, provide goods or services to a facility with no monetary or material compensation and has no opportunity for unsupervised contact with children.

(37) “Volunteer staff” means persons, who of their own free will, provide goods or services and works in a facility with no monetary or material compensation and have opportunity for unsupervised contact with children.

114‑591. Organization and Administration.

A. Purpose and Need.

(1) At the time of application for licensing of a new facility, a facility shall submit:

(a) A detailed description of the why there is a need for this particular facility and any facts that support the applicant’s assertion for that need.

(b) Letters of support documenting a need for their services from at least three community partners, including referral sources (e.g. Department of Social Services, Department of Juvenile Justice, Department of Disabilities and Special Needs, etc.).

(c) A concise written statement addressing the following:

(i) Definitive statement of purpose and objectives with respect to type of residential child care to be provided;

(ii) Description of services offered;

(iii) Ages and genders of children accepted;

(iv) Types of children accepted (e.g., abused/neglected, emotionally disturbed, dependent/neglected, status offenders, etc.);

(v) The geographical areas from which children are accepted.

(2) The facility shall reevaluate its functions periodically and redefine them as community needs change. A copy of the revised statement shall be submitted to the Agency when changes occur.

B. Board of Directors.

(1) A for‑profit group care facility may elect to have a board of directors. If applicable, a list of names of board members shall be submitted annually or whenever there is a change, outlining the chain of command and the appropriate contact person(s), including names, addresses, electronic mail addresses, related phone numbers and positions held on the board. In the absence of a board of directors, the group care facility shall submit names, addresses, electronic mail addresses, related phone number and positions held for executive management or any person or each person of an entity that oversees the group home director.

(2) A not‑for‑profit group care facility shall be chartered by the Secretary of State and shall have a board which functions in accordance with the organization’s constitution and bylaws. A list of names of board members shall be submitted annually or whenever there is a change, outlining the chain of command and the appropriate contact person(s) including names, addresses, electronic mail addresses, related phone numbers and position held on the board. Facilities operated by a state agency are exempt from this requirement.

(3) The bylaws of a board of a not‑for‑profit group care facility shall provide for the following:

(a) At least one annual meeting held at the group care facility;

(b) A limitation on the number of consecutive terms a member may serve;

(c) An orientation for new board members; and

(d) A provision that prohibits board members from receiving financial compensation for their services.

(4) Responsibilities of a board of a not‑for‑profit group care facility shall include:

(a) Selecting the director to whom administrative responsibility is to be delegated;

(b) Assuring that adequate funds are available;

(c) Formulating or approving policies and procedures;

(d) Accounting for the expenditure of funds and providing financial oversight;

(e) Evaluating on an annual basis the performance of the director;

(f) Ensuring that the Agency is informed of changes in administration;

(g) Ensuring adherence to legal standard and ethical norms; and

(h) The board shall assist in developing the annual budget and ensure the inclusion of sound financial controls.

C. Finances.

(1) The group care facility shall utilize funds in a manner that is safe, child‑centered, responsible, and free from fraud. Policies and practices shall be in accord with sound budgeting, disbursement, and audit control procedures.

(2) The group care facility shall maintain a system of business management and staffing to ensure complete and accurate accounts, books, and records are maintained.

(3) A new group care facility shall have a predictable source of funds to finance its first year of operation and reserve funds equal to the operating costs of the first six months. However, existing licensed group care facilities that are in good standing with the Agency and increasing the capacity by no more than twenty‑five (25) percent are exempt from the requirements to submit evidence of reserve funds or available credit.

(4) The group care facility shall prepare a budget each year for its group care facility showing anticipated income (broken down by category, e.g.: private donations, government grants, community fundraisers, etc.) and expenditures. The budget shall include projected costs for administration, insurance, vehicles, equipment, programming, personnel expenses, shelter (mortgage, rent, maintenance, etc.), property taxes, food, utilities, clothing, and other household expenses. A copy shall be submitted to the Agency.

(5) All board administered accounts shall be reviewed at least annually by a certified public accountant who does not serve on the board nor is otherwise employed by the group care facility. The report shall be made a part of the group care facility’s record and a copy of the balance sheet submitted to the Agency at the time of relicensing.

(6) In the event financial stability is questionable, the Agency may require a financial audit to be conducted by a certified public accountant. The group care facility is responsible for the cost of a financial audit.

D. Policies and Procedures.

(1) The facility shall develop and implement (and update as appropriate) a policy and procedural manual that includes all of the following:

(a) Services to Children‑ activity planning, admission of a child, allowances, behavior intervention, community involvement for children, complaints and grievances, confidentiality of child records, critical incident reporting, disaster plan, discharge of a child, electronic use, including cell phones, tablets, etc., emergency care in the event of a placement disruption, emergency safety intervention (if applicable), exploitation, family involvement and visitation, first aid and cardiopulmonary resuscitation (CPR) training, hospitalization, facility rules, procedures related to a child’s absence from the group home without permission, independent living services (if applicable), LGBTQ+ youth, management of children’s money, medical care of children (including dental care), medication administration, storage and disposal, out of state placements (if applicable), prohibition of smoking, prohibition of the use of child labor as a substitute for employment, reasonable and prudent parenting, religion, routine and emergency medical care, social media, suicide prevention, supervision of children on‑site and off‑site, the use of universal precautions, time‑out, gang affiliation, drug paraphernalia, and weapons.

(b) Administration‑ designation of the chain of command or supervisory structure in the group care facility, finance, job descriptions and social media.

(c) Personnel‑ a workable plan for contacting the facility or a staff member when necessary, confidentiality of child records, disciplinary actions, documenting staff arrival and departure times, grievances, orientation for new staff, boundaries for staff, procedures for revisions of personnel policies, prohibition of smoking on the facility premises and in vehicles used to transport children, role of staff as mandated reporters, routine or universal health precautions and infection control, social media, training and staff development, volunteers and work schedule requirements.

(2) The staff of the facility shall be familiar with policy and procedural manuals and a copy of the manuals shall be made available to staff and the licensing agency.

E. Communications and Notifications.

(1) The facility shall be able to communicate with the child, the Agency, health care providers, and other service providers.

(2) A telephone that is operational shall be available on the premises at all times.

(3) The facility shall provide an electronic mail address to the Agency and be able to access the internet.

(4) The facility is subject to South Carolina laws relating to child abuse and neglect. The facility shall immediately report incidents of suspected abuse or neglect to the South Carolina Department of Social Services.

(5) The facility shall notify the Agency licensing unit in writing within 24 hours regarding occurrences involving children in care, including but not limited to:

(a) Any federal, state or private legal action by or against the facility which affects any child, the conduct of the facility or any person affiliated with the facility;

(b) Closure of a living unit due to disaster or emergency situations such as fires or severe weather;

(c) A decision to evacuate the facility (if possible) and the names and location of all children who have evacuated in the case of an emergency.

(6) The facility shall notify the Agency licensing unit in writing at least 30 calendar days before:

(a) Discontinuing operation of a facility;

(b) Any change in executive leadership responsible for the facility;

(c) Any planned construction or major structural changes to the facility;

(d) Any impending change that would necessitate a change in the conditions of the license, i.e., capacity, age range, gender, location or name.

F. Staff and Volunteer Responsibilities.

(1) A staff member, or volunteer who knows or has reasonable cause to suspect that a child has been abused or neglect as defined in S.C. Code Section 63‑7‑20 shall immediately inform by phone, in writing, or in person, the Agency or a local law enforcement agency.

(2) Staff members and volunteers shall keep information and records on children confidential pursuant to the requirements in S.C. Code Section 63‑7‑940 and S.C. Code Section 1990.

(3) Each staff member or volunteer shall notify the group care facility as soon as possible, but no later than the staff member’s next working day of all of the following:

(a) A conviction of any crime.

(b) A current or past investigation by any governmental agency for any act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client’s property.

(c) A governmental finding substantiated against them of abuse or neglect of a client or of misappropriation of a client’s property.

(d) A denial, restriction, or other limitation of a license or credential from the Agency of safety and professional services.

(4) The staff member or volunteer shall demonstrate competency in the group care facility’s program statement, policies and procedures, roles and responsibilities, and resident rights.

G. Directors.

(1) Executive Directors shall have qualifications consistent with the responsibilities of the position as determined by the governing board. Documentation of qualifications, i.e., application or resume, shall be on file at the facility and will be reviewed at the time of licensing and relicensing.

(2) Program Directors are employed full‑time and are responsible for the daily operations of a facility and shall have the following qualifications and responsibilities:

(a) Be at least 21 years old;

(b) Have a bachelor’s degree in one of the major fields of study including, social work, sociology, psychology, special education, counseling and guidance, criminal justice and any other area in the human services field as approved by the Agency;

(c) Have two (2) years of professional supervisory experience in child welfare;

(d) Oversee program operation and development, and

(e) Review the appropriateness of admission of each child to the facility, participate in developing, reviewing, and updating child assessments and care plans, provide technical assistance to the group care staff and agencies and periodically review and update facility policies and procedures.

(f) Qualifications for employment as outlined in this section shall be documented in an application which shall also include the requirements of Regulation 114‑591(I).

(3) Program Directors employed prior to July 1, 2021 will have a transition period of six years to meet the educational requirements. Alternatively, work experience may be considered in lieu of a bachelor’s degree at the Agency’s discretion for program directors employed prior to July 1, 2021.

H. Caregivers.

(1) Caregivers have regular, direct contact with children and, at a minimum, shall be responsible for the care, nurture, monitoring and supervision of children; supporting and promoting parental involvement when appropriate; reporting suspected child abuse and neglect to the Out of Home Abuse and Neglect Unit of the South Carolina Department of Social Services and/or to a law enforcement agency in the county where the child resides or is found; and guidance on independent living services, as appropriate.

(2) A caregiver shall be at least twenty‑one years old.

(3) Caregivers shall have a minimum of a high school diploma, certificate or equivalent.

I. Hiring and Employment.

(1) Before a group care staff applicant begins employment, the group care facility shall do all of the following:

(a) Ensure that the applicant meets the qualifications for their position.

(b) Conduct and document background checks pursuant to regulation 114‑591(L), on each applicant.

(c) Conduct and document a general orientation to the facility.

(d) Determine that the caregiver applicant is at least twenty‑one years old and at least one year of child caring experience, either paid or unpaid.

(e) Obtain and file documentation to confirm that the caregiver applicant has a high school diploma, certificate or equivalent.

(f) Conduct and document additional training, including CPR, bloodborne pathogen, first aid, and restraint training as needed.

J. Personnel Records.

(1) The facility shall establish and maintain on the premises a personnel record for each group care staff member and volunteer staff.

(2) Each personnel record shall contain all of the following for the staff member for which the record was created:

(a) A completed application for employment that shall include the staff member’s name, address, date of birth, training, education, work experience, and date of hire and proof that educational requirements have been met, if applicable;

(b) Current address and all addresses within the five years prior to hire;

(c) A completed and current background information disclosure form;

(d) The results of all background checks required in 114‑591 (L);

(e) A job description that is signed and dated by the staff member or volunteer;

(f) A completed physical examination for caregivers or volunteer staff;

(g) The staff member or volunteer staff’s driver’s record, if the staff member or volunteer is assigned to transport children;

(h) A training record that shall include documentation of the staff member or volunteer’s receipt of the orientation, training, and continuing education and the training record shall be documented as specified in 114‑591 (M) (4);

(i) Documentation of all first aid and CPR certifications, if applicable;

(j) Documentation of restraint training certification, if applicable;

(k) For RPPS decision makers, documentation of the training required;

(l) Any disciplinary actions issued to the group care staff person or volunteer.

K. Staff Medical Exams.

(1) Each caregiver and volunteer staff person shall be physically, mentally and emotionally able to provide responsible care for children and shall not pose an imminent threat of harm to children or to the quality and manner of their care.

(2) All caregivers and volunteer staff shall provide a medical statement on the medical history form approved by the Agency at the time of their hiring. This form should be kept in the caregiver’s employee file for the duration of their employment.

(3) Caregivers and volunteer staff persons included in staff‑to‑child ratios shall have a medical examination conducted by a physician, physician assistant, or nurse practitioner no more than three months prior to employment or no later than thirty days after employment to certify that the caregiver meets the minimum physical requirements of the position and that the caregiver is in general good health that will not adversely affect the care of children in placement. The facility shall utilize the official Agency medical examination report form, which can be obtained from the Agency website.

(4) If the Agency has reason to believe that the physical or mental health of a caregiver or volunteer staff person or an applicant for employment may endanger a resident, the Agency may require that a written statement be submitted by a physician or, if appropriate, by a licensed mental health professional, that certifies the condition of the individual and the possible effect of that condition on the facility or the children in care.

(5) No more than three months prior to employment or no later than 30 days after employment, provide certification from a physician, physician assistant, or nurse practitioner that the caregiver meets the minimum physical requirements of the position and that the caregiver is in general good health. Physical examinations report forms can be obtained from the Agency website.

L. Criminal Activity.

(1) No child may be placed in a group care facility with a person working in the facility, including a caregiver, staff, and volunteer staff who:

(a) Has a substantiated history of child abuse or neglect; or

(b) Has pled guilty or nolo contendere to or has been convicted of:

(i) An ‘Offense against the Person’ as provided for in Chapter 3, Title 16;

(ii) An ‘Offense against Morality or Decency’ as provided for in Chapter 15, Title 16;

(iii) Contributing to the delinquency of a minor as provided for in Section 16‑17‑490;

(iv) The common law offense of assault and battery of a high and aggravated nature when the victim was a person seventeen years of age or younger;

(v) Criminal domestic violence as defined in Section 16‑25‑20;

(vi) Criminal domestic violence of a high and aggravated nature as defined in Section 16‑25‑65;

(vii) A felony drug‑related offense under the laws of this State;

(viii) Unlawful conduct toward a child as provided for in Section 63‑5‑70;

(ix) Cruelty to children as provided for in Section 63‑5‑80;

(x) Child endangerment as provided for in Section 56‑5‑2947; or

(xi) Criminal sexual conduct with a minor in the first degree as provided for in Section 16‑3‑655(A).

(c) A person who has been convicted of a criminal offense similar in nature to a crime enumerated in L(1)(b), when the crime was committed in another jurisdiction or under federal law, is subject to the restrictions set out in this section.

(d) This section does not exclude any person in L(1) when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in L(1)(b) has been pardoned. However, notwithstanding the entry of a pardon, the Agency or other entity making placement or licensing decisions may consider all information available, including the person’s pardoned convictions or pleas and the circumstances surrounding them, to determine whether the person is unfit or otherwise unsuited to work or volunteer in a group care facility.

(2) Prior to working in a facility, all persons referenced in L(1) shall undergo a background check to be conducted by the State Law Enforcement Division, a fingerprint review to be conducted by the Federal Bureau of Investigation, a check of the State Central Registry of Child Abuse and Neglect and department records, the equivalent registry system check for each state in which the person has resided in the previous five years, the National Sex Offender Registry, and the state sex offender registry.

(3) The background checks of all persons referenced in (L)(1) shall be submitted to the Agency upon request.

(4) If a person referenced in (L)(1) separates from the facility for any period of time, then all background checks shall be repeated prior to resuming work in the facility.

(5) A fingerprint review conducted by the Federal Bureau of Investigation shall be required for all persons referenced in (L)(1). The fingerprint review shall be required prior to working in the facility and every five years thereafter.

(6) A background check conducted by the State Law Enforcement Division, a check of the State Central Registry of Child Abuse and Neglect and department records, the equivalent registry system check for each state in which the person has resided in the previous five years, the National Sex Offender Registry, and the state sex offender registry shall be completed annually prior to re‑licensure for all persons referenced in (L)(1).

(7) The chief executive officer or the person authorized to hire staff shall agree to comply with the conditions of the Memorandum of Agreement on Criminal Record Checks.

(8) When a group care staff person or volunteer staff person is under investigation by the Agency, then the Agency may restrict that staff person’s access to children until the investigation is complete if the seriousness of the allegations warrant such action.

(9) Although background checks prescribed in this subsection are not required for children age 18‑21 who reside in the facility, if the facility also engages in the full‑time residential care of minor children and is not a facility that exists primarily for the detention or correction of children, the facility shall have policies and procedures to assess the criminal background and child protective services history of children age 18‑21 to ensure the safety of minor children residing in the facility.

M. Staff Orientation and Continuing Education.

(1) The director shall submit an annual training plan to the licensing agency prior to implementation to ascertain that the plan will comply with this requirement. Training topics shall include trauma concepts and behavioral management, to provide for the needs of the children who are or may be placed in the group care facility, early learning, child and adolescent brain development, healthy eating, protective factors, and child abuse and neglect prevention. The annual training plan shall include proposed training topics, the planned month and number of training hours expected for each topic.

(2) Documentation of completed training shall be on file at the facility and shall be reviewed at the time of licensing, monitoring, or relicensing visits.

(3) The training record shall include documentation of the staff member’s receipt of the orientation, training, and continuing education. Documentation shall include a summary training log for each caregiver for each license year followed by supporting documentation (e.g. certificates, training sign‑in sheets if legible, etc.). The staff training log shall include all of the following:

(a) Date and time of orientation and each training session;

(b) Name of each person that conducted each orientation and training;

(c) Training topic;

(d) Total hours of training or continuing education received;

(e) Whether the staff member completed the requirements of the training or continuing education session.

(4) Each volunteer staff person included in staff‑to‑child ratios shall meet the training requirements specified for caregivers.

(5) Within the first week of hire and prior to working alone with children, the group care facility shall provide the group care staff member with all of the following:

(a) A job description and the job description shall be signed and dated by each staff member upon receipt by the staff member;

(b) The facility’s program statement and policies and procedures, including the personnel policies and procedures;

(c) Requirements of child abuse and neglect reporting and information on how to identify and report abuse or neglect situations;

(d) Instruction on how to use fire extinguishers, and on emergency and evacuation procedures;

(e) Any other information that would orient the staff member to the facility.

(6) Each license year caregivers shall complete a minimum of fifteen (15) hours of training related to the population served by the group care facility (not including first aid and cardiopulmonary resuscitation). A maximum of four training hours can be carried over from the previous license year as long as the training hours did not count towards the previous license year’s fifteen hour requirement. The Agency encourages the facility to offer training regularly throughout the license year.

(7) Types of training that may be acceptable to the Agency to meet continuing education requirements include all of the following:

(a) Formal courses resulting in credits or continuing education units;

(b) Training provided by the facility, a staff member, or a volunteer;

(c) Workshops, conferences, seminars, or lectures;

(d) Online training.

(8) Training topics include, but are not limited to: skill training in specific methods employed by the program, crisis management protocol, significance and value of birth and extended family, the importance of maintaining meaningful connections between the child and parents, including regular visitation, identifying and reporting child abuse and neglect, role of staff as mandated reporters, basic communication, interviewing skills, information related to the transmission and prevention of infection or universal precautions, group dynamics, fire life safety, water safety (for staff who will provide supervision for children around bodies of water), history and development of the service being provided (from the facility) and its current status, grief and loss issues for children in care, specific organizational policies and procedures, supervision and teaching skills, working with children who may have emotional, behavioral, physical problems or developmental delays, treatment care specific to the needs of the population served, individualized education and development plans, developmental needs of children, behavior management, de‑escalation techniques, suicide prevention, cultural competency and culturally responsive services, LGBTQ+ issues, gang activity, drug and alcohol education, sex education, medication administration, trauma‑informed care, prudent parenting, psychotropic medications, medical consent, child‑specific training and/or may address issues relevant to the general population of children and other education and/or training required by the state.

(9) The fifteen hour training requirement will be pro‑rated for new caregivers based on the number of months worked during the license year.

|  |  |
| --- | --- |
| Months Worked During License Year | Hours Required |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 5 |
| 5 | 6 |
| 6 | 7 |
| 7 | 8 |
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(10) At all times at least one caregiver in each living space shall be certified in first aid and cardiopulmonary resuscitation appropriate to the age of the population served. The training shall be from the American Red Cross or a program or trainer certified by the American Red Cross, American Heart Association, or the Health and Safety Institute. The certification shall be renewed in accordance with training guidelines.

(11) If it is a facility’s policy to implement physical restraints, then all caregivers shall complete restraint training. New staff cannot participate in a restraint prior to completing the facility’s restraint training.

N. Volunteers.

(1) If volunteers are used as part of a group care facility’s program of services, the group care facility shall have written policies to screen, select and supervise volunteers.

(2) Those volunteers who have opportunity for unsupervised contact with children shall be known as “volunteer staff” and shall supply a written application and have an interview with the staff who is responsible for the supervision of volunteers before volunteering.

(a) Volunteer staff may be used to meet the staff‑to‑child ratio requirements if the volunteer meets the requirements specified for caregivers under regulation 114‑591 (H), (I), (L), (M) and (K).

(3) Volunteers shall be invited to participate in annual training required of other caregivers.

(4) Individuals or groups who offer to provide a one time or occasional voluntary service (parties, trainings, entertainment, etc.) and do not have unsupervised access to children, are not required to undergo a full background screening by the group care facility. At least one facility caregiver shall supervise the interaction between such individuals or groups and the children.

O. Record Storage and Retention.

(1) The facility shall retain in a locked or secured area all children’s records for a minimum period of three years from the date the child is discharged from the program, and all staff records for a minimum period of three years from the date the staff separates employment.

(a) If any litigation, claim, or other action involving the records have been initiated prior to the expiration of the three year period, the records shall be retained until completion of the action and resolution of all issues that arise from it or until the end of the three year period, whichever is later.

(b) A facility that no longer operates shall secure the records until the requirements above are met.

(2) In accordance with the South Carolina Electronic Transactions Act (S.C. Code Ann. 26‑6‑10 et seq.), electronic records will be accepted assuming that the information is in a reasonably accessible format.

The Provider shall ensure that the electronic record is accessible to reviewers and auditors and the integrity of the record is preserved.

P. Supervision and Staff‑to‑Child Ratios.

(1) Caregivers shall be responsible for the daily supervision of children and direct care to children to ensure their safety and well‑being. A facility shall staff each group care facility with caregivers in numbers sufficient to meet the staff to child ratios specified in regulation 114‑591 (P)(3) and for any off‑premise activities.

(a) A facility shall ensure that supervision is provided for each child appropriate to the child’s age, maturity, behavior, and developmental level and sufficient to ensure the safety of all children in the facility.

(b) No child may be in the facility without supervision by a caregiver.

(c) A facility shall ensure that sufficient staffing is available to provide supervision of a child during suspensions and other extended absences from school.

(2) A minimum of two caregivers shall be available, accessible, and able to respond on‑site within a reasonable amount of time during waking and sleeping hours.

(3) The staff‑to‑child ratios of the facility shall be 1:5 for children from birth to one year old. A facility shall have at least one caregiver awake and providing supervision for every 5 children in this age group during waking hours and during sleeping hours.

(4) The staff‑to child ratios of the facility shall be 1:6 for children one to two years old. A facility shall have at least one caregiver awake and providing supervision for every 6 children in this age group during waking and sleeping hours.

(5) The staff‑to‑child ratios of the facility shall be 1:8 during waking hours and 1:10 during sleeping hours for children three years old and older.

(6) Any child of live‑in staff shall be included in the staff‑to child ratios.

(7) The staff‑to‑child ratios in regulation 114‑591(P) are the minimum staffing requirements for caregivers. The number of caregiver staff on duty shall be increased as necessary to meet the needs of children and to ensure their safety and welfare.

(8) The Agency may require a higher staff‑to‑child ratio if an on‑site review indicates that a child is at risk of abuse, and more supervision is needed to maintain appropriate control, discipline, adequate care and safety.

(9) The facility shall have a responsive system to provide for on‑call caregivers (available, accessible and able to respond on‑site) in the event of an emergency or disruption. A schedule of on‑call caregivers shall be made immediately available to the Agency upon request.

Q. Time Off for Caregivers.

Each full‑time caregiver shall have at least two consecutive days off each month in addition to one day off each week or the equivalent. The facility shall comply with state labor laws.

R. Effective Date.

This Regulation shall become effective on September 12, 2021.

114‑592. Physical Environment and Safety.

A. Physical Plant and Environment.

(1) Zoning Compliance and Building Codes.

(a) The construction of a new facility, the conversion of an existing building for residential child care purposes, or the remodeling of a facility shall comply with all applicable local zoning regulations and local and state building and fire codes.

(b) Architectural plans for new construction or structural changes shall be approved by the appropriate authority and meet all required codes prior to construction.

(2) Acceptable Buildings.

(a) Group care facilities shall utilize single‑family residences or single‑owner properties and permanent structures.

(b) Neither mobile homes nor individual apartments or townhomes shall be licensed.

(c) If the facility will serve children under the age of six years old, it shall meet applicable lead base paint requirements, as established by the South Carolina Department of Health and Environmental Control (DHEC), pursuant to Section 44‑53‑1310, et seq., and regulation (61‑85). 25 to prevent lead poisoning in children.

(3) Documentation of Buildings and Grounds.

(a) The facility shall provide a copy of a campus map to identify all buildings, common areas, recreational space and any distinguishing features or hazards on the property.

(b) The facility shall provide a floor plan for each residential building that identifies each sleeping quarter and bathroom.

(4) Condition.

(a) The group care facility, grounds, and all structures on the grounds of the property shall be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair.

(b) The interior and exterior shall be free from dangerous objects and conditions, and from hazardous materials.

(c) The facility shall have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available.

(5) Water and Sewer.

(a) The group care facility shall have an adequate and safe water supply.

(b) If the facility’s water supply is from a private well, the well shall be tested at least annually for bacteria and approved by the Department of Health and Environmental Control.

(c) If the facility population includes children under six years of age or expectant mothers, the water shall also be tested at least annually for lead and approved by the Department of Health and Environmental Control.

(d) The facility shall have an adequate sewage disposal system. If the facility has a private sewage disposal system, the system shall be approved by the appropriate governmental approving authority.

(e) The facility shall be equipped with a water heater sufficient to meet the needs of all children.

(f) The hot water delivered to the facility’s sinks, tubs, and showers shall be no less than 100°F and shall be no more than 120°F.

(6) Heating and Cooling.

(a) There shall be proper equipment for adequately heating and cooling in living, sleeping, sanitary, and working areas.

(b) Heating equipment shall be capable of maintaining a room temperature of not less than 68 degrees Fahrenheit. Cooling equipment shall be capable of maintaining a room temperature of not more than seventy‑five (75) degrees Fahrenheit.

(c) Safety barriers shall be placed around all heating and cooling sources, such as hot water pipes, wood, coal and gas burning fire places, hot water heaters, and radiators that are accessible to children to prevent accidents or injuries upon contact by the child.

(d) Rooms with toilets, bathrooms, and bedrooms without operable windows shall have adequate ventilation.

(7) Bedrooms and Acceptable Sleeping Conditions.

(a) Bedrooms for children shall provide a minimum of fifty square feet of space per child.

(b) Bedrooms rooms for children shall be suitable and comfortably furnished with beds that are placed at least two feet apart.

(c) Bedrooms shall have outside window exposure or auxiliary means of ventilation, both intake and exhaust, and means to egress.

(d) Each child shall have a separate bed with a level mattress long and wide enough to accommodate the child.

(e) Bunk beds shall be limited to no more than one (1) bed above the other bed.

(f) Children sleeping in the top bunk of a bunk bed shall be at least six years of age or older.

(g) The top bunk of a bunk bed shall not be used by children with conditions limiting mobility and shall have a safety rail if used by a child under eight years of age.

(h) There shall be at least five feet of space between bunk beds. The top of a mattress of a bunk bed shall be at least three feet below the lowest point of the ceiling and there shall be at least three feet between upper and lower bunks.

(i) Sleeping Conditions.

(j) Children shall not sleep in a bed with an adult under any circumstances.

(k) Children of the opposite sex who are five years of age or older shall not share a bedroom except:

(i) When it is necessary to facilitate the placement of sibling groups; or

(ii) To meet the needs of transgender children.

(l) A child who is 18 years of age or older may not share a bedroom with a child who is under 18 years of age, unless the child who is 18 years of age or older is continuing to share a bedroom with a child he or she had already been sharing the bedroom with before turning 18 years of age.

(m) No child shall sleep in a detached unsafe building, an unfinished attic or basement, a stairway, hall, or room designated or commonly used for other than bedroom purposes.

(n) Sufficient bed coverings to include linens appropriate to the climate shall be provided.

(o) Waterproof mattresses, pillows and coverings shall be provided as needed.

(p) Bedding provided by the facility shall be clean and sanitary. All bedding shall be laundered, at minimum, between assignments to different children.

(q) Linens shall be changed as often as required for cleanliness and sanitation, but not less frequently than once a week.

(r) There shall be a quiet area in the facility well‑lit, furnished and suitable for study.

(8) Bathrooms.

(a) There shall be at least one lavatory with adequate hot and cold water for every six children, a tub or shower and one indoor flush toilet for every eight children. Multiple toilets in one area shall be in separate compartments.

(b) Separate bathroom facilities shall be provided for girls and boys over five years of age.

(c) Ventilation shall be provided with either an open screened window or functioning exhaust fan.

(d) Mirrors or non‑breakable reflective surfaces shall be provided in the bathrooms at levels easily accessible to children.

(e) Easily cleanable receptacles with lids shall be available in all bathrooms.

(f) Liquid or granular soap and disposable towels or cloth towels designated for individual use shall be provided at each sink.

(9) Laundry.

(a) A facility shall have as many clothes washing machines and clothes dryer as needed to adequately launder clothing for the population served.

(b) Any laundry equipment in the facility shall be installed and vented in accordance with the manufacturer’s recommendations.

(10) Video Monitoring in Facilities.

(a) Facilities that utilize video monitoring are prohibited from the placement of cameras in areas where persons dress and undress.

(b) Facilities that utilize restraints must be equipped with video monitoring and must maintain video footage for a minimum of 30 days.

(c) Facilities that use utilize restraints must retain any audio associated with video footage for a minimum of 30 days.

(d) Facilities that utilize restraints must make video footage available to the Agency in an accessible format within 24 hours of request.

(11) Staff Facilities.

(a) Staff who reside on campus shall be provided with sleeping quarters separate from the children. An exception for sleeping areas will be provided for facilities with staff awake during the night.

(b) Staff shall be provided with bathroom facilities that are separate from the children.

(12) Outside Recreational Space.

(a) The outdoor space shall be free from hazards and litter.

(b) Outdoor walkways shall be free from debris, leaves, ice, snow, and obstruction.

(c) Children shall be restricted from unsafe areas and conditions such as traffic, parking areas, ditches, and steep slopes by a fence or natural barrier that is at least four feet high and in good repair.

(d) Outdoor recreational equipment shall be age‑appropriate for the population served and meet the standards of the US Consumer Products Safety Commission (CPSC), if applicable. Recalled products listed by the CPSC shall not be accessible to children.

(e) Outdoor recreational equipment shall be made of durable, non‑rusting, non‑poisonous materials, and shall be sturdy and well‑maintained.

(f) Stationary outdoor equipment shall be firmly anchored and shall not be placed on a concrete or asphalt surface.

(g) Swings shall be located to minimize accidents and shall have soft and flexible seats.

(h) Cushioning material such as mats, wood chips or sand shall be used under climbers, slides, swings, and large pieces of equipment. Cushioning material shall extend at least six feet beyond the equipment and swings.

(i) Slides shall have secure guards along both sides of the ladder and be placed in a shaded area.

(j) Outdoor metal equipment that is uncoated shall be located in shaded areas or otherwise protected from the sun. Staff shall check the temperature by touch prior to children playing on it.

(k) Outdoor equipment shall be arranged so that children can be seen at all times.

(l) A properly fitting bicycle helmet that is approved by American National Standards Institute, Snell Memorial Foundation, or American Society for Testing and Materials, shall be worn by each child when riding a bicycle, skateboard, roller blades, or skates. Helmets are optional for use with tricycles.

(13) Water Safety.

(a) Swimming pools located at the facility or used by the facility shall conform to the regulations of DHEC for construction, use, and maintenance.

(b) Swimming and wading pools shall be enclosed with protective fencing at least four feet high, secured with a safety device (i.e. latch, lock, etc.) to restrict children’s access, and any method of access must be through the safety device.

(c) Swimming pools shall be equipped with a life saving device, such as a ring buoy.

(d) If the swimming pool cannot be emptied after each use, the pool shall have a working pump and filtering system.

(e) At any swimming or boating activity provided by or arranged for children, the facility must adhere to the following:

(i) A certified lifeguard is preferred for all swimming activities; however, the facility must enforce written policies and procedures that ensure that on each outing, each child demonstrates their level of swimming proficiency when first entering the water. The demonstration must provide staff with sufficient information to allow staff to make basic judgments as needed relative to the child’s safe use of the swimming facilities (i.e., limiting access to shallow swimming areas as opposed to deeper swimming areas, diving boards, etc.). If any child is unable to demonstrate an ability to swim, the facility will require the child to wear a Coast Guard approved vest.

(ii) The facility must document in each child’s record the child’s level of swimming proficiency, once known.

(iii) A buddy system must be employed for children.

(iv) Staff must actively supervise children during swimming and boating, including, but not limited to, maintaining line‑of‑sight supervision of each child, staff communicating with one another, remaining aware, and being accountable for each child at all times.

(v) Any boats utilized for recreational purposes must comply with any required federal, state, or local registration, and meet safety standards.

(vi) All children and staff engaged in boating activities must wear a Coast Guard approved vest.

(f) The following staff to child ratios must be utilized during water activities:

(i) Birth to two years: 1:1

(ii) Two to three years: 1:2

(iii) Three to four years: 1:3

(iv) Four to five years: 1:6

(v) Five years and older: 2:25

B. General Safety.

(1) Fire Safety.

(a) Each facility shall comply with the regulations and codes of the State Fire Marshal.

(b) The facility shall have an annual fire safety inspection. The results of the inspection shall be reported to the Agency.

(c) Based on the recommendations of the fire authorities, the Agency will decide as to whether the facility meets standards of fire safety for child caring purposes.

(d) A facility is responsible for any fees or related expenses for the fire inspection.

(e) A fire escape plan shall be posted in the facility in areas accessible to staff and children.

(2) Power or Vocational Tools.

(a) Staff shall supervise children (on campus) while using equipment or tools.

(b) All equipment shall be well maintained and in good working order.

(c) Power tools shall have intact safety devices.

(d) Power tools shall be stored in a locked area not accessible to children.

(3) Pets and Animals.

(a) Healthy animals which present no apparent threat to the health and safety of the children shall be permitted, provided they are cleaned, properly housed, fed and cared for and have had required vaccinations, as appropriate. Live animals shall be excluded from areas where food for human consumption is stored, prepared or served.

(b) Animals shall not be permitted if a child in the room or area is allergic to the specific type of animal.

(c) Pens, cages, litter boxes and outside areas used by pets shall be kept clean.

(d) Animal litter and waste shall not be accessible to children.

(e) Reptiles and rodents shall not be accessible to children.

(f) Children and adults shall wash their hands after touching animals.

(g) Pets shall be vaccinated in accordance with state and/or local law.

(h) A pet suspected of being ill or infected shall be treated immediately for its condition or removed from the facility. Each pet shall be kept and handled in a manner that protects the safety and well‑being of children and the pet.

(4) Poisons.

(a) Poisons or harmful agents shall be kept locked, stored in the original containers, labeled and inaccessible to children.

(b) Poisons or harmful agents shall be purchased in childproof containers, if available.

(c) Pesticides shall be of a type applied by a licensed exterminator in a manner approved by the United States Environmental Protection Agency. Pesticides shall be used in strict compliance with label instructions and should not be used while children are present. Pesticide containers shall be prominently and distinctly marked or labeled for easy identification of contents and stored in a secure site accessible only to authorized staff.

(5) Other Safety Requirements.

(a) Weapons, firearms, or ammunition are not permitted in the facility or on the premises. This does not apply to a guard, law enforcement officer, or member of the armed forces, or student of military science.

(b) The facility shall be effectively safeguarded against insects and rodents.

(c) Knives, lighters, matches, tobacco products and other items that could be hazardous to children shall not be readily accessible to children.

(d) State laws prohibiting minors from smoking shall be enforced. The facility shall assure that children are not exposed to second‑hand smoke while at the facility or in the presence of staff.

(e) Floors, walls, ceilings, windows, doors and other surfaces shall be free from hazards such as peeling paint, broken or loose parts, loose or torn flooring or carpeting, pinch and crush points, sharp edges, splinters, exposed bolts and openings that could cause head or limb entrapment.

C. Sanitation.

(1) General Sanitation.

(a) Clean and sanitary conditions shall be maintained indoors and outdoors, including indoor and outdoor recreational equipment and furnishings.

(b) The facility shall have an annual safety and sanitation inspection.

(c) Based on the safety and sanitation inspection, the Agency will decide as to whether or not the facility meets standards of safety and sanitation for child caring purposes.

(d) A facility is responsible for any fees or related expenses for the health inspection.

(2) Staff Health.

(a) Staff persons shall wash their hands with soap and warm running water before preparing or serving food, before assisting a child with eating, after assisting a child with toileting or diapering, before and after toileting, after administering medication, after cleaning, after assisting with wiping noses, after contact with body fluids, after contact with animals, and after using cleaning materials. Hands shall be washed even if gloves are worn to perform these tasks.

(3) Food Safety and Preparation.

(a) All food shall be properly labeled and stored and shall be protected against contamination.

(b) The facility shall provide refrigeration units and insulated facilities, as needed, to ensure that all potentially hazardous foods are maintained at 45 degrees Fahrenheit or below or 130 degrees Fahrenheit or above, except during necessary periods of preparation.

(c) Thermometers shall be accurate to plus or minus 3 degrees and conspicuously placed in the warmest area of all cooling and warming units to ensure proper temperatures.

(d) Containers of food, food preparation equipment and single service articles shall be stored at least 6” above the floor, on clean surfaces, and in such a manner to be protected from splash and other contamination.

(e) Food not subject to further washing or cooking before serving shall be stored in such a manner to be protected against contamination from food requiring washing.

(f) Single‑service articles shall be stored in closed cartons or containers to protect them from contamination.

(g) Adequate hand‑washing facilities, separate from food preparation sinks, equipped with hot and cold water under pressure supplied through a mixing faucet, shall be provided in the food preparation area.

(h) Hot water shall meet current health and safety regulation 61‑25 for Retail Food Establishments. Facilities shall not be required to install an additional hand‑washing sink in the food preparation area if, in the opinion of the health authority, the existing hand‑washing facilities are adequate.

(i) Sanitary soap and towels shall be provided.

(j) Utensils, such as forks, knives, tongs, spoons, and scoops shall be provided and used to minimize handling of food in all food preparation areas.

(k) Staff shall thoroughly wash their hands and exposed areas of arms with soap and warm water in an approved hand‑washing sink before starting work, during work as often as is necessary to keep them clean, e.g., after smoking, eating, drinking, or using the toilet. Staff shall keep their fingernails clean.

(l) The outer clothing of all staff shall be clean. The facility shall ensure proper hair restraints are worn to protect from falling hair.

(m) Potentially hazardous foods requiring cooking shall be cooked to heat all parts of the food to an internal temperature of at least 140 degrees Fahrenheit, with the following exceptions:

(i) Hamburger shall be cooked to at least 155 degrees Fahrenheit.

(ii) Poultry, poultry stuffing, stuffed meats, and stuffing‑containing meat shall be cooked to heat all parts of the food to at least 165 degrees Fahrenheit with no interruption of the cooking process.

(iii) Pork and any food containing pork shall be cooked to heat all parts of the food to at least 150 degrees Fahrenheit.

(iv) Rare roast beef and rare beefsteak shall be cooked to surface temperature of at least 130 degrees Fahrenheit.

(n) Spoiled or deteriorated food shall be disposed of immediately.

(o) Prepared food shall be covered and stored at temperatures that protect against spoilage. Dry foods shall be dated and stored in rigid, covered containers or single use food storage plastic bags with a zip top closure. Food in deeply dented, bulging or leaking cans, or in cans without labels, may not be used and must be discarded. A deep dent is one into which a finger can be placed. Deep dents often have sharp points. A sharp dent on either the top or side seam can damage the seam and allow bacteria to enter the can. Discard any can with a deep dent on any seam. If a can containing food has a small dent, but is otherwise in good condition, the food should be safe to eat.

(p) Leftover food that is not served shall be marked with the date of preparation and refrigerated or frozen immediately for later use.

(q) Trash in kitchen areas shall be kept in closed, plastic lined receptacles.

(4) Cleaning, Storage, and Handling of Utensils and Equipment.

(a) Tableware shall be washed, rinsed, and sanitized after each use.

(b) All kitchenware and food‑contact surfaces of equipment shall be washed, rinsed, and sanitized.

(c) The cooking surfaces of cooking devices shall be cleaned as often as necessary and shall be free of encrusted grease deposits and other soil.

(d) Non‑food contact surfaces of all equipment, including tables, counters, and shelves, shall be cleaned at such frequency as is necessary to be free of accumulation of dust, dirt, food particles, and other debris.

(e) After sanitation, all equipment and utensils shall be air‑dried.

(f) Prior to washing, all equipment and utensils shall be rinsed or scraped, and when necessary, presoaked to remove gross food particles and soil.

(g) When manual dishwashing is employed, equipment and utensils shall be thoroughly washed in a detergent solution that is kept reasonably clean, be rinsed thoroughly of such solution, sanitized by one of the following methods:

(i) Complete immersion for at least 30 seconds in a clean solution containing at least 50 parts per million of available chlorine as a hypochlorite and at a temperature of at least 75 degrees Fahrenheit;

(ii) Complete immersion for at least 30 seconds in a clean solution containing at least 12.5 parts per million of available iodine and having a pH no higher than 5.0 and at a temperature of at least 75 degrees Fahrenheit;

(iii) Complete immersion for at least 30 seconds in a clean solution containing at least 200 parts per million of quaternary ammonium at a temperature of at least 75 degrees Fahrenheit; or

(iv) Complete immersion in hot water at a temperature of 170 degrees Fahrenheit in a three‑compartment sink.

(h) Other chemical sanitizing agents may be used which have been demonstrated to the satisfaction of the health authority to be effective and non‑toxic under use conditions, and for which suitable field tests are available. Such sanitizing agents, in use solution, shall provide the equivalent bactericidal effect for a solution containing at least 50 parts per million of available chlorine at a temperature not less than 75 degrees Fahrenheit.

(i) A sanitizing test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used.

(j) Food‑contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner as to be protected from contamination.

(k) Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food‑contact surfaces are protected from contamination.

(l) Clean spoons, knives, and forks shall be picked up and touched only by their handles. Clean cups, glasses, and bowls shall be handled so that fingers and thumbs do not contact inside surfaces or lip‑contact surfaces.

(m) Dish tables or drain boards of adequate size to properly handle soiled utensils prior to washing and for cleaned utensils following rinsing and sanitizing shall be provided.

114‑593. Services to Children.

A. Principles for Nurturing Care.

(1) The facility shall do all of the following:

(a) Provide a safe, stable, and humane environment.

(b) Encourage a child’s autonomy, respect a child’s need for privacy, and consider a child’s preferences and choices while providing care, supervision, and training.

(c) Provide care that is respectful toward the beliefs, interpersonal styles, attitudes and behaviors of children and families of various cultures.

B. Admissions.

(1) Intake policies shall be clearly defined, and admission shall be in keeping with the intake policies and limited to those children who fall within the scope of the facility’s purpose.

(2) Decisions about admissions shall be based upon an intake study (gathered by the facility prior to admission) of the needs of the child and their family. If an emergency admission is made, the facility shall compile an intake study in partnership with the placing agency within 72 hours upon the reception of the child.

(3) The intake study shall be maintained in the child’s record. The study shall include a summary of the following information, if available:

(a) General and demographic information;

(b) Placement need;

(c) Child characteristics;

(d) Family members/siblings;

(e) Sociocultural factors;

(f) Placement history;

(g) Medical and health history;

(h) Mental and behavioral health (including substance abuse);

(i) Trauma screening;

(j) Education;

(k) Legal involvement and history, including court orders if available;

(l) Permanency goal and visitation;

(m) Contact information for the placement authority;

(n) An inventory of the child’s belongings.

(4) The facility is required to complete an assessment and individualized care plan for each child within 30 days of admission.

(5) Decisions regarding admissions shall be the responsibility of either the director and/or a case committee (which may include the director, the facility’s social worker, caregivers, etc.) and shall be limited to those persons to whom this responsibility is assigned.

(6) The facility shall comply with the Interstate Compact on the Placement of Children when admitting children from another state.

(7) Before or upon admission to a facility each child shall be provided with all of the following:

(a) Information on exits and evacuation routes.

(b) Oral notification and a written copy of the child’s rights. If the child is 17 years of age or younger, a copy shall also be made available to the child’s parent or guardian, and legal custodian, if available.

(c) A copy of the facility rules.

(d) A copy of the facility rules shall also be provided to the child’s parent, guardian, or legal custodian, as appropriate.

C. Care Plans.

(1) The director or his/her designee shall develop a care plan with the participation of the placing agency; the child; a parent if the child is under 18 years of age; a guardian and legal custodian, if applicable and available; and the persons who will provide the required services to the child.

(2) A completed care plan for each child shall be placed in the child’s record and shall identify individualized goals and objectives, including all of the following:

(a) A description of the child’s strengths, needs, and preferences;

(b) Any court ordered conditions;

(c) Service goals for the child and the time frames for achieving those goals;

(d) Specific services and supports to be provided to achieve the service goals, and names of persons, agencies or position titles responsible for providing services and implementing any of the service goals;

(e) Specific indicators that service goals have been achieved;

(f) Plan for child’s discharge;

(g) Successful transition goals into adulthood, if the child is 14 years of age or older;

(h) Plans for visits to the child by parents, other family members and fictive kin with the approval of the placing agency and in accordance with clients’ right standards to ensure that an appropriate relationship is maintained between the child and family members;

(i) Arrangements for public school attendance.

(3) At least once every six months, the facility shall conduct a care plan review and revise the care plan as needed, consistent with the child’s needs, care plan goals, and the permanency planning goals of the placing agency, parent or guardian. If available, the individuals who participated in the development of the child’s assessment and care plan shall be invited to participate in the review.

D. Discharge and Aftercare.

(1) The governing board shall adopt and update, as appropriate, written policies concerning discharge and aftercare, including those regarding the securing and safekeeping of each child’s property and funds, the disbursement of allowances or money earned.

(2) Preparation for discharge shall begin at the time of admission with the outlining of goals to be achieved in a documented discharge plan. Ongoing modifications shall be made as progress towards goals dictates. The facility shall document in the child’s record efforts made by staff members to prepare the child and the child’s family for discharge.

(3) Careful evaluation shall be made on an ongoing basis by both the facility and the placing agency in order to assess when and if a child may be returned to the child’s home, placed in a foster home or with relatives or fictive kin, or transferred to another facility better suited to meet the child’s needs.

(4) A facility will complete a discharge summary for any child residing in the facility.

The discharge summary shall be available to the Agency or legal guardian within ten business days of discharge.

(5) The discharge summary shall include all of the following:

(a) Dates of the child’s stay;

(b) Reason for discharge;

(c) Person or entity to whom the child discharged;

(d) A list of all services received, as well as any follow‑up scheduled and recommended appointments with service providers, including the service provider’s contact information and any available information;

(e) Summary of incidents involving the child;

(f) Description of type of admission;

(g) If appropriate, any recommendations or suggestions for future placement needs, or services;

(h) Any other relevant information.

(6) The child; the parent, guardian, or legal custodian; and the placing agency shall be given an opportunity to participate in developing a post‑discharge plan. The plan shall include recommendations for continuing or additional services upon discharge and the name of the person or agency to receive the child upon discharge, if applicable.

(7) A copy of the summary shall be placed in the child’s record.

(8) All of the child’s personal belongings, including medical equipment shall accompany the child upon discharge. A complete accounting of these items shall be placed and maintained in the child’s record. Medication shall be handled as required under regulation 114‑593(R)(1)(e), (f) and (g).

(9) A facility shall allow the placing agency at least ten days to make plans for a child whom the facility requests that the placing agency remove from the facility unless both parties agree to earlier removal. This requirement may be waived for private placements.

(10) The facility shall comply with the Interstate Compact on the Placement of Children when discharging children from another state.

E. Personal Belongings and Hygiene.

(1) Each child shall be permitted to bring safe and appropriate personal belongings with him/her and to acquire belongings of his/her own.

(2) Each child shall have a place separate from that of other children to keep his/her personal belongings (toys, books, pictures, etc.) as well as his/her clothing. Appropriate storage for personal belongings include dressers, chest of drawers, wardrobe, closets, trunks, desks, and night stands.

(3) Each child shall be provided with sufficient amounts of individually dispensed soap, clean towels, toilet paper, toothpaste, shampoo, deodorant, and other personal hygiene products that are gender specific to the child.

(4) A facility shall not withhold personal belongings as a means of behavior management.

F. Clothing.

(1) The facility shall ensure that each child is provided with clothing and shoes individually selected, properly fitted, clean, and in good repair. The facility shall request that the parent, legal guardian or placing agency provides each child with clothing and shoes individually selected, properly fitted, clean, and in good repair.

(2) Clothing shall be appropriate to the season and comparable to that worn by other reasonably dressed children in the community.

(3) Whenever possible, children shall be involved in the purchase and selection of new or donated clothing. Donated clothing may be used if in good condition.

(4) Clothing belonging to child shall be taken with them upon discharge.

(5) Children will be provided with the necessary equipment and supplies for outdoor activities at the facility.

G. Nutrition.

(1) Food shall be available and provided to children in sufficient quantities and varieties and shall provide for nutritional and dietary needs. Food or modified diets ordered by a physician shall be provided for those children who have special needs. In planning menus, the religious practices and cultural patterns of the children shall be considered, and foods offered accordingly.

(2) Meals that conform to the dietary guidelines issued by the USDA shall be provided three times per day.

(3) Menus.

(a) Prior to licensure the facility shall submit a menu encompassing four weeks that has been approved by a licensed dietician to demonstrate that the facility understands the minimum nutritional requirements.

(b) When the USDA recommendations are revised the facility shall submit for re‑licensure an updated menu encompassing four weeks that has been approved by a licensed dietician to demonstrate that the facility understands the minimum nutritional requirements.

(c) Weekly menus shall:

(i) Be planned in advance of the date of service;

(ii) Specify the actual food served;

(iii) Posted in the food serving area or in another place where children can read them;

(iv) Kept on file and available for at least 30 days after meals have been served.

(d) When it is necessary to substitute one item for another item on a menu, the facility shall ensure that the replacement item has the same nutritional value as the item replaced.

(4) Meals and Snacks.

(a) Meals shall be served at regular times comparable to normal mealtimes in the community.

(b) Food served at a meal shall consist of adequate portions based on the ages of children.

(c) Nutritious snacks shall be provided between meals to children at the facility.

(d) No child shall be deprived of a meal or snack.

(e) Children shall not be forced to eat.

(f) Adults shall be present during the preparation and serving of meals.

(g) The same meal shall be provided for staff and children with the exception of the beverage unless a modified diet is required by a physician or for religious reasons.

H. Activities.

(1) The facility shall establish and implement a written plan of general age or developmentally‑appropriate activities for children that shall include all of the following:

(a) Leisure‑time activities;

(b) Opportunities to engage in social and community activities;

(c) Self‑expression and communication;

(d) Opportunities for physical exercise to encourage gross and fine motor development;

(e) Guidance and assistance in the development of daily living skills;

(f) Activities appropriate to a child’s ethnic culture;

(g) Opportunities for activities geared towards the individual interests of children.

(2) Appropriate activities for children’s participation shall include but not be limited to extracurricular activities, social activities, sports, school events, field trips, afterschool programs or functions, church activities, utilization of community recreation facilities, participation in community affairs, attendance at cultural events, vacations lasting up to two weeks, overnight activities away from the placement lasting up to one week, employment opportunities; and in‑state or out‑of‑state travel, excluding overseas travel.

(3) The facility shall obtain consent from the placing agency, legal guardian or parent(s) to allow such activities for children who are not in the custody of the Agency. The following shall be taken into consideration when deciding the appropriateness of a child’s participation in any off‑campus event:

(a) Stipulations of a court order;

(b) The child’s background, presenting problems, abilities and interests; and

(c) Whether the activity is suitable, positive, and will contribute to the child’s development.

(4) A variety of indoor and outdoor recreational activities and developmentally appropriate play equipment shall be offered.

(5) Documentation of recreational activities that were implemented and were appropriate to the developmental needs, and interests of children shall be on file in the facility and available for review by the Agency licensing representative.

(6) Prior to licensure, the facility shall submit an activity plan including three months of proposed activities.

(7) Prior to re‑licensure, the facility shall submit activity plans encompassing at least three consecutive months of completed activities.

I. Promoting Normalcy and the Reasonable and Prudent Parent Standard.

(1) Normalcy.

(a) A facility shall promote normalcy and the healthy development of a child by supporting the child’s right to participate in extracurricular, enrichment, cultural, and social activities and have experiences that are similar to those of the child’s peers of the same age, maturity, or development.

(2) Reasonable and Prudent Parent Decision Maker.

(a) The facility shall ensure the presence on‑site of at least one caregiver at all times who is authorized to apply the reasonable and prudent parent standard to decisions involving the participation of each child placed by the Agency in age or developmentally‑appropriate activities, and who is provided with training in how to use and apply the reasonable and prudent parent standard.

(b) A reasonable and prudent parent decision maker may be an authorized representative of the facility, executive director, program director, or group care staff member.

(c) A reasonable and prudent parent decision maker shall have knowledge of a child and access to the child’s care plan and other child records.

(d) A reasonable and prudent parent decision maker shall document decisions made under this section for activities that do not take place in the facility and are not supervised by a caregiver.

(e) A reasonable and prudent parent decision maker shall document any decision made under this section that requires written permission from the facility in lieu of the child’s parent or guardian. The completed form shall be placed in the child’s record.

(3) Reasonable and Prudent Parent Standard.

(a) All facilities serving children placed by the Agency shall satisfy the reasonable and prudent parent standard when facilitating age‑ and developmentally‑appropriate extracurricular, enrichment, cultural, and social activities for children in their care.

(b) When using the reasonable and prudent parent standard, a facility shall consider:

(i) the best interests of the child, based on information known by the placement;

(ii) the overall health and safety of the child;

(iii) the child’s age, maturity, behavioral history, and ability to participate in the proposed activity;

(iv) the potential risks and the appropriateness of the proposed activity;

(v) the importance of encouraging the child’s emotional and developmental growth; and

(vi) any permissions or prohibitions outlined in an existing court order.

(c) All facilities serving children placed by the Agency shall be permitted use of the reasonable and prudent parent standard.

(d) The Agency shall not require that the facility receive official agency authorization prior to any exercise of the reasonable and prudent parent standard.

(e) The Agency shall require that the facility inform agency staff during routine visits about the activities in which the foster children in their care participate.

(f) If an activity involves one of the following situations, the Agency shall require reasonable notice in advance of the commencement of such an activity:

(i) Out‑of‑state or otherwise significant travel (excluding overseas travel, which shall require agency authorization);

(ii) Supervision of the child by another adult or allowance of a child to be temporarily unsupervised;

(iii) Contravenes a birth family’s expressed wishes or belief system (if parental rights have not been terminated or if a relationship between the child and his or her kin still exists after termination);

(iv) An important social, cultural, or religious event (e.g., baptism, confirmation, bar mitzvah, etc.);

(v) Any increased level of risk to the child (whether physical or otherwise); or

(vi) Any divergence from plans and/or needs previously discussed by the Agency and the foster placement.

(g) Notice shall be in the form of a phone call, text message, email, letter, or in‑person conversation with the child’s caseworker.

(h) If one of the above activities is to take place routinely, the Agency shall (unless special circumstances exist or the situation changes) only require advance notice for the initial occurrence of the activity.

(i) The facility shall seek agency authorization in situations in which the Agency or birth parent must sign or consent as the child’s legal guardian.

(j) Special authorization by the Agency shall be required for applications to obtain a driver’s license for the child.

(k) Nothing in this section shall give the facility the authority to change the child’s placement status, including through reunification with family members, violate the Standards of Care set forth agency policy, including those related to discipline practices; or violate or obstruct a court order or court‑ordered plan. The following activities shall not constitute reasonable and prudent parenting decisions and shall require agency authorization:

(i) arranging for a child’s travel outside of the United States;

(ii) changing a child’s school, school attendance, IEP, or participation in a GED program;

(iii) making drastic, permanent, or long‑term changes to a child’s physical appearance (e.g., through body piercings, tattoos, etc.);

(iv) changing a child’s psychotropic or other prescribed medication, altering the administration of such medication, and/or altering a child’s treatment regimen;

(v) changing a child’s religion or involving a child in activities related to a religion against the birth family’s wishes (if parental rights have not been terminated or if a relationship between the child and his or her kin still exists after termination);

(vi) consenting to medical procedures (except in emergency situations as described in Agency policy);

(vii) disclosing the child and/or birth family’s image, name, or other personal information in situations other than those specified in Agency policy;

(viii) changing a child’s visitation plan in any way;

(ix) changing the communication or visitation plan between the child and his or her siblings;

(x) altering or disrupting a child’s case plan or transition plan.

(xi) Nothing in this section shall give the facility the authority to:

(l) A facility shall require each RPPS decision maker to document and communicate with other group care staff and RPPS decision makers about all of the following for children placed by the Agency:

(i) Each child’s location, behavior, and program participation;

(ii) Significant incidents involving a child, as specified in the facility’s policy and procedures;

(iii) Reasonable and prudent parenting requests and decisions made for children for activities that do not take place in the facility and are not supervised by a caregiver.

(m) All facilities serving children placed by the Agency shall receive training and training materials about knowledge and skills relating to the reasonable and prudent parent standard, including:

(i) The importance of a child’s participation in age‑ and developmentally‑appropriate activities;

(ii) The benefits of such activities to a child’s well‑being;

(iii) Knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child; and

(iv) Knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in social, extracurricular, enrichment, cultural, and activities, including sports, field trips, and overnight activities lasting one or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities.

(n) All decisions made by the facility in accordance with the reasonable and prudent parent standard shall, when possible and appropriate, include consideration and/or involvement of the child’s birth family (as set forth in the principles of Shared Parenting).

J. Behavior Intervention.

(1) The facility shall adopt, and revise as appropriate, a written behavior intervention plan, which shall include:

(a) All facility rules, including a description of acceptable and unacceptable child conduct, curfew requirements, a description of the consequences for violations of facility rules, and procedures related to a child’s absence from the group home without permission;

(b) All other policies, procedures and practices related to behavior intervention which are to be utilized by staff, including procedures to be followed in administering the plan and reporting behavior issues.

(2) The behavior intervention plan shall be submitted at the time of licensing or relicensing and when revisions occur.

(3) The written behavior intervention plan shall be shared, initially, and when changes occur, with all staff members, school‑aged children, parents, guardians and referral sources.

(4) Cruel, inhumane and inappropriate punishment is prohibited. This includes, but is not limited to, the following: head shaving or any other dehumanizing or degrading act; deprival of food or family visits; deprival of mail; slapping or shaking; the use of handcuffs; a pattern of threats of removal from the facility as a punishment; using profanity, or any language that the staff member knows or should know may ridicule a child; authorizing, directing or asking a child to discipline another child; disciplining a child for a medical or psychological problem over which the child has no control (e.g., bedwetting, stuttering, etc.); denial of communication and visits with family members; demeaning acts designed to embarrass children; denial of essential program services; denial of shelter, clothing, or personal needs; excessive physical exercise; excessive work tasks; verbal abuse; use of any mechanical restraint or equipment that restricts the movement of an child or a portion of the child’s body; use of a prone restraint that places a child in a face down position; use of chemical restraints.

(5) Efforts will be made to ensure the language of the behavior intervention plan shall be within each child’s cognitive ability.

(6) All behavior intervention techniques shall begin with the least restrictive methods, including de‑escalation. Children shall not be subjected to corporal punishment.

K. Time Out.

(1) As used in this subsection, “time‑out” means a behavior intervention technique that is defined as the temporary restriction of an individual for a period of time to a designated area from which the person is not physically prevented from leaving, for the purpose of providing the individual an opportunity to regain self‑control.

(2) Time‑out shall not be used for the convenience of staff members or volunteers, as a means of coercion, discipline, or retaliation.

(3) Time‑out shall not be used for a child who is in danger of harming himself or herself or for a child under 3 years old.

(4) Areas used for time‑outs shall be free of objects with which a child could self‑inflict bodily harm, shall provide a view of the child at all times, shall be equipped with adequate ventilation and lighting, shall not be enclosed by a door and shall comply with the safety requirements as required by the State Fire Code.

(5) The use of time‑outs shall be appropriate to the developmental level and the age of the child and may not be for a period longer than the period of time necessary for the child to regain control.

(6) The maximum length of time that a child may be in time‑out on each occurrence of time‑out shall be one minute per the age of the child, but in no event shall time‑out be utilized for a child who is under the age of three (3).

(7) The need for continued use of a time‑out shall be reviewed at least every ten (10) minutes and documented in the child’s record.

(8) A child that is in a time‑out shall be permitted use of the toilet if requested.

(9) Any child that is in a time‑out shall be within hearing of a staff member.

(10) A child that is in a time‑out shall be permitted to leave the time‑out room to eat meals.

(11) Within twelve (12) hours of occurrence, there shall be documentation in the child’s record of each time‑out, including the name of each staff member involved, the length of the time‑out, and rationale for use.

L. Emergency Safety Intervention.

(1) Facilities that use physical restraints shall have a written restraint policy.

(2) All caregivers of a facility shall be trained and certified through the same nationally accredited restraint‑training curriculum (i.e. Therapeutic Crisis Intervention, Crisis Prevention Institute, etc.) before participating in a restraint.

(3) The facility staff shall be aware of each child’s medical and psychological conditions to ensure that the emergency safety intervention that is utilized does not pose any undue danger to the physical or mental health of the child.

(4) A staff member may not use any type of physical restraint on a child unless the child’s behavior presents an imminent danger of harm to self or others and physical restraint is necessary to contain the risk and keep the child and others safe.

(5) A staff member shall attempt other feasible alternatives to de‑escalate a child and situation before using physical restraint.

(6) A staff member may not use physical restraint as disciplinary action, for the convenience of the staff member, or for therapeutic purposes.

(7) If physical restraint is necessary, a staff member may only use the physical restraint in the following manner:

(a) With the least amount of force necessary and in the least restrictive manner to manage the imminent danger of harm to self or others;

(b) That lasts only for the duration of time that there is an imminent danger of harm to self or others;

(c) That does not include any of the following:

(i) Any mechanical restraint or equipment that restricts the movement of a child or a portion of the child’s body;

(ii) A prone restraint that places a child in a face down position as behavior intervention;

(iii) Any maneuver or technique that does not give adequate attention and care to protection of the child’s head;

(iv) Any maneuver that places pressure or weight on the child’s chest, lungs, sternum, diaphragm, back, or abdomen causing chest compression;

(v) Any maneuver that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the child’s head or neck, or that otherwise obstructs or restricts the circulation or blood or obstructs an airway, such as straddling or sitting on the child’s torso;

(vi) Any type of choke hold;

(vii) Any technique that uses pain inducement to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points for pain compliance;

(viii) Any technique that involves pushing on or into a child’s mouth, nose, or eyes, or covering the child’s face or body with anything, including soft objects, such as pillows, washcloths, blankets, and bedding.

(8) After an episode of physical restraint, a debriefing shall take place with the child and staff that were involved in the physical restraint.

(9) Each staff member who uses a physical restraint or who witnesses the use of a physical restraint shall, within 24 hours of each incident, give the director or director’s designee a written description of the incident. The director or director’s designee shall document each incident, including date, time, and a description of the circumstances of the incident, and complete a critical incident report. Each description shall include all of the following:

(a) The name, age, and sex of each child involved;

(b) The date, time, and location of the incident;

(c) The name and job title of each staff member involved in the restraint and each staff member or volunteer who witnessed the use of the restraint;

(d) Circumstances leading up to the use of restraint, the behavior that prompted the restraint, efforts made to de‑escalate the situation and the alternatives to restraint that were attempted;

(e) A description of the administration of the restraint, including the holds used and the reasons the holds were necessary;

(f) The beginning and ending time of the restraint and how the restraint ended;

(g) Behavior of the child during and after the use of the restraint;

(h) Any injuries sustained by a child or staff member and any medical care provided, including the name and title of the person providing the care;

(i) Any follow‑up debriefing provided to children and staff.

(10) At least once per quarter, the facility, utilizing a master restraint log and the child’s case record, shall review the use of all restraints for each child and staff member, including the type of intervention used and the length of time of each use, to determine whether there was a clinical basis for the intervention, whether the use of the restraint was warranted, whether any alternatives were considered or employed, the effectiveness of the intervention or alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the facility identifies opportunities for improvement as a result of such reviews or otherwise, the facility shall implement these changes through an effective quality improvement plan.

M. Family Involvement and Visitation.

(1) Unless a child has been removed from the custody of the child’s family and visitation is specifically prohibited by a court order or other legal document, the child shall not be denied opportunities to maintain relationships with family or fictive kin and every effort shall be made (in coordination with the placing agency when one is involved) to strengthen these relationships. These efforts shall include, but not be limited to, interaction by face‑to‑face contact; telephone calls; letters; emails; and attendance at routine activities, such as counseling sessions, medical appointments, school events, and faith‑related activities.

(2) Plans for family visitation shall be included in the written care plan for the child. The Agency shall provide the facility with the court‑ordered visitation plan for children in the Agency’s custody and the facility shall implement the visitation plan in coordination with the Agency.

(3) Documentation of family strengthening effort shall be included in the child’s record.

(4) Correspondence between the child and the family shall not be censored, except in extreme circumstances (e.g., sending/receipt of contraband, dangerous materials, sexually explicit, etc.) with those involved being advised that their correspondence is being censored. The reason for censorship shall be documented in the child’s record.

N. Exploitation.

(1) A facility shall not use a child for solicitation of funds, without the written permission of the parent or legal guardian and the child (if more than ten years of age). This shall include the child making or giving public statements pertaining to his/her history or dependency on or gratitude to the facility; the facility making such public statements about a particular child; or having a child collect or solicit donations on behalf of the facility.

(2) A facility shall obtain the written consent of the child’s parent(s), or legal custodian before using the child’s name, photograph or other identifying information in any form of written, visual or verbal communication which will be made public (e.g., social media, newspaper, television or radio articles/publicity materials; materials mailed or otherwise distributed by the facility to the public, etc.).

O. Medical Care.

(1) There shall be adequate provision for health care, with services available at all times. A child’s general health care shall be under the direction of one specific doctor, clinic, or other licensed health facility.

(2) A facility shall comply with Agency policy regarding medical consent for each child placed by the Agency.

(3) All necessary medical care with respect to treatment of illness and correction of physical disabilities shall be carried out promptly.

(4) Each child shall be provided with all required inoculations as well as such additional inoculations as may be appropriate under the circumstances, except with a documented medical or religious exemption obtained from a licensed physician or from the Department of Health and Environmental Control.

(5) The facility, in partnership with the parent, legal guardian, or placing agency, shall ensure that each child receives medical and dental care as needed and shall be responsible for seeking care, scheduling medical appointments, transporting the child to and from medical appointments, supervising medical appointments and communicating with medical staff.

(6) Within six months prior to or within seventy‑two hours after admission to a facility, the parent, legal guardian, or placing agency shall ensure a child has a recorded medical examination conducted by a licensed physician or a licensed nurse practitioner.

(7) At a minimum, annual health examinations by a licensed physician or a licensed nurse practitioner shall be provided for each child except those less than two (2) years of age, who shall have an examination at least every six months. Children in the Agency’s custody must complete health examinations in compliance with Agency policy.

(8) Children shall have had a dental examination by a licensed dentist within the six months prior to admission. Dental treatment shall be provided every six months for children over the age of two.

(9) A facility shall maintain on file a record as to each child’s health, including a continuous medical record reflecting each child’s growth and development, illnesses, treatments, inoculations, dental care, annual health examination and requests for medical records from the placing authority.

(10) The person or entity with legal custody shall be responsible for payment of any medical services received.

P. Hospitalization.

(1) The facility shall make provision and establish procedures for hospitalization when needed for a child under its care.

(2) Medical consent for planned hospitalization or a medical treatment shall be obtained from the child’s legal guardian, parent or an appropriate Agency representative.

(3) If a child needs hospitalization or medical treatment, the child’s parent, legal guardian, or placing agency shall be notified as soon as possible.

(4) In the case of an emergency event requiring an evaluation or treatment, a group home staff person shall remain with the child at the hospital or emergency location at all times and the child’s parent, legal guardian, or placing agency shall be notified immediately but no later than two hours. A group home staff person shall remain with the child until a plan can be agreed upon between the group home and the child’s parent, legal guardian or placing agency.

Q. Illness and First Aid.

(1) Each caregiver shall be able to recognize the common symptoms of illness of children and to note any obvious physical disability.

(2) Each building and vehicle used to transport children shall have a first aid kit or first aid supplies that will provide care to the maximum number of children allowed under the facility license. The first aid kit or first aid supplies shall be inventoried and re‑supplied as needed.

(3) A first aid kit shall be readily available to caregivers on site and away from the facility.

R. Medications.

(1) Medication Storage and Disposal.

(a) Medication including over‑the‑counter medication, shall be kept in the container in which it was purchased or prescribed. No person may transfer medication that has been prescribed or purchased over‑the‑counter to another container or change the label on any medication, unless the person is a pharmacist.

(b) Medication shall be locked and stored in a location that is inaccessible to children. Only staff members who are designated in writing by the director shall have access to keys to the medication. Prescription and over‑the‑counter medication shall not be stored next to chemicals or other contaminants.

(c) Medication shall be kept under acceptable conditions of sanitation, temperature, light, moisture, and ventilation according to the requirements of each medication. Medication that requires refrigeration shall be stored in a separate locked compartment or container that is properly labeled, stored separately from food items, and kept inaccessible to children.

(d) If children are away from the facility with staff during the time they need to take their medication or over 24 hours, facility staff shall keep medicines locked, in the original container and kept with the staff person who is responsible and trained to administer medication. The medication administration record shall accompany the medication and be completed as detailed under Regulation 114‑593(R)(2).

(e) Within 72 hours of the medication’s expiration date, the date the medication is no longer in use by the child for whom the medication was prescribed or purchased, or the date the child is discharged, unused medication shall be returned to a parent, guardian, or the placing agency or destroyed.

(f) Unused medications shall be destroyed by the director following the recommendations of the South Carolina Department of Health and Environmental Control or returned to the prescribing pharmacy to be destroyed.

(g) The facility shall maintain a log of medication destroyed. The information logged shall be written in ink and shall include the amount of medication destroyed, the name of the staff member who destroyed the medication, and the name of the child to whom the medication belongs. Whenever medication is released to a child’s parent, guardian or legal custodian, that information, including the name of the medication, the amount of the medication released and the person receiving the medication, shall be documented in the child’s record.

(2) Medication Administration.

(a) A monthly medication administration record shall be maintained. Immediately upon administering medication to a child, the staff member administering shall record all of the following on the medication administration record:

(i) Full name of the child to whom the medication was administered;

(ii) Date and time the medication was administered;

(iii) Name and dosage of the medication administered, or medical treatments received;

(iv) Signature of the staff member who administered or supervised the administration of medication;

(v) Any refusal of medication;

(vi) Any adverse reaction to the medication and steps taken to notify the child’s health care provider, parent, guardian, or legal custodian;

(vii) Documentation from the prescribing physician regarding any medication changes within the current month;

(viii) Any error in medication administration (e.g. failure to administer a medication at the prescribed time, administering an incorrect dosage of medication or administering the wrong medication) and the steps taken to address it.

(b) Each entry made under this subsection shall be written in ink.

(c) Medication administration records shall be reviewed monthly, at a minimum, to ensure medication errors or events are documented and addressed appropriately.

(d) A facility shall designate and authorize specific staff to administer medications and supervise the taking of medications. Only designated and authorized staff shall administer and supervise the taking of medication. Staff will ensure medication has been taken by the person to whom it is prescribed.

(e) Staff administering medication shall have received medication training. Documentation of training shall be filed in the staff person’s personnel record.

(f) If a designated and/or authorized staff member makes three medication errors in 30 days, then that staff member shall not administer medications until the staff member receives additional training by the director or designated staff as appropriate to the specific circumstances. Documentation of how the issue was addressed shall be maintained by the facility.

(3) Psychotropic Medications Non‑Emergency Procedures.

(a) A facility serving a child for whom psychotropic medication is newly prescribed shall ensure that all of the following requirements are met:

(i) A medical evaluation of the child is completed by a physician detailing the reason for the psychotropic medication prescribed. The evaluation or screening shall be documented in the child’s record within the first 45 days after the child has first received a psychotropic medication. Subsequent evaluations of the child related to the administration of psychotropic medications shall be completed as recommended by the prescribing physician and the results documented in the child’s record.

(ii) The child, if 16 years of age or older, and a parent, or guardian of the child, have signed written consent forms unless psychotropic medications are administered per court order. If the medication is administered per court order, there shall be a copy of the order in the child’s record.

(iii) For children in custody of the Agency, the Agency case manager and/or supervisor shall be contacted for consent when a child is prescribed any new psychotropic medication unless the Agency has designated a caregiver to consent on their behalf. In addition, Agency staff shall be consulted and only the case manager and/or supervisor can consent to newly prescribed psychotropic medications when the child is age six or less, the child is prescribed an antipsychotic, or the child is prescribed four or more psychotropic medications.

(4) Psychotropic Medications Emergency Procedures For emergency administration of a psychotropic medication to a child, a facility shall do all of the following:

(a) Have authorization from a physician;

(b) Whenever feasible, obtain written informed consent before using the medication from the child’s parent or guardian and legal custodian, if any, and from the child if 16 years of age or older;

(c) If written informed consent of the child’s parent or guardian and legal custodian, if any, was not obtained before administration of the medication, notify by phone the parent or guardian and legal custodian if any, as soon as possible following emergency administration, and document the dates, times and persons notified in the child’s treatment record;

(d) Document in the child’s treatment record the physician’s reasons for ordering emergency administration of psychotropic medication.

(5) Refused Medications When a child refuses to take a prescribed psychotropic medication, the facility shall do all of the following:

(a) Document the child’s reasons for refusal in the child’s record;

(b) Notify the child’s physician, the parent or guardian or legal custodian and the child’s placing person or agency within 72 hours of the medication refusal. Notification shall be immediate if the child’s refusal threatens the child’s well‑being and safety.

S. Academic and Vocational Training.

(1) The facility shall comply with all state and federal laws regarding education.

(2) Each facility shall be responsible for providing an opportunity for academic training and/or vocational training in accordance with the abilities and needs of the children.

(3) School age children shall be enrolled in school as soon as possible after admission to the facility. The facility shall ensure that each child meets the school attendance requirements unless otherwise excused by school officials.

(4) School attendance shall be in accordance with state law requirements and be in accordance with the ability and best interests of the child.

(5) Facilities providing on‑campus educational programs shall meet compulsory education requirements as defined by the South Carolina Department of Education. The education program of choice shall be accredited and provide transferrable Carnegie units.

(6) Educational services provided and documented in each child’s record shall include the following:

(a) Placement of the child in an educational program;

(b) Documentation of each child’s attendance, courses and grades and academic progress;

(c) Notifying and inviting parents, guardians and placing agency representatives, as appropriate, to attend any school related conferences or events;

(d) Ensuring that any child experiencing difficulty in school is considered for assistance;

(e) Providing each child with structured study time and homework assistance;

(f) Providing opportunities for participation in school related extra‑curricular activities.

T. Religion.

Each child shall be provided with opportunities for voluntary religious expression and participation in religious education and attendance at services compatible with the religious preference of the child, or a parent or guardian of the child.

U. Disaster Plans.

(1) Each licensed facility shall file a disaster plan with the Agency that would allow the Agency to identify, locate, and ensure continuity of services to children. A disaster plan shall include all of the following information:

(a) Plans for responding to disasters that may occur in the facility’s location to include, but not limited to: hurricanes, severe thunderstorms, tornadoes, earthquakes, chemical emergencies, power outages, wildfires, heat waves, floods and winter storm;

(b) Where facility staff and children would go in an evacuation, including one location in the nearby area and one location out of the area;

(c) A plan for transporting children in case of an emergency;

(d) Phone numbers, electronic mail addresses, and other contact information for the facility staff;

(e) A list of items that the facility staff will take if evacuated, including any medication and medical equipment for children;

(f) Phone numbers the facility will call to check in with the Agency;

(g) Plans for responding to a public health emergency.

(2) A facility shall review the disaster plan on an annual basis to ensure it is current and accurate, document the annual review, and provide any updated documentation to the Agency as part of the annual relicensing requirements.

(3) The facility shall have written procedures for all of the following:

(a) Contacting the Agency, parent, guardian, or legal custodian, and emergency service providers as appropriate, in case of emergency;

(b) Fire safety, evacuation drills and response, including evacuation of children with limited mobility, limited understanding, or hearing impairment in case of fire;

(c) Phone numbers of staff members to be notified in case of an accident, the name, address, and telephone number of each child’s health care provider and written consent from the child’s parent, guardian, or legal custodian for emergency medical treatment shall easily accessible;

(4) In the event of a mandatory evacuation order due to a disaster, children are to be evacuated to a designated shelter or a safe location that is not threatened by the disaster.

V. Critical Incident Reporting.

(1) The Agency considers the following situations to be critical incidents that shall be reported to the placing agency, legal guardian or parent no more than two hours after the incident:

(a) Death of client;

(b) Attempted suicide by client;

(c) Emergency change in placement (e.g. hospitalization, incarceration);

(d) Absence without leave/Runaway.

(2) The Agency considers the following situations to be critical incidents that shall be reported to the placing agency, legal guardian or parent within 24 hours:

(a) Any serious injury or illness;

(b) Suicidal gesture, not life threatening;

(c) Prescription medication error;

(d) Off‑site emergency medical treatment;

(e) Off‑site emergency medical assessment;

(f) Possession of a weapon;

(g) Possession of an illegal substance;

(h) Removal from school (e.g. suspension, expulsion, homebound);

(i) Report/involvement of an outside regulatory agency;

(j) Placement in seclusion or restraints;

(k) Emergency change in placement;

(l) Attempt to contact prohibited persons and/or contact with person that suggest the potential child/youth has been a victim of sex trafficking.

(3) A facility shall document critical incidents using a critical incident reporting form provided by the Agency and retain one copy in the child’s record and a second copy in a comprehensive critical incident log book.

(4) The critical incident documentation must include:

(a) A description of the incident and the circumstances surrounding it;

(b) Details regarding the precipitating factors that may have contributed to the incident;

(c) A description of the behavior management or intervention technique used to de‑escalate the resident and the resident’s response; as well as

(d) Any other follow‑up actions taken;

(e) The appropriate internal and external persons must be notified of the incident, including internal staff, the referring agency, parents or guardians, the regulatory agency, law enforcement, etc. as applicable and these notifications shall also be documented on the critical incident reporting form.

W. Child’s Record.

(1) Every facility shall maintain on the premises a confidential (as required by Section 63‑7‑1990 case record) for each current child stored in a locked or secure area, which may not be disclosed except for purposes directly connected with the administration of the facility or for the care and well‑being of a child. The file shall contain the following:

(a) Application for services and an intake study. An application may meet the requirements of the intake study, as specified in Section 114‑593(B)(3), if complete;

(b) Voluntary placement agreement or court order or both to clarify who holds physical and legal custody of the child. Group care licensing staff may accept a statement of custody in lieu of court documentation for children in the Agency’s custody;

(c) Recent photograph of the child;

(d) Inventory of the child’s clothing and other possessions;

(e) A copy of the birth certificate provided by the placing agency;

(f) Authorization for medical treatment signed by placing agency representative, parent or guardian;

(g) Name, address, and telephone number of the person or placing agency and physician to be called in an emergency;

(h) Reports on medical care, medications, immunizations, dental care, and psychological and psychiatric reports, if any are available;

(i) The child’s care plan and reviews, if appropriate;

(j) Current record of the child’s physical, emotional, social and academic progress in and relationships with family or fictive kin while the child is placed at the facility;

(k) For children in the custody of the Agency, documentation that the designated prudent parent has brought to the child’s attention multiple age or developmentally‑appropriate activities as required by the Reasonable and Prudent Parent Standard;

(l) Non‑medical signed releases and consents;

(m) Discharge plan in preparation for the child’s temporary placement at the facility or a discharge summary if the child is no longer placed at the facility;

(n) Documentation that the placing agency, legal guardian or parent has been informed whenever a child has been involved in a critical incident;

(o) Documentation of critical incidents for all children. This documentation shall be completed as required by agency policy for children in the custody of the Agency;

(p) Any other information as appropriate.

X. Transportation.

(1) The facility shall provide safe transportation of children.

(2) Each staff member or volunteer staff person that transports a child shall be at least twenty‑one years of age, have at least one year of experience as a licensed driver, and hold a current and valid driver’s license issued by the State in which the staff member resides and for the type of vehicle the staff member drives.

(3) The Vehicles shall be clean, uncluttered, and free of obstructions on the floors, aisles and seats.

(4) Vehicles transporting children must comply with all state and federal laws.

(5) No vehicle shall transport more children than the manufacturer’s rated seating capacity.

(6) Staff and children shall wear seatbelts or safety restraints as appropriate for the child at all times when the vehicle is in motion. Safety restraints shall be used in accordance with the manufacturer’s instructions.

(7) Use of tobacco products or vaping is prohibited in the vehicle.

(8) Each vehicle shall be equipped with an adequately supplied first aid kit.

(9) At least one occupant shall be certified in cardiopulmonary resuscitation and first aid.

(10) The facility shall have a policy and tentative plan for transporting children in the event of an emergency or disaster.

Y. Tasks.

(1) Assigned tasks shall be appropriate to the age and abilities of the child and assigned for the purpose of training in skills and attitudes and in the proper assumption of personal responsibility.

(2) The facility shall differentiate between tasks of daily living, jobs to earn spending money, and jobs to gain vocational training.

(3) Daily living tasks shall be made known to the child during orientation and the child shall be given some choice in chores with duties that provide a variety of experiences.

(4) The rules related to jobs to earn spending money or gain vocational training shall be made known to all age appropriate children. Opportunities to participate shall be made available in accordance with the child’s age and abilities and so as not to interfere with other educational activities.

(5) Children shall not substitute for staff nor regularly perform tasks more appropriately assigned to staff.

(6) The facility shall comply with all child labor laws.

114‑594. Additional Requirements for Specified Group Home Populations.

A. Care for LGBTQ+ Youth.

(1) The facility shall not automatically isolate or segregate LGBTQ+ youth. The facility shall not assign transgender youth to the boys or girls unit strictly according to their anatomical sex. The facility shall accept the gender identity of the youth in question.

(2) The facility shall work with individual LGBTQ+ youth to identify the most appropriate housing assignment in a facility, given the youth’s specific preferences, needs, and characteristics.

(3) The facility shall make assignments to a unit, room, or roommate according to the youth’s preferences, personality, background, age, developmental status, health status, sophistication, social skills, behavioral history, and other factors that might influence his or her adjustment and contribute to a safe and successful experience.

(4) The facility shall never place an LGBTQ+ youth in a room with another youth who is overtly hostile toward or demeaning of LGBTQ+ individuals.

(5) To avoid subjecting a transgender youth to unnecessary risk of harm, the facility shall work with the youth to determine the best solution for using bathroom and shower facilities. Appropriate solutions might include:

(a) Installing privacy doors or other barriers on bathroom stalls and showers that also permit reasonable staff supervision;

(b) Making single‑use bathroom and shower facilities available to transgender youth;

(c) Permitting transgender youth to use the bathroom and shower facilities before or after the other youth on the unit.

(6) Facilities shall make similar accommodations to ensure that transgender youth have sufficient privacy when dressing and undressing.

B. Requirements for Child Care Institutions Providing Care for Prenatal, Post‑Partum, or Parenting Youth.

(1) A Child Care Institution that is licensed to provide care to custodial parents or expectant mothers, shall meet the additional requirements of this section.

(2) The care plan developed shall include goals and approaches for all of the following:

(a) Parenting skills instruction that includes all of the following:

(i) Prenatal and other health care services;

(ii) Child development;

(iii) Bathing and hygiene;

(iv) Child safety;

(v) Child guidance and behavior management;

(vi) Domestic violence issues, sudden infant death syndrome, shaken baby syndrome, and mental health and alcohol and other drug abuse counseling as appropriate;

(vii) Nutrition and meal preparation;

(viii) Childcare options.

(b) Life skills instruction that includes all of the following:

(i) Family planning and relationships;

(ii) Independent living skills, economic self‑sufficiency, budgeting and job skills;

(iii) Parental rights and responsibilities, including child support;

(iv) Choosing and monitoring child care providers;

(v) Accessing community resources, transportation, and transitional housing.

(3) An expectant mother shall be provided prenatal and postnatal care from a physician or a nurse‑midwife. The facility shall ensure that the expectant mother gives birth in a medical facility.

(4) The facility shall ensure the health, safety, and welfare of the children of custodial parents and provide care to those children in compliance with these regulations.

(5) If the child is not on the premises or is otherwise unable to care for his or her child, childcare may be provided on the premises only as follows:

(a) The staff member or volunteer staff used to meet staff to child ratios shall have completed the training requirements for a caregiver;

(b) Childcare may be provided off premises only by a child care provider that is licensed or registered by the Agency.

(6) The facility shall give children of custodial parents the opportunity and encouragement to maintain involvement with non‑custodial parents.

C. Requirements for Child Care Institutions Caring for Children Six Years of Age or Younger.

APPLICABILITY. A child care institution admits children under six years of age as children or if the child care institution provides care to a child who is the custodial parent of a child under the age of six, the facility shall meet the additional requirements of this section.

(1) Infant and Toddler Care.

(a) Stimulation and nurturing

(i) Children shall not remain in their cribs or play equipment for other than sleeping and specific, short time‑limited quiet play.

(ii) Infants and toddlers shall be routinely held, talked to, rocked, caressed, carried, nurtured, read to, sung to and played with throughout the day.

(iii) There shall be toys and materials that encourage and stimulate children through seeing, feeling, hearing, smelling and tasting.

(iv) Feeding chairs shall be used only for eating or a specific, short time‑limited tabletop play activity.

(b) Programs for infants and toddlers

(i) Staff shall provide appropriate attention to the needs of children.

(ii) The daily program for infants and toddlers shall include goals for children, which promote healthy child development and allow for individual choice and exploration.

(iii) Information about the child’s daily needs and activities shall be shared with parents.

(2) Infant and Toddler Sleep.

(a) Children over one year of age shall not share a bedroom with an adult unless:

(i) The infant has a physician documented illness; or

(ii) The infant’s parent is a child of the facility, the parent is requesting this arrangement, there is adequate space for both, and Agency approval is obtained.

(b) Cribs shall meet the requirements of the US Consumer Products Safety Commission (CPSC) and have a firm crib mattress and tight‑fitting crib sheet.

(c) Each infant, toddler, two year old and preschool child shall be assigned an individual, clean, and developmentally appropriate crib, toddler bed, or bed used only by that child.

(d) Infants shall be placed on their backs to sleep.

(e) Infants shall always be placed in cribs alone, with no blankets, bumpers, pillows or toys.

(f) Infants shall never sleep on sofas, chairs, recliners, waterbeds, pillows, cushions or blankets.

(3) Infant and Toddler Feeding.

(a) Bottles shall not be propped. A child unable to hold a bottle shall be held whenever a bottle is given.

(b) Infants and toddlers shall not be put to bed with a bottle.

(c) Microwaving of breastmilk, formulas, or other beverages is prohibited. If used, crock pots, bottle warmers, or other electronic devices shall be in an area not accessible to children.

(d) All warmed bottles shall be shaken well and the temperature tested before feeding to a child.

(e) Any excess formula, juice, or food shall be discarded after each feeding. Formula, juice and food requiring refrigeration shall be maintained at 45 degrees Fahrenheit or below.

(f) Toddlers shall be offered water routinely throughout the day.

(g) If more than one infant is served, then breast milk and formula shall be dated and labeled with the child’s name and refrigerated until ready to use.

(h) Round, firm foods shall not be offered to children younger than four years old. Examples of such foods include: hot dogs, grapes, hard candy, nuts, peanuts, and popcorn. Hot dogs may be served if cut lengthwise and quartered; grapes may be served if cut in halves.

(4) Infant and Toddler Sanitation.

(a) Staff shall ensure that children’s faces and hands are clean.

(b) Furniture, toys, and equipment that are used by more than one unrelated child and come into contact with children’s mouths shall be washed, rinsed, and sanitized daily and more often if necessary.

(c) Furniture, toys and equipment soiled by secretion or excretion shall be sanitized before reuse.

(d) Linens and blankets as well as cribs, cots, and mats shall be cleaned at least weekly.

(e) Each child shall have a separate toothbrush.

(5) Diapering and Toilet Training.

(a) Facilities caring for infants shall provide a diaper changing area.

(b) Diaper changing procedures shall be consistent with those recommended by the Center for Disease Control and Prevention.

(c) Diapering surfaces shall be sanitized.

(d) Diapering surfaces shall be clean, seamless, waterproof and sanitary.

(e) Diapering surfaces shall be cleaned and sanitized after each use by washing to remove visible soil followed by wiping with an approved sanitizing solution (e.g. 1 tablespoon of chlorine bleach per 1 quart of water) and/or disposable, non‑absorbent paper sheets approved for this purpose and shall be discarded immediately after each diapering.

(f) Blood contaminated materials and diapers shall be discarded in a plastic bag with a secure tie. Surfaces contaminated with blood or blood‑containing body fluids shall be cleaned with a solution of chlorine bleach and water.

(g) Diapering shall occur only at a diapering changing area or in a bathroom.

(h) Diaper changing areas shall not be used for any purpose other than for diapering.

(i) Individual wipes shall be used at each diaper change and shall be placed in a plastic‑lined, covered container and washed or disposed of properly, and kept out the reach of children.

(j) Soiled disposable diapers and disposable wipes shall be kept in a closed, plastic lined receptacle within reach of diaper changing area separate from other trash. Soiled non‑disposable items shall be kept in a sealed plastic bag after feces is disposed of through the sewage.

(k) Disposable non‑absorbent paper sheets shall be disposed of immediately after diapering is completed.

(l) Soiled disposable diapers shall be disposed outside the building daily. Soiled non‑disposable diapers shall be kept in a sealed plastic bag and washed regularly.

(m) Staff shall ensure that diapers and clothing are checked at a frequency that ensures prompt changing of diapers and clothing.

(n) No child shall be left unattended while being diapered.

(o) If seat adapters are used for toilet training, they shall be cleaned and sanitized after each use.

(p) Toilet training equipment shall be provided to children who are being toilet trained.

(q) Toilets, toilet seat adapters, sinks and restrooms shall be cleaned at least daily and shall be in good repair.

(6) Furniture, toys and recreational equipment shall:

(a) Be clean and free from hazards such as broken or loose parts, rust or peeling paint, pinch or crush points, unstable bases, sharp edges, exposed bolts, and openings that could cause head or limb entrapment;

(b) Meet the standards of the US Consumer Products Safety Commission (CPSC), if applicable. Recalled products listed by the CPSC shall not be accessible to children;

(c) Be developmentally and size appropriate, accommodating the maximum number of children involved in an activity at any one time;

(d) All arts and crafts and play materials shall be nontoxic;

(e) The height of play equipment shall be developmentally and size appropriate;

(f) Sand in a sand box shall be securely covered when not in use and, if outdoors, constructed to provide for drainage;

(g) Indoor recreational equipment and furnishings shall be cleaned and disinfected when they are soiled or at least once weekly and shall be of safe construction and free of sharp edges and loose or rusty points;

(h) Mobile walkers are not permitted;

(i) The facility shall provide eating utensils and cups, infant seats, high chairs, car seats, strollers, rocking chairs, tables and seating and other furnishings and equipment appropriate for size and developmental level and the needs of children under 6 years of age.

(7) Infant and Toddler Indoor Space and Conditions.

(a) Indoor space shall be protected from general walkways where crawling children may be on the floor.

(b) Protective gates shall be of the type that do not block emergency entrances and exits and that prevent finger pinching and head or limb entrapment.

(c) Children shall not have access to a door that swings open to a descending stairwell or outside steps, unless there is a landing that is at least as wide as the doorway at the top of the stairs.

(d) Interior stairs that are not enclosed shall have a barrier to prevent falls.

(e) Electrical outlets shall be securely covered with childproof covers or safety plugs when not in use in all areas accessible to children.

(f) No electrical device accessible to children shall be located so that it could be plugged into the outlet while in contact with a water source, such as sinks, tubs, shower areas, or swimming/wading pools, unless ground fault devices are utilized.

(g) Infants and toddlers shall not be left unattended in a bathtub or shower.

(h) The following items shall be secured or inaccessible to children for whom they are not age appropriate:

(i) Items that may cause strangulation such as blind cords, plastic bags, necklaces, and drawstrings on clothing and string;

(ii) Items that may cause suffocation such as sand, beanbag chairs, pillows, soft bedding, and stuffed animals; and

(iii) Items that may cause choking such as materials smaller than 1 1⁄4 inch in diameter, items with removable parts smaller than 1 1⁄4 inch in diameter, Styrofoam objects and latex balloons.

D. Requirements for a Qualified Residential Treatment Program that Serves Children with Serious Emotional or Behavioral Disorders or Disturbances.

(1) A Qualified Residential Treatment Program (QRTP) must be a child care institution that:

(a) Has a trauma‑informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and are able to implement the treatment identified for the child in the required 30 day assessment of the appropriateness of the QRTP placement.

(b) To the extent appropriate, and in accordance with the child’s best interest, facilitates participation of family members in the child’s treatment program.

(c) Facilitates outreach to the family members of the child, including siblings, documents information for any known biological family and fictive kin of the child.

(d) Documents how family members are integrated into the treatment process for the child, including post‑discharge planning and family‑based aftercare support for at least six months post‑discharge.

(e) Is licensed by the state in accordance with title IV‑E requirements and is accredited by any of the following independent, not‑for‑profit organizations: The Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA), the Teaching Family Association (TFA), the Educational Assessment Guidelines Leading Toward Excellence (EAGLE), or any other independent, not‑for‑profit accrediting organization approved by the Agency.

(f) Has registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state law, are on‑site according to the treatment model, and are available 24 hours a day and 7 days a week.

(i) This requirement shall not be construed as requiring a QRTP to acquire nursing and behavioral staff solely through means of a direct employer to employee relationship.

(2) A QRTP shall not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.

E. Requirements for Child Care Institutions Serving At‑Risk and Confirmed Victims of Child Sex Trafficking.

(1) The facility shall accommodate victims of child sex trafficking safely in a separate section or wing from youth who are not victims of child sex trafficking.

(a) Youth at risk of being victims of trafficking must be placed in a separate section to avoid the possibility of recruitment.

(b) There shall be no more than twelve individuals in a separate wing or unit.

(c) There shall be no more than two females (or males) sharing the same room.

(d) Youth of similar ages must be housed together.

(2) The facility must offer blended educational opportunities for students. This could take place in a traditional school setting or through monitored online education. Instruction make take place with:

(a) A teacher who is available in person for assistance and offers a traditional classroom.

(b) Online educational materials, which should be monitored by the teacher and staff.

(c) In person learning at a traditional school facility. This should occur only if the child is not at risk of elopement or recruitment.

(3) The facility must have a policy that clearly states that a youth will not be discriminated against based on their religious preferences. Services must not be contingent upon their engagement in religious activities. Mandated religious activities are prohibited.

(a) Religious and spiritual issues must be addressed as part of the comprehensive case management process and agencies must follow the youth’s lead in determining appropriate engagement or participation. If federally funded, religious programming must be conducted outside of the funded program.

(4) Staff must have the necessary background and experience to do the specific work for which they are hired. The program must be clear as to the staff roles that will engage with clients, and in what ways, versus the staff roles that are strictly public awareness and training.

(a) For all staff, training must include human trafficking facts and information; trauma‑informed practice and victim centered approach; trauma‑informed interviewing and screening, cultural awareness and diversity; boundaries, confidentiality, and privacy; safety planning; and other training deemed appropriate by SCDSS or other certification bodies.

(b) For staff working directly with youth, staff should receive Human Trafficking Victim Service Provider (VSP) certification.

(5) Each provider must develop a formal written safety plan that strategically addresses steps to prevent and reduce the risk of harm as well as response procedures. This safety plan will be written by the provider for their child sex trafficking population and details:

(a) A secured identified safe room with emergency communication equipment capable of calling 911 in the event of an intruder;

(b) A formal safety plan that addresses:

(i) Medical emergencies

(ii) Elopement

(iii) Evacuation plan for a natural disaster

(6) Twenty‑four hour supervision shall be provided at all times. This means someone will be on duty and awake during the hours of 10 pm until 7 am, or the staff change over.

(7) The facility must always maintain staff secured doors either via video monitoring, door alarms or visual sight.

(8) The facility must maintain audible window and door alarms.

(9) The facility must maintain audible interior motion sensors for nighttime monitoring.

(10) The facility must have cameras in all open area rooms capable of recorded video and playback and review. Cameras shall be monitored for the safety of the youth. Written documentation must be maintained to include when the cameras are reviewed, who reviewed them, the time reviewed, and any notable observations.

(11) The facility must maintain exterior cameras and floodlights to enhance security on the property.

(12) The facility must have child protection policy outlining gender specific restrictions (e.g., no male staff or visitor/female client one‑on‑one interactions), no staff or visitor use of social media or geo‑tagging devices, and no use of cell phones by visitors of the facility.

(13) The Facility must monitor all visitors and phone contacts between client and visitor.

(14) All cell phones and electronic devices will be confiscated upon youth entering the facility and stored in a secure place.

(15) Memorandum of Understanding (MOU) with local, county and state law enforcement including appropriate responses in the case of an emergency and steps to prevent and reduce harm.

(16) Length of stay is based on individual youth’s progression that should be reviewed by the treatment team on a quarterly basis. The team should anticipate that a youth may need services for an estimated 12‑24 months to enhance likelihood of comprehensive restorative care.

(a) A shorter stay can occur, but there should be flexibility to extend if needed.

(i) At risk youth should have some flexibility in their length of stay.

(ii) At risk youth should receive psycho education on at risk behaviors that lead to trafficking and discussions on completing a safety plan.

(b) This time frame will allow for rapport to be established, therapy to be effective and a treatment plan to be implemented.

(c) The program must maintain a highly structured schedule for its youth.

(17) A qualified program staff member should review any DSS assessments, and DSS Form 1544, (Child Sex Trafficking Tool), to carefully determine the appropriateness of a referral to ensure that potential Youth are victims of CSEC and a match for the program.

(18) The facility must clearly outline how the program addresses the needs of the youth, including behavioral health, physical and dental health, education, vocational training, employment, legal services, life skills, and facilitated reconnections with family, as appropriate.

(19) Clinical mental health services and other counseling must be provided by a licensed professional counselor and there must be clear quality assurance mechanisms to ensure treatment models adhere to evidence‑based model efficacy.

(a) The facility must have access to mental health services that offer counseling in Spanish or should be able to request a counselor that is bilingual.

(20) The facility shall use evidence‑based, evidence informed, and best practices treatment models, specific to the population being served, that are clearly delineated in the policy and procedure manual. Examples include:

(a) Trauma‑focused Cognitive Behavioral Therapy (TF‑CBT)

(b) Risk Reduction through Family Therapy (RRFT), if family is not the perpetrator.

(c) Dialectal Behavior Therapy (DBT)

(21) The facility shall have clinical staff or a representative present at all Multi‑Disciplinary Team (MDT) when a client’s safety, well‑being and permanency is being discussed.

(22) Discharge requirements should be documented in the policies and procedures manual.

(a) Discharge planning should be carefully coordinated and begin 90 days prior to anticipated discharge date.

(b) The process should include the safety of the transitional placement and supplemental supports that may be needed in the next placement setting.

(c) Facility staff or a representative must participate in an MDT staffing prior to a client being discharged. All parties of the MDT team must agree to the plan.

114‑595. Licensing and Enforcement.

A. License.

(1) The terms of the license and the number, age and gender of children to be served will be stated on the license issued.

(2) The license shall be displayed at the facility at all times.

(3) The facility shall not deviate from the provisions specified in the license issued.

(4) The license is not transferable, is specific to the location, owner, and existing buildings at the time of licensure. However, when there is a change in ownership, in determining whether the new owner meets the requirements for issuance of a standard license, the department may accept current findings and conclusions that support issuing a standard license when the findings and conclusions were made within one year of the change in ownership.

(5) Standard License.

(a) A standard license will be issued when a facility meets all applicable regulations. A Standard License is effective for two years from the date of issuance.

(6) Standard with Temporary Waiver License.

(a) A Standard with Temporary Waiver License may be granted at the discretion of the State Director of the Agency when a facility temporarily lacks a requirement that does not affect the health and safety of children.

(b) To change the status of the license to a Standard License, the facility shall submit to the Agency written notification and evidence that the deficiency has been corrected. This documentation is subject to verification at the discretion of the Agency.

B. Inquiries.

(1) Requests for information regarding an application for a license shall be sent to the Agency. The Agency will then send a copy of the rules and regulations governing the license. Consultation will be available upon request.

C. Procedures for Application and Initial Licensing.

(1) Prior to licensure the applicant shall submit a complete initial licensure packet to the Agency. Licensure will be based on a review of this material and a visit(s) by a representative of the Agency to tour the facility, review the program, and interview staff as appropriate. The material to be submitted includes the following:

(a) A completed application form, including all forms assuring compliance with Federal and State laws;

(b) Contact information, including contact names, phone numbers and electronic mail addresses;

(c) A detailed description of why there is a need for this particular facility and any facts that support the applicant’s assertion for that need;

(d) Letters of support documenting a need for the facility’s services from at least three community partners, including referral sources;

(e) A copy of the charter or law establishing the facility;

(f) A copy of the constitution or bylaws;

(g) A copy of a map for the entire campus;

(h) A copy of the floor plan for each building used for sleeping;

(i) A statement of the purpose, scope of services to be provided, intake policy specifying age, sex, type of children to be accepted for care, and the geographical area from which children are accepted;

(j) A current list of governing board members, including names, positions, addresses and phone numbers for each, and committees;

(k) Documentation of reserve funds equal to the operating costs of the first six (6) months;

(l) A current budget showing anticipated income (broken down by category, e.g.: private donations, government grants, community fundraisers, etc.) and expenditures;

(m) A copy of the current policy and procedural manual;

(n) Disaster plan, including plan for transportation of children;

(o) The number of buildings and a statement regarding the general condition of the facility;

(p) Verification of local building and zoning compliance;

(q) A current fire inspection report;

(r) A current safety and sanitation inspection report;

(s) An activity plan including three months of proposed activities;

(t) Menu encompassing four weeks that has been approved by a licensed dietician;

(u) Job descriptions, including education and work experience requirements for staff and volunteer staff;

(v) Names and job titles of staff and volunteer staff, and proof of education and work experience as evidenced by completed applications or resumes;

(w) Medical examination reports for all caregivers and volunteer staff;

(x) Memorandum of Agreement on Criminal Record Checks;

(y) A fingerprint review for all group care staff and all volunteer staff;

(z) State Law Enforcement Division (SLED) criminal records checks for all group care staff and volunteer staff;

(aa) State Central Registry of Child Abuse and Neglect checks for all group care staff and volunteer staff using the approved Agency form;

(bb) The equivalent Central Registry of Child Abuse and Neglect system check for each state in which any group care staff person or volunteer staff has resided in the previous five years;

(cc) The National Sex Offender Registry for all group care staff or volunteer staff;

(dd) The state sex offender registry check for all group care staff and volunteer staff;

(ee) Documentation of orientation and training completed by each caregiver and volunteer staff;

(ff) Documentation of current nationally accredited restraint training certification for all caregivers who may restrain children; and

(gg) Documentation of current first aid and cardiopulmonary resuscitation certification for at least one staff member per working shift.

(2) As soon as possible after the receipt of the complete licensure packet, a representative of the Agency will visit the facility and will secure information upon which to evaluate the program in relation to licensing standards.

(3) Any deficiencies or citations noted shall be corrected prior to the issuance of the license.

(4) The Agency shall issue an initial license within 120 days of receipt of a complete licensure packet.

(5) If the facility wishes to operate a foster home or adoptive home program in addition to caring for children in residential group care; it will be necessary to submit additional information as required for a license to operate a Child Placing Agency.

D. Review and Relicensing.

(1) Once issued, as long as a group care facility remains in good standing, a license remains effective for two years. Every two years, the licensed facility shall submit the material listed below to the Agency. Continued licensing will be based on a review of this material and a visit(s) by a representative of the Agency to tour the facility, review the program, audit children’s records, and interview staff and/or children as appropriate. The material to be submitted includes the following:

(a) A completed application form;

(b) An annual population report;

(c) Updated contact information, including contact names, phone numbers and electronic mail addresses;

(d) A report of any major changes in program or the physical facility planned for the coming year;

(e) A current list of governing board members, including names, positions, addresses and phone numbers for each, and committees;

(f) The most recent annual financial review by a certified public accountant, including the balance sheet;

(g) A current budget showing anticipated income (broken down by category, e.g.: private donations, government grants, community fundraisers, etc.) and expenditures;

(h) A current copy of the policy and procedural manual, if updated;

(i) Behavior intervention plan, if revised during the licensing period;

(j) Disaster plan, including plan for transportation of children;

(k) A current fire inspection report that was completed within the licensing period;

(l) Record of monthly fire drills for fire and emergency evacuation that were held at different times during the licensing period;

(m) A current safety and sanitation inspection report that was completed within the licensing period;

(n) An updated menu encompassing four weeks that has been approved by a licensed dietician, if USDA recommendations have been revised;

(o) Activity plans encompassing at least three consecutive months during the licensing period;

(p) Names and job titles of staff and volunteer staff, and proof of education and work experience as evidenced by completed applications or resumes (including staff and volunteer staff who separated during the licensing period);

(q) Medical examination reports for all caregivers and volunteer staff hired during the licensing period, including caregivers and volunteer staff who separated during the licensing period;

(r) Memorandum of Agreement on Criminal Record Checks, if there is a change in executive leadership;

(s) A fingerprint review for all group care staff and all volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(t) State Law Enforcement Division (SLED) criminal records checks completed during the licensing period for all group care staff and volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(u) State Central Registry of Child Abuse and Neglect checks completed during the licensing period for all group care staff and volunteer staff using the approved Agency form, including caregivers and volunteer staff who separated during the licensing period;

(v) The current equivalent Central Registry of Child Abuse and Neglect system check for each state in which any group care staff person or volunteer staff has resided in the previous five years, including caregivers and volunteer staff who separated during the licensing period;

(w) The National Sex Offender Registry completed during the licensing period for all group care staff or volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(x) The state sex offender registry check completed during the licensing period for all group care staff and volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(y) Documentation of orientation and training completed during the licensing period by each caregiver and volunteer staff, including caregivers and volunteer staff who separated during the licensing period;

(z) Documentation of current nationally accredited restraint training certification for all caregivers who may restrain children;

(aa) Documentation of current first aid and cardiopulmonary resuscitation certification for at least one staff member per working shift;

(bb) Documentation from a county building inspector may be required if the Agency suspects a new or existing building or structure poses a risk of harm to children;

(cc) Any deficiencies or required corrective actions previously cited shall be cleared prior to the renewal of the license unless otherwise approved by the Agency.

E. Agency Requests for Information.

(1) During an inspection, a facility shall provide all of the following:

(a) Any documentation of facility administration and operations requested by the Agency;

(b) Any child records requested by the Agency.

(2) A facility shall promptly respond to requests for information from the Agency, a placing agency, or any other governmental agency.

(3) A facility shall ensure that information that the facility or facility staff submits or shares with the Agency, a placing agency, or any other governmental agency is current and accurate.

F. Authorized Actions by the Agency.

(1) Licensing staff from the Agency may visit and inspect a facility without prior notice and shall be given unrestricted access to the premises to ascertain continued compliance with these requirements.

(2) The Agency shall investigate complaints to determine if the facility is meeting licensing requirements and shall take appropriate and necessary actions based on its findings.

(3) The Agency shall inform the director of the facility of any deficiencies or corrective action plans that have been implemented.

(4) If the director is the subject of the complaint, the chairman of the board or executive management, as appropriate, will be notified.

G. Denial or Revocation of a License.

(1) The Agency may refuse to issue or revoke a license to a facility/applicant who:

(a) Fails to comply with residential group care licensing regulations;

(b) Violates state or federal laws;

(c) Abuses or neglects children as defined in Section 63‑7‑20, S.C;

(d) Knowingly employs a person with a past or current history of child abuse or is on the South Carolina Central Registry of Child Abuse and Neglect or fails to terminate the employment once the record is known;

(e) Makes a false statement or a misrepresentation to the Agency that adversely impacts the care and safety of children;

(f) Refuses to submit licensing or child specific information or reports to the Agency as it relates to care and safety of children;

(g) Fails to cooperate, withholds information, or impedes an investigation of child abuse or neglect;

(h) Fails to provide, maintain, equip, and keep safe and sanitary the facility to care for children;

(i) Fails to provide adequate financial resources to maintain the facility;

(j) Fails to notify the Agency of any planned construction or major structural changes to the facility less than thirty (30) days prior to action;

(k) Has a demonstrable record of refusal to accept the placement of children who meet placement criteria.

(2) The Agency is empowered to seek an injunction against the continuing operation of a facility as provided in Section 63‑7‑1210(C):

(a) When a facility is operating without a license;

(b) When the Agency determines threat of harm to children in the facility.

(3) Written notice shall be given to an applicant or facility by certified mail or hand delivered by an Agency representative, if the license is revoked or denied.

(4) Upon receipt of a notice of revocation of the facility license and during any revocation proceedings that may result, the facility may not admit a child as a resident.

(5) Any facility whose application has been denied or revoked, may request a hearing within thirty (30) days of receipt of notification of the Agency’s decision. Requests for appeals shall be forwarded to the Agency, Office of Administrative Appeals.

H. Termination of License.

(1) A Standard License expires automatically at the end of twelve months from the date of the issuance of the license unless renewed prior to that date.

(2) Standard License with Waivers may be granted for non‑safety related items.

I. Effective Date.

This Regulation shall become effective on September 12, 2021.

**Fiscal Impact Statement:**

There will be no increased costs to the State or its political subdivisions.

**Statement of Rationale:**

Regulations 114‑590 through 114‑595 (Residential Group Care Organizations for Children) are being revised to reinforce requirements established by the Family First Prevention Services Act of 2018 (Public Law 115‑123), to enhance clarity, and to improve consistency in the interpretation of the regulations.