

South Carolina Department of Behavior Health and Developmental Disabilities
Office of Intellectual and Developmental Disabilities
LICENSING REVIEWS- RESIDENTIAL SERVICES INDICATORS
Review Tool FY2027

Definitions

Community Training Home-I Model (Similar to Foster Care)

In the Community Training Home-I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens. CTH-I homes meet Office of State Fire Marshal Foster Home Regulations.

Community Training Home-II Model

The Community Training Home-II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Supervision, skills training, and supportive care are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each residence.

Supervised Living-II Model

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently, but may need periodic advice, support, and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily. The minimum Support Provider to resident ratio is 1:20.

NOTE: *The Home and Community-Based Services (HCBS) Settings Rule issued by the Centers for Medicare and Medicaid Services (CMS) requires that all home and community-based settings meet certain requirements. The OIDD Residential Licensing Standards reflect the agency's values and incorporate the HCBS Settings Rule requirements which are listed below:*

- *The setting is integrated in and supports full access to the greater community.*
- *The setting is selected by the individual from among setting options.*
- *The setting is physically accessible.*
- *Individual rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured.*
- *Autonomy and independence in making life choices are optimized.*
- *Choice regarding services and supports and who provides them is facilitated.*
- *The individual has a lease or other legally enforceable agreement providing similar protections.*
- *The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit.*
- *The individual controls his/her own schedule including access to food at any time.*
- *The individual can have visitors at any time.*

Physical Setting Requirements Applicable to initial licensing requests and annual/on-going licensing inspections.		Guidance
1.0	All sites shall receive a fire safety inspection by the State Fire Marshal's Office: - Prior to being inspected by OIDD Licensing Contractor, annually, and following major renovations/structural changes to the home. - Any deficiencies received during the fire inspection shall be reviewed by OIDD prior to the home being licensed.	See fire code requirements at: https://statefire.llr.sc.gov/osfm/codes.aspx Fire Safety Inspections must be made by a Fire Marshal employed by the State Fire Marshal's office. Inspection requests are completed using the following link: https://osfm.llr.sc.gov/ Note: In addition to smoke alarms, the site must also have a carbon monoxide detector when any of the following conditions exist: - Fuel burning appliances are used. - There is a functional fireplace in the home; or - The home has an attached garage with a common wall. Should you have questions about placement of carbon monoxide detectors, contact your local Fire Marshal. State Fire Marshal Inspection report is maintained by the provider. Documentation of the request for inspection must be available in the absence of a completed annual inspection report. Sites that have fire sprinkler systems must be inspected in accordance with NFPA 25 standards. To maintain certification: monthly, quarterly, semi-annual, annual and five (5) year inspections must be completed. All the inspections can be handled by residential staff or maintenance staff EXCEPT for the annual and five (5) year inspection which must be performed by a certified sprinkler contractor. Documentation of all inspections must be maintained by the provider. Refer to the attachments in OIDD Directive 300-03-DD for sample forms which may be used.
1.1	All sites shall be inspected by OIDD Licensing Contractor: - Prior to the initial admission of a person. - Annually, as required per directive; and - After renovations/structural changes are made to the home.	The license is not transferable from either the address or family specified on the license. Initial inspections must be requested a minimum of two weeks in advance. For licensing purposes, "children" are defined as under the age of 21 years.
1.2	All sites shall pass an electrical inspection conducted by a licensed electrician: - Prior to the home being inspected by OIDD Licensing Contractor; and - After major renovations/structural changes are made.	"Pass" requires that the home's electrical system is in good working order and does not jeopardize the health and safety of people living there. Documents must be available to verify the date and results of the inspection, as well as the inspector's license number. Forms submitted as evidence of an electrical inspection must include a review of all components of the home's electrical system and the signature and licensing number of the person completing the inspection. See OIDD Directive 300-03-DD for a sample form. Sites that have emergency generators must perform complete and thorough inspections of them. Routine service by a qualified contractor is encouraged to ensure that generators are maintained in good operating condition. Service contracts generally include semi-annual and/or annual inspections. Providers must perform monthly checks of the generators. Documentation of all checks must be maintained by the provider. See OIDD Directive 300-03-DD for sample forms which may be used to conduct monthly inspections. Note: Electrical system must be maintained in good working order at all times. Any conditions at the time of the inspection that jeopardize the health and safety of the people living at the site will be cited as a deficiency.
1.3	All sites shall pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector: - Prior to the home being inspected by OIDD Licensing Contractor to operate; and - After major renovations/structural changes are made to the home.	"Pass" requires that the HVAC is in good working order and heating equipment must be capable of maintaining a room temperature of not less than 68°F throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75°F through the home. Documents must be made available to verify the date and results of the inspection. Forms submitted as evidence of an HVAC inspection must include a review of all components of the home's HVAC system and the signature and licensing number of the person completing the inspection. See OIDD Directive 300-03-DD for form which may be used for HVAC inspections.
1.4	When not on a public water line, all sites shall pass a water quality inspection conducted by SCDES prior to the home being inspected by SCDES to operate as indicated: - A bacteria and metal/mineral analysis must be performed prior to being licensed. - As needed, when changes in taste, color or odor are present; and - A bacteria analysis must be performed annually.	Providers must request an inspection from their county SCDES Office. The SCDES inspection report is maintained by the Provider. Mixing valves must be inspected routinely with documentation maintained by the provider. See OIDD Directive 300-03-DD for a mixing valve inspection checklist.

1.5	CTH I/CTH II sites serving children shall pass a health and sanitation inspection conducted by the Office of State Fire Marshal: a) Prior to the home being licensed; and b) Annually.	Pass = no citation that will jeopardize the health and safety of residents and care providers. For licensing purposes, "children" are defined as under the age of 21 years. Documents must be available to verify the date and results of the inspection.
1.6	CTH-I Homes shall have one (1) lavatory, toilet, and shower/bathtub for every six (6) household members.	
1.7	Prior to being licensed, all homes which serve children under six (6) years of age, shall pass a lead-paint risk assessment conducted by SCDPH.	Pass=no citation that will jeopardize the health and safety of consumers and care providers. Documents must be available to verify the date as well as results of the assessment.
1.8	Hot water temperature in all residential settings: a) Shall be no less than 100°F. b) Shall never be more than 120°F in a home where a person lives who is incapable of regulating water temperature; and c) Shall never be more than 130°F.	- Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented. Assessment data regarding the regulation of water temperature must be available on-site for licensing review. - Providers should routinely check the water temperature and keep documentation of checks and necessary actions on site. - Water temperature shall never be more than 130°F, no matter the skills of the residents living in the home.
1.9	All sites shall have a standard first-aid kit that is: a. Readily accessible; and b. Well stocked for the number of people who are intended to use it.	Contents recommended by the American Red Cross for a standard kit: ¾" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads. The kit should contain NO expired items. If an individual has been assessed as capable of using a first aid kit independently, the kit must be accessible to him/her. In SLP-II sites, residents who are assessed as independent in using a first aid kit must have one in their apartment. Readily accessible means quickly accessible to all staff of the home and any resident assessed as capable of using it safely.
1.10	The bedrooms shall have operable lighting.	
1.11	The bedrooms shall have operable window(s).	The windows must be secure and operable without the use of special tools. There should be nothing blocking egress.
1.12	The setting shall be free from obvious hazards.	No extension cords. No trip hazards.
1.13	The setting shall be clean.	- No evidence of pests/vermin. - Bathrooms and fixtures should be free of scum, mold, and mildew. Providers will not be cited for stains that cannot be removed. - Kitchens should be free of food build-up, spills, etc on appliances, counters, and floors. Floors should be reasonably swept and/or vacuumed and free of stains.
1.14	The setting shall be free of litter/rubbish.	Litter/rubbish is contained in covered cans or tied in garbage bags.
1.15	The setting shall be free of offensive odors.	Offensive odors –smell of urine, rotting food, etc...
1.16	The setting shall have equipment in good working order.	Equipment may include, but not be limited to heat/electricity, appliances, furniture (including lawn furniture, flooring, walls, plumbing fixtures, fire alarms, fire extinguishers). Furniture must be in usable condition that does not prevent reasonable use or access based on the person's gross motor and fine motor skills.
1.17	The setting is physically accessible to those who live there.	Refer to: OIDD Directive 700-02-DD: Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1975, and Establishment of a Complaint Process. 42 CFR§441.301(c)(4)(vi)(E). For initial inspections, the reviewer will ensure all parts of the home are reasonably accessible and the home does not include obvious barriers to entry. If the occupants are known at the time of the initial licensing inspection, the reviewer will assure appropriate means of egress are available and access to all common areas of the home.
1.18	Bedrooms shall have at least 100 square feet for a single occupancy, or 160 square feet for a double occupancy.	- The person's bedroom must not be a detached building, unfinished attic or basement, hall, or room commonly used for other than bedroom purposes. - Maximum of two (2) people per bedroom, with at least three (3) feet between beds. Children must sleep within calling distance of an adult in a CTH I.
1.19	Bedrooms shall have a clean, comfortable bed, (including appropriately sized bed frame and mattress) pillow, and linen appropriate to the climate.	At least one (1) appropriately sized bed frame with mattress, pillow, sheets, and blanket for every resident (unless a married couple choose to share a bed). Linens should be clean/sanitary.
1.20	The site/home shall afford each person sufficient space for privacy, including bathing/toileting facilities behind a lockable door.	For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident. Refer to: 42 CFR§441.301(c)(4)(iii) and 42 CFR§441.301(c)(4)(vi)(B)
1.21	The site/home shall afford each person sufficient space for privacy, including lockable doors on bedroom/sleeping quarters, and lockable storage.	For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident. Refer to: 42 CFR§441.301(c)(4)(vi)(B)

1.22	For settings initially licensed on or after July 1, 2019, the setting shall be free from qualities that may be presumed institutional.	Settings that may have qualities presumed to be institutional include: • settings in a publicly or privately-owned facility that provides inpatient treatment; and • settings on the grounds of or adjacent to a public institution. Refer to: 42 CFR 441.301(c)(5)
1.23	For settings initially licensed on or after July 1, 2019, the setting must be free from characteristics that have the effect of discouraging integration of residents from the broader community.	Settings that may have characteristics that have the effect of discouraging integration of residents from the broader community include, but may not be limited to: • settings completely enclosed by walls or fences with locked gates. • settings in a multi-unit housing complex whose owners or lessees are limited to only those with ID/RD, HASCI or Autism Spectrum Disorder; and • an additional setting added to an existing cluster (i.e., 2 or more) of OIDD-licensed residential or day settings. Refer to: 42 CFR 441.301(c)(5)(v)
1.24	A legally enforceable agreement (lease, residency agreement or other form of written agreement) is in place for each person.	This indicator is not applicable during the initial inspection, prior to occupancy. The agreement provides protections that address eviction process and appeals comparable to those provided under South Carolina's Landlord Tenant Law. (S.C. Code Ann. § 27-40-10 et. seq). Should the resident's right to a legally enforceable agreement require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan, and reviewed and approved by the Human Rights Committee. Positive interventions and supports must be tried before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm. Source: Residential Habilitation Standards and 42 CFR 441.301(c)(4)(vi)(A).
1.25	Each resident must be provided with a key to his/her bedroom. Note: With only appropriate staff having keys to doors.	This indicator is not applicable during the initial inspection, prior to occupancy. Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan, and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed-consent and cause no harm. If the person has unrestricted access and use of the key, the assessment is not required. Source: Residential Habilitation Standards and 42 CFR 441.301(c)(4)(vi)(B).
1.26	Each resident must be provided with a key to his/her home.	This indicator is not applicable during the initial inspection, prior to occupancy. Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan, and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed-consent and cause no harm. If the person has unrestricted access and use of the key, the assessment is not required. Source: Residential Habilitation Standards and 42 CFR 441.301(c)(4)(vi)(B).
1.27	The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas.	This indicator is not applicable during the initial inspection, prior to occupancy. Postings of employee information should be limited to areas of the home typically used by staff.
1.28	Household cleaning agents are kept in secure locations and away from food and medications.	This indicator is not applicable during the initial inspection, prior to occupancy. When an individual living in the home has been assessed as independent in the use of household cleaning agents, accommodations must be made to allow them to access the cleaning agents when they wish to use them. Assessment data regarding the use of cleaning agents must be available on-site for licensing review.
1.29	The setting shall have a flashlight on site for each level (floor) of the home.	This indicator is not applicable during the initial inspection, prior to occupancy. Flashlight must be readily accessible and operable.
1.30	Firearms are prohibited on all sites.	This indicator is not applicable during the initial inspection, prior to occupancy.
1.31	Pets on site shall be current with vaccinations.	This indicator is not applicable during the initial inspection, prior to occupancy, for SLP II and CTH II. Indicator will be scored for CTH I if pets are present. Documentation of current vaccinations must be available for review.
Program Requirements <i>Applicable to annual/on-going licensing inspections.</i>		Guidance
2.0	The Provider keeps service recipients' records secure and information confidential.	Source: 167-06-DD
2.1	Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.	Available means that staff must be on site or in real-time contact by electronic means or be able to reach the site within 15 minutes.
2.2	The Provider demonstrates agency-wide usage of Therap for General Event Reports (GERs) according to the implementation schedule approved by OIDD.	Source: OIDD Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance.
2.3	The Provider demonstrates agency-wide usage of Therap for Health Tracking according to the implementation schedule approved by OIDD.	Source: OIDD Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance.
2.4	The Provider demonstrates agency-wide usage of Therap for ISP Programs & ISP Data for Goals and Objectives	Source: OIDD Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance.

	according to the implementation schedule approved by OIDD.	
2.5	The Provider demonstrates agency-wide usage of Therap for T-Logs according to the implementation schedule approved by OIDD.	Source: OIDD Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance.
2.6	The person has signed a Statement of Financial Rights, which includes a fee schedule and quarterly monitoring/accountability schedule.	Source: OIDD Directive 200-12-DD.
2.7	The person has signed a statement of consumer/residential rights.	The Statement of Consumer/residential rights may be maintained in the person's record in the home.
2.8	People shall be encouraged to eat a nourishing, well balanced diet which: a) Includes personal food preference. b) Allows desirable substitutions; and c) Meets dietary requirements of individuals.	This indicator is not applicable during the initial inspection, prior to occupancy. People must be involved in meal planning, grocery shopping, and preparation to the extent of their abilities. Documentation of the person's participation must be available on-site (or accessible, if kept electronically) during the Licensing Review. Diet must be based on accepted, recognized dietary guidelines such as the Food Pyramid and/or physician recommendation, Food Plate, etc.
Medication Related Documentation <i>Applicable to annual/on-going licensing inspections.</i>		Guidance
3.0	Medications, including controlled substances and medical supplies, shall be stored appropriately.	Stored in a secure and sanitary area with proper temperature, light, humidity, and security. Medications should be kept in their original containers. Topical and oral medications are to be stored separately. Cold storage medications must be stored in a refrigerator used exclusively for medications or in a secured manner (i.e. lock box), separated from other items kept in the refrigerator. Medications shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia (36-46 degrees F.) Expired or discontinued medications are not stored with current medications.
3.1	There will be separate control sheets on any controlled substances which contain the following information: a) Name of Client. b) Date. c) Time administered. d) Dose. e) Signature of individual administering. f) Name of prescriber; and g) Controlled substance balances.	Verify accurate controlled substance balance.
3.2	At each shift change, there is a documented review of the control sheets by outgoing staff members with incoming staff members.	This review verifies the outgoing staff member have properly administered medications in accordance with the prescriber's orders. Errors/omissions indicated on the control sheet are addressed and corrective action taken at that time.
3.3	Provider shall have a policy regarding disposition of medication when: a) Medication is outdated. b) Person moves. c) Person is deceased; or d) Medication is discontinued.	The policy must be available on-site (or electronically accessible) during the Licensing Review.

3.4	Medications in an SLP-II shall be stored in the resident's apartment unless there are documented reasons as to why this would present a health and safety issue.	The person's ability to self-administer medications is a separate issue from their ability to safely store medications in their apartment. Refer to OIDD Directive 603-13-DD: Medication Technician Certification for requirements for individuals to self-administer medications. An assessment should be completed for each person. The assessment should document any reasons why the person is not able to safely store their medications in their apartment. As a best practice, the provider should consider whether there are assistive devices available that would permit the person to safely store medications. There are many devices that are fully secure and available to people who may not be able to discriminate which pill to take, but they know not to take it until it is time or until the device dispenses it for them. Many products currently marketed to the elderly population would be beneficial to consumers in SLP-II who may not be fully independent in taking their medications. The ability to safely store medications is a separate issue from the person's preference not to have them stored in their apartment. An assessment should still be completed in an effort to identify potential training objectives that would assist the person and increase their interest/comfort. Assessment data for the safe storage of medications must be available on-site with the other residential habilitation records and subject to Licensing Review. The goal of all OIDD residential programs is to help the consumer(s) achieve their maximum level of independence. Just as many consumers begin with basic steps for cooking or money management, they may begin steps towards identifying and maintaining their medications, if not self-administration. If, after discussing options for safety and securely storing the medications in the person's apartment, they continue to state that they do not wish to store them, then a called team meeting must document the assessment results, the discussion with the consumer, including the possibility of assistive devices, and the timeframe for re-evaluation (not to exceed one (1) year). The called team documentation must include the consumer's signature, but Human Rights Committee approval is not required (OIDD Directive 535-02-DD). This scenario should be the exception, rather than the rule, for providers.
3.5	Medications and/or treatments shall be administered by: a) Licensed nurse. b) Unlicensed staff as allowed by law; or c) The person for whom the medication is prescribed when he/she is assessed as independent.	Unlicensed staff as allowed by law. Refer to OIDD Directive 603-13-DD: Medication Technician Certification for further descriptions of requirements for unlicensed staff to administer medications or individuals to self-administer medications.
3.6	Orders for new medications and/or treatments shall be filled and given within 24 hours unless otherwise specified.	If orders are given as the result of a self-initiated or family-initiated physician, PA or CNP visit, orders must be changed within 24 hours of learning about the visit. This documentation may be maintained in Health Tracking within Therap.
3.7	Medications shall be safely and accurately given.	• The medication has not expired. • There are no contraindications, i.e., no allergy for the drug; and • The medications are administered at the proper time, prescribed dosage, and correct route.
3.8	For persons not independent in taking their own medication/treatments, a log shall be maintained to denote: a) The name of medication or type of treatment given. b) The current physician's order (and purpose) for the medication and/or treatment. c) The name of the person giving the medication. d) Time given; and e) Dosage given.	The medication pass may include multiple prescriptions and over the counter (OTC) medications/treatments that are given at the same time. The provider will not be cited if there are no more than three (3) medication passes per person, per month, with blanks on the medication record in any of the prior three (3) months and the provider has met the following criteria: a) The reasons for the blanks were documented on the back of the log or through a documentation method in Therap; and b) The documentation error did not result in the need for any additional medical intervention. The Medication Record should be coded if the medication is not given at regular intervals or if there is any variation in scheduling. This should not create opportunities for blanks. Medication records (MAR and Error documentation) must be available at the licensed location (or accessible, if stored electronically) for the 3 months prior to a Licensing Review date.
3.9	Medication logs shall be reviewed monthly, at a minimum to ensure medication errors/events are documented appropriately.	Reviewer will examine data: • To ensure medication errors/events are documented appropriately. • Actions are taken to alleviate future errors; and • The review should include evidence of the review for the three (3) months prior to the Licensing Inspection. The review for the current month must be documented and available by the last day of the following month. If the review for the prior month has not been documented, the Licensing review may include the prior three months. Documentation of the provider's review must be available on-site or accessible, if stored electronically, during the Licensing Review. Review must be completed by a person who does not normally give medication in the site being reviewed. This indicator is intended to focus on the provider's internal review of medication logs and self-discovery of errors. If the provider identified a medication error, documented appropriately, and took action to reduce future errors, the indicator will not be cited.

**South Carolina Department of Behavioral Health and Developmental Disabilities –
Office of Intellectual and Developmental Disabilities
Key Indicators for Licensing Residential Facilities: Reference Documents**

Please refer to BHDD-OIDD's Web site www.DDSN.sc.gov to view any of the below directives.

100-04-DD Use of Adaptive Behavior Scales
100-09-DD Critical Incident Reporting
100-12-DD AIDS Policy
100-17-DD Family Involvement
100-25-DD Disaster Preparedness Plan for OIDD and Other OIDD Providers of Services to Persons with Disabilities and Special Needs
100-28-DD Quality Management
100-29-DD Medication Error/ Event Reporting
101-02-DD Preventing and Responding to Suicidal Behavior
104-01-DD Certification and Licensure of Residential and Day Facilities and New Requirements for SCDPH Licensed CRCF's
167-01-DD Appeal Procedure for Licensed Programs Serving Persons with Intellectual Disability
167-06-DD Confidentiality of Personal Information
250-08-DD Procurement Requirements for Local DSN Boards and Contracted Service Providers
368-01-DD Individual Service Delivery Records Management
503-01-DD Individuals Involved with Criminal Justice System
505-02-DD Death or Impending Death of Persons Receiving Services from OIDD
510-01-DD Supervision of People Receiving Services
534-02-DD Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from OIDD or a Contract Provider Agency
535-07-DD Obtaining Consent for Minors and Adults
535-08-DD Concerns of People Receiving Services: Reporting and Resolution
535-10-DD National Voter Registration Act (Motor Voter)
535-11-DD Appeal and Reconsideration Policy and Procedures
535-12-DD Advance Directives
536-01-DD Social-Sexual Development
567-01-DD Employee Orientation, Pre-service and Annual Training Requirements
600-05-DD Behavior Support, Psychotropic Medications, and Prohibited Practices
603-01-DD Tardive Dyskinesia Monitoring
603-06-DD Guidelines for Screening for Tuberculosis
603-13-DD Medication Technician Certification
604-04-DD Standard First Aid with Cardiopulmonary Resuscitation (CPR)
700-02-DD Compliance with Title VI of the Civil Rights Act of 1964, American's with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1975 and Establishment of a Complaint Process