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# SOUTH CAROLINA STATE REGISTER

PUBLISHED BY  
THE LEGISLATIVE COUNCIL  
of the  
GENERAL ASSEMBLY

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This issue contains notices, proposed regulations, emergency regulations, final form regulations, and other documents filed in the Office of the Legislative Council, pursuant to Article 1, Chapter 23, Title 1, Code of Laws of South Carolina, 1976.

# ***SOUTH CAROLINA STATE REGISTER***

An official state publication, the *South Carolina State Register* is a temporary update to South Carolina's official compilation of agency regulations--the *South Carolina Code of Regulations*. Changes in regulations, whether by adoption, amendment, repeal, or emergency action must be published in the *State Register* pursuant to the provisions of the Administrative Procedures Act. The *State Register* also publishes the Governor's Executive Orders, notices of public hearings and meetings, and other documents issued by state agencies considered to be in the public interest. All documents published in the *State Register* are drafted by state agencies and are published as submitted. Publication of any material in the *State Register* is the official notice of such information.

## **STYLE AND FORMAT**

Documents are arranged within each issue of the *State Register* according to the type of document filed:

**Pending Regulations Submitted to the General Assembly** are regulations adopted by the agency pending approval by the General Assembly.

**Executive Orders** are actions issued and taken by the Governor.

**Notices** are documents considered by the agency to have general public interest.

**Notices of Drafting Regulations** give interested persons the opportunity to comment during the initial drafting period before regulations are submitted as a proposed regulation.

**Proposed Regulations** are those regulations pending permanent adoption by an agency.

**Final Regulations** have been permanently adopted by the agency and approved by the General Assembly.

**Emergency Regulations** have been adopted on an emergency basis by the agency.

## **2026 PUBLICATION SCHEDULE**

Documents will be accepted for filing on any normal business day from 8:30 A.M. until 5:00 P.M. All documents must be submitted in the format prescribed in the *Standards Manual for Drafting and Filing Regulations*.

To be included for publication in the next issue of the *State Register*, documents must be submitted no later than 5:00 P.M. on the second Friday of each month. The modification or withdrawal of documents filed for publication must be made **by 5:00 P.M.** on the submission deadline for that issue.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Submission Deadline	1/9	2/13	3/13	4/10	5/8	6/12	7/10	8/14	9/11	10/9	11/13	12/11
Publishing Date	1/23	2/27	3/27	4/24	5/22	6/26	7/24	8/28	9/25	10/23	11/27	12/25

## **REPRODUCING OFFICIAL DOCUMENTS**

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## **PUBLIC INSPECTION OF DOCUMENTS**

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## **ADOPTION, AMENDMENT AND REPEAL OF REGULATIONS**

To adopt, amend, or repeal a regulation, an agency must publish in the *State Register* a Notice of Drafting and a Notice of the Proposed Regulation that contains an estimate of the proposed action's economic impact and gives the public an opportunity to comment on the proposal. If requested by twenty-five persons, a public hearing must be held at least thirty days after the date of publication of the notice in the *State Register*.

After the date of hearing, the regulation must be submitted to the General Assembly for approval. The General Assembly has one-hundred-ten days to consider the regulation. If no legislation is introduced to disapprove or enacted to approve the regulation before the expiration of the one-hundred-ten-day review period, the regulation is approved on the one-hundred-tenth day and is effective upon publication in the *State Register*.

## **EMERGENCY REGULATIONS**

An emergency regulation may be promulgated by an agency if the agency finds imminent peril to public health, safety, or welfare. Emergency regulations are effective upon filing for a ninety-day period. If the original filing began and expired during the legislative interim, the regulation can be renewed once.

## **REGULATIONS PROMULGATED TO COMPLY WITH FEDERAL LAW**

Regulations promulgated to comply with federal laws are exempt from General Assembly review. Following the notice of proposed regulation and hearing, regulations are submitted to the *State Register* and are effective upon publication.

## **EFFECTIVE DATE OF REGULATIONS**

**Final Regulations** take effect on the date of publication in the *State Register* unless otherwise noted within the text of the regulation.

**Emergency Regulations** take effect upon filing with the Legislative Council and remain effective for ninety days. If the original ninety-day period begins and expires during the legislative interim, the regulation may be refiled for one additional ninety-day period.

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 The history, status, and full text of these regulations are available on the  
 South Carolina General Assembly Home Page: <http://www.scstatehouse.gov/regnsrch.php>

DOC. NO.	RAT. NO.	FINAL ISSUE	SUBJECT	EXP. DATE	AGENCY	HOUSE COMMITTEE	SENATE COMMITTEE
5342	SR50-2		Residential Treatment Facilities for Children and Adolescents	01/25/2026	Department of Public Health	Regs, Admin. Proc., AI & CS	Medical Affairs
5319	SR50-2		Sign Language Interpreters	02/01/2026	State Board of Education	Regs, Admin. Proc., AI & CS	Education
5370	SR50-4		Honey Bees	03/29/2026	Clemson University	Regs, Admin. Proc., AI & CS	Ag and Nat Resources
5373	SR50-5		General Retention Schedule for Data Processing Records of State Agencies/Institutions	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5374	SR50-5		General Retention Schedule for State Personnel Records	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5375	SR50-5		General Retention Schedules for County Records	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5376	SR50-5		General Retention Schedules for Municipal Records	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5377	SR50-5		General Retention Schedule for Electronic Records Common to Most State Agencies/Institutions	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5378	SR50-5		General Retention Schedule for State Administrative Records	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5379	SR50-5		General Retention Schedule for State Colleges and Universities	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5380	SR50-5		General Retention Schedule for State Financial Records	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5381	SR50-5		General Retention Schedules for School Districts	05/03/2026	SC Department of Archives and History	Regs, Admin. Proc., AI & CS	Judiciary
5393	SR50-5		Non-interest Bearing Negotiable Order of Withdrawal (NINOW) Accounts by State-chartered Savings and Loan Associations	05/03/2026	State Board of Financial Institutions	Regs, Admin. Proc., AI & CS	Banking and Insurance
5405	SR50-5		Palmetto Fellows Scholarship Program	05/03/2026	State Commission on Higher Education	Regs, Admin. Proc., AI & CS	Education
5413	SR50-5		Regulations on Allocation of State Ceiling on Issuance of Private Activity Bonds	05/03/2026	State Fiscal Accountability Authority	Regs, Admin. Proc., AI & CS	Finance
5399	SR50-5		Fees for Licensure of Genetic Counselors	05/03/2026	LLR	Regs, Admin. Proc., AI & CS	Medical Affairs
5423	SR50-5		South Carolina Auctioneers' Commission	05/03/2026	LLR-South Carolina Auctioneers' Commission	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5424	SR50-5		International Building Code	05/03/2026	LLR-Building Codes Council	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5426	SR50-5		International Fire Code	05/03/2026	LLR-Building Codes Council	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5427	SR50-5		International Fuel Gas Code	05/03/2026	LLR-Building Codes Council	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5428	SR50-5		International Mechanical Code	05/03/2026	LLR-Building Codes Council	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5417	SR50-5		International Residential Code	05/03/2026	LLR-Building Codes Council	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5418	SR50-5		National Electrical Code	05/03/2026	LLR-Building Codes Council	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5400	SR50-5		Massage Therapy Board	05/03/2026	LLR-Massage Therapy Board	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5401	SR50-5		Anesthesiologist's Assistants	05/03/2026	LLR-State Board of Medical Examiners	Regs, Admin. Proc., AI & CS	Medical Affairs
5421	SR50-5		State Board of Nursing	05/03/2026	LLR-State Board of Nursing	Regs, Admin. Proc., AI & CS	Medical Affairs
5425	SR50-5		Board of Examiners in Speech-Language Pathology and Audiology	05/03/2026	LLR-Board of Examiners in Speech/Language Pathology and Audiology	Regs, Admin. Proc., AI & CS	Medical Affairs
5437	SR50-5		South Carolina Real Estate Commission	05/03/2026	LLR-South Carolina Real Estate Commission	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5432	SR50-5		Division for the Review of the Foster Care of Children	05/03/2026	Office of the Governor-Division for the Review of the Foster Care of Children	Regs, Admin. Proc., AI & CS	Family and Veterans' Services
5439	SR50-5		Shellfish Permit Applications	05/03/2026	Department of Natural Resources	Regs, Admin. Proc., AI & CS	Fish, Game and Forestry
5440	SR50-5		Verifiable Documentation	05/03/2026	Department of Natural Resources	Regs, Admin. Proc., AI & CS	Fish, Game and Forestry
5407	SR50-5		Standards for Licensing In-Home Care Providers	05/03/2026	Department of Public Health	Regs, Admin. Proc., AI & CS	Medical Affairs
5416	SR50-5		International Plumbing Code	05/03/2026	LLR-Building Codes Council	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry

## 2 REGULATIONS SUBMITTED TO GENERAL ASSEMBLY

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5420	SR50-5	Board of Accountancy	05/03/2026	LLR-Board of Accountancy	Regs, Admin. Proc., AI & CS	Labor, Commerce and Industry
5422	SR50-5	State Board of Pharmacy	05/03/2026	LLR-State Board of Pharmacy	Regs, Admin. Proc., AI & CS	Medical Affairs
5441	SR50-5	Wildlife Management Area Regulations; Turkey Hunting Rules and Seasons	05/03/2026	Department of Natural Resources	Regs, Admin. Proc., AI & CS	Fish, Game and Forestry
5408	SR50-5	Minimum Standards for Licensing Hospitals and Institutional General Infirmaries	05/03/2026	Department of Public Health	Regs, Admin. Proc., AI & CS	Medical Affairs
5412	SR50-5	Parking and Transportation Services	05/04/2026	University of South Carolina	Regs, Admin. Proc., AI & CS	Education
5433	SR50-5	Parking and Traffic Regulations – Golf Carts	05/05/2026	Clemson University	Regs, Admin. Proc., AI & CS	Education
5431		Self-Insurers' Proof of Compliance, Irrevocable Letter of Credit	05/10/2026	SC Workers' Compensation Commission	Regs, Admin. Proc., AI & CS	Judiciary
5430		Filing a Claim	05/10/2026	SC Workers' Compensation Commission	Regs, Admin. Proc., AI & CS	Judiciary
5443		Determination of Rates of Tuition and Fees	01/27/2027	State Commission on Higher Education	Regs, Admin. Proc., AI & CS	Education
5436		Insurance Holding Company Systems	02/25/2027	Department of Insurance	Regs, Admin. Proc., AI & CS	Banking and Insurance
5434		Closeout and Termination of the SCAAIP	02/25/2027	Department of Insurance	Regs, Admin. Proc., AI & CS	Banking and Insurance
5447		Exempt Commercial Policies	02/25/2027	Department of Insurance	Regs, Admin. Proc., AI & CS	Banking and Insurance
5438		Uniform Class and Territory Plan – Motorcycles	02/25/2027	Department of Insurance	Regs, Admin. Proc., AI & CS	Banking and Insurance
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5199		R.45-9, Write-in Ballots, Sealed After Tabulation	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5201		Emergency Election Procedures	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5202		Poll Worker Training; Candidate Withdrawals	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5203		Procedures for Electronic Petitions	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5192		R.45-1, Definitions	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5204		R.45-10, Retention and Disposition of Certain Voting Records	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5205		Reports to State Election Commission by County Boards of Voter Registration and Elections	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5193		R.45-2, Instructions and Certification of Managers and Clerks in the Use of Vote Recorders	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5225		Retention and Storage of Election Records and Election Equipment	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5194		R.45-3, Tabulating Center Personnel	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5195		R.45-4, Certification of Program Instructions	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5196		R.45-5, Ballot Envelopes and Fold Over Ballot Cards	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5197		R.45-6, Defective Ballot Cards	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
5198		R.45-7, Ballot Cards, Sealed After Tabulation	Tolled	State Election Commission	Regs, Admin. Proc., AI & CS	Judiciary
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5366		Procedures and Standards for Review of Charter School Applications		State Board of Education	Regs, Admin. Proc., AI & CS	Education
5371		Defined Program, Grades 9-12 and Graduation Requirements		State Board of Education	Regs, Admin. Proc., AI & CS	Education
5406		Use of the State Aviation Fund; Procedure for Protection of Public Investment in Airports		South Carolina Aeronautics Commission	Regs, Admin. Proc., AI & CS	Transportation
5402		Charter Schools		State Board of Education	Regs, Admin. Proc., AI & CS	Education
5403		Test Security		State Board of Education	Regs, Admin. Proc., AI & CS	Education

**Executive Order No. 2026-08**

**WHEREAS**, wildfires have adversely impacted the State of Georgia and other neighboring States, causing significant and widespread devastation and creating life-threatening conditions that necessitate the State of South Carolina providing emergency assistance in the affected areas; and

**WHEREAS**, the State of Georgia and the State of South Carolina are parties to and members of the Emergency Management Assistance Compact, as set forth in section 25-9-420 of the South Carolina Code of Laws, as amended, which provides that the State of South Carolina shall render mutual aid upon request and subsequent to the declaration of a state of emergency or disaster by the governor of a party State that is to receive assistance; and

**WHEREAS**, the Governor of Georgia has declared that an emergency or disaster exists in the State of Georgia, and the State of Georgia has requested assistance from the State of South Carolina pursuant to the terms of the Emergency Management Assistance Compact, as provided in section 25-9-420 of the South Carolina Code of Laws; and

**WHEREAS**, upon consultation with the Adjutant General of South Carolina and the South Carolina Emergency Management Division (“EMD”), the undersigned has determined that South Carolina National Guard personnel, resources, and equipment shall respond to the aforementioned request for mutual aid and emergency assistance; and

**WHEREAS**, the South Carolina National Guard is prepared to provide the personnel, resources, and equipment necessary to assist the impacted areas and to fulfill the request from the State of Georgia for assistance in responding to the declared emergency or disaster in accordance with the terms of the Emergency Management Assistance Compact.

**NOW, THEREFORE**, by virtue of the authority vested in me as Governor of the State of South Carolina and pursuant to the Constitution and Laws of this State and the powers conferred upon me therein, I hereby direct the Adjutant General to place specified units or personnel of the South Carolina National Guard on State Active Duty, to issue the requisite supplemental orders as he deems necessary and appropriate, and to utilize the South Carolina National Guard personnel, resources, and equipment requested through EMD to fulfill the mission in support of the State of Georgia. South Carolina National Guard personnel and equipment deployment and mission requirements shall be coordinated through EMD, in consultation with the Office of the Governor, in accordance with the terms of the Emergency Management Assistance Compact. This Order is effective immediately and, in accordance with Article IV of the Emergency Management Assistance Compact, shall remain in effect for so long as the exercises for mutual aid are in progress, the state of emergency or disaster remains in effect in the State of Georgia, or the loaned resources remain in the State of Georgia, whichever is longer.

**GIVEN UNDER MY HAND AND THE GREAT  
SEAL OF THE STATE OF SOUTH CAROLINA,  
THIS 24th DAY OF APRIL, 2026.**

**HENRY DARGAN MCMASTER  
Governor**

## 4 NOTICES

### DEPARTMENT OF ENVIRONMENTAL SERVICES

#### NOTICE OF GENERAL PUBLIC INTEREST

SCDES-Bureau of Land and Waste Management, File # 400801  
CSXT Bramlett Road Site – Parcel 2

#### NOTICES OF CONSENT AGREEMENT, CONTRIBUTION PROTECTION, AND COMMENT PERIOD

PLEASE TAKE NOTICE that the South Carolina Department of Environmental Services (SCDES) intends to enter into a Consent Agreement (CA) with Duke Energy Carolinas, LLC (Duke). The CA provides that Duke, with SCDES's oversight, will fund and perform a remedial action at Parcel 2 of the CSXT Bramlett Road Site located in Greenville County at 408 East Bramlett Road, Greenville, South Carolina.

Response actions addressed in the CA include, but may not be limited to, Duke funding and performing a remedial action at 408 East Bramlett Road, Greenville, South Carolina, consistent with SCDES's May 1, 2025 Record of Decision as it pertains to Parcel 2. Further, Duke shall reimburse SCDES's costs of overseeing the work performed by Duke and other SCDES response costs pursuant to the CA.

The CA is subject to a thirty-day public comment period consistent with the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), 42 U.S.C. Section 9613, and the South Carolina Hazardous Waste Management Act (HWMA), S.C. Code Ann. Section 44-56-200 (as amended). Notices of contribution protection and comment period will be provided to other known potentially responsible parties. The CA is available:

- (1) On-line at <https://apps.des.sc.gov/PublicNotices/>; or
- (2) By contacting Greg Cassidy at 803-898-0910 or [greg.cassidy@des.sc.gov](mailto:greg.cassidy@des.sc.gov).

Any comments to the proposed CA must be submitted in writing, postmarked no later than June 22, 2026, and addressed to: Greg Cassidy, SCDES-BLWM-SARR, 2600 Bull Street, Columbia, SC 29201.

Upon the successful completion of the CA, Duke will receive a covenant not to sue for the work done in completing the response actions specifically covered in the CA and completed in accordance with the approved work plans and reports. Upon execution of the CA, Duke shall be deemed to have resolved their liability to the State in an administrative settlement for purposes of, and to the extent authorized under CERCLA, 42 U.S.C. Sections 9613(f)(2) and 9613(f)(3)(B), and under HWMA, S.C. Code Ann. Section 44-56-200, for the matters addressed in the CA. Further, to the extent authorized under 42 U.S.C. Section 9613(f)(3)(B), S.C. Code Ann. Section 44-56-200, CA may seek contribution from any person who is not a party to this administrative settlement.

## DEPARTMENT OF ENVIRONMENTAL SERVICES

## NOTICE OF GENERAL PUBLIC INTEREST

SCDES-Bureau of Land and Waste Management, File # 20795  
Friedheim Road Landfill Site

**NOTICES OF VOLUNTARY CLEANUP CONTRACT,  
CONTRIBUTION PROTECTION, AND COMMENT PERIOD**

PLEASE TAKE NOTICE that the South Carolina Department of Environmental Services (SCDES) intends to enter into a Voluntary Cleanup Contract (VCC) with City of Rock Hill (CRH). The VCC provides that CRH, with SCDES's oversight, will fund and perform future response actions at the Friedheim Road Landfill facility located in York County at 650 Friedheim Road, Rock Hill, South Carolina and any surrounding area impacted by the migration of hazardous substances, pollutants, or contaminants (the Site).

Response actions addressed in the VCC include, but may not be limited to, CRH funding and performing a remedial investigation and, if necessary, an evaluation of cleanup alternatives for addressing any contamination. Further, CRH shall reimburse the SCDES's future costs of overseeing the work performed by CRH and other SCDES response costs pursuant to the VCC.

The VCC is subject to a thirty-day public comment period consistent with the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), 42 U.S.C. Section 9613, and the South Carolina Hazardous Waste Management Act (HWMA), S.C. Code Ann. Section 44-56-200 (as amended). Notices of contribution protection and comment period will be provided to other known potentially responsible parties. The VCC is available:

- (1) On-line at <https://apps.des.sc.gov/PublicNotices/>; or
- (2) By contacting Elisa Vincent at 803-898-0882 or [elisa.vincent@des.sc.gov](mailto:elisa.vincent@des.sc.gov).

Any comments to the proposed VCC must be submitted in writing, postmarked no later than June 22, 2026, and addressed to: Elisa Vincent, SCDES-BLWM-SARR, 2600 Bull Street, Columbia, SC 29201.

Upon the successful completion of the VCC, CRH will receive a covenant not to sue for the work done in completing the response actions specifically covered in the VCC and completed in accordance with the approved work plans and reports. Upon execution of the VCC, CRH shall be deemed to have resolved their liability to the State in an administrative settlement for purposes of, and to the extent authorized under CERCLA, 42 U.S.C. Sections 9613(f)(2) and 9613(f)(3)(B), and under HWMA, S.C. Code Ann. Section 44-56-200, for the matters addressed in the VCC. Further, to the extent authorized under 42 U.S.C. Section 9613(f)(3)(B), S.C. Code Ann. Section 44-56-200, CRH may seek contribution from any person who is not a party to this administrative settlement.

## DEPARTMENT OF PUBLIC HEALTH

## NOTICE OF GENERAL PUBLIC INTEREST

In accordance with Section 44-7-200(D), Code of Laws of South Carolina, and Regulation 60-15, the public is hereby notified that a Certificate of Need application has been accepted for filing and publication on **May 22, 2026**, for the following project(s). After the application is deemed complete, affected persons will be notified that the review cycle has begun. For further information, please contact Certificate of Need Program, at (803) 545-4200, or by email at [coninfo@dph.sc.gov](mailto:coninfo@dph.sc.gov).

## 6 NOTICES

### Affecting Anderson County

#### **SC Department of Veterans Affairs d/b/a Richard M. Campbell Veterans Nursing Home**

For repairs to an HVAC system at the Richard M. Campbell Veterans Home at a total project cost of \$5,500,000.00.

### Affecting Florence County

#### **Adira Healthcare, LLC**

The establishment of a Home Health Agency in Florence County at a total project cost of \$7,100.00.

In accordance with Section 44-7-210(A), Code of Laws of South Carolina, and Regulation 60-15, the public and affected persons are hereby notified that for the following projects, applications have been deemed complete, and the review cycle has begun. A proposed decision will be made no earlier than 30 days, but no later than 90 days, from **May 22, 2026**. "Affected persons" have 30 days from the above date to submit requests for a public hearing to Certificate of Need Program, P.O. Box 2046 West Columbia, SC 29171. If a public hearing is timely requested, the Department's decision will be made after the public hearing, but no later than 120 days from the above date. For further information call (803) 545-4200 or email [coninfo@dph.sc.gov](mailto:coninfo@dph.sc.gov).

### Affecting Berkeley and Dorchester Counties

#### **99ONE Healthcare, LLC d/b/a BrightStar Care of Charleston**

The establishment of a Home Health Agency in Berkeley and Dorchester Counties at a total project cost of \$0.00.

**STATE COMMISSION ON HIGHER EDUCATION**  
**CHAPTER 62**  
 Statutory Authority: 1976 Code Sections 59-149-10 et seq.

**Notice of Drafting:**

The Commission on Higher Education proposes to amend the regulation that addresses the policies and procedures for administering the LIFE Scholarship & LIFE Scholarship Enhancement Program at the public and independent colleges and universities in the state. Interested persons may submit comments to Dr. Karen Woodfaulk, Director for the Office of Student Affairs, S.C. Commission on Higher Education, 1122 Lady Street, Suite, 400, Columbia, S.C. 29201. To be considered, comments must be received no later than 5:00 p.m. on Friday, June 26, 2026, the close of the drafting comment period.

**Synopsis:**

The South Carolina Commission on Higher Education proposes the following revisions to Chapter 62 regulation, R.62-1200.1 through 62-1200.75, LIFE Scholarship & LIFE Scholarship Enhancement Program. Revisions to the existing regulation for the LIFE Scholarship & LIFE Scholarship Enhancement Program are being considered to clarify the policies and procedures for administering the program. The program regulation was last amended in 2022.

Revisions to the existing regulation are being considered to clarify the policies and procedures for administering the program. Proposed amendments are anticipated to include editing or rewriting sections so as to clarify language, improve upon understanding of the regulation and promote consistency in the administration of the scholarship program among the public and independent colleges and universities in the state.

Legislative review of this proposal will be required.

**STATE COMMISSION ON HIGHER EDUCATION**  
**CHAPTER 62**  
 Statutory Authority: 1976 Code Sections 59-104-20 and 59-104-25

**Notice of Drafting:**

The Commission on Higher Education proposes to amend the regulation that addresses the policies and procedures for administering the Palmetto Fellows Scholarship Program at the public and independent colleges and universities in the state. Interested persons may submit comments to Dr. Karen Woodfaulk, Director for the Office of Student Affairs, S.C. Commission on Higher Education, 1122 Lady Street, Suite, 400, Columbia, S.C. 29201. To be considered, comments must be received no later than 5:00 p.m. on Friday, June 26, 2026, the close of the drafting comment period.

**Synopsis:**

The Commission on Higher Education proposes to amend (R.62-300 through 62-375), the regulation that addresses the policies and procedures for administering the Palmetto Fellows Scholarship Program (Section 59-104-20 and 59-104-25) at the public and independent colleges and universities in the state. The program regulation was last amended in 2026.

Revisions to the existing regulation are being considered to clarify the policies and procedures for administering the program. Proposed amendments are anticipated to include editing or rewriting sections so as to clarify language, improve upon understanding of the regulation and promote consistency in the administration of the scholarship program among the public and independent colleges and universities in the state.

## 8 DRAFTING NOTICES

Legislative review of this proposal will be required.

**STATE COMMISSION ON HIGHER EDUCATION**  
**CHAPTER 62**  
Statutory Authority: 1976 Code Section 59-150-370

**Notice of Drafting:**

The Commission on Higher Education proposes to amend the regulation that addresses the policies and procedures for administering the SC HOPE Scholarship at the public and independent colleges and universities in the state. Interested persons may submit comments to Dr. Karen Woodfaulk, Director for the Office of Student Affairs, S.C. Commission on Higher Education, 1122 Lady Street, Suite, 400, Columbia, S.C. 29201. To be considered, comments must be received no later than 5:00 p.m. on Friday, June 26, 2026, the close of the drafting comment period.

**Synopsis:**

The South Carolina Commission on Higher Education proposes the following revisions to Chapter 62 regulation, R.62-900.85 through 62-900.140, SC HOPE Scholarship Program. Revisions to the existing regulation for the SC HOPE Scholarship Program are being considered to clarify the policies and procedures for administrating the program. The program regulation was last amended in 2021.

Revisions to the existing regulation are being considered to clarify the policies and procedures for administering the program. Proposed amendments are anticipated to include editing or rewriting sections so as to clarify language, improve upon understanding of the regulation and promote consistency in the administration of the scholarship program among the public and independent colleges and universities in the state.

Legislative review of this proposal will be required.

**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**SOUTH CAROLINA STATE BOARD OF FUNERAL SERVICE**  
**CHAPTER 57**  
Statutory Authority: 1976 Code Sections 40-1-70 and 40-19-60

**Notice of Drafting:**

The South Carolina Board of Funeral Service proposes to consider amendments to the regulations to conform to S.583, remove duplicative parts, correct a statutory reference, and make other amendments to provide guidelines related to apprenticeships, advertising, and required equipment. Interested persons may submit comments to Matalie Mickens, Board Executive, Board of Funeral Service, Post Office Box 11329, Columbia, S.C. 29211-1139.

**Synopsis:**

The South Carolina Board of Funeral Service proposes to consider amendments to the regulations to conform to S.583, remove duplicative parts, correct a statutory reference, and make other amendments to provide guidelines related to apprenticeships, advertising, and required equipment.

Legislative review of this amendment is required.

Document No. 5455

## DEPARTMENT OF ENVIRONMENTAL SERVICES

## CHAPTER 61

Statutory Authority: 1976 Code Sections 48-1-10 et seq., 48-6-10 et seq., and 2023 Act No. 60, effective July 1, 2024

61-62. Air Pollution Control Regulations and Standards.

**Preamble:**

Pursuant to S.C. Code Sections 48-1-10 et seq., 48-6-10 et seq., and 2023 Act No. 60, the South Carolina Department of Environmental Services (Department) is authorized to adopt emission control regulations, standards, and limitations.

The United States Environmental Protection Agency (EPA) promulgates amendments to the Code of Federal Regulations (CFR) throughout each calendar year. Recent federal amendments include revisions to New Source Performance Standards (NSPS), National Emission Standards for Hazardous Air Pollutants (NESHAP), and National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories at 40 CFR Parts 60, 61, and 63.

The Department proposes amending Regulation 61-62.60, South Carolina Designated Facility Plan and New Source Performance Standards, to incorporate by reference federal amendments promulgated from January 1, 2025, through December 31, 2025.

The Department proposes amending Regulation 61-62.61, National Emission Standards for Hazardous Air Pollutants, to incorporate by reference federal amendments promulgated on October 31, 2024.

The Department proposes amending Regulation 61-62.63, National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories, to incorporate by reference federal amendments promulgated from January 1, 2025, through December 31, 2025.

The Department also proposes amending Regulation 61-62.60, Subpart OOOO, Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced after August 23, 2011, and on or before September 18, 2015, and Subpart OOOOa, Standards of Performance for Crude Oil and Natural Gas Facilities for Which Construction, Modification, or Reconstruction Commenced After September 18, 2015, and the Department proposes adding Subpart OOOOb, Standards of Performance for Crude Oil and Natural Gas Facilities for Which Construction, Modification, or Reconstruction Commenced After December 6, 2022, and Subpart OOOOc, Performance Standards and Compliance Times for Greenhouse Gas Emissions From Existing Crude Oil and Natural Gas Facilities, to incorporate recent federal amendments to standards of performance under 40 CFR Part 60, Subparts OOOO, OOOOa, and OOOOb, and to indicate the applicability and scope of EPA emission guidelines provisions (found at 40 CFR Part 60, Subpart OOOOc) incorporated by the Department to ensure compliance with federal law.

The Department also proposes other changes to R.61-62, Air Pollution Control Regulations and Standards, as deemed necessary to maintain compliance with federal law. These changes may include corrections or other changes for internal consistency, clarification, reference, punctuation, codification, formatting, spelling, and overall improvement to the text of R.61-62.

The Administrative Procedures Act, S.C. Code Section 1-23-120(H)(1), exempts these amendments from General Assembly review, as the Department proposes these amendments for compliance with federal law.

The Department had a Notice of Drafting published in the February 27, 2026, South Carolina State Register.

## 10 PROPOSED REGULATIONS

### Section-by-Section Discussion:

Section	Type of Change	Purpose
R.61-62.60		
Subpart CCCC	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart DDDD	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart OOOO	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart OOOOa	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart OOOOb	Addition	Added to incorporate federal regulations by reference for compliance with federal law.
Subpart OOOOc	Addition	Added to incorporate federal regulations by reference for compliance with federal law.
R.61-62.61		
Subpart A	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
R.61-62.63		
Subpart A	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart L	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart PPP	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart CCCCC	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.
Subpart FFFFF	Revision	Amended to incorporate federal revisions by reference for compliance with federal law.

### Notice of Public Hearing and Opportunity for Public Comment:

Interested persons may submit comment(s) on the proposed amendments to R. Scott Bigleman of the Air Regulation and Data Analysis Section, Bureau of Air Quality; S.C. Department of Environmental Services, 2600 Bull Street, Columbia, S.C. 29201; [scott.bigleman@des.sc.gov](mailto:scott.bigleman@des.sc.gov). To be considered, the Department must receive the comment(s) by 5:00 p.m. on June 22, 2026, the close of the comment period.

Should a public hearing on the proposed regulations be requested by qualifying entities or the requisite number of persons pursuant to Section 1-23-110(A)(3) of the 1976 Code, as amended, the South Carolina Administrative

Law Court will conduct a public hearing on July 7, 2026, beginning at 10:00 a.m. at the South Carolina Administrative Law Court, Edgar Brown Building, Second Floor, 1205 Pendleton Street, Columbia, S.C. 29201. If a qualifying request pursuant to Section 1-23-110(A)(3) is not received by 5:00 p.m. on June 22, 2026, the hearing will be cancelled. Should the public hearing be cancelled, SCDES will post the notice of cancellation at least one week prior to the scheduled hearing at <https://permitting.des.sc.gov/ext/ncore/external/publicnotice/info/2158238726082592592/detail>. Interested persons may also contact R. Scott Bigleman via phone at (803) 898-0561 or email at [scott.bigleman@des.sc.gov](mailto:scott.bigleman@des.sc.gov) for more information or to find out if the hearing has been cancelled.

The Department publishes a Regulation Development Update tracking the status of its proposed new regulations, amendments, and repeals and providing links to associated State Register documents at <https://des.sc.gov/permits-regulations/regulations-regulatory-updates/regulations-currently-under-amendment>.

**Statement of Need and Reasonableness:**

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-62, Air Pollution Control Regulations and Standards.

Purpose: The EPA has promulgated amendments to federal air quality regulations. Recent federal amendments include revisions to Standards of Performance for New Stationary Sources (NSPS), mandated by 42 U.S.C. Section 7411, revisions to federal National Emission Standards for Hazardous Air Pollutants (NESHAP), mandated by 42 U.S.C. Section 7412, and revisions to federal National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories, mandated by 42 U.S.C. Section 7412. The Department, therefore, proposes amending R.61-62, as necessary, to incorporate amendments to federal regulations in 2024 and 2025. Additionally, the Department proposes amending Regulation 61-62.60 to add Subpart OOOOc, Performance Standards and Compliance Times for Greenhouse Gas Emissions From Existing Crude Oil and Natural Gas Facilities, to indicate the applicability and scope of EPA emission guidelines provisions (found at 40 CFR Part 60, Subpart OOOOc) incorporated by the Department to ensure compliance with federal law. The Department also proposes to make corrections for internal consistency, clarification, and codification to improve the overall text as necessary for compliance with federal law.

Legal Authority: 1976 Code Sections 48-1-10 et seq., 48-6-10 et seq., and 2023 Act. No. 60, effective July 1, 2024.

Plan for Implementation: Upon taking legal effect, Department personnel will take appropriate steps to inform the regulated community of the amendments and any associated information. The SCDES Regulation Development Update (accessible at <https://des.sc.gov/permits-regulations/regulations-regulatory-updates/regulations-currently-under-amendment>) provides a summary of and link to these proposed amendments. Additionally, printed copies are available for a fee from the Freedom of Information Office within SCDES.

**DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:**

The EPA promulgates amendments to its air quality regulations throughout each calendar year. Federal amendments in 2024 and 2025 included revised NSPS rules and emission guidelines, revised NESHAP rules, and revised NESHAP for Source Categories. The Department is adopting these federal amendments to maintain compliance with federal law, as the EPA has delegated South Carolina authority for implementation and enforcement of these federal regulations. The Department is also proposing to amend Regulation 61-62.60 to add Subpart OOOOc, Performance Standards and Compliance Times for Greenhouse Gas Emissions From Existing Crude Oil and Natural Gas Facilities, to indicate the applicability and scope of EPA emission guidelines provisions (found at 40 CFR Part 60, Subpart OOOOc) incorporated by the Department to ensure compliance

## 12 PROPOSED REGULATIONS

with federal law. These amendments are reasonable, as they promote consistency and ensure compliance with both state and federal regulations.

### DETERMINATION OF COSTS AND BENEFITS:

There is no anticipated increase in costs to the state or its political subdivisions resulting from these proposed revisions. The amendments to be adopted are already in effect and applicable to the regulated community as a matter of federal law, thus the amendments do not present a new cost to the regulated community. The proposed amendments incorporate the revisions to the EPA regulations, which the Department implements pursuant to federal delegation and the authority granted by Section 48-1-50 of the Pollution Control Act. The proposed amendments will benefit the regulated community by clarifying and updating the regulations and improving their ease of use.

### UNCERTAINTIES OF ESTIMATES:

There are no uncertainties of estimates relative to the costs to the state or its political subdivisions.

### EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

Adoption of the recent changes in federal regulations through the proposed amendments to R.61-62 will provide continued protection of the environment and public health.

### DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

The state's authority to implement federal requirements, which are beneficial to the public health and environment, would be compromised if these amendments were not adopted in South Carolina.

### Statement of Rationale:

The EPA promulgates amendments to its air quality regulations throughout each calendar year. Federal amendments in 2024 and 2025 included revised NSPS rules and emission guidelines, revised NESHAP rules, and revised NESHAP for Source Categories. The Department is adopting these federal amendments to maintain compliance with federal law, as the EPA has delegated South Carolina authority for implementation and enforcement of these federal regulations. The Department is also proposing to amend Regulation 61-62.60 to add Subpart OOOOc, Performance Standards and Compliance Times for Greenhouse Gas Emissions From Existing Crude Oil and Natural Gas Facilities, to indicate the applicability and scope of EPA emission guidelines provisions (found at 40 CFR Part 60, Subpart OOOOc) incorporated by the Department to ensure compliance with federal law.

### Text:

The full text of this regulation is available on the South Carolina General Assembly Home Page: <http://www.scstatehouse.gov/regnsrch.php>. Full text may also be obtained from the promulgating agency.

Document No. 5454  
**DEPARTMENT OF ENVIRONMENTAL SERVICES**  
 CHAPTER 61

Statutory Authority: 1976 Code Sections 13-7-40, 48-6-10 et seq., and 2023 Act No. 60, effective July 1, 2024

61-63. Radioactive Materials (Title A).

**Preamble:**

Pursuant to S.C. Code Ann. Section 13-7-40 et seq., the South Carolina Department of Environmental Services (Department) has the authority to regulate radiation sources and to formulate, adopt, promulgate, and repeal rules and regulations relating to the control of ionizing radiation.

The United States Nuclear Regulatory Commission (NRC) promulgates amendments to the Code of Federal Regulations (CFR) throughout each calendar year. The Department proposes amending R.61-63, Radioactive Materials (Title A), to incorporate several federal amendments, ensuring compliance with federal requirements found in 10 CFR Parts 30, 32, 35, and 71, as well as Section 274 of the Atomic Energy Act of 1954.

Federal amendments include revisions to 10 CFR Part 71, Packaging and Transportation of Radioactive Materials (RATS ID 2015-3). These federal amendments made conforming changes to the NRC’s regulations, based on the International Atomic Energy Agency’s standards for the international transportation of radioactive material, and maintain consistency with the United States Department of Transportation’s (DOT) regulations. The Department proposes amending R.61-63, Radioactive Materials (Title A), as necessary to maintain compliance with these federal rules.

Additionally, the Department proposes amending R.61-63, Radioactive Materials (Title A), to incorporate an omitted table federal rule published on December 29, 1993, 58 FR 68730. This federal amendment outlines the requirement for establishing financial assurance for the decommissioning of licensed facilities.

The Department also proposes amending R.61-63, Radioactive Materials (Title A), to incorporate non-substantive amendments published in the Federal Register on August 9, 2021, 86 FR 43397 (RATS ID 2021-1) and August 24, 2023, 88 FR 57873 (RATS ID 2023-1). These federal amendments include corrections for consistency, clarity, references, spelling, punctuation, formatting, and overall improvement of the text.

The Administrative Procedures Act, S.C. Code Ann. Section 1-23-120(H)(1), exempts these amendments from General Assembly review, as the Department proposes them for compliance with federal law.

The Department had a Notice of Drafting published in the October 24, 2025, South Carolina State Register.

Section-by-Section Discussion:

Section	Type of Change	Purpose
R.61-63, PART I: General Provisions		
RHA 1.12.2	Revision	Correction of a reference.
RHA 1.15.3.1	Revision	Amend to reference RHA 1.19[Appendix C].
RHA 1.15.3.2	Revision	Amend to reference RHA 1.19[Appendix C].
RHA 1.15.3.4	Revision	Amend to reference RHA 1.19[Appendix C].
RHA 1.15.10	Revision	Amend to reference RHA 1.19[Appendix C].

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RHA 1.19[Appendix C]	Addition	Add previously omitted table used for determining financial assurance and decommissioning funding plan threshold limits.
R.61-63, PART II: Licensing of Radioactive Material		
RHA 2.7.5.1.2.1	Revision	Amend for compatibility with federal regulations correcting a reference (RATS-ID 2023-1).
RHA 2.22.1	Revision	Amend for compatibility with 10 CFR Part 71 by excepting certain requirements to eliminate duplication, gaps or incorporating terms reserved to the US NRC. Adds clarifying language regarding references to the NRC in 10 CFR Part 71. Corrects a typographical error.
RHA 2.22.1.2.2	Revision	Amend to clarify that only physicians licensed by the NRC, the Department, or another Agreement State are exempt from certain transportation requirements.
RHA 2.22.5	Addition	Add to correct a gap created by excepting 10 CFR 71.17 in RHA 2.22.1 and previously deleting the equivalent state requirement RHA 2.22.5.
RHA 2.22.6	Addition	Add to correct a gap created by excepting 10 CFR 71.21 in RHA 2.22.1 and previously deleting the equivalent state requirement RHA 2.22.6.
R.61-63, PART IV: Uses of Radionuclides in the Health Professions		
RHA 4.23.2.2	Revision	Amend to correct a phrase referencing broad scope licenses (RATS-ID 2021-1).

### Notice of Public Hearing and Opportunity for Public Comment:

Interested persons may submit comment(s) on the proposed amendments to Mr. Andrew M. Roxburgh of the Bureau of Land and Waste Management, South Carolina Department of Environmental Services, 2600 Bull Street, Columbia, S.C. 29201; or via email at [Andrew.Roxburgh@des.sc.gov](mailto:Andrew.Roxburgh@des.sc.gov). To be considered, the Department must receive comment(s) no later than 5:00 p.m. on Monday, June 22, 2026, the close of the comment period.

Should a public hearing on the proposed regulations be requested by qualifying entities or the requisite number of persons pursuant to Section 1-23-110(A)(3) of the 1976 Code, as amended, the South Carolina Administrative Law Court will conduct a public hearing on July 8, 2026, beginning at 1:00. pm, at the South Carolina Administrative Law Court, Edgar Brown Building, Second Floor, 1205 Pendleton Street, Columbia, S.C. 29201.

If a qualifying request pursuant to Section 1-23-110(A)(3) is not received by 5:00 p.m. on Monday, June 22, 2026, the hearing will be canceled.

**Statement of Need and Reasonableness:**

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-63, Radioactive Materials (Title A).

Purpose: The Department of Environmental Services proposes amendments to Regulation 61-63 for compliance with federal regulations 10 CFR Parts 30, 32, 35, and 71.

Legal Authority: 1976 Code Sections 13-7-40, 48-6-10 et seq., and 2023 Act No. 60, effective July 1, 2024.

Plan for Implementation: The amendments will have legal effect upon publication in the State Register. Department personnel will then take appropriate steps to inform the regulated community of the amendments.

**DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:**

The federal Atomic Energy Act of 1954 enables the United States Nuclear Regulatory Commission (Commission) to enter into agreements with state governors allowing for state regulation of byproduct, source, and special nuclear materials. (42 U.S.C. Section 2121). The Commission enters into such agreements if it finds the state regulatory program complies with applicable federal regulations. To renew South Carolina's ongoing agreement with the Commission, the Department of Environmental Services proposes amendments to Regulation 61-63 for compatibility with the Commission's federal regulatory updates. The amendments are beneficial in that they ensure state oversight of required standards.

**DETERMINATION OF COSTS AND BENEFITS:**

Neither the state nor its political subdivisions will incur additional costs as a result of implementing this amendment. The state will utilize its existing staff and resources to implement this amendment to the regulation. The amendment will not create any significant additional cost to the regulated community since requirements or changes to the regulations will be substantially consistent with the current guidelines and review guidelines utilized by the Department.

**UNCERTAINTIES OF ESTIMATES:**

There are no uncertainties in the estimates of costs to the state or its political subdivisions.

**EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:**

These amendments seek to ensure an effective regulatory program for users of radioactive material under state jurisdiction and to protect the public and workers from unnecessary exposure to ionizing radiation.

**DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:**

Adoption of the changes to federal regulations through the proposed amendments to R.61-63 will continue protecting the environment and public health.

**Statement of Rationale:**

## 16 PROPOSED REGULATIONS

The federal Atomic Energy Act of 1954 enables the United States Nuclear Regulatory Commission (Commission) to enter into agreements with state governors allowing for state regulation of byproduct, source, and special nuclear materials (42 U.S.C. Section 2121). The Commission enters into such agreements if it finds the state regulatory program complies with applicable federal regulations. To renew South Carolina's ongoing agreement with the Commission, the South Carolina Department of Environmental Services proposes amendments to Regulation 61-63 for compatibility with the Commission's federal regulatory updates.

### **Text:**

The full text of this regulation is available on the South Carolina General Assembly Home Page: <http://www.scstatehouse.gov/regnsrch.php>. Full text may also be obtained from the promulgating agency.

Document No. 5373

**SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY****CHAPTER 12**

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-1100 - 12-1124. General Retention Schedule for Data Processing Records of State Agencies/Institutions.

**Synopsis:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-1100 - 12-1124 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal Regulations 12-1100 through 12-1124 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

**Instructions:**

Print regulation as shown below.

**Text:**

12-1100. Introduction and General Matters; Application of Schedule.

General Retention Schedules for Data Processing Records will be issued by the Department of Archives and History pursuant to Section 30-1-90(B) of the Code of Laws, 1976, and can be found on the agency website or by contacting the department.

12-1105. Repealed.

12-1106. Repealed.

12-1107. Repealed.

12-1108. Repealed.

12-1109. Repealed.

12-1110. Repealed.

12-1111. Repealed.

12-1112. Repealed.

12-1113. Repealed.

12-1114. Repealed.

12-1115. Repealed.

12-1116. Repealed.

12-1117. Repealed.

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12-1118. Repealed.

12-1119. Repealed.

12-1120. Repealed.

12-1121. Repealed.

12-1122. Repealed.

12-1123. Repealed.

12-1124. Repealed.

### **Fiscal Impact Statement:**

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-1100 - 12-1124.

### **Statement of Rationale:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-1100 - 12-1124 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

Document No. 5377

## **SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY**

### **CHAPTER 12**

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-1200 – 1206. General Retention Schedule for Electronic Records Common to Most State Agencies/Institutions.

### **Synopsis:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-1200 - 12-1206 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal Regulations 12-1200 through 12-1206 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

### **Instructions:**

Print regulation as shown below.

### **Text:**

12-1200. Introduction and General Matters; Application of Schedule.

General and Specific Retention Schedules covering records regardless of format will be issued by the Department of Archives and History pursuant to Sections 30-1-90(A) and 30-1-90(B) of the Code of Laws, 1976, and can be found by contacting the department. General retention schedules can also be found on the agency website.

12-1205. Repealed.

12-1206. Repealed.

**Fiscal Impact Statement:**

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-1200 - 12-1206.

**Statement of Rationale:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-1200 - 12-1206 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

Document No. 5378

**SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY  
CHAPTER 12**

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-300 - 12-336. General Retention Schedule for State Administrative Records.

**Synopsis:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-300 - 12-336 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal Regulations 12-300 through 12-336 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

**Instructions:**

Print regulation as shown below.

**Text:**

12-300. Introduction and General Matters; Application of Schedule.

General Retention Schedules for State Administrative Records will be issued by and accessible from the Department of Archives and History pursuant to Section 30-1-90(B) of the Code of Laws, 1976, and can be found on the agency website or by contacting the department.

12-301. Repealed.

## **20 FINAL REGULATIONS**

- 12-302. Repealed.
- 12-303. Repealed.
- 12-304. Repealed.
- 12-305. Repealed.
- 12-306. Repealed.
- 12-307. Repealed.
- 12-308. Repealed.
- 12-309. Repealed.
- 12-310. Repealed.
- 12-311. Repealed.
- 12-312. Repealed.
- 12-313. Repealed.
- 12-314. Repealed.
- 12-315. Repealed.
- 12-316. Repealed.
- 12-317. Repealed.
- 12-318. Repealed.
- 12-319. Repealed.
- 12-320. Repealed.
- 12-321. Repealed.
- 12-322. Repealed.
- 12-323. Repealed.
- 12-324. Repealed.
- 12-325. Repealed.
- 12-326. Repealed.
- 12-327. Repealed.
- 12-328. Repealed.

12-329. Repealed.

12-330. Repealed.

12-331. Repealed.

12-332. Repealed.

12-333. Repealed.

12-334. Repealed.

12-335. Repealed.

12-336. Repealed.

**Fiscal Impact Statement:**

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-300 - 12-336.

**Statement of Rationale:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-300 - 12-336 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

Document No. 5379

**SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY**

**CHAPTER 12**

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-800 - 12-819.10. General Retention Schedule for State Colleges and Universities.

**Synopsis:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-800 - 12-819.10 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal Regulations 12-800 through 12-819.10 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

**Instructions:**

Print regulation as shown below.

**Text:**

12-800. Introduction and General Matters; Application of Schedule.

## 22 FINAL REGULATIONS

General Retention Schedules for State Colleges and Universities will be issued by and accessible from the Department of Archives and History pursuant to Section 30-1-90(B) of the Code of Laws, 1976, and can be found on the agency website or by contacting the department.

12-801.5. Repealed.

12-802.5. Repealed.

12-802.6. Repealed.

12-802.7. Repealed.

12-802.8. Repealed.

12-803.5. Repealed.

12-803.6. Repealed.

12-804.5. Repealed.

12-804.6. Repealed.

12-804.7. Repealed.

12-804.8. Repealed.

12-804.9. Repealed.

12-804.10. Repealed.

12-804.11. Repealed.

12-804.12. Repealed.

12-804.13. Repealed.

12-804.14. Repealed.

12-804.15. Repealed.

12-804.16. Repealed.

12-804.17. Repealed.

12-804.18. Repealed.

12-804.19. Repealed.

12-804.20. Repealed.

12-804.21. Repealed.

12-804.22. Repealed.

- 12-804.23. Repealed.
- 12-804.24. Repealed.
- 12-804.25. Repealed.
- 12-804.26. Repealed.
- 12-804.27. Repealed.
- 12-804.28. Repealed.
- 12-804.29. Repealed.
- 12-804.30. Repealed.
- 12-804.31. Repealed.
- 12-804.32. Repealed.
- 12-804.33. Repealed.
- 12-804.34. Repealed.
- 12-804.35. Repealed.
- 12-804.36. Repealed.
- 12-804.37. Repealed.
- 12-804.38. Repealed.
- 12-804.39. Repealed.
- 12-804.40. Repealed.
- 12-804.41. Repealed.
- 12-805.6. Repealed.
- 12-805.8. Repealed.
- 12-805.9. Repealed.
- 12-805.10. Repealed.
- 12-805.11. Repealed.
- 12-805.12. Repealed.
- 12-805.13. Repealed.
- 12-805.14. Repealed.

## **24 FINAL REGULATIONS**

- 12-805.15. Repealed.
- 12-805.16. Repealed.
- 12-805.17. Repealed.
- 12-805.18. Repealed.
- 12-805.19. Repealed.
- 12-805.20. Repealed.
- 12-805.21. Repealed.
- 12-805.22. Repealed.
- 12-805.23. Repealed.
- 12-805.24. Repealed.
- 12-805.25. Repealed.
- 12-805.26. Repealed.
- 12-806.5. Repealed.
- 12-806.6. Repealed.
- 12-806.7. Repealed.
- 12-806.8. Repealed.
- 12-806.9. Repealed.
- 12-806.10. Repealed.
- 12-806.11. Repealed.
- 12-806.12. Repealed.
- 12-806.13. Repealed.
- 12-806.14. Repealed.
- 12-806.15. Repealed.
- 12-806.16. Repealed.
- 12-806.17. Repealed.
- 12-806.18. Repealed.
- 12-806.19. Repealed.

- 12-806.20. Repealed.
- 12-806.21. Repealed.
- 12-806.22. Repealed.
- 12-806.23. Repealed.
- 12-806.24. Repealed.
- 12-806.25. Repealed.
- 12-806.26. Repealed.
- 12-806.27. Repealed.
- 12-807.5. Repealed.
- 12-807.6. Repealed.
- 12-807.7. Repealed.
- 12-807.8. Repealed.
- 12-807.9. Repealed.
- 12-807.10. Repealed.
- 12-807.11. Repealed.
- 12-807.12. Repealed.
- 12-807.13. Repealed.
- 12-807.14. Repealed.
- 12-807.15. Repealed.
- 12-807.16. Repealed.
- 12-807.17. Repealed.
- 12-807.18. Repealed.
- 12-807.19. Repealed.
- 12-808.5. Repealed.
- 12-808.6. Repealed.
- 12-809.5. Repealed.
- 12-809.6. Repealed.

## **26 FINAL REGULATIONS**

12-809.7. Repealed.

12-809.8. Repealed.

12-809.10. Repealed.

12-809.11. Repealed.

12-809.12. Repealed.

12-810.5. Repealed.

12-810.6. Repealed.

12-810.7. Repealed.

12-810.8. Repealed.

12-810.9. Repealed.

12-810.10. Repealed.

12-810.11. Repealed.

12-811.5. Repealed.

12-811.6. Repealed.

12-811.7. Repealed.

12-811.8. Repealed.

12-811.9. Repealed.

12-811.10. Repealed.

12-811.11. Repealed.

12-811.12. Repealed.

12-812.5. Repealed.

12-812.6. Repealed.

12-812.7. Repealed.

12-812.8. Repealed.

12-813.5. Repealed.

12-813.6. Repealed.

12-813.7. Repealed.

12-813.8. Repealed.

12-813.9. Repealed.

12-813.10. Repealed.

12-814.5. Repealed.

12-814.6. Repealed.

12-814.7. Repealed.

12-815.5. Repealed.

12-815.6. Repealed.

12-816.5. Repealed.

12-817.5. Repealed.

12-818.5. Repealed.

12-818.6. Repealed.

12-818.7. Repealed.

12-819.5. Repealed.

12-819.6. Repealed.

12-819.7. Repealed.

12-819.8. Repealed.

12-819.9. Repealed.

12-819.10. Repealed.

**Fiscal Impact Statement:**

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-800 - 12-819.10.

**Statement of Rationale:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-800 - 12-819.10 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

## 28 FINAL REGULATIONS

Document No. 5380

### SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY

#### CHAPTER 12

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-700 - 12-757. General Retention Schedule for State Financial Records.

#### **Synopsis:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-700 - 12-757 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal Regulations 12-700 through 12-757 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

#### **Instructions:**

Print regulation as shown below.

#### **Text:**

12-700. Introduction and General Matters; Application of Schedule.

General Retention Schedules for State Financial Records will be issued by and accessible from the Department of Archives and History pursuant to Section 30-1-90(B) of the Code of Laws, 1976, and can be found on the agency website or by contacting the department.

12-701. Repealed.

12-702. Repealed.

12-703. Repealed.

12-704. Repealed.

12-705. Repealed.

12-706. Repealed.

12-707. Repealed.

12-708. Repealed.

12-709. Repealed.

12-710. Repealed.

12-711. Repealed.

12-712. Repealed.

12-713. Repealed.

- 12-714. Repealed.
- 12-715. Repealed.
- 12-716. Repealed.
- 12-717. Repealed.
- 12-718. Repealed.
- 12-719. Repealed.
- 12-720. Repealed.
- 12-721. Repealed.
- 12-722. Repealed.
- 12-723. Repealed.
- 12-724. Repealed.
- 12-725. Repealed.
- 12-726. Repealed.
- 12-727. Repealed.
- 12-728. Repealed.
- 12-729. Repealed.
- 12-730. Repealed.
- 12-731. Repealed.
- 12-732. Repealed.
- 12-733. Repealed.
- 12-734. Repealed.
- 12-735. Repealed.
- 12-736. Repealed.
- 12-737. Repealed.
- 12-738. Repealed.
- 12-739. Repealed.
- 12-744. Repealed.

### **30 FINAL REGULATIONS**

12-745. Repealed.

12-746. Repealed.

12-747. Repealed.

12-748. Repealed.

12-749. Repealed.

12-750. Repealed.

12-751. Repealed.

12-752. Repealed.

12-753. Repealed.

12-754. Repealed.

12-755. Repealed.

12-756. Repealed.

12-757. Repealed.

#### **Fiscal Impact Statement:**

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-700 - 12-757.

#### **Statement of Rationale:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-700 - 12-757 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

Document No. 5374

### **SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY CHAPTER 12**

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-400 - 12-423. General Retention Schedule for State Personnel Records.

#### **Synopsis:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-400 - 12-423 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal

Regulations 12-400 through 12-423 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

**Instructions:**

Print regulation as shown below.

**Text:**

12-400. Introduction and General Matters; Application of Schedule.

General Retention Schedules for State Personnel Records will be issued by and accessible from the Department of Archives and History pursuant to Section 30-1-90(B) of the Code of Laws, 1976, and can be found on the agency website or by contacting the department.

12-406. Repealed.

12-407. Repealed.

12-408. Repealed.

12-409. Repealed.

12-410. Repealed.

12-411. Repealed.

12-412. Repealed.

12-413. Repealed.

12-414. Repealed.

12-415. Repealed.

12-416. Repealed.

12-417. Repealed.

12-418. Repealed.

12-419. Repealed.

12-420. Repealed.

12-421. Repealed.

12-422. Repealed.

12-423. Repealed.

**Fiscal Impact Statement:**

## 32 FINAL REGULATIONS

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-400 - 12-423.

### Statement of Rationale:

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-400 - 12-423 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

Document No. 5375

### SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY CHAPTER 12

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-500 - 12-518.3. General Retention Schedules for County Records.

### Synopsis:

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-500 - 12-518.3 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal Regulations 12-500 through 12-518.3 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

### Instructions:

Print regulation as shown below.

### Text:

12-500. Introduction and General Matters; Application of Schedule.

General Retention Schedules for County Records will be issued by and accessible from the Department of Archives and History pursuant to Section 30-1-90(B) of the Code of Laws, 1976, and can be found on the agency website or by contacting the department.

12-501.1. Repealed.

12-501.2. Repealed.

12-501.3. Repealed.

12-501.4. Repealed.

12-501.5. Repealed.

12-501.6. Repealed.

12-501.7. Repealed.

- 12-501.8. Repealed.
- 12-501.9. Repealed.
- 12-501.10. Repealed.
- 12-501.11. Repealed.
- 12-501.12. Repealed.
- 12-501.13. Repealed.
- 12-501.14. Repealed.
- 12-501.15. Repealed.
- 12-501.16. Repealed.
- 12-501.17. Repealed.
- 12-501.18. Repealed.
- 12-502.1. Repealed.
- 12-502.2. Repealed.
- 12-502.3. Repealed.
- 12-502.4. Repealed.
- 12-502.5. Repealed.
- 12-502.6. Repealed.
- 12-502.7. Repealed.
- 12-502.8. Repealed.
- 12-502.9. Repealed.
- 12-502.10. Repealed.
- 12-502.11. Repealed.
- 12-502.12. Repealed.
- 12-502.13. Repealed.
- 12-502.14. Repealed.
- 12-502.15. Repealed.
- 12-502.16. Repealed.

### **34 FINAL REGULATIONS**

- 12-502.17. Repealed.
- 12-502.18. Repealed.
- 12-502.19. Repealed.
- 12-502.20. Repealed.
- 12-502.21. Repealed.
- 12-502.22. Repealed.
- 12-502.23. Repealed.
- 12-502.24. Repealed.
- 12-502.25. Repealed.
- 12-502.26. Repealed.
- 12-502.27. Repealed.
- 12-502.28. Repealed.
- 12-502.29. Repealed.
- 12-502.30. Repealed.
- 12-503.1. Repealed.
- 12-503.2. Repealed.
- 12-503.3. Repealed.
- 12-503.4. Repealed.
- 12-503.5. Repealed.
- 12-503.6. Repealed.
- 12-503.7. Repealed.
- 12-503.8. Repealed.
- 12-503.9. Repealed.
- 12-503.10. Repealed.
- 12-503.11. Repealed.
- 12-503.12. Repealed.
- 12-503.13. Repealed.

- 12-503.14. Repealed.
- 12-503.15. Repealed.
- 12-504.1. Repealed.
- 12-504.2. Repealed.
- 12-504.3. Repealed.
- 12-504.4. Repealed.
- 12-504.5. Repealed.
- 12-504.6. Repealed.
- 12-504.7. Repealed.
- 12-504.8. Repealed.
- 12-504.9. Repealed.
- 12-504.10. Repealed.
- 12-504.11. Repealed.
- 12-504.12. Repealed.
- 12-504.13. Repealed.
- 12-504.14. Repealed.
- 12-504.15. Repealed.
- 12-504.16. Repealed.
- 12-504.17. Repealed.
- 12-504.18. Repealed.
- 12-504.19. Repealed.
- 12-504.20. Repealed.
- 12-504.21. Repealed.
- 12-505.1. Repealed.
- 12-505.2. Repealed.
- 12-505.3. Repealed.
- 12-505.4. Repealed.

## **36 FINAL REGULATIONS**

12-505.5. Repealed.

12-505.6. Repealed.

12-506.1. Repealed.

12-506.2. Repealed.

12-506.3. Repealed.

12-506.4. Repealed.

12-506.5. Repealed.

12-506.6. Repealed.

12-506.7. Repealed.

12-506.8. Repealed.

12-506.9. Repealed.

12-506.10. Repealed.

12-506.11. Repealed.

12-506.12. Repealed.

12-507.1. Repealed.

12-507.2. Repealed.

12-507.3. Repealed.

12-507.4. Repealed.

12-507.5. Repealed.

12-507.6. Repealed.

12-507.7. Repealed.

12-507.8. Repealed.

12-507.9. Repealed.

12-507.10. Repealed.

12-507.11. Repealed.

12-507.12. Repealed.

12-507.13. Repealed.

- 12-507.14. Repealed.
- 12-507.15. Repealed.
- 12-507.16. Repealed.
- 12-507.17. Repealed.
- 12-507.18. Repealed.
- 12-507.19. Repealed.
- 12-507.20. Repealed.
- 12-507.21. Repealed.
- 12-507.22. Repealed.
- 12-507.23. Repealed.
- 12-507.24. Repealed.
- 12-507.25. Repealed.
- 12-507.26. Repealed.
- 12-507.27. Repealed.
- 12-507.28. Repealed.
- 12-507.29. Repealed.
- 12-507.30. Repealed.
- 12-508.1. Repealed.
- 12-508.2. Repealed.
- 12-508.3. Repealed.
- 12-508.4. Repealed.
- 12-508.5. Repealed.
- 12-508.6. Repealed.
- 12-508.7. Repealed.
- 12-508.8. Repealed.
- 12-508.9. Repealed.
- 12-508.10. Repealed.

## **38 FINAL REGULATIONS**

- 12-508.11. Repealed.
- 12-508.12. Repealed.
- 12-508.13. Repealed.
- 12-508.14. Repealed.
- 12-508.15. Repealed.
- 12-508.16. Repealed.
- 12-508.17. Repealed.
- 12-508.18. Repealed.
- 12-508.19. Repealed.
- 12-508.20. Repealed.
- 12-508.21. Repealed.
- 12-508.22. Repealed.
- 12-508.23. Repealed.
- 12-508.24. Repealed.
- 12-508.25. Repealed.
- 12-508.26. Repealed.
- 12-508.27. Repealed.
- 12-508.28. Repealed.
- 12-508.29. Repealed.
- 12-509.1. Repealed.
- 12-509.2. Repealed.
- 12-509.3. Repealed.
- 12-509.4. Repealed.
- 12-509.5. Repealed.
- 12-509.6. Repealed.
- 12-510.1. Repealed.
- 12-510.2. Repealed.

12-510.3. Repealed.

12-510.4. Repealed.

12-510.5. Repealed.

12-510.6. Repealed.

12-510.7. Repealed.

12-510.8. Repealed.

12-510.9. Repealed.

12-510.10. Repealed.

12-510.11. Repealed.

12-510.12. Repealed.

12-510.13. Repealed.

12-511.1. Repealed.

12-511.2. Repealed.

12-511.3. Repealed.

12-511.4. Repealed.

12-511.5. Repealed.

12-511.6. Repealed.

12-511.7. Repealed.

12-511.8. Repealed.

12-511.9. Repealed.

12-511.10. Repealed.

12-512.1. Repealed.

12-512.2. Repealed.

12-513.1. Repealed.

12-513.2. Repealed.

12-513.3. Repealed.

12-513.4. Repealed.

## **40 FINAL REGULATIONS**

12-514.1. Repealed.

12-514.2. Repealed.

12-514.3. Repealed.

12-515.1. Repealed.

12-515.2. Repealed.

12-515.3. Repealed.

12-515.4. Repealed.

12-515.5. Repealed.

12-516.1. Repealed.

12-516.2. Repealed.

12-516.3. Repealed.

12-516.4. Repealed.

12-516.5. Repealed.

12-517.1. Repealed.

12-517.2. Repealed.

12-517.3. Repealed.

12-517.4. Repealed.

12-517.5. Repealed.

12-517.6. Repealed.

12-517.7. Repealed.

12-517.8. Repealed.

12-517.9. Repealed.

12-517.10. Repealed.

12-517.11. Repealed.

12-517.12. Repealed.

12-518.1. Repealed.

12-518.2. Repealed.

12-518.3. Repealed.

**Fiscal Impact Statement:**

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-500 - 12-518.3.

**Statement of Rationale:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-500 - 12-518.3 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

Document No. 5376

**SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY**

**CHAPTER 12**

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-601 - 12-611.11. General Retention Schedules for Municipal Records.

**Synopsis:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-601 - 12-611.11 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal Regulations 12-601 through 12-611.11 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

**Instructions:**

Print regulation as shown below.

**Text:**

12-601. Introduction and General Matters; Application of Schedules.

General Retention Schedules for Municipal Records will be issued by and accessible from the Department of Archives and History pursuant to Section 30-1-90(B) of the Code of Laws, 1976, and can be found on the agency website or by contacting the department.

12-601.1. Repealed.

12-601.2. Repealed.

12-601.3. Repealed.

12-601.4. Repealed.

12-601.5. Repealed.

## **42 FINAL REGULATIONS**

12-601.6. Repealed.

12-601.7. Repealed.

12-601.8. Repealed.

12-601.9. Repealed.

12-601.10. Repealed.

12-601.11. Repealed.

12-601.12. Repealed.

12-601.13. Repealed.

12-601.14. Repealed.

12-601.15. Repealed.

12-602.1. Repealed.

12-602.2. Repealed.

12-602.3. Repealed.

12-602.4. Repealed.

12-602.5. Repealed.

12-602.6. Repealed.

12-602.7. Repealed.

12-602.8. Repealed.

12-602.9. Repealed.

12-602.10. Repealed.

12-602.11. Repealed.

12-602.12. Repealed.

12-603.1. Repealed.

12-603.2. Repealed.

12-604.1. Repealed.

12-604.2. Repealed.

12-604.3. Repealed.

- 12-604.4. Repealed.
- 12-604.5. Repealed.
- 12-605.1. Repealed.
- 12-605.2. Repealed.
- 12-605.3. Repealed.
- 12-605.4. Repealed.
- 12-605.5. Repealed.
- 12-605.6. Repealed.
- 12-605.7. Repealed.
- 12-605.8. Repealed.
- 12-605.9. Repealed.
- 12-605.10. Repealed.
- 12-605.11. Repealed.
- 12-605.12. Repealed.
- 12-605.13. Repealed.
- 12-605.14. Repealed.
- 12-605.15. Repealed.
- 12-606.1. Repealed.
- 12-606.2. Repealed.
- 12-606.3. Repealed.
- 12-606.4. Repealed.
- 12-606.5. Repealed.
- 12-606.6. Repealed.
- 12-606.7. Repealed.
- 12-606.8. Repealed.
- 12-606.9. Repealed.
- 12-606.10. Repealed.

#### **44 FINAL REGULATIONS**

12-607.1. Repealed.

12-607.2. Repealed.

12-607.3. Repealed.

12-607.4. Repealed.

12-607.5. Repealed.

12-607.6. Repealed.

12-607.7. Repealed.

12-607.8. Repealed.

12-607.9. Repealed.

12-607.10. Repealed.

12-607.11. Repealed.

12-607.12. Repealed.

12-607.13. Repealed.

12-607.14 Repealed.

12-607.15. Repealed.

12-607.16. Repealed.

12-608.1. Repealed.

12-608.2. Repealed.

12-608.3. Repealed.

12-608.4. Repealed.

12-608.5. Repealed.

12-608.6. Repealed.

12-608.7. Repealed.

12-608.8. Repealed.

12-608.9. Repealed.

12-608.10. Repealed.

12-608.11. Repealed.

- 12-608.12. Repealed.
- 12-608.13. Repealed.
- 12-608.14. Repealed.
- 12-608.15. Repealed.
- 12-608.16. Repealed.
- 12-608.17. Repealed.
- 12-608.18. Repealed.
- 12-608.19. Repealed.
- 12-608.20. Repealed.
- 12-609.1. Repealed.
- 12-609.2. Repealed.
- 12-609.3. Repealed.
- 12-609.4. Repealed.
- 12-609.5. Repealed.
- 12-609.6. Repealed.
- 12-609.7. Repealed.
- 12-610.1. Repealed.
- 12-610.2. Repealed.
- 12-611.1. Repealed.
- 12-611.2. Repealed.
- 12-611.3. Repealed.
- 12-611.4. Repealed.
- 12-611.5. Repealed.
- 12-611.6. Repealed.
- 12-611.7. Repealed.
- 12-611.8. Repealed.
- 12-611.9. Repealed.

## 46 FINAL REGULATIONS

12-611.10. Repealed.

12-611.11. Repealed.

### **Fiscal Impact Statement:**

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-601 - 12-611.11.

### **Statement of Rationale:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-601 - 12-611.11 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

Document No. 5381

**SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY**  
**CHAPTER 12**

Statutory Authority: 1976 Code Sections 30-1-90(B) and 30-1-100(D)

12-901 - 12-906.16. General Retention Schedules for School Districts.

### **Synopsis:**

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-901 - 12-906.16 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed. SCDAH proposes to repeal Regulations 12-901 through 12-906.16 in their entirety and to add instructional language for locating the revised general schedules. The related Notice of Drafting was published on April 25, 2025.

### **Instructions:**

Print regulation as shown below.

### **Text:**

12-901. Introduction and General Matters; Application of Schedules.

General Retention Schedules for School Districts will be issued by and accessible from the Department of Archives and History pursuant to Section 30-1-90(B) of the Code of Laws, 1976, and can be found on the agency website or by contacting the department.

12-901.1. Repealed.

12-901.2. Repealed.

12-901.3. Repealed.

12-901.4. Repealed.

- 12-901.5. Repealed.
- 12-901.6. Repealed.
- 12-901.7. Repealed.
- 12-901.8. Repealed.
- 12-901.9. Repealed.
- 12-901.10. Repealed.
- 12-901.11. Repealed.
- 12-902.1. Repealed.
- 12-902.2. Repealed.
- 12-902.3. Repealed.
- 12-902.4. Repealed.
- 12-902.5. Repealed.
- 12-902.6. Repealed.
- 12-902.7. Repealed.
- 12-902.8. Repealed.
- 12-902.9. Repealed.
- 12-902.10. Repealed.
- 12-902.11. Repealed.
- 12-902.12. Repealed.
- 12-902.13. Repealed.
- 12-902.14. Repealed.
- 12-902.15. Repealed.
- 12-902.16. Repealed.
- 12-902.17. Repealed.
- 12-902.18. Repealed.
- 12-902.19. Repealed.
- 12-902.20. Repealed.

## 48 FINAL REGULATIONS

- 12-902.21. Repealed.
- 12-902.22. Repealed.
- 12-902.23. Repealed.
- 12-902.24. Repealed.
- 12-902.25. Repealed.
- 12-902.26. Repealed.
- 12-902.27. Repealed.
- 12-903.1. Repealed.
- 12-903.2. Repealed.
- 12-904.1. Repealed.
- 12-904.2. Repealed.
- 12-904.3. Repealed.
- 12-904.4. Repealed.
- 12-904.5. Repealed.
- 12-904.6. Repealed.
- 12-904.7. Repealed.
- 12-904.8. Repealed.
- 12-904.9. Repealed.
- 12-904.10. Repealed.
- 12-904.11. Repealed.
- 12-904.12. Repealed.
- 12-905.1. Repealed.
- 12-905.2. Repealed.
- 12-905.3. Repealed.
- 12-905.4. Repealed.
- 12-905.5. Repealed.
- 12-905.6. Repealed.

12-905.7. Repealed.

12-905.8. Repealed.

12-905.9. Repealed.

12-905.10. Repealed.

12-905.11. Repealed.

12-905.12. Repealed.

12-905.13. Repealed.

12-906.1. Repealed.

12-906.2. Repealed.

12-906.3. Repealed.

12-906.4. Repealed.

12-906.5. Repealed.

12-906.6. Repealed.

12-906.7. Repealed.

12-906.8. Repealed.

12-906.9. Repealed.

12-906.10. Repealed.

12-906.11. Repealed.

12-906.12. Repealed.

12-906.13. Repealed.

12-906.14. Repealed.

12-906.15. Repealed.

12-906.16. Repealed.

**Fiscal Impact Statement:**

SCDAH does not anticipate additional costs to the State or its political subdivisions as a result of the proposed repeal of Regulations 12-901 - 12-906.16.

**Statement of Rationale:**

## 50 FINAL REGULATIONS

Act 47 of 2003 amended Section 30-1-90(B) of the Code of Laws, 1976, to eliminate the requirement that the general schedules be developed as state regulations and allows general schedules to be issued by the South Carolina Department of Archives and History (SCDAH). Regulations 12-901 - 12-906.16 are no longer required or needed due to the amendment of section 30-1-90(B) and should be repealed in order to streamline the development of general schedules by SCDAH.

Document No. 5433  
**CLEMSON UNIVERSITY**  
CHAPTER 27

Statutory Authority: 1976 Code Sections 56-21-10, 59-119-150, and 59-119-320

27-30002.9. Nighttime Operation of Golf Carts. (New)

### **Synopsis:**

The proposed regulation changes will update procedures and traffic regulations related to the parking and operation, including nighttime operation, of golf carts used by students, visitors, employees, etc., on the University's main campus. New language added to this section is intended to increase overall public safety and provide greater clarification on standards and compliance required to maintain public safety on campus as it relates to golf cart operation.

The Notice of Drafting was published in the State Register on July 25, 2025.

### **Instructions:**

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

### **Text:**

27-3002.9. Nighttime Operation of Golf Carts on University Property.

1. For the purposes of this section the following definitions shall apply:

a. Golf Cart is a motor vehicle as referred to in SC Code of Laws section 56-2-10 et al, designed and manufactured for operation on a golf course for sporting or recreational purposes and that are not capable of exceeding speeds of 20 miles per hour.

b. Night is half an hour after sunset until a half hour before sunrise.

2. Golf Carts are permitted to drive at night on University roadways and property if the following conditions are met:

a. The Golf Cart is equipped with working headlights or head lamps that are in compliance with SC Code of Law section 56-5-4490 and are not so bright or positioned as to blind the driver of an oncoming vehicle in compliance with SC Code of Law section 56-5-4780.

b. The Golf Cart is equipped with working taillights or taillamps in compliance with SC Code of Law section 56-5-4510.

c. All requirements for golf cart operation in compliance with applicable provisions of SC Code of Laws sections 56-5-10 et al. and 56-2-90 are met.

Violations of the above section are misdemeanor offenses.

### **Fiscal Impact Statement:**

None.

### **Statement of Rationale:**

The General Assembly has provided that local municipalities may set forth ordinances on the operation of golf carts at nighttime in their jurisdiction, and a separate statute provides that state owned properties can set forth regulations for parking and traffic on state owned campuses. This proposed regulation for Clemson University aligns with the City of Clemson ordinance related to the nighttime operation of golf carts to help ensure public safety and compliance in our respective jurisdictions.

Document No. 5451

**DEPARTMENT OF ENVIRONMENTAL SERVICES**

**CHAPTER 61**

Statutory Authority: 1976 Code Sections 44-55-10 et seq., 48-6-10 et seq., and 2023 Act No. 60, effective July 1, 2024

61-58. State Primary Drinking Water Regulations.

**Synopsis:**

Pursuant to S.C. Code Section 44-55-10 et seq. and 2023 Act No. 60, the Department is authorized to promulgate regulations governing the design, construction, operation, and maintenance of public water systems in the State. The Department is amending S.C. Code Ann. Regs. 61-58, State Primary Drinking Water Regulations (R.61-58), to adopt federal regulations commonly referred to as the Revised Consumer Confidence Report Rule.

The United States Environmental Protection Agency (EPA) promulgated the Revised Consumer Confidence Report Rule on May 24, 2024. This rule revised applicable portions of the Code of Federal Regulations (CFR), at 40 CFR Parts 141 and 142, to establish updated minimum requirements related to Consumer Confidence Reports (CCRs) that community water systems must provide to their customers.

Pursuant to 40 CFR Part 142, States are required to adopt drinking water regulations no less stringent than federally promulgated national primary drinking water regulations in order to maintain State primary enforcement responsibility for public water systems. Accordingly, the Department is amending R.61-58 to adopt the requirements of the Revised Consumer Confidence Report Rule.

The Administrative Procedures Act, S.C. Code Ann. Section 1-23-120(H)(1), exempts these amendments from General Assembly review, as the Department makes these amendments for compliance with federal law.

The Department had a Notice of Drafting published in the January 23, 2026, South Carolina State Register.

**Instructions:**

Print R.61-58.12 as shown below. All other items remain unchanged.

**Text:**

61-58. State Primary Drinking Water Regulations.

Statutory Authority: 1976 Code Sections 44-55-10 et seq., 48-6-10 et seq., and 2023 Act No. 60, effective July 1, 2024

**61-58.12. Consumer Confidence Reports.**

**A. Applicability.**

## 52 FINAL REGULATIONS

(1) This regulation establishes the minimum requirements for the content of annual reports that community water systems must deliver to their customers. These reports must contain information on the quality of the water delivered by the systems and characterize the risks (if any) from exposure to contaminants detected in the drinking water in an accurate and understandable manner. This regulation also includes requirements for systems serving more than 100,000 persons to develop and annually update a plan for providing assistance to consumers with limited English proficiency. This regulation applies only to community water systems.

(2) For the purpose of this regulation, customers are defined as billing units or service connections to which water is delivered by a community water system. For the purposes of this regulation, consumers are defined as people served by the water system, including customers, and people that do not receive a bill.

(3) For the purpose of this regulation, detected means: at or above the levels prescribed in R.61-58.5, Maximum Contaminant Levels in Drinking Water and at or above the levels prescribed in 40 CFR Section 141.902(a)(5) for PFAS listed in 40 CFR Section 141.61(c).

### **B. Effective Dates.**

(1) Between June 24, 2024, and December 31, 2026, community water systems must comply with R.61-58.12.A through R.61-58.12.E as codified on July 1, 2023. Beginning January 1, 2027, community water systems must comply with R.61-58.12.A through R.61-58.12.F.

(2) Each existing community water system must deliver reports according to R.61-58.11.E by July 1 each year. Each report delivered by July 1 must contain data collected during the previous calendar year, or the most recent calendar year before the previous calendar year.

(3) A new community water system shall deliver its first report by July 1 of the year after its first full calendar year in operation and annually thereafter.

(4) A community water system that sells water to another community water system must deliver the applicable information required in Section C below, to the buyer system:

(a) No later than April 1, 2027, and annually thereafter or

(b) On a date mutually agreed upon by the seller and the purchaser, and specifically included in a contract between the parties.

(c) A community water system that sells water to another community water system that is required to provide reports biannually according to R.61-58.12.E(9) must provide the applicable information required in R.61-58.12.E(9) by October 1, 2027, to the buyer system, and annually thereafter, or a date mutually agreed upon by the seller and the purchaser, included in a contract between the parties.

### **C. Content of the Reports.**

(1) Each community water system shall provide to its customers an annual report that contains the information specified in this section and Section D below and include a summary as specified in Section E below.

(2) Information on the source of the water delivered:

(a) Each report shall identify the source(s) of the water delivered by the community water system by providing information on:

(i) The type of the water: e.g., surface water, ground water; and

(ii) The commonly used name (if any) and location of the body (or bodies) of water.

(b) If a source water assessment has been completed, the report shall notify consumers of the availability of this information, the year it was completed or most recently updated, and the means to obtain it. In addition, systems are encouraged to highlight in the report significant sources of contamination in the source water area if they have readily available information. Where a system has received a source water assessment from the Department, the report shall include a brief summary of the system's susceptibility to potential sources of contamination, using language provided by the Department or written by the operator.

(3) Definitions.

(a) Each report shall include the following definitions:

(i) Maximum Contaminant Level Goal or MCLG: The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

(ii) Maximum Contaminant Level or MCL: The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

(iii) Contaminant: Any physical, chemical, biological, or radiological substance or matter in water.

(b) A report for a community water system operating under a variance or an exemption issued under R. 61-58.9, Variances and Exemptions, shall include the following definition: Variances and Exemptions: the Department or EPA permission not to meet an MCL or a treatment technique under certain conditions.

(c) A report which contains data on contaminants that the Department regulates using any of the following terms must include the applicable definitions:

(i) Treatment Technique: A required process intended to reduce the level of a contaminant in drinking water.

(ii) Action Level: The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system shall follow.

(iii) Maximum residual disinfectant level goal or MRDLG: The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of the disinfectants to control microbial contaminants.

(iv) Maximum residual disinfectant level or MRDL: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

(d) A report that contains information regarding a Level 1 or Level 2 Assessment required under R.61-58.17 must include the applicable definitions:

(i) Level 1 Assessment: A Level 1 Assessment is a study of the water system to identify potential problems and determine (if possible) why total coliform bacteria have been found in our water system.

(ii) Level 2 Assessment: A Level 2 Assessment is a very detailed study of the water system to identify potential problems and determine (if possible) why an E. coli MCL violation has occurred and/or why total coliform bacteria have been found in our water system on multiple occasions.

## 54 FINAL REGULATIONS

(e) Systems must use the following definitions for the terms listed below if the terms are used in the report unless the system obtains written approval from the state to use an alternate definition:

(i) Pesticide: Generally, any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest.

(ii) Herbicide: Any chemical(s) used to control undesirable vegetation.

### (4) Information on Detected Contaminants.

(a) This sub-section specifies the requirements for information to be included in each report for contaminants subject to mandatory monitoring (except *Cryptosporidium*). It applies to:

(i) Contaminants subject to an MCL, action level, maximum residual disinfectant level or treatment technique (regulated contaminants);

(ii) Contaminants for which monitoring is required by R.61-58.5.T, Special Monitoring for Inorganic and Organic Contaminants (unregulated contaminants); and

(iii) Disinfection by-products or microbial contaminants for which monitoring is required by Secs. 141.142 and 141.143 (Information Collection Rule for disinfection by-products (DBP) and Microbials (ICR)), of the National Primary Drinking Water Regulations (NPDWR), and which are detected in the finished water.

(b) The data relating to these contaminants must be presented in the reports in a manner that is clear and understandable for consumers. For example, the data may be displayed in one table or in several adjacent tables. Any additional monitoring results which a community water system chooses to include in its report must be displayed separately.

(c) The data shall be derived from data collected to comply with EPA and Department monitoring and analytical requirements during the previous calendar year, or the most recent calendar year before the previous calendar year, except that:

(i) Where a system is allowed to monitor for regulated contaminants less often than once a year, the contaminant data section must include the date and results of the most recent sampling and the report shall include a brief statement indicating that the data presented in the report are from the most recent testing done in accordance with the regulations. No data older than 5 years need be included.

(ii) Reserved.

(d) For detected regulated contaminants (listed in Appendix D to this regulation), the contaminant data section(s) must contain:

(i) The MCL for that contaminant expressed as a number equal to or greater than 1.0 (as provided in Appendix D to this regulation);

(ii) The MCLG for that contaminant expressed in the same units as the MCL;

(iii) If there is no MCL for a detected contaminant, the contaminant data section(s) must indicate that there is a treatment technique, or specify the action level, applicable to that contaminant, and the report must include the definitions for treatment technique and/or action level, as appropriate, specified in paragraph(3)(c) of this section;

(iv) For contaminants subject to an MCL, except turbidity and E.coli, the contaminant data section(s) must contain the highest contaminant level used to determine compliance with R.61-58.5, Maximum Contaminant Levels in Drinking Water, and the range of detected levels, as follows:

(A) When compliance with the MCL is determined annually or less frequently: The highest detected level at any sampling point and the range of detected levels expressed in the same units as the MCL.

(B) When compliance with the MCL is determined by calculating a running annual average of all samples taken at a monitoring location: the highest average of any of the monitoring locations and the range of all monitoring locations expressed in the same units as the MCL. For the MCLs for TTHM and HAA5 in R.61-58.5.P(2)(b), systems must include the highest locational running annual average for TTHM and HAA5 and the range of individual sample results for all monitoring locations expressed in the same units as the MCL. If more than one location exceeds the TTHM or HAA5 MCL, the system must include the locational running annual averages for all locations that exceed the MCL.

**Note to paragraph (4)(d)(iv):** When rounding of results to determine compliance with the MCL is allowed by the regulations, rounding should be done prior to multiplying the results by the factor listed in Appendix D of this regulation;

(v) For turbidity.

(A) When it is reported pursuant to the requirements of R.61-58.10.C, Filtration and Disinfection [criteria for avoiding filtration]: the highest monthly value. The report should include an explanation of the reasons for measuring turbidity.

(B) When it is reported pursuant to R.61-58.10.E, Filtration and Disinfection [filtration], or R.61-58.10.H(4): The highest single measurement and the lowest monthly percentage of samples meeting the turbidity limits specified in R.61-58.10.E, Filtration, or R.61-58.10.H(4): for the filtration technology being used. The report should include an explanation of the reasons for measuring turbidity;

(C) When it is reported pursuant to R.61-58.10.E or R.61-58.10.H(4) or R.61-58.10.I(6): the highest single measurement and the lowest monthly percentage of samples meeting the turbidity limits specified in R.61-58.10.E or R.61-58.10.H(4) or R.61-58.10.I(6) for the filtration technology being used. The report should include an explanation of the reasons for measuring turbidity.

(vi) For lead and copper: the 90th percentile concentration of the most recent round(s) of sampling, the number of sampling sites exceeding the action level, and the range of tap sampling results;

(vii) Reserved.

(viii) Reserved.

(ix) The likely source(s) of detected contaminants to the best of the operator's knowledge. Specific information regarding contaminants may be available in sanitary surveys and source water assessments, and should be used when available to the operator. If the operator lacks specific information on the likely source, the report shall include one or more of the typical sources for that contaminant listed in Appendix D to this regulation which are most applicable to the system; and

(x) For E.coli analytical results under R.61-58.17: The total number of positive samples.

(e) If a community water system distributes water to its customers from multiple hydraulically independent distribution systems that are fed by different raw water sources, the table should contain a separate

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column for each service area and the report should identify each separate distribution system. Alternatively, systems could produce separate reports tailored to include data for each service area.

(f) The detected contaminant data section(s) must clearly identify any data indicating violations of MCLs, MRDLs, or treatment techniques and the report shall contain a clear and readily understandable explanation of the violation including: the length of the violation, the potential adverse health effects, and actions taken by the system to address the violation. To describe the potential health effects, the system shall use the relevant language of Appendix D to this regulation.

(g) For detected unregulated contaminants for which monitoring is required the reports must present the average and range at which the contaminant was detected. The report may include a brief explanation of the reasons for monitoring for unregulated contaminants such as:

(i) Unregulated contaminant monitoring helps EPA to determine where certain contaminants occur and whether the Agency should consider regulating those contaminants in the future.

(ii) May use an alternative educational statement in the CCR if approved by the Primacy Agency.

(h) For systems that exceeded the lead action level in 40 CFR 141.80(c), the detected contaminant data section must clearly identify the exceedance if any corrective action has been required by the Administrator or the State during the monitoring period covered by the report. The report must include a clear and readily understandable explanation of the exceedance, the steps consumers can take to reduce their exposure to lead in drinking water, and a description of any corrective actions the system has or will take to address the exceedance.

(5) Information on *Cryptosporidium*, radon, and other contaminants:

(a) If the system has performed any monitoring for *Cryptosporidium* which indicates that *Cryptosporidium* may be present in the source water or the finished water, the report shall include:

(i) A summary of the results of the monitoring; and

(ii) An explanation of the significance of the results.

(b) If the system has performed any monitoring for radon which indicates that radon may be present in the finished water, the report shall include:

(i) The results of the monitoring; and

(ii) An explanation of the significance of the results.

(c) If the system has performed additional monitoring which indicates the presence of other contaminants in the finished water, the Department strongly encourages systems to report any results which may indicate a health concern. To determine if results may indicate a health concern, the Department recommends that systems find out if EPA has proposed an NPDWR or issued a health advisory for that contaminant by calling the Safe Drinking Water Hotline (800-426-4791) or an alternative method identified on the website [epa.gov/safewater](http://epa.gov/safewater). EPA and the Department considers detects above a proposed MCL or health advisory level to indicate possible health concerns. For such contaminants, EPA and the Department recommends that the report include:

(i) The results of the monitoring; and

(ii) An explanation of the significance of the results noting the existence of a health advisory or a proposed regulation.

(6) Compliance with the State Primary Drinking Water Regulations (SPDWR). In addition to the requirements paragraph (4)(f) of this section, the report shall note any violation that occurred during the period covered by the report of a requirement listed below, and include a clear and readily understandable explanation of the violation, any potential adverse health effects, and the steps the system has taken to correct the violation:

(a) Monitoring and reporting of compliance data;

(b) Filtration and disinfection prescribed by R.61-58.10, Filtration and Disinfection. For systems which have failed to install adequate filtration or disinfection equipment or processes, or have had a failure of such equipment or process which constitutes a violation, the report shall include the following language as part of the explanation of potential adverse health effects: “Inadequately treated water may contain disease -causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches;”

(c) Lead and copper control requirements prescribed by R.61-58.11, Lead and Copper. For systems which fail to take one or more actions prescribed by R.61-58.11.B(2) [Corrosion Control Treatment Requirements], R.61-58.11.C [Applicability of Corrosion Control Treatment Steps to Small, Medium -Size and Large Water Systems], R.61-58.11(D) [Description of Corrosion Control Treatment Requirements], R.61-58.11.E [Source Water Treatment Requirements], R.61-58.11.F [Lead Service Line Replacement Requirements], the report shall include the applicable language of Appendix D to this regulation for lead, copper, or both;

(d) Treatment techniques for Acrylamide and Epichlorohydrin prescribed by R.61-58.5.AA, Treatment Techniques. For systems which violate the requirements of R.61-58.5.AA, the report shall include the relevant language from Appendix D to this regulation;

(e) Recordkeeping of compliance data;

(f) Special monitoring requirements prescribed by R.61-58.5.T, Special Monitoring for Inorganic and Organic Contaminants, and R.61-58.5.U, Special Monitoring for Sodium; and

(g) Violation of the terms of a variance, an exemption, or an administrative or judicial order.

(7) Variances and Exemptions. If a system is operating under the terms of a variance or an exemption issued under R.61-58.9, Variances and Exemptions, the report shall contain:

(a) An explanation of the reasons for the variance or exemption;

(b) The date on which the variance or exemption was issued;

(c) A brief status report on the steps the system is taking to install treatment, find alternative sources of water, or otherwise comply with the terms and schedules of the variance or exemption; and

(d) A notice of any opportunity for public input in the review, or renewal, of the variance or exemption.

(8) Additional information:

(a) The report shall contain a brief explanation regarding contaminants which may reasonably be expected to be found in drinking water including bottled water. This explanation may include the language of paragraphs (i) through (iii) below or systems may use their own comparable language. The report also must include the language of paragraph (iv) below:

(i) Both tap water and bottled water come from rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring

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minerals and, in some cases, radioactive material. The water can also pick up and transport substances resulting from the presence of animals or from human activity. These substances are also called contaminants.

(ii) Contaminants are any physical, chemical, biological, or radiological substance or matter in water. Contaminants that may be present in source water include:

(A) Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.

(B) Inorganic contaminants, such as salts and metals, which can be naturally -occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.

(C) Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.

(D) Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.

(E) Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.”

(iii) To protect public health, the Environmental Protection Agency and the Department prescribe regulations which limit the amount of certain contaminants in tap water provided by public water systems. The Food and Drug Administration regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

(iv) Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily mean that water poses a health risk. More information about contaminants and potential health effects can be obtained by contacting the Environmental Protection Agency by calling the Safe Drinking Water Hotline (800-426-4791) or visiting the website [epa.gov/safewater](http://epa.gov/safewater).

(b) The report shall include the telephone number of the owner, operator, or designee of the community water system as a source of additional information concerning the report. If a system uses a website or social media to share additional information, EPA recommends including information about how to access such media platforms in the report.

(c) In communities with a large proportion of consumers with limited English proficiency, as determined by the Department, the report shall contain information in the appropriate language(s) regarding the importance of the report or contain a telephone number or address where such consumers may obtain a translated copy of the report or assistance in the appropriate language(s), or the report must be in the appropriate language(s).

(d) The report shall include information (e.g., time and place of regularly scheduled board meetings) about opportunities for public participation in decisions that may affect the quality of the water.

(e) The systems may include such additional information as they deem necessary for public education consistent with, and not detracting from, the purpose of the report.

(f) Systems required to comply with R.61-58.16.

(i) Any ground water system that receives notice from the Department of a significant deficiency or notice from a laboratory of a fecal indicator positive ground water source sample that is not invalidated by the Department must inform its customers of any significant deficiency that is uncorrected at the time of the next report or of any fecal indicator positive ground water source sample in the next report or 6-month update according to R.61-58.12.E. The system must continue to inform the public annually until the Department determines that particular significant deficiency is corrected or the fecal contamination in the ground water source is addressed under R.61-58.16.F(1). Each report must include the following elements:

(A) The nature of the particular significant deficiency or the source of the fecal contamination (if the source is known) and the date the significant deficiency was identified by the Department or the dates of the fecal indicator positive ground water source samples.

(B) If the fecal contamination in the ground water source has been addressed under R.61-58.16.F(1) and the date of such action.

(C) For each significant deficiency or fecal contamination in the ground water source that has not been addressed under R.61-58.16.F(1), the Department approved plan and schedule for correction, including interim measures, progress to date, and any interim measures completed; and

(D) If the system receives notice of a fecal indicator positive ground water source sample that is not invalidated by the Department, the potential health effects using the health effects language of Appendix D of R.61-58.12.

(ii) If directed by the Department, a system with significant deficiencies that have been corrected before the next report is issued must inform its customers of the significant deficiency, how the deficiency was corrected, and the date of correction.

(g) Systems required to comply with R.61-58.17:

(i) Any system required to comply with the Level 1 assessment requirement or a Level 2 assessment requirement that is not due to an E. coli MCL violation must include in the report the text found in paragraph R.61-58.12.C(8)(g)(i)(A) and paragraphs R.61-58.12.C(8)(g)(i)(B) and R.61-58.12.C(8)(g)(i)(C) as appropriate, filling in the blanks accordingly and the text found in paragraphs R.61-58.12.C(8)(g)(i)(D)(1) and R.61-58.12.C(8)(g)(i)(D)(2) if appropriate.

(A) Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially harmful, waterborne pathogens may be present or that a potential pathway exists through which contamination may enter the drinking water distribution system. We found coliforms indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s) to identify problems and to correct any problems that were found during these assessments.

(B) During the past year we were required to conduct [INSERT NUMBER OF LEVEL 1 ASSESSMENTS] Level 1 assessment(s). [INSERT NUMBER OF LEVEL 1 ASSESSMENTS] Level 1 assessment(s) were completed. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.

(C) During the past year [INSERT NUMBER OF LEVEL 2 ASSESSMENTS] Level 2 assessments were required to be completed for our water system. [INSERT NUMBER OF LEVEL 2 ASSESSMENTS] Level 2 assessments were completed. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.

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(D) Any system that has failed to complete all the required assessments or correct all identified sanitary defects, is in violation of the treatment technique requirement and must also include one or both of the following statements, as appropriate:

(1) During the past year we failed to conduct all of the required assessment(s).

(2) During the past year we failed to correct all identified defects that were found during the assessment.

(ii) Any system required to conduct a Level 2 assessment due to an E. coli MCL violation must include in the report the text found in paragraphs R.61-58.12.C(8)(g)(ii)(A) and (B), and health effects language in appendix D to this regulation filling in the blanks accordingly and the text found in paragraphs R.61-58.12.C(8)(g)(ii)(C)(1) and (2), if appropriate. Systems may use an alternative statement with equivalent information for R.61-58.12.C(8)(g)(ii)(A) through (C) of this section, if approved by the Department.

(A) We found E. coli bacteria, indicating the need to look for potential problems in water treatment or distribution. When this occurs, we are required to conduct assessment(s), also known as a Level 2 assessment, to identify problems and to correct any problems that were found during these assessments.

(B) We were required to complete a detailed assessment of our water system, also known as a Level 2 assessment, because we found E. coli in our water system. In addition, we were required to take [INSERT NUMBER OF CORRECTIVE ACTIONS] corrective actions and we completed [INSERT NUMBER OF CORRECTIVE ACTIONS] of these actions.

(C) Any system that has failed to complete the required assessment or correct all identified sanitary defects is in violation of the treatment technique requirement and must also include one or both of the following statements, as appropriate:

(1) We failed to conduct the required assessment.

(2) We failed to correct all sanitary defects that were identified during the assessment that we conducted.

(iii) If a system detects E. coli and has violated the E. coli *MCL*, in addition to completing the table as required in R.61-58.12.C(4)(d), the system must include one or more of the following statements to describe any noncompliance, as applicable:

(A) We had an E. coli-positive repeat sample following a total coliform-positive routine sample.

(B) We had a total coliform-positive repeat sample following an E. coli-positive routine sample.

(C) We failed to take all required repeat samples following an E. coli-positive routine sample.

(D) We failed to test for E. coli when any repeat sample tests positive for total coliform.

(iv) If a system detects E. coli and has not violated the E. coli *MCL*, in addition to completing the table as required in paragraph R.61-58.12.C(4)(d), the system may include a statement that explains that although they have detected E. coli, they are not in violation of the E. coli *MCL*.

(h) Systems required to comply with R.61-58.11.

(i) The report must notify consumers that complete lead tap sampling data are available for review and must include information on how to access the data.

(ii) The report must include a statement that a service line inventory (including inventories where the publicly accessible inventory consists of a written statement that there are no lead, galvanized requiring replacement, or lead status unknown service lines, known lead connectors or connectors of unknown material) has been prepared and include instructions to access the publicly accessible service line inventory. If the service line inventory is available online, the report must include the direct link to the inventory.

(iii) The report must contain a plainly worded explanation of the corrosion control efforts the system is taking in accordance with R.61-58.11. Corrosion control efforts consist of treatment (*e.g.*, pH adjustment, alkalinity adjustment, or corrosion inhibitor addition) and other efforts contributing to the control of the corrosivity of water (*e.g.*, monitoring to assess the corrosivity of water). The system may use one of the following templates or use their own explanation that includes equivalent information.

(A) For systems with State or EPA-designated Optimal Corrosion Control Treatment:

(1) Corrosion of pipes, plumbing fittings, and fixtures may cause lead and copper to enter drinking water. To assess corrosion of lead and copper, [name of system] conducts tap sampling for lead and copper at selected sites [insert frequency at which system conducts tap sampling]. [Name of system] treats water using [identify treatment method] to control corrosion, which was designated as the optimal corrosion control treatment by [the State or EPA, as applicable]. To ensure the treatment is operating effectively, [name of system] monitors water quality parameters set by the [the State or EPA, as applicable] [insert frequency at which system conducts water quality parameter monitoring].

(2) If applicable add: [Name of system] is currently conducting a study of corrosion control to determine if any changes to treatment methods are needed to minimize the corrosivity of the water.

(B) For systems without State or EPA-designated Optimal Corrosion Control Treatment:

(1) Corrosion of pipes, plumbing fittings and fixtures may cause metals, including lead and copper, to enter drinking water. To assess corrosion of lead and copper, [name of system] conducts tap sampling for lead and copper at selected sites [insert frequency at which system conducts tap sampling].

(2) If applicable, add: [Name of system] treats water using [identify treatment method] to control corrosion.

(3) If applicable add: [Name of system] is currently conducting a study of corrosion control to determine if any changes to treatment methods are needed to minimize the corrosivity of the water.

#### **D. Required Additional Health Information.**

(1) All reports shall prominently display the following language: “Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Drinking Water Hotline (800-426-4791) or on EPA’s website [epa.gov/safewater](http://epa.gov/safewater).”

(2) A system that detects arsenic above 0.005 mg/L and up to and including 0.010 mg/L:

(a) Must include in its report a short informational statement about arsenic, using language such as: Arsenic is known to cause cancer in humans. Arsenic also may cause other health effects such as skin damage and circulatory problems. [NAME OF UTILITY] meets the EPA arsenic drinking water standard, also known as a Maximum Contaminant Level (MCL). However, you should know that EPA’s MCL for arsenic balances the

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scientific community's understanding of arsenic-related health effects and the cost of removing arsenic from drinking water. The highest concentration of arsenic found in [YEAR] was [INSERT MAX ARSENIC LEVEL per R.61-58.12.C(4)(d)(iv)] ppb.

(b) May use an alternative educational statement in the CCR if approved by the Department.

(3) A system which detects nitrate at levels above 5 mg/L, but below the MCL:

(a) Must include a short informational statement about the impacts of nitrate on children using language such as: Even though [NAME OF UTILITY] meets the EPA nitrate drinking water standard, also known as a Maximum Contaminant Level (MCL), if you are caring for an infant and using tap water to prepare formula, you may want to use alternate sources of water or ask for advice from your health care provider. Nitrate levels above 10 ppm pose a particularly high health concern for infants under 6 months of age and can interfere with the capacity of the infant's blood to carry oxygen, resulting in a serious illness. Symptoms of serious illness include shortness of breath and blueness of the skin, known as "blue baby syndrome." Nitrate levels in drinking water can increase for short periods of time due to high levels of rainfall or agricultural activity, therefore we test for nitrate [INSERT APPLICABLE SAMPLING FREQUENCY]. The highest level for nitrate found during [YEAR] was [INSERT MAX NITRATE LEVEL per R.61-58.12.C(4)(d)(iv)] ppm.

(b) May use an alternative educational statement in the CCR if approved by the Department.

(4) Every report must include the following lead-specific information:

(a) A short informational statement about lead in drinking water and its effects on children. The statement must include the following information: Lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. [NAME OF UTILITY] is responsible for providing high quality drinking water and removing lead pipes, but cannot control the variety of materials used in plumbing components in your home. You share the responsibility for protecting yourself and your family from the lead in your home plumbing. You can take responsibility by identifying and removing lead materials within your home plumbing and taking steps to reduce your family's risk. Before drinking tap water, flush your pipes for several minutes by running your tap, taking a shower, doing laundry, or a load of dishes. You can also use a filter certified by an American National Standards Institute accredited certifier to reduce lead in drinking water. If you are concerned about lead in your water and wish to have your water tested, contact [NAME OF UTILITY and CONTACT INFORMATION]. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available at <http://www.epa.gov/safewater/lead>.

(b) May use an alternative educational statement in the CCR if approved by the Department.

### **E. Report Delivery, Reporting, and Recordkeeping.**

(1) Except as provided in paragraph (7) below, each community water system shall mail or otherwise directly deliver a copy of the report to each customer.

(a) Systems must use at a minimum, one of the following forms of delivery:

(i) Mail or hand deliver a paper copy of the report;

(ii) Mail a notification that the report is available on a website via a direct link;

(iii) Email a direct link or electronic version of the report; or

(iv) Another direct delivery method approved in writing by the Department.

(b) Systems using electronic delivery methods in paragraph (1)(a)(ii), (iii), or (iv) of this section must provide a paper copy of the report to any customer upon request. The notification method must prominently display directions for requesting such copy.

(c) For systems that choose to electronically deliver the reports by posting the report to a website and providing a notification either by mail or email:

(i) The report must be publicly available on the website at time notification is made;

(ii) Notifications must prominently display the link and include an explanation of the nature of the link; and

(iii) Systems may use a web page to convey the information required in R.61-58.12.C, R.61-58.12.D, and R.61-58.12.F.

(d) Systems that use a publicly available website to provide reports must maintain public access to the report for no less than 3 years.

(2) The system must make a good faith effort to reach consumers who do not get water bills, using means recommended by the primacy agency. EPA expects that an adequate good faith effort will be tailored to the consumers who are served by the system but are not bill-paying customers, such as renters or workers. A good faith effort to reach consumers includes a mix of methods to reach the broadest possible range of persons served by the water system such as, but not limited to: Posting the reports on the internet; mailing reports or postcards with links to the reports to all service addresses and/or postal customers; using an opt in notification system to send emails and/or texts with links to the reports to interested consumers; advertising the availability of the report in the news media and on social media; publication in a local newspaper or newsletter; posting a copy of the report or notice of availability with links (or equivalent, such as Quick Response (QR) codes) in public places such as cafeterias or lunch rooms of public buildings; delivery of multiple copies for distribution by single-biller customers such as apartment buildings or large private employers; delivery to community organizations; holding a public meeting to educate consumers on the reports.

(a) Where a system is aware that it serves a substantial number of non-bill paying consumers, the system is encouraged to directly deliver the reports or notices of availability of the reports to service addresses.

(b) Where a system is aware of a substantial number of bill-paying consumers without access to electronic forms of the report, the system should use at least one non-electronic form of delivery.

(3) No later than 10 days after the date the system is required to distribute the report to its customers, each community water system shall provide a copy of the report to the Department, and a certification that the report has been distributed to customers, and that the information is correct and consistent with the compliance monitoring data either provided by or submitted to the Department.

(4) No later than the date the system is required to distribute the report to its customers, each community water system shall deliver the report to any other agency or clearinghouse identified by the Department.

(5) Each community water system shall make its reports available to the public upon request. Systems should make a reasonable effort to provide the reports in an accessible format to anyone who requests an accommodation.

(6) Each community water system serving 50,000 or more persons shall post its current year's report to a publicly-accessible site on the Internet.

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(7) The Governor of a State or their designee, or the Tribal Leader where the Tribe has met the eligibility requirements contained in 40 CFR 142.72 for the purposes of waiving the mailing requirement, can waive the requirement of paragraph (1) of this section for community water systems serving fewer than 10,000 persons. In consultation with the tribal government, the Regional Administrator may waive the requirement of 40 CFR 141.155(a) in areas in Indian country where no tribe has been deemed eligible.

(a) Such systems shall:

(i) Publish the reports in one or more local newspapers or on one or more local online news sites serving the area in which the system is located;

(ii) Inform the customers that the reports will not be mailed, either in the newspapers in which the reports are published or by other means approved by the Department; and

(iii) Make the reports available to the public upon request.

(b) Systems serving 500 or fewer persons may forego the requirements of paragraphs (7)(a)(i) and (ii) above, if they provide notice at least once per year to their customers by mail, door-to-door delivery or by posting in one or more locations where persons served by the system can reasonably be expected to see it.

(8) Any system subject to this regulation shall retain copies of its Consumer Confidence Report for no less than three (3) years.

(9) Systems serving 100,000 or more persons, must develop a plan for providing assistance to consumers with limited English proficiency. The system must evaluate the languages spoken by persons with limited English proficiency served by the water system, and the system's anticipated approach to address translation needs. The first plan must be provided to the state with the first report in 2027. Plans must be evaluated annually and updated as necessary and reported with the certification required in paragraph (3) of this section.

(10) Delivery timing and biannual delivery:

(a) Each community water system must distribute reports by July 1 each year. Each report distributed by July 1 must use data collected during, or prior to, the previous calendar year using methods described in paragraph (1) of this section.

(b) Each community water system serving 10,000 or more persons must distribute the report biannually, or twice per calendar year, by December 31 using methods described in paragraph (1) of this section.

(c) Systems required to comply with paragraph (10)(b) of this section, with a violation or action level exceedance that occurred between January 1 and June 30 of the current year, or have received monitoring results from required monitoring under the Unregulated Contaminant Monitoring Rule in 40 CFR 141.40, must include a 6-month update with the second report with the following:

(i) A short description of the nature of the 6-month update and the biannual delivery.

(ii) If a system receives an MCL, MRDL, or treatment technique violation, the 6-month update must include the applicable contaminant section information in R.61-58.12.C(4)(d), and a readily understandable explanation of the violation including: the length of the violation, the potential adverse health effects, actions taken by the system to address the violation, and timeframe the system expects to complete those actions. To describe the potential health effects, the system must use the relevant language of appendix D to this regulation.

(iii) If a system receives any other violation, the 6-month update must include the information in R.61-58.12.C(6).

(iv) If a system exceeded the lead action level following monitoring conducted between January 1 and June 30 of the current year, the system must include information identified in R.61-58.12.C(4)(d)(vi) and (4)(h).

(v) For systems monitoring under CFR 141.40 that become aware of results for samples collected during the reporting year but were not included in the reports distributed by July 1, the system must include information as required by R.61-58.12.C(4)(g).

#### **F. Summary of Report Contents.**

(1) Each report must include a summary displayed prominently at the beginning of the report, including a brief description of the nature of the report.

(2) Systems must include, at a minimum, the following information in the summary:

(a) Summary of violations and compliance information included in the report required by R.61-58.12.C(4)(f) and (h), (6), and (8)(f) and (g).

(b) Contact information for owner, operator, or designee of the community water system as a source of additional information concerning the report, per R.61-58.12.C(8)(b).

(3) If applicable, systems must include the following in the summary:

(a) For systems using delivery methods in R.61-58.12.E(1)(a)(ii), (iii), or (iv), the summary must include directions for consumers to request a paper copy of the report, as described in R.61-58.12.E(1)(b).

(b) For systems subject to R.61-58.12.C(8)(c) because they serve a large proportion of consumers with limited English proficiency, the summary must include information where consumers may obtain a translated copy of the report, or get assistance in the appropriate language(s).

(c) For systems using the report to also meet the public notification requirements of R.61-58.6, the summary must specify that it is also serving to provide public notification of one or more violations or situations, provide a brief statement about the nature of the notice(s), and a brief description of how to locate the notice(s) in the report.

(4) The summary should be written in plain language and may use infographics.

(5) For those systems required to include a 6-month update with the second report under R.61-58.12.E(10)(b), the summary should include a brief description of the nature of the report and update, noting the availability of new information for the current year (between January and June).

(6) The report summary must include the following standard language to encourage the distribution of the report to all persons served:

Please share this information with anyone who drinks this water (or their guardians), especially those who may not have received this report directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this report in a public place or distributing copies by hand, mail, email, or another method.

#### **APPENDIX D. CONSUMER CONFIDENCE REPORTS: REGULATED CONTAMINANTS**

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Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
Microbiological contaminants:						
Total Coliform Bacteria	TT			N/A	Naturally present in the environment	Use language in R.61-58.12.C(8)(g)(i)(A)
E. coli	Routine and repeat samples are total coliform positive and either is E. coli-positive or system fails to take repeat samples following E. coli-positive routine sample or system fails to analyze total coliform-positive repeat sample for E. coli		Routine and repeat samples are total coliform-positive and either is E. coli-positive or system fails to take repeat samples following E. coli-positive routine sample or system fails to analyze total coliform-positive repeat sample for E. coli	0	Human and animal fecal waste	E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely-compromised immune systems.
Fecal Indicators (enterococci or coliphage).	TT		TT	N/A	Human animal and fecal waste.	Fecal indicators are microbes whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term health effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.
Total organic carbon (ppm)	TT		TT	N/A	Naturally present	Total organic carbon (TOC) has no health effects. However, total organic carbon in the environment provides a medium for the formation of disinfection by-products. These byproducts include trihalomethanes (THMs) and haloacetic acids (HAAs). Drinking water containing these by-products in excess of the MCL may lead to

Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
						adverse health effects, liver or kidney problems, or nervous system effects, and may lead to an increased risk of getting cancer.
Turbidity (NTU)	TT		TT	N/A	Soil runoff	Turbidity has no health effects. However, turbidity can interfere with disinfection and provide a medium for microbial growth. Turbidity may indicate the presence of disease-causing organisms. These organisms include bacteria, viruses, and parasites that can cause symptoms such as nausea, cramps, diarrhea and associated headaches.
Radioactive contaminants:						
Beta/photon emitters (mrem/yr)	4 mrem/yr		4	N/A	Decay of natural and man-made deposits.	Certain minerals are radioactive and may emit forms of radiation known as photons and beta radiation. Some people who drink water containing beta and photon in excess of the MCL over many years may have an increased risk of getting cancer.
Alpha emitters (pCi/L)	15 pCi/L		15	N/A	Erosion of natural deposits.	Certain minerals are radioactive and may emit a form of radiation known as alpha radiation. Some people who drink water containing alpha emitters in excess of the MCL over many years may have an increased risk of getting cancer.
Combined radium (pCi/L)	5 pCi/L		5	N/A	Erosion of natural deposits.	Some people who drink water containing radium-226 or 228 in excess of the MCL over many years may have an increased risk of getting cancer.
Uranium (pCi/L)	30 µg/L		30	0	Erosion of natural deposits.	Some people who drink water containing uranium in excess of the MCL over many years may have an increased risk getting cancer and kidney toxicity.
Inorganic contaminants:						
Antimony (ppb)	.006	1000	6	6	Discharge from petroleum	Some people who drink water containing antimony

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Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
					refineries; fire retardants; ceramics; electronics; solder.	well in excess of the MCL over many years could experience increases in blood cholesterol and decreases in blood sugar.
Arsenic (ppb)	0.010	1000	10	0	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes.	Some people who drink water containing arsenic in excess of the MCL over many years could experience skin damage or problems with their circulatory system, and may have an increased risk of getting cancer.
Asbestos (MFL)	7 MFL		7	7	Decay of asbestos cement water mains; production wastes; erosion of natural deposits.	Some people who drink water containing asbestos in excess of the MCL over many years may have an increased risk of developing benign intestinal polyps.
Barium (ppm)	2		2	2	Discharge of drilling; wastes; Discharge from metal refineries; Erosion of natural deposits.	Some people who drink water containing barium in excess of the MCL over many years could experience an increase in their blood pressure.
Beryllium (ppb)	.004	1000	4	4	Discharge from metal refineries and coal-burning factories; Discharge from electrical, aerospace, and defense industries	Some people who drink water containing beryllium in excess of the MCL over many years could develop intestinal lesions
Bromate (ppb)	.010	1000	10	0	By-product of drinking water chlorination.	Some people who drink water containing bromate in excess of the MCL over many years may have an increased risk of getting cancer.
Cadmium (ppb)	.005	1000	5	5	Corrosion of galvanized pipes; Erosion of natural deposits; Discharge from metal refineries; Runoff from waste batteries and paints.	Some people who drink water containing cadmium in excess of the MCL over many years could experience kidney damage.
Chloramines (ppm)	MRDL = 4		MRDL = 4	MRDLG = 4	Water additive used to control microbes.	Some people who use water containing chloramines well in excess of the MRDL could experience irritating to their eyes and nose. Some people who drink water containing chloramines well in excess of the MRDL could experience

Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
						stomach discomfort or anemia.
Chlorine (ppm)	MRDL = 4		MRDL = 4	MRDLG = 4	Water additive used to control microbes	Some people who use water containing chlorine well in excess of the MRDL could experience irritating effects to their eyes and nose. Some people who drink water containing chlorine well in excess of the MRDL could experience stomach discomfort.
Chlorine dioxide (ppb)	MRDL = .8	1000	MRDL = 800	MRDLG = 800	Water additive used to control microbes	Some infants and young children who drink water containing chlorine dioxide in excess of the MRDL could experience nervous system effects. Similar effects may occur in fetuses of pregnant women who drink water containing chlorine dioxide in excess of the MRDL. Some people may experience anemia.
Chlorite (ppm)	1		1	0.8	By-product of drinking water chlorination.	Some infants and young children who drink water containing chlorite in excess of the MCL could experience nervous system effects. Similar effects may occur in fetuses of pregnant women who drink water containing chlorite in excess of the MCL. Some people may experience anemia.
Chromium (ppb)	.1	1000	100	100	Discharge from steel and pulp mills; Erosion of Natural deposits.	Some people who use water containing chromium well in excess of the MCL over many years could experience allergic dermatitis.
Copper (ppm)	AL=1.3		AL=1.3	1.3	Corrosion of household plumbing. Erosion of natural deposits.	Copper is an essential nutrient, but some people who drink water containing copper in excess of the action level over a relatively short amount of time could experience gastrointestinal distress. Some people who drink water containing copper in excess of the action level over many years could suffer liver or kidney damage. People with Wilson's Disease should consult their personal doctor.

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Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
Cyanide (ppb)	2	1000	200	200	Discharge from steel/metal factories; Discharge from plastic and fertilizer factories.	Some people who drink water containing cyanide well in excess of the MCL over many years could experience nerve damage or problems with their thyroid.
Fluoride (ppm)	4		4	4	Erosion of natural deposits; Water additive which promotes strong teeth Discharge from fertilizer and aluminum factories	Some people who drink water containing fluoride in excess of the MCL over many years could get bone disease, including pain and tenderness of the bones. Fluoride in drinking water at half the MCL or more may cause mottling of children's teeth, usually in children less than nine years old. Mottling, also known as dental fluorosis, may include brown staining and/or pitting of the teeth, and occurs only in developing teeth before they erupt from the gums.
Lead	AL=.015	1000	AL=15	0	Corrosion of household plumbing systems; Erosion of natural deposits	Exposure to lead in drinking water can cause serious health effects in all age groups. Infants and children can have decreases in IQ and attention span. Lead exposure can lead to new learning and behavior problems or exacerbate existing learning and behavior problems. The children of women who are exposed to lead before or during pregnancy can have increased risk of these adverse health effects. Adults can have increased risks of heart disease, high blood pressure, kidney or nervous system problems.
Mercury [inorganic] (ppb)	.002	1000	2	2	Erosion of natural deposits; discharge from refineries and factories; Runoff from landfills; Runoff from cropland.	Some people who drink water containing inorganic mercury well in excess of the MCL over many years could experience kidney damage
Nitrate (ppm)	10		10	10	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.	Infants below the age of six months who drink water containing nitrate in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include

Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
						shortness of breath and blue baby syndrome.
Nitrite (ppm)	1		1	1	Runoff from fertilizer use; Leaching from septic tanks sewage; Erosion of natural deposits	Infants below the age of six months who drink water containing nitrite in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue baby syndrome.
Selenium (ppb)	.05	1000	50	50	Discharge from petroleum and metal refineries; Erosion of natural deposits; Discharge from mines.	Selenium is an essential nutrient. However, some people who drink water containing selenium in excess of the MCL over many years could experience hair or fingernail losses, numbness in fingers or toes, or problems with their circulation
Thallium (ppb)	.002	1000	2	0.5	Leaching from ore-processing sites; Discharge from electronics, glass, and drug factories.	Some people who drink water containing thallium in excess of the MCL over many years could experience hair loss, changes in their blood, or problems with their kidneys, intestines, or liver.
Synthetic organic contaminants including pesticides and herbicides:						
2,4-D (ppb)	.07	1000	70	70	Runoff from herbicide used on row crops.	Some people who drink water containing the weed killer 2,4-D well in excess of the MCL over many years could experience problems with their kidneys, liver, or adrenal glands.
2,4,5-TP [Silvex](ppb)	.05	1000	50	50	Residue of banned herbicide	Some people who drink water containing silvex in excess of the MCL over many years could experience liver problems.
Acrylamide	TT		TT	0	Added to water during sewage/wastewater treatment.	Some people who drink water containing high levels of acrylamide over a long period of time could have problems with their nervous system or blood, and may have risk of getting cancer.
Alachlor (ppb)	.002	1000	2	0	Runoff from herbicide used on row crops.	Some people who drink water containing alachlor in excess of the MCL over many years could have problems with their eyes, liver, kidneys, or spleen, or experience anemia, and

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Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
						may have an increased risk of getting cancer.
Atrazine (ppb)	.003	1000	3	3	Runoff from herbicide used on row crops.	Some people who drink water containing atrazine well in excess of the MCL over many years could experience problems with their cardiovascular system or reproductive difficulties.
Benzo(a)pyrene [PAH] (nanograms/l).	.0002	1,000,000	200	0	Leaching from linings of water storage tanks distribution lines.	Some people who drink water containing benzo(a)pyrene in excess of the MCL over many years may experience reproductive difficulties and may have an increased risk of getting cancer.
Carbofuran (ppb)	.04	1000	40	40	Leaching of soil fumigant used on rice and alfalfa.	Some people who drink carbofuran in excess of the MCL over many years could experience problems with their blood, or nervous or reproductive systems.
Chlordane (ppb)	.002	1000	2	0	Residue of banned termiticide	Some people who drink water containing chlordane in excess of the MCL over many years could experience problems with their liver or nervous system, and may have an increased risk of getting cancer.
Dalapon (ppb)	.2	1000	200	200	Runoff from herbicide used on rights of way.	Some people who drink water containing dalapon well in excess of the MCL over many years could experience minor kidney changes.
Di(2-ethylhexyl) adipate (ppb).	.4	1000	400	400	Discharge from chemical factories.	Some people who drink water containing di(2-ethylhexyl) adipate well in excess of the MCL over many years could experience toxic effects such as weight loss, liver enlargement or possible reproductive difficulties.
Di(2-ethylhexyl) phthalate (ppb).	.006	1000	6	0	Discharge from rubber and chemical factories.	Some people who drink water containing di(2-ethylhexyl) phthalate well in excess of the MCL over many years may have problems with their liver, or experience reproductive difficulties, and may have an increased risk of getting cancer.
Dibromochloropropane (ppt)	.0002	1,000,000	200	0	Runoff/leaching from soil fumigant used on soybeans, cotton,	Some people who drink water containing DBCP in excess of the MCL over many years could

Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
					pineapples, and orchards.	experience reproductive problems and may have an increased risk of getting cancer.
Dinoseb (ppb)	.007	1000	7	7	Runoff from herbicide used on soybeans and vegetables.	Some people who drink water containing dinoseb well in excess of the MCL over many years could experience reproductive difficulties.
Diquat (ppb)	.02	1000	20	20	Runoff from herbicide use.	Some people who drink water containing diquat in excess of the MCL over many years could get cataracts.
Dioxin [2,3,7,8-TCDD] (ppq).	.00000003	1,000,000,000	30	0	Emissions from waste incineration and other combustion; Discharge from chemical factories.	Some people who drink water containing dioxin in excess of the MCL over many years could experience reproductive difficulties and may have an increased risk of getting cancer.
Endothall (ppb)	.1	1000	100	100	Runoff from herbicide use.	Some people who drink water containing endothall in excess of the MCL over many years could experience problems with their stomach or intestines.
Endrin (ppb)	.002	1000	2	2	Residue of banned insecticide.	Some people who drink water containing endrin in excess of the MCL over many years could experience liver problems.
Epichlorohydrin.	TT		TT	0	Discharge from industrial chemical factories; An impurity of some water treatment chemicals.	Some people who drink water containing high levels of epichlorohydrin over a long period of time could experience stomach problems, and may have an increased risk of getting cancer.
Ethylene dibromide (ppt)	.00005	1,000,000	50	0	Discharge from petroleum refineries.	Some people who drink water containing ethylene dibromide in excess of the MCL over many years could experience problems with their liver, stomach, reproductive system, or kidneys, and may have an increased risk of getting cancer.
Glyphosate (ppb)	.7	1000	700	700	Runoff from herbicide use	Some people who drink water containing glyphosate in excess of the MCL over many years could experience problems with their kidneys or reproductive difficulties.
Heptachlor (ppt)	.0004	1,000,000	400	0	Residue of banned pesticide.	Some people who drink water containing

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Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
						heptachlor in excess of the MCL over many years could experience liver damage and may have an increased risk of getting cancer.
Heptachlor epoxide (ppt)	.0002	1,000,000	200	0	Breakdown of heptachlor.	Some people who drink water containing heptachlor epoxide in excess of the MCL over many years could experience liver damage, and may have an increased risk of getting cancer.
Hexachlorobenzene (ppb)	.001	1000	1	0	Discharge from metal refineries and agricultural chemical factories.	Some people who drink water containing Hexachlorobenzene in excess of the MCL over many years could experience problems with their liver or kidneys, or adverse reproductive effects and may have an increased risk of getting cancer
Hexachlorocyclopentadiene (ppb)	.05	1000	50	50	Discharge from chemical factories	Some people who drink water containing hexachlorocyclopentadiene well in excess of the MCL over many years could experience problems with their kidneys or stomach.
Lindane (ppt)	.0002	1,000,000	200	200	Runoff/leaching from insecticide used on cattle, lumber, gardens.	Some people who drink water containing lindane in excess of the MCL over many years could experience problems with their kidneys or liver.
Methoxychlor (ppb)	.04	1000	40	40	Runoff/leaching from insecticide used on fruits, vegetables, alfalfa, livestock.	Some people who drink water containing methoxychlor in excess of the MCL over many years could experience reproductive difficulties
Oxamyl [Vydate] (ppb)	.2	1000	200	200	Runoff/leaching from insecticide used on apples, potatoes and tomatoes.	Some people who drink water containing oxamyl in excess of the MCL over many years could experience slight nervous system effects.
PCBs [Polychlorinated biphenyls] (ppt).	.0005	1,000,000	500	0	Runoff from landfills Discharge of waste chemicals	Some people who drink water containing PCBs in excess of the MCL over many years could experience changes in their skin, problems with their thymus gland, immune deficiencies, or reproductive or nervous system difficulties, and

Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
						may have an increased risk of getting cancer.
Pentachlorophenol (ppb)	.001	1000	1	0	Discharge from wood preserving factories	Some people who drink water containing pentachlorophenol in excess of the MCL over many years could experience problems with their liver or kidneys, and may have an increased risk of getting cancer.
Picloram (ppb)	.5	1000	500	500	Herbicide runoff	Some people who drink water containing picloram in excess of the MCL over many years could experience problems with their liver.
Simazine (ppb)	.004	1000	4	4	Herbicide runoff	Some people who drink water containing simazine in excess of the MCL over many years could experience problems with their blood.
Toxaphene (ppb)	.003	1000	3	0	Runoff/leaching from insecticide used on cotton and cattle.	Some people who drink water containing toxaphene in excess of the MCL over many years could have problems with their kidneys, liver, or thyroid, and may have an increased risk of getting cancer
Volatile organic contaminants:						
Benzene (ppb)	.005	1000	5	0	Discharge from factories; Leaching from gas storage tanks and landfills.	Some people who drink water containing benzene in excess of the MCL over many years could experience anemia or a decrease in blood platelets, and may have an increased risk of getting cancer.
Carbon tetrachloride (ppb)	.005	1000	5	0	Discharge from chemical and industrial activities.	Some people who drink water containing carbon tetrachloride in excess of the MCL over many years could experience problems with in their liver and may have an increased risk of getting cancer.
Chlorobenzene (ppb)	.1	1000	100	100	Discharge from chemical and agricultural chemical factories	Some people who drink water containing chlorobenzene in excess of the MCL over many years could experience problems with their liver or kidneys.
o-Dichlorobenzene (ppb)	.6	1000	600	600	Discharge from industrial chemical	Some people who drink water containing o-dichlorobenzene well in excess of the MCL over

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Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
						liver, kidneys, or circulatory systems.
p-Dichlorobenzene (ppb)	.075	1000	75	75	Discharge from industrial chemical factories	Some people who drink water containing p-dichlorobenzene in excess of the MCL over many years could experience anemia, damage to their liver, kidneys, or spleen, or changes in their blood.
1,2-Dichloroethane (ppb)	.005	1000	5	0	Discharge from industrial chemical factories.	Some people who drink water containing 1,2-dichloroethane in excess of the MCL over many years may have an increased risk of getting cancer
1,1-Dichloroethylene (ppb)	.007	1000	7	7	Discharge from industrial chemical factories.	Some people who drink water containing 1,1-dichloroethylene in excess of the MCL over many years could experience problems with their liver.
cis-1,2-Dichloroethylene (ppb)	.07	1000	70	70	Discharge from industrial chemical factories.	Some people who drink water containing cis-1,2-dichloroethylene in excess of the MCL over many years could experience problems with their liver.
trans-1,2-Dichloroethylene (ppb).	.1	1000	100	10	Discharge from industrial chemical factories.	Some people who drink water containing trans-1,2-dichloroethylene well in excess of the MCL over many years could experience problems with their liver.
Dichloromethane (ppb)	.005	1000	5	0	Discharge from pharmaceutical and chemical factories	Some people who drink water containing dichloromethane in excess of the MCL over many years could have liver problems and may have an increase risk of getting cancer.
1,2-Dichloropropane (ppb)	.005	1000	5	0	Discharge from industrial chemical factories.	Some people who drink water containing 1,2-Dichloropropane excess of the MCL over many years may have an increased risk of getting cancer.
Ethylbenzene (ppb)	.7	1000	700	700	Discharge from petroleum refineries.	Some people who drink water containing ethylbenzene well in excess of the MCL over many years could experience problems with their liver or kidneys.

Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
Haloacetic Acids (HAA) (ppb).	.060	1000	60	N/A	By-product of drinking water disinfection.	Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer.
Styrene (ppb)	.1	1000	100	100	Discharge from rubber and plastic factories and leaching from landfills.	Some people who drink water containing styrene well in excess of the MCL over many years could have problems with their liver, kidneys or circulatory system.
Tetrachloroethylene (ppb)	.005	1000	5	0	Discharge from factories and dry cleaners.	Some people who drink water containing tetrachloroethylene in excess of the MCL over many years could have problems with their liver, and may have an increased risk of getting cancer.
1,2,4-Trichlorobenzene (ppb)	.07	1000	70	70	Discharge from textile-finishing factories.	Some people who drink water containing 1,2,4-trichlorobenzene well in excess of the MCL over many years could experience changes in their adrenal glands.
1,1,1-Trichloroethane (ppb)	.2	1000	200	200	Discharge from metal degreasing sites and other factories.	Some people who drink water containing 1,1,1-trichloroethane in excess of the MCL over many years could experience problems with their liver, nervous system, or circulatory system.
1,1,2-Trichloroethane (ppb).	.005	1000	5	3	Discharge from industrial chemical factories.	Some people who drink water containing 1,1,2-trichloroethane well in excess of the MCL over many years could have problems with their liver, kidneys, or immune systems.
Trichloroethylene (ppb)	.005	1000	5	0	Discharge from metal degreasing sites and other factories	Some people who drink water containing trichloroethylene in excess of the MCL over many years could experience problems with their liver and may have an increased risk of getting cancer.
TTHMs [Total trihalomethanes] (ppb)	0.10/.080	1000	100/80	N/A	By-product of drinking water disinfection.	Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous systems, and may have an

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Contaminant (units)	Traditional MCL in mg/L	To convert for CCR, multiply by	MCL in CCR units	MCLG	Major sources in drinking water	Health effects language
						increased risk of getting cancer.
Toluene (ppm)	1		1	1	Discharge from petroleum factories.	Some people who drink water containing toluene well in excess of the MCL over many years could have problems with their nervous system, kidneys, or liver.
Vinyl Chloride (ppb)	.002	1000	2	0	Leaching from PVC piping; Discharge from plastics factories.	Some people who drink water containing vinyl chloride in excess of the MCL over many years may have an increased risk of getting cancer.
Xylenes (ppm)	10		10	10	Discharge from petroleum factories; Discharge from chemical factories.	Some people who drink water containing xylenes in excess of the MCL over many years could experience damage to their nervous system.
<b>Key:</b>						
AL=Action Level				MCL=Maximum Contaminant Level		
MCLG=Maximum Contaminant Level Goal				MFL=million fibers per liter		
MRDL=Maximum Residual Disinfectant Level				MRDLG=Maximum Residual Disinfectant Level Goal		
mrem/year=millirems per year (a measure of radiation absorbed by the body)						
N/A=Not Applicable				NTU=Nephelometric Turbidity Units (a measure of water clarity)		
pCi/l=picocuries per liter (a measure of radioactivity)				ppm=parts per million, or milligrams per liter (mg/L)		
ppb=parts per billion, or micrograms per liter (µg/l)				ppt=parts per trillion, or nanograms per liter		
ppq=parts per quadrillion, or picograms per liter				TT=Treatment Technique		
<b>Appendix D to R.61-58.12 - endnotes</b>						

### Statement of Rationale:

Pursuant to S.C. Code Section 44-55-10 et seq. and 2023 Act No. 60, the Department is authorized to promulgate regulations governing the design, construction, operation, and maintenance of public water systems in the State. The United States Environmental Protection Agency (EPA) promulgated the Revised Consumer Confidence Report Rule on May 24, 2024. This rule revised applicable portions of the Code of Federal Regulations (CFR), at 40 CFR Parts 141 and 142, to establish updated minimum requirements related to Consumer Confidence Reports (CCRs) that community water systems must provide to their customers. Pursuant to 40 CFR Part 142, States are required to adopt drinking water regulations no less stringent than federally promulgated national primary drinking water regulations in order to maintain State primary enforcement responsibility for public water systems. Accordingly, the Department is amending R.61-58 to adopt the requirements of the Revised Consumer Confidence Report Rule.

Document No. 5393  
**STATE BOARD OF FINANCIAL INSTITUTIONS**  
 CHAPTER 15  
 Statutory Authority: 1976 Code Section 34-1-60

15-39D. Non-interest Bearing Negotiable Order of Withdrawal (NINOW) Accounts by State-chartered Savings and Loan Associations.

**Synopsis:**

The South Carolina State Board of Financial Institutions proposes to repeal R.15-39D as unnecessary because Section 34-28-500 of the South Carolina Code already allows these types of accounts.

**Instructions:**

Repeal the regulation in its entirety.

**Text:**

15-39D. Repealed.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions.

**Statement of Rationale:**

R.15-39D allows State-chartered savings and loan associations to elect, by a majority vote of its directors, to designate a class of non-interest-bearing savings accounts from which account holders may make withdrawals by negotiable or transferable instruments. The State Board of Financial Institutions proposes to repeal this regulation as unnecessary, because Section 34-28-500 allows such accounts.

Document No. 5413  
**STATE FISCAL ACCOUNTABILITY AUTHORITY**  
 CHAPTER 19

Statutory Authority: 1976 Code Section 1-11-370, repealed by 2022 Act No. 202, effective May 16, 2022

19-103. Regulations on Allocation of State Ceiling on Issuance of Private Activity Bonds.

**Synopsis:**

The State Fiscal Accountability Authority (“Authority”) proposes the repeal of R.19-103 to include R.19-103.01 through 19-103.10. Originally authorized by 1984 Act No. 512, Part II, Section 39 and codified in 1976 Code Section 1-11-370, R.19-103 describes the formula and procedure for allocating the states’ ceiling on the issuance of private activity bonds. In May 2022, the Governor signed into law Act. 202 (R.228, H5075), repealing 1976 Code Section 1-11-370. The authority to promulgate regulations in connection with the allocation of state ceiling on private activity bonds was not transferred or continued.

Repeal of the regulations will have no impact or implications for the current administration on the allocation of state ceiling on issuance of private activity bonds.

**Section-by-Section Discussion:**

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Regulation Number	Type of Change	Purpose
R.19-103, including R.19-103.01 through R.19-103.10	Deletion	Repeal R.19-103 encompassing R.19-103.01 through R.19-103.10 in its entirety to conform with 2022 Act 202.

The Notice of Drafting was published in the *State Register* on September 26, 2025.

### Instructions:

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

### Text:

19-103. Repealed.

### Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions.

### Statement of Rationale:

The Authority proposes repealing R.19.103, encompassing R.19-103.01 through R.19-103.10. These regulations are obsolete due to the repeal of the original authorizing statute (1976 Code Section 1-11-370). The Authority does not propose replacing these regulations with new regulations.

Document No. 5432

**OFFICE OF THE GOVERNOR - DIVISION FOR REVIEW OF THE FOSTER CARE OF  
CHILDREN  
CHAPTER 24**

Statutory Authority: 1976 Code Section 63-11-700(E)

- 24-1. Confidentiality of Records.
- 24-3. Case Reviews and Identification Of Appropriate Local Review Boards.
- 24-5. Conflicts of Interest Involving Review Board Members.
- 24-7. Agencies, Child-Caring Facilities, and Residential Group Care Homes Which Shall Be Invited and Encouraged to Attend Case Reviews.
- 24-9. Individuals Who Shall Be Invited and Encouraged to Attend Case Reviews.
- 24-11. Other Parties Who Shall Be Invited and Encouraged to Attend Case Reviews.
- 24-13. Requests to Attend Case Reviews.
- 24-15. Written Information Presented to the Review Board at the Time of the Review.
- 24-17. Scheduling of Case Reviews.
- 24-19. Frequency of Case Reviews.
- 24-21. Cessation of Case Reviews.
- 24-23. Procedures for Case Review.
- 24-25. Procedure for Case Reviews When a Child is in Permanent Foster Care or Guardianship.
- 24-27. Lack of a Key Party at a Case Review.
- 24-29. Quorums for Local Review Boards.
- 24-31. "Affidavit of Summary Review" Form.
- 24-33. Processing of "Advisory Recommendations" Form.
- 24-37. Procedures, Quorum, and Attendance for the State Board of Directors.

**Synopsis:**

The Division for Review of the Foster Care of Children is amending regulations to support more effective advocacy for children in foster care and ensure consistent, transparent, and timely review processes across the State.

The Notice of Drafting was published in the *State Register* on June 27, 2025.

**Instructions:**

Replace Regulations 24-1 through 24-37 as printed below.

**Text:**

## 24-1. Confidentiality of Records.

A. Foster Care Review Board members (referred to as “the Board”, “board member”, or “local review board member”) and staff of the Division for Review of Foster Care of Children (hereinafter “the Division”) are subject to the same standards of confidentiality as the Department of Social Services (hereinafter “the Department”). All written, electronic, and oral records concerning foster care case reviews in the possession of the local review boards and the State Board of Directors are the property of the Division and shall be confidential and withheld from public inspection. Due to its confidential nature, notes taken by a board member regarding foster care case reviews shall not be maintained by the board member and must be destroyed immediately after the case review.

All board members and Division staff shall sign a statement agreeing to the confidentiality requirement and acknowledgement of notification of the penalties for violation thereof.

B. The Division may only release information regarding the Division’s case records to the following:

- (1) The State Board of Directors;
- (2) Members of the local foster care review boards;
- (3) The State Child Advocate; and
- (4) Federal or state courts or other administrative bodies when required by court order.

C. Release of the Board’s “Advisory Recommendations” is addressed in Regulation 24-23.

## 24-3. The Board Functions as a Quasi-Judicial Entity.

A. All case materials, reports, and information reviewed by the Board are confidential. Board deliberations and discussions concerning reviewed cases are also confidential and shall not be disclosed.

B. Because each Board acts in a quasi-judicial capacity in reviewing foster care cases and making written findings and recommendations to the Family Court, no board member or staff member of the Division may be compelled, by subpoena or otherwise, to provide testimony or evidence in any court or administrative proceeding concerning:

- (1) Any matter reviewed by the Board;
- (2) The Board’s deliberations, reasoning, or the mental processes of its members; or
- (3) Any confidential case material obtained through the review process.

C. If any subpoena, summons, or request for testimony is issued to a Board member or staff person in violation of this section, the Board’s legal counsel shall appear or respond on behalf of the Division.

## 24-5. Conflicts of Interest Involving Review Board Members.

Any local review board member involved with a child or the child’s family in a personal or professional capacity must disclose the relationship to Division staff and the Board’s chairperson as soon as the board member is aware of the connection to the child or family. Division staff will make a determination as to whether a conflict of interest exists and whether further action is necessary. In the event of a true conflict, the board member shall not participate in the case review in any capacity.

A. Foster parents with active foster care licenses and employees and volunteers of the Department of Children’s Advocacy may not serve as Foster Care Review Board members. Foster Care Review Board members may not serve as guardians ad litem for children in foster care.

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B. A local review board member who is a current employee, volunteer or an official of a service provider shall not be assigned to review cases of children or families for whom the provider is providing services.

C. No two individuals who are related by blood, marriage or adoption shall serve simultaneously as members of the same foster care review board.

D. Board members who are past employees, volunteers or officials of a child-caring agency, facility, or residential group care home shall not participate as Foster Care Review Board members in the reviews of cases of children under their care during the period of their service with the child-caring agency, facility or residential group home.

### 24-7. Identification of Appropriate Local Review Boards for Case Reviews and Scheduling of Case Reviews.

A. The following policies shall determine which local review board shall review a particular child's case unless extenuating or unusual circumstances exist:

(1) Foster children in the legal custody of the Department shall be reviewed by a review board in the judicial circuit of the county with jurisdiction. Although members of a sibling group may reside in different foster care placements in different counties, all siblings shall be reviewed by the same review board.

(2) If a question arises as to which review board shall review a particular case due to extenuating or unusual circumstances, the Division's senior leadership team shall make this decision.

B. The following procedures shall apply when a case review is scheduled:

(1) The initial case review of each child in foster care shall be held after the child has resided four consecutive months in foster care. Each child shall be reviewed every six months thereafter if continuing to reside in foster care.

(2) The Division shall be responsible for deciding which children shall be reviewed at a particular case review and for scheduling the case at the six-month intervals, or sooner, if necessary, as provided by statute.

(3) Unless emergency review is warranted, the review board coordinator shall provide a list of the cases to be presented at the case review to the Department's staff at least three weeks in advance of the case review date.

(4) Local review boards shall be notified by the review board coordinator in advance of the approximate number of cases to be reviewed and the approximate duration the case reviews will last.

(5) Each board member is required to be present for the entirety of each case review.

(6) Each board member is required to actively participate in each case review.

(7) All members of a sibling group who are in foster care for more than four consecutive months shall be reviewed at one time.

(8) Effort shall be made to review all the cases of a particular staff person from the Department and or guardian ad litem together when possible.

(9) The Department shall provide the Division with continuous access to all foster care entries and case closure information.

(10) The Department shall provide monthly reports pertaining to untimely foster care reviews to the Division. If case reviews are not held timely, as required by statute, the Division shall implement corrective measures to promptly schedule delinquent reviews to ensure statutory compliance.

### 24-9. Notice, Invitation and Attendance for Case Reviews.

A. Responsibility for Issuing Notice and Invitations.

(1) The Division shall provide notification of the date and time of each case review and provide access information to attend the review virtually to the Department staff responsible for presenting the case to the local review board, the Guardian ad Litem or Court Appointed Special Advocate (CASA) assigned to the child, the assigned adoptions case manager, and any other Department staff with pertinent knowledge of the case.

(2) The Department's staff responsible for presenting the case to the local review board must send invitations to the invitees listed below using the last successful method of communication with the invitee (i.e. postal mail, text messaging, electronic mail, phone call, etc.) at least three weeks prior to the scheduled case review:

(a) Parents, as defined in S.C. Code Ann. Section 63-1-40(5) and/or legal guardians at the time of removal;

(b) Present guardians ad litem for parents and children;

(c) All placement providers;

- (d) Foster children ten years of age or older, if developmentally appropriate;
- (e) Language and sign language interpreters for parents and/or legal guardians;
- (f) All service providers;
- (g) Tribal representatives;
- (h) Any other parties to the court action; and
- (i) Attorneys for all parties to the court action;

B. Key Parties Required to be Invited for the Case Review to Proceed:

(1) The parties below are considered key parties. Invitations to the case review must be sent to the key parties below for the case review to proceed:

- (a) Parents, as defined above;
- (b) The child, if the child is ten years of age or older;
- (c) The child's court-appointed guardian ad litem or CASA;
- (d) The parent's court-appointed guardian ad litem;
- (e) The tribal representative, if applicable; and
- (f) Interpreters for any party entitled to language or sign-language assistance.

(2) A case review cannot proceed if the parent's guardian ad litem is absent. A case review cannot proceed if the parent is present at the case review, but their interpreter is absent.

(3) If any other key party listed above is invited but fails to attend, the case review may proceed.

C. Attendance Guidelines.

(1) Foster children ten years of age or older must be encouraged to attend the case review. The Department shall explain the purpose of the case review to the child and make arrangements for participation. Foster children may choose to prepare a letter to the Board in lieu of attending the case review.

(2) Parents whose parental rights have been terminated shall not receive invitations unless the Department provides the Division with sufficient reasoning as to why the parent should be invited.

(3) Parents who have filed an appeal following termination of their parental rights may attend the case review solely to address the Board and will be removed from the case review after doing so.

(4) Parties invited but unable to attend the case review shall have the opportunity to provide written information to the Division prior to the case review.

(5) Invited parties, other than the Department staff responsible for presenting at the case review, may submit written reports in lieu of attendance, at the discretion of the review board.

D. Observers and Guests.

(1) Attendance for observation alone is not permitted. The local review board may, at its discretion, allow attendance by a person who formally requests to be heard and who has a legitimate connection to the child or case.

(2) Legislators, public officials directly concerned with the foster care system, or other persons the State Child Advocate deems to have a legitimate interest may attend if all key parties present consent.

(3) Division staff shall provide the confidentiality requirements set forth in Regulation 24-1 before the case review begins, and all attendees must verbally agree to those requirements. Division staff must document the verbal agreements in the foster child's electronic case file. Failure to agree to the confidentiality requirements shall result in removal from the case review.

(4) The parents of foster children and foster children are allowed to have guests virtually accompany them to case reviews. Guests are subject to all regulatory provisions, including those involving conduct and confidentiality.

(5) The Division retains the right to isolate parties from one another to protect confidentiality and promote order throughout the case review.

E. Record of Notice.

The Division may request verification that invitations have been sent to the parties, and the Department shall provide verification of the invitation.

24-11. Cessation of Case Reviews.

Cases of children residing in foster care for a period of more than six consecutive months shall be reviewed by a local review board every six months until the child reaches the age of eighteen (18). The Department shall

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provide written documentation to the Division of any child who no longer resides in foster care. Reviews shall cease once a child is declared legally emancipated or ceases to reside in the custody of the Department.

### 24-13. Statutory Mandate for Agencies to Cooperate with the Division.

Pursuant to S.C. Code Ann. Section 63-11-770, all agencies and facilities which arrange foster care for children shall cooperate with the State Board of Directors and local foster care review boards by making records available as may be requested.

### 24-15. Written Information Presented to the Review Board at the Time of the Review.

Prior to the date of the case review, the Department shall furnish to Division staff the following information and records once it is in the Department's possession. If the following information is not available prior to the case review, the Department shall furnish the information below to the Division staff at the review:

A. The child's full name as it appears on the birth certificate, the child's date-of-birth, and the child's residence;

B. The names and residences of the child's parents and/or legal guardians;

C. The full names as it appears on the birth certificate and residences of any siblings currently in foster care placement;

D. The name and residences of the child's foster parents or contact information for the child's placement;

E. The chronological history of all former foster care placements including the names of former foster families, child-caring facilities, or residential group care homes and the length of stay in each foster care placement;

F. The dates the child has been placed in the custody or control of the Department, child-caring facility, or residential group care home and the Department's, child-caring facility's, or residential group care home's case or file number;

G. The facts and circumstances which caused the Department to take custody or control of the child;

H. The Department's effort to contact parents, relatives, or fictive kin of the child;

I. The Department's efforts regarding verification of the child's tribal connections;

J. The court-ordered treatment plan for rehabilitation of the child's parents or legal guardians;

K. All written contracts designated for providing services for the purpose of treatment plan compliance for the parent or legal guardian of the child;

L. Documentation regarding the progress made toward the court-ordered treatment plan and the child's parent or legal guardian's fulfillment of any contractual obligations associated with treatment;

M. All written contracts designated for providing services to the child;

N. The dates and nature of any contact between the child and the child's parents, siblings or other relatives, between the child and the Department, and between the Department or facility and the parents or relatives. This information may be provided in the form of a list of dates with the nature of each contact (e.g. virtual or in-person visit, phone call, text, letter, etc.);

O. The present status of the child's physical and emotional health;

P. The present recommendations of the Department as to the disposition of the child's case, including any progress made toward providing the child with a permanent home;

Q. The reasons for which the Department has determined, if at all, that return home or adoption is unfeasible or impossible;

R. The status of the Department's legal case in the Family Court which affects the child's permanent placement;

S. The names and addresses of all attorneys known by the Department to be involved in all legal proceedings involving the child;

T. Copies of all filed pleadings, replies, motions, and court orders involving the child, including orders and information pertaining to the child's family court case, the child's case involving the Department of Juvenile Justice and immigration proceedings involving the child;

U. Social histories, social summaries, psychological assessments and other relevant documents regarding named parties to be provided to the review board for its file;

V. Documentation regarding Individualized Education Plans or 504 plans regarding the child;

W. Results regarding paternity testing and drug testing for all parties involved in legal proceedings connected to the child;

X. Documentation pertaining to Interstate Compact on the Placement of Children and home study findings; and

Y. Any other documentation or information which the Board may need to fully evaluate the case of each child in regard to permanent placement.

**24-17. Review Format.**

Local review board case reviews shall be conducted virtually using a secure video conferencing platform. Attendees shall access the platform with an electronic device capable of producing both video and audio content. In-person reviews may be held at the discretion of the Division if the Division determines that extenuating circumstances exist.

The following guidelines shall apply to each case review:

A. Hyperlinks and access credentials are considered confidential and should be shared with invited parties only.

B. Attendees must adhere to the following guidelines for virtual meetings:

(1) Attendees should use the camera feature to offer visual display when possible.

(2) Board members are required to enable their cameras during case reviews to facilitate effective communication and active participation while maintaining the confidentiality and integrity of the review process.

(3) Attendees must ensure their environment is quiet and private.

(4) Attendees must disclose to the Board any other persons in the room or nearby the attendee.

(5) Attendees must handle sensitive information, including case details, privately, to ensure confidentiality.

(6) No recordings or screen captures are permitted.

(7) Attendees are required to mute their microphones when they are not speaking to reduce background noise.

C. The chairperson of the local review board or Division staff may remove any participant who is disruptive or disrespectful to staff of the Division, the Department or any other attendee.

**24-19. Procedures for Virtual Case Review.**

The Board's chairperson and program coordinator collaboratively oversee and facilitate the case review process by maintaining order and ensuring adherence to the Board's policies and procedures.

Accordingly, case review attendees shall adhere to the following:

A. Review board members shall meet privately with the review board coordinator to discuss any cases of concern to the review board and any other pertinent information from the Division prior to the commencement of the case reviews.

B. Department staff shall present the case to the review board. Department staff shall provide written information as detailed in Regulation 24-15 to the local review board that was not provided prior to the date of the case review.

C. The review board chairperson shall introduce the review board to all parties attending and shall explain the purpose of the case review. If any of the interested parties specified in Regulation 24-9 are not in attendance at the case review, documentation of the Department's invitation to the absent party shall be provided to Division staff by Department staff responsible for presenting the case to the review board.

D. The review board coordinator or the review board chairperson shall read aloud any disclosures and pertinent information in the review board case file, including the Board's previous recommendations. Each party present may offer corrections to the review board file, if needed. The review board and Division staff present shall use their discretion to determine which parties may be present during the reading of the review board case file notes.

E. The Department's staff person responsible for presenting the case to the review board shall present the details of the child's case to the review board to include:

(1) The permanent plan for the child;

(2) The reasons for selecting the chosen permanent plan over other possible plans;

(3) The goals identified in the child's case plan and any progress toward those goals;

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(4) Any barriers to the child's permanent plan identified by the Department;

(5) Such other information as may be necessary to the review board in furtherance of its functions and powers.

F. Members of the Board shall allow each party present to address the review board. The board shall have the discretion to determine which parties may remain for the entire case review and which parties shall leave after presenting their information, except that staff from the Department assigned to the child shall determine whether the child remains for the entire review. The guardian ad litem for the child, as well as other parties present, may be allowed to remain for the entire review unless another invited party requests to meet with the review board privately or the Board elects to do so. The review board may discuss with any parties any information that it believes is necessary to its advisory recommendation for permanent placement of the child.

G. The Department shall notify the local review board of any restraining orders or bond restrictions concerning the parties that may necessitate separate accommodations.

H. In cases where parties present are involved in litigation, each may be heard separately at the request of either party.

I. The review board chairperson shall state the "Advisory Recommendations" to those parties remaining at the end of the case review.

J. The staff person from the Department assigned to the child shall notify the child of the Board's "Advisory Recommendations" after the case review is completed.

K. Division staff shall document in its "Advisory Recommendations" any referral to a law enforcement agency for prosecution of child abuse made by the Department.

L. The local review board shall document the status of judicially approved treatment plans in its "Advisory Recommendations" by providing information about barriers to establishing permanency for the child.

M. The review board coordinator shall take notes of all proceedings to include in the child's electronic case file.

### 24-21. Procedures for Document Only Case Review.

"Document Only" case reviews may be held in lieu of a virtual case review at the discretion of the Division so long as the Department provides the Division with documentation indicating the following criteria are met:

A. The child is legally free for adoption;

B. The adoptive placement agreement has been signed;

C. The complaint for adoption finalization has been filed;

D. An adoption finalization hearing has been scheduled; and

E. The Department has no issues or concerns, including but not limited to, safety concerns, regarding the child.

### 24-23. Processing of "Advisory Recommendations" Form.

The following procedures shall be used to prepare and disseminate the "Advisory Recommendations" form of local review boards:

A. Division staff shall record the review board's "Advisory Recommendations" as directed by the chairperson at the case review. No advisory recommendation is final until it includes the signature of the review board chairperson.

B. A copy of the "Advisory Recommendation" form shall be distributed by Division staff to the following:

(1) The family court presiding over the Department's legal case involving the child;

(2) Department leadership overseeing the office responsible for case management; and

(3) The court appointed guardian ad litem or CASA assigned to the child;

C. For foster children ten years of age or older, the Department staff person assigned to the child shall be encouraged to personally provide the "Advisory Recommendation" to the child, to explain the recommendation to the child, and to answer any questions regarding the recommendation. For foster children under the age of ten years or foster children with developmental delays, the Department's staff person assigned to the child's case shall use discretion as to whether the child shall be provided a copy and an explanation of the recommendation.

D. After the case review has been completed, parents or legal guardians whose rights have not been terminated may request a copy of the "Advisory Recommendation" from the Department.

## 24-25. Foster Case Review Board Participation in Court Proceedings.

Pursuant to S.C. Code Ann. Section 63-11-750, the Foster Care Review Board may participate, through counsel, in child abuse and neglect proceedings and in any hearing held pursuant to a motion filed by a named party or party in interest. Participation includes the opportunity to cross-examine witnesses and to present its recommendation to the court.

Board members may observe family court proceedings involving a child being reviewed by the board of the local board member so long as:

- A. The presiding family court judge has not restricted or prohibited attendance by the Board;
- B. The board member provides written notice to the Board's program coordinator at least 72 hours prior to the court proceeding. The program coordinator shall provide the Board's legal counsel with notice of attendance by a board member, so that the Board's legal counsel can timely notify the Department;
- C. The board member does not speak on the record in any court proceeding without representation from Foster Care Review Board's legal counsel; and
- D. The board member agrees that information observed in court proceedings shall be regarded as confidential and used for the sole purpose of furthering the Board's statutory responsibilities.

## 24-27. State Board of Directors Attendance, Quorum and Expired Terms.

The Division must be supported by a State Board of Directors consisting of seven members. There must be one member from each congressional district, all appointed by the Governor with the advice and consent of the Senate. Terms of office for members of the State Board of Directors are for four years and until their successors qualify and are appointed. Terms for State Board Members expire on June thirteenth of the fourth year.

The State Board of Directors shall meet at least quarterly, and a quorum shall consist of four members. Members who find themselves unable to attend a scheduled Board of Directors meeting shall notify the chairperson prior to the meeting.

The State Board of Directors shall adopt policies relating to attendance, provide guidance and training to local review board members and shall be responsible for creating, adopting, and overseeing policies regarding board member misconduct.

## 24-29. Quorums for Local Review Boards.

At least three of the five local review board members shall be present before a case may be reviewed. If only two board members are present, however, a case review may proceed if all attending parties agree to proceed. Though multiple review boards may exist for a single county, each local review board member may belong to only one local review board.

In the event of a vacancy on a local review board due to an unfilled appointment, a member from another local review board may be invited to serve until the vacancy is filled.

## 24-31. Review Board Vacancies and Absences.

Division staff or Chairperson of the State Board of Directors shall report to the Governor that a local review board member is absent from one-third or more of the local review board case review meetings during a year, and the Governor may remove the person from the Board and appoint someone else to the local review board.

**Fiscal Impact Statement:**

There will be no increased costs to the State or any of its political subdivisions.

**Statement of Rationale:**

These regulations are updated to reflect current practices and enhance procedural clarity for all parties involved in the review process.

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Document No. 5405  
**STATE COMMISSION ON HIGHER EDUCATION**  
CHAPTER 62  
Statutory Authority: 1976 Code Section 59-104-20

62-300 - 62-375. Palmetto Fellows Scholarship Program.

### **Synopsis:**

The South Carolina Commission on Higher Education proposes the following revisions to Chapter 62 regulation, R.62-300 through 62-375, Palmetto Fellows Scholarship Program. Revisions to the existing regulation for the Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement Program are being considered to clarify the policies and procedures for administrating the program. In the proposed amendments, the regulation is being updated to reflect changes to the ACT test, making the Science subject test optional for a Composite score. Lastly, other changes to the regulation include updating of definitions and minor language changes to promote consistency.

The proposed regulation will require legislative review.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

### **Instructions:**

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

### **Text:**

Table of Contents:

- 62-300. Purpose of the Palmetto Fellows Scholarship and Scholarship Enhancement.
- 62-305. Allocation of Program Funds.
- 62-310. Definitions.
- 62-315. Initial Eligibility for Palmetto Fellows Scholarship.
- 62-318. Eligibility for Palmetto Fellows Scholarship Enhancement.
- 62-320. Palmetto Fellows Scholarship Application.
- 62-325. Palmetto Fellows Scholarship Selection Process.
- 62-330. Policies and Procedures for Awarding the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement.
- 62-335. Duration and Renewal of Awards.
- 62-340. Transfer of Reapplication for the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement.
- 62-345. Students with Disabilities.
- 62-350. Enrollment in Internships, Cooperative Work Programs, Travel Study Programs, or National or International Exchange Programs.
- 62-351. Military Mobilization.
- 62-355. Appeals Procedures.
- 62-360. Institutional Disbursement of Funds.
- 62-365. Refunds and Repayments.
- 62-370. Program Administration and Audits.
- 62-375. Suspension or Termination of Institutional Participation.

62-300. Purpose of the Palmetto Fellows Scholarship and Scholarship Enhancement.

A. Pursuant to Act 458 and amended by Act 95 and Act 162 in 2005, the Commission on Higher Education shall promulgate regulation and establish procedures to administer the Palmetto Fellows Scholarship Program. The General Assembly established the Palmetto Fellows Scholarship Program to foster scholarship among the State's postsecondary students and retain outstanding South Carolina high school graduates in the State through awards based on scholarship and achievement. The purpose of the Palmetto Fellows Scholarship Program is to recognize the most academically talented high school seniors in South Carolina and to encourage them to attend eligible colleges or universities in the State. A secondary purpose is to help retain talented minority students who might otherwise pursue studies outside the State.

B. Pursuant to Act 115 and amended by Act 235 in 2008, the Commission on Higher Education shall promulgate regulation and establish procedures for administration of the Palmetto Fellows Scholarship Enhancement. The General Assembly established the Palmetto Fellows Scholarship Enhancement in order to foster scholarship among the State's postsecondary students through awards based on scholarship and achievement. The purpose of the Palmetto Fellows Scholarship Enhancement Program is to recognize the most academically talented college students throughout the state of South Carolina in the areas of education, accounting, mathematics and science and encourage them to attend eligible colleges or universities in the State. In order to receive a Palmetto Fellows Scholarship Enhancement, all students must qualify for a Palmetto Fellows Scholarship as stipulated herein. With Act 156, passed in 2024, the Enhancements were expanded to include students majoring in education programs leading to certification and accounting.

C. Independent and public institutions of higher learning in this or any other state in the U.S., outside the U.S. or abroad are prohibited from using the Palmetto Fellows Scholarship in programs that promote financial aid incentives or packages. Any mention of the Palmetto Fellows Scholarship in these financial aid packages must indicate the scholarship to be separate from the University that is offering the financial aid package, and reference the Palmetto Fellows Scholarship as a separate financial aid award, provided to the student by the State of South Carolina.

#### 62-305. Allocation of Program Funds.

A. Funds made available for higher education grants and scholarships under Chapter 143 of Title 59 of the 1976 Code, as amended under Act 458, South Carolina Children First: Resources for Scholarship and Tuition Act of 1996, shall be included in the annual appropriation to the Commission on Higher Education. Fifty percent of the appropriation shall be designated for the Palmetto Fellows Scholarship Program and the remaining fifty percent shall be for the Need-based Grants Program. However, in instances where the equal division of the appropriated funds between the Palmetto Fellows Scholarship and Need-based Grants Programs exceeds the capacity to make awards in either program, the Commission on Higher Education has the authority to re-allocate the remaining funds between the two programs.

B. Under the South Carolina Education Lottery Act, a designated amount shall be allocated for Palmetto Fellows Scholarships and shall be included in the annual appropriation to the Commission on Higher Education.

C. After expending funds appropriated for Palmetto Fellows Scholarships from all other sources, there is automatically appropriated from the general fund of the State whatever amount is necessary to provide Palmetto Fellows Scholarships to all students meeting the requirements of Section 59-104-20.

D. The Palmetto Fellows Scholarship Enhancement is contingent upon the availability of funds appropriated by the General Assembly each academic year.

#### 62-310. Definitions.

A. "Academic year" is defined as the twelve-month period of time during which a full-time student is expected to earn thirty credit hours. The period of time used to measure the academic year consists of the fall, spring and immediately succeeding summer terms.

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B. “Annual credit hour requirement” is defined for the Palmetto Fellows Scholarship as a minimum of thirty (30) credit hours taken and earned at the end of each academic year based on the date of initial college enrollment. Credit hours cannot include remedial, continuing education, exempted credit hours (such as AP, CLEP, IB, etc.), credit hours earned before high school graduation (dual enrollment) and credit hours earned the summer term immediately following high school graduation. Credit hours earned before high school graduation, including Advanced Placement (AP) credit hours, International Baccalaureate (IB) credit hours, exempted credit hours as well as credit hours earned on active duty, must be placed on the student’s official college transcript by the institution at which they are earned, and be counted toward the annual credit hour requirement for the purposes of the Palmetto Fellows Scholarship Enhancement. Eligible Palmetto Fellows may prorate their award amount for the term of graduation (see section 62-330.B.).

C. “Approved five-year bachelor’s degree program” is defined as a five-year bachelor’s program that is defined and approved by the Commission on Higher Education to receive the Palmetto Fellows Scholarship for a maximum of ten terms and the Scholarship Enhancement for a maximum of eight terms at the same eligible independent or public institution to complete the requirements for a bachelor’s degree. An approved five-year bachelor’s degree program does not include institutional and cooperative “3 plus 2” programs.

D. “Bachelor’s degree program” is defined as an undergraduate program of study leading to the first bachelor’s degree as defined by the U.S. Department of Education.

E. “CIP (Classification of Instructional Program) Code” is defined as the U.S. Department of Education’s standard for federal surveys and state reporting for institutional data (majors, minors, options and courses). For the purpose of receiving the Palmetto Fellows Scholarship Enhancement, CIP Codes have been approved or identified by the Commission on Higher Education for eligible degree programs in the fields of education, mathematics and science.

F. “Continuing education coursework” is defined as postsecondary courses designed for personal development and that cannot be used as credit toward a degree.

G. “Continuously enrolled” is defined as enrollment without an interruption that would require the student to pursue a formal process of readmission to that institution. Formal petitions or applications for change of degree level shall be considered readmissions with the exception of students changing degree level within the programs cited in paragraphs L and HH of this section and students who have been granted preapproved leave status for no longer than one semester by their institution. Continuously enrolled includes summer terms, military mobilization, or students who transfer from a four-year institution only to return to a four-year institution. Students who are enrolled in internships, cooperative work programs, travel study programs, or National or International Exchange Programs that are approved by the home institution are considered continuously enrolled. Any student who has been suspended, expelled, does not attend subsequent (or consecutive semesters) that does not require a formal process of readmission to that institution, or voluntarily withdraws from a four-year institution and/or enrolls at a two-year institution during the interruption is considered to be no longer continuously enrolled.

H. “Cost-of-attendance” is defined by Title IV regulations and may include tuition, fees, books, room and board, and other expenses related to transportation, disability or dependent care.

I. “Cumulative grade point average (GPA)” is defined as the cumulative institutional GPA used for graduation purposes, which includes dividing the total number of quality points earned in all courses by the total credit hours in all courses attempted at the student’s home institution. The cumulative GPA must be at least a 3.0 at the home institution for graduation purposes at the end of each academic year based on the date of initial college enrollment.

J. “Date of initial college enrollment” is defined as the first time a student matriculates into a postsecondary degree-granting institution after high school graduation or completion of an approved home school program,

excluding the summer term immediately prior to the student's enrollment in the first regular academic year. Students must remain continuously enrolled as any break in enrollment (excluding summer) will count toward the student's terms of eligibility.

K. For the purposes of the Scholarship Enhancement, "declared major" is defined as an eligible degree program in which a student is enrolled as a full-time, degree-seeking student. The student must meet all requirements as stipulated by the policies established by the institution and the academic department the student is enrolled in a declared major in an eligible degree program. Students cannot minor in or take courses related to a specific program without meeting institutional and departmental policies and be considered enrolled in a declared major. Students must be enrolled in a declared major in an eligible degree program that is approved and assigned a CIP code by the Commission. Eligible degree programs are those listed as such on the Commission's Web site. Students who change their declared major from an ineligible degree program to an eligible degree program within the same academic year shall not receive the Palmetto Fellows Scholarship Enhancement for that academic year. Additionally, students who change their declared major from an eligible degree program to an ineligible degree program within the same academic year will not lose eligibility until the next academic year.

L. "Degree-seeking student" is defined as a student enrolled full-time in a program of study that leads to the first bachelor's degree, first approved five-year bachelor's degree or a program of study that is structured so as not to require a bachelor's degree at an eligible independent or public institution. Students must maintain their undergraduate status in order to receive the Palmetto Fellows Scholarship and the Scholarship Enhancement each academic year, with the exception of students enrolled in the following programs: 1) Master of Science in Physician Assistant Studies at the Medical University of South Carolina; 2) Doctor of Pharmacy at the Medical University of South Carolina; 3) Doctor of Pharmacy at the University of South Carolina; and 4) Doctor of Pharmacy at Presbyterian College. All programs must be approved by CHE for the purposes of receiving the scholarship enhancement.

M. "Eligible degree program" is defined for the purposes of the Palmetto Fellows Scholarship Enhancement as a degree program in education, mathematics or science as approved by the SC Commission on Higher Education. These programs include education, science or mathematics disciplines, accounting, computer science or informational technology, engineering, health care and health care related disciplines (including nursing, pre-medicine and pre-dentistry) as defined by the Commission on Higher Education. Enrollment in a minor does not meet the requirements of an eligible degree program for the Palmetto Fellows Scholarship Enhancement. Students must be enrolled in a declared major in an eligible degree program that is approved and assigned a CIP Code by the Commission. Eligible degree programs are those listed as such on the Commission's Web site.

N. "Eligible high school" is defined as a public, private, charter, virtual, Montessori, or Magnet high school located within South Carolina, an approved home school program as defined in relevant State Statute (Sections 59-65-40, 45, and 47) or a preparatory high school located outside of the State while the student is a dependent of a legal resident of South Carolina who has custody or pays child support and college expenses of the dependent high school student in accordance with Section 59-112-10. A "preparatory high school" (out-of-state) is defined as a public or private school recognized by the state in which the school is located to offer curricula through the twelfth grade and prepares students for college entrance.

O. "Early awards" is defined as a period determined by CHE to apply for the Palmetto Fellows Scholarship. Application must be made through the students' high school. This period is generally from the end of the student's junior year (3<sup>rd</sup> year in high school) through April of the student's senior year (4<sup>th</sup> year in high school).

P. "Early graduate" is defined as a student who graduates mid-year their senior year.

Q. "Eligible institution" is defined as a South Carolina two-year or four-year public or independent postsecondary, degree-granting institution.

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R. “Felonies” are defined as crimes classified under State statute (Section 16-1-10) for which the punishment in federal or state law and typically requires imprisonment for more than one year.

S. “Fifth year” is defined as the ninth or tenth consecutive term of undergraduate coursework in an approved five-year bachelor’s program. The fifth year is based on the student’s date of initial college enrollment after graduation from high school.

T. “First/freshman year” is defined as the first or second consecutive term of undergraduate coursework following high school graduation.

U. “For graduation purposes” is defined as any grade or credit hour that the home institution requires in accordance with their policies and procedures for graduation of the student, including electives and additional coursework.

V. “Fourth year” is defined as the seventh or eighth consecutive term of undergraduate coursework. The fourth year is based on the student’s date of initial college enrollment after graduation from high school.

W. “Full-time student” shall mean a student who has matriculated into a program of study leading to the first year certificate program, first two-year diploma program, first associate degree, first bachelor’s degree, first approved five-year bachelor’s degree or a program of study that is structured so as not to require a bachelor’s degree and leads to a graduate degree and who enrolls full-time, usually fifteen credit hours for the fall and fifteen credit hours for the spring term. In order for the student to be eligible for Scholarship disbursement, the student must be enrolled full-time at the home institution as stipulated by Title IV Regulations, except that credit hours may not include remedial coursework or continuing education coursework. Eligible Palmetto Fellows may prorate their award amount for the term of graduation (see section 62-330.B.).

X. “Gift aid” is defined as scholarships and grants that do not nor will not under any circumstance require repayment, and excludes any self-help aid such as student loans and work-study.

Y. “Home institution” is defined as the independent or public institution where the student is currently enrolled as a full-time, degree-seeking student and may be eligible for financial aid at the same institution.

Z. “Independent institutions” are defined, for the purposes of the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement Programs, as those two-year and four-year institutions eligible to participate in the South Carolina Tuition Grants Program as defined in Chapter 113 of Title 59 of the 1976 Code, which stipulates that an “independent institution of higher learning means any independent eleemosynary junior or senior college in South Carolina whose major campus and headquarters are located within South Carolina and which is accredited by the Southern Association of Colleges and Schools; or an independent bachelor’s level institution which was incorporated in its original charter in 1962, was granted a license to operate in 1997 by the Commission on Higher Education, has continued to maintain a campus in South Carolina, and is accredited by the Southern Association of Colleges and Schools. Institutions whose sole purpose is religious or theological training or the granting of professional degrees do not meet the definition of ‘public or independent institutions’ for purpose of this charter”. Two-year independent institutions are not eligible to participate in the Palmetto Fellows Scholarship Program.

AA. “Ineligible degree program” is defined for the purposes of the Palmetto Fellows Scholarship Enhancement as any degree program that is not on the Commission’s posted list of eligible degree programs.

BB. “Late awards” is defined as a period determined by CHE for high school seniors to apply for the Palmetto Fellows Scholarship. Application must be made through the students’ high school. This period is generally from May through June of the academic year.

CC. “Lawful Presence” is defined as individuals who are US citizens, permanent residents, or non-US citizens and non-permanent residents who are legally present in the US. When verifying the lawful presence of an individual, institutional personnel shall not attempt to independently verify the immigration status of any alien, but shall verify any alien’s immigration status with the federal government pursuant to 8 USC Section 1373(c). Only those individuals whose lawful presence in the US has been verified prior to initial college enrollment may receive the Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement.

DD. “Military mobilization” is defined as a situation in which the U.S. Department of Defense orders service members to active duty away from their normal duty assignment during a time of war or national emergency. Service members include: 1) active duty and reserve members in the Army, Navy, Air Force, Marine Corps and Coast Guard, and; 2) members of the Army and Air National Guard.

EE. “Misdemeanor offenses” are defined as crimes classified under State statute (Section 16-1-100), less serious than felonies, and are typically punishable by fine or imprisonment for less than one year. A complete listing is located under Title 16 of State statute. Examples of alcohol and/or drug-related misdemeanor offenses in South Carolina include, but are not limited to, possession of alcohol while under the age of 21, possession of marijuana/illegal drugs, open container, transfer of alcohol to persons under 21, providing false information as to age (fake identification), etc.

FF. “Multi-handicapped student” shall be defined as a student who, in addition to being visually or hearing impaired, has at least one additional disabling condition that qualifies the student to receive specialized postsecondary education.

GG. “Palmetto Fellow” is defined as a student awarded the Palmetto Fellows Scholarship during his/her senior year of high school and continues to meet all eligibility requirements to receive the Palmetto Fellows Scholarship. A Palmetto Fellow who is not awarded any Palmetto Fellows Scholarship funds due to the cost of attendance being met by other sources of financial aid will still be classified as a Palmetto Fellow.

HH. “Program of study that is structured so as not to require a bachelor’s degree” shall be defined as a program of study that is structured so as not to require a bachelor’s degree for acceptance into the program and leads to a graduate degree, which will be the student’s first academic degree awarded, as defined by the U.S. Department of Education. Students are eligible for a maximum of eight terms as long as all other eligibility criteria are met and the program is approved by the Commission on Higher Education. Students must maintain their undergraduate status each academic term, with the exception of students enrolled in the following programs: 1) Master of Science in Physician Assistant Studies at the Medical University of South Carolina; 2) Doctor of Pharmacy at the Medical University of South Carolina; 3) Doctor of Pharmacy at the University of South Carolina; and 4) Doctor of Pharmacy at Presbyterian College. Students who have been awarded a bachelor’s or graduate degree are not eligible for funding. All programs must be approved by CHE for the purposes of enhancement eligibility.

II. “Public institutions” are defined, for the purposes of the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement Programs, as those two-year and four-year institutions of higher learning as defined in Chapter 103 of Title 59 of the 1976 Code, which stipulates “public higher education shall mean any state supported postsecondary educational institution and shall include technical and comprehensive educational institutions.”

JJ. “Reapplication student” is defined as a student who applied for and was offered the Palmetto Fellows Scholarship as a senior in high school, but declined the award to take a Gap year or attend an out-of-state, four-year institution. Students taking a Gap year (see section 62-310.SS.) must enroll in an eligible South Carolina institution no later than the fall term one year immediately following high school graduation and make a request to CHE for reapplication for the Palmetto Fellows Scholarship. During the Gap year, the student cannot attend any institution of higher education or earn any college credit hours or they forfeit their Palmetto Fellows Scholarship. If the student was offered the Palmetto Fellows Scholarship as a senior in high school, but declined

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the award to attend an out-of-state institution at any time during the eight eligible terms immediately following high school graduation, after attending an out-of-state four-year institution, the student must return to South Carolina, enroll in an eligible South Carolina four-year institution, and make a request to CHE for reapplication for the Palmetto Fellows Scholarship.

KK. “Remedial coursework” shall be defined as sub-collegiate level preparatory courses in English, mathematics, reading or any other course deemed remedial by the institution where the course is taken.

LL. “Second year” is defined as the third or fourth consecutive term of full-time, undergraduate coursework. The second year is based on the student’s date of initial college enrollment after graduation from high school.

MM. “South Carolina resident” is defined as an individual who satisfies the requirements of residency in accordance with the state of South Carolina’s Statute for Tuition and Fees, Section 59-112-10, and all related guidelines and regulations promulgated by the Commission on Higher Education as determined by the institutional residency officer each academic year. A student must be considered a South Carolina resident at the time of high school graduation, and at the time of initial college enrollment, in order to receive a Palmetto Fellows Scholarship.

NN. “Satisfactory academic progress in a declared major” is defined for the purposes of the Scholarship Enhancement as the progress required by the institution and academic department in which the student is enrolled as a full-time, degree-seeking student. Students must meet all requirements for satisfactory academic progress toward degree completion in their declared major as established by the policies of both the institution and the declared major in which the student is enrolled to meet the requirements of satisfactory academic progress.

OO. “Substantially deviates” shall be defined, for the purposes of reviewing out-of-state preparatory high school grading scales, as being less than equivalent to the current South Carolina Uniform Grading Policy.

PP. “Transfer student” is defined, for the purposes of the Program, as a student who has changed full-time enrollment from one eligible independent or public institution to another eligible independent or public institution.

QQ. “Transient student” is defined as a student enrolled in a non-matriculated status, which means he/she is granted temporary admission to earn credit hours that will transfer back to his/her home institution toward a degree. A transient student is not eligible to receive the Palmetto Fellows Scholarship or the Scholarship Enhancement unless the student is participating in a program that is both approved and accepted as full-time transfer credit by the home institution.

RR. “Third year” is defined as the fifth or sixth consecutive term of undergraduate coursework. The third year is based on the student’s date of initial college enrollment after graduation from high school.

SS. “Gap Year” is defined as a period of time immediately following high school graduation, including a semester or academic year (Fall and Spring semesters) taken by the student as a break between high school graduation and the date of initial college enrollment. The Gap year must be taken immediately following high school graduation and does not constitute a break in enrollment.

### 62-315. Initial Eligibility for Palmetto Fellows Scholarship.

A. In order to qualify for consideration for a Palmetto Fellows Scholarship, a student must:

1. Meet the eligibility criteria stipulated under the “Palmetto Fellows Scholarship Application” Section;
2. Be enrolled as a senior in an eligible high school;

3. Be classified as a South Carolina resident at the time of college enrollment;

4. Be a U.S. citizen or a lawful permanent resident that meets the definition of an eligible non-citizen under State Residency Statutes whose lawful presence in the US has been verified at the time of enrollment at the institution. When verifying the lawful presence of an individual, institutional personnel shall not attempt to independently verify the immigration status of any alien, but shall verify any alien's immigration status with the federal government pursuant to 8 USC Section 1373(c). A student must be a legal permanent resident of the United States before being considered to be a South Carolina resident;

5. Be seriously considering attending, have applied, or have been accepted for admission to an eligible two-year or four-year degree-granting independent or public institution in South Carolina as a first-time, full-time, degree-seeking student; and

6. Certify that he/she has never been adjudicated delinquent, convicted or pled guilty or *nolo contendere* to any felonies and any second or subsequent alcohol, or drug related offenses under the laws of this or any other state or under the laws of the United States by submitting a signed affidavit each academic year to the home institution testifying to the fact, except that a high school or college student who has been adjudicated delinquent, convicted, or pled guilty or *nolo contendere* of a second or subsequent alcohol or drug related misdemeanor offense is only ineligible the next academic year of enrollment in an eligible independent or public institution after the date of the adjudication, conviction or plea. If the adjudication, conviction, or plea occurs during the academic year after the student has already submitted a signed affidavit to the home institution, the student will continue to be eligible for the remainder of that academic year. However, the student will be ineligible the following academic year of enrollment. If a student completes a pretrial intervention program and subsequently has his/her record expunged, the conviction will not affect the student's eligibility;

7. Submit the official Palmetto Fellows Scholarship Application by the established deadline(s) and comply with all the directions contained therein.

B. The high schools shall ensure that all students meeting the eligibility criteria are given the opportunity to be included in the applicant pool.

C. A student who graduates immediately after the high school sophomore year is eligible to apply for the Palmetto Fellows Scholarship, providing that the student meets all eligibility requirements as described in the "Initial Eligibility" Section and providing that the student is entering an eligible independent or public four-year institution no later than the fall term one year immediately following high school graduation.

D. A student who graduates in December/January of the high school senior year (considered an early graduate) is eligible to apply for the Palmetto Fellows Scholarship after the completion of the junior year but prior to graduating high school, provided that the student meets all eligibility requirements as described in the "Initial Eligibility" Section and provided that the student is entering an eligible independent or public four-year institution no later than the Spring term one year immediately following high school graduation. Early graduates must be certified by the high school principal that they have met the South Carolina graduation requirements. Students who graduate high school mid-year are unable to use rank as an eligibility criterion. The South Carolina UGP GPA, as well as the high school graduation date, must be printed on the official final high school transcript. Students must enroll full-time continuously at a four-year institution no later than the Spring term one year immediately upon high school graduation. Early graduates who enroll mid-year (spring term) and are awarded the Palmetto Fellows Scholarship through the Early Graduation process will officially begin their initial college enrollment. In order to receive the Palmetto Fellows Scholarship the next academic year for a student who enrolls mid-year, the student must earn a minimum of fifteen credit hours and a 3.0 cumulative institutional GPA by the end of the academic year.

E. Students cannot earn eligibility for the Palmetto Fellows Scholarship after high school graduation. All students must apply and be awarded during the high school senior year.

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F. Students receiving the Palmetto Fellows Scholarship are not eligible for the LIFE Scholarship, SC HOPE Scholarship or Lottery Tuition Assistance within the same academic year.

G. Any student who attempts to obtain or obtains the Palmetto Fellows Scholarship through means of a willfully false statement or failure to reveal any material fact, condition or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including loss of the Palmetto Fellows Scholarship.

### 62-318. Eligibility for Palmetto Fellows Scholarship Enhancement.

A. To be eligible for the Palmetto Fellows Scholarship Enhancement each academic year, a student must be:

1. A Palmetto Fellow at the time the Scholarship Enhancement is disbursed;
2. Enrolled full-time, degree-seeking in a declared major in an eligible degree program;
3. Making satisfactory academic progress toward completion of his/her declared major; and

4. Enrolled in the second year, third year, fourth year, or fifth year (if enrolled in a Commission approved five-year bachelor's degree) at an eligible four-year independent or public institution.

B. All students not majoring in education-related disciplines must successfully complete a total of at least fourteen credit hours of instruction in mathematics or life and physical science courses within an approved major, in any combination, by the end of the student's first year of enrollment in college (based on initial date of college enrollment). For the purpose of meeting the fourteen credit hour requirement at the end of the student's first year, exempted credit hours (AP, CLEP, IB, etc.), credit hours earned while in high school (dual enrollment, credit hours earned during the summer session immediately prior to the student's date of initial college enrollment, Pass/Fail courses with a grade of "Pass" (only), International Baccalaureate (IB) courses and Advanced Placement (AP) courses in mathematics, life and physical sciences and accounting, taken in high school in which the student scored a three or more on the advanced placement test and received college credit may be used. However, remedial coursework and continuing education coursework cannot be used to meet the fourteen credit hour requirement.

C. Students who initially enroll in college mid-year (i.e., spring term) as a first year student and meet the requirements under Section 62-318 may be eligible to receive a Palmetto Fellows Scholarship Enhancement at the beginning of the spring term of the next academic year (i.e., beginning with the third consecutive term of full-time enrollment based on initial date of college enrollment). A student who initially enrolls mid-year (i.e., spring term) must earn a minimum of 15 credit hours and a 3.0 cumulative institutional GPA to be awarded a Palmetto Fellows Scholarship the following academic year. A student must earn a 3.0 cumulative institutional GPA and a minimum of 30 credit hours each subsequent year of enrollment to receive a Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement.

D. For the 2024-25 academic year, a resident student who is at least in the second year of attendance, based on initial college enrollment, at an eligible four-year public or independent institution of higher learning in this State, who is majoring in science, mathematics, accounting, or an education program that leads to certification as defined by the Commission on Higher Education, and who is receiving a Palmetto Fellows Scholarship for the current year, shall receive an additional Palmetto Fellows Scholarship stipend equal to the cost of attendance after applying all other scholarships or grants, not to exceed two thousand five hundred dollars each year for no more than three additional years of instruction, including their sophomore year, if enrolled in a four-year degree program, or for not more than four additional years of instruction, including their sophomore year, if enrolled in an approved five-year degree program or a 3 plus 2 program. To receive the additional Palmetto Fellows Scholarship stipend each year, the student must receive the underlying Palmetto Fellows Scholarship for that year and must be making acceptable progress each year toward receiving a degree in their education major.

E. All education majors receiving the enhancement/stipend based on their status as an education major must enter into a contractual agreement, including a default provision, that stipulates that the stipend recipient shall upon graduation work in a South Carolina public school for at least one school year for every year the stipend is received. A third party may be used for purposes of processing the contractual agreement.

F. Any student who attempts to obtain or obtains the Palmetto Fellows Scholarship Enhancement through means of a willfully false statement or failure to reveal any material fact, condition or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including loss of the Palmetto Fellows Scholarship Enhancement.

G. The Commission on Higher Education shall annually communicate with high school guidance counselors regarding the list of qualifying majors in this section.

#### 62-320. Palmetto Fellows Scholarship Application.

A. The Commission on Higher Education will send information regarding the application process to all South Carolina high schools, home school associations and district superintendents. High schools and/or home school associations that do not receive information regarding the application process from the Commission on Higher Education by the beginning of each application process must contact the Commission for information. It is the sole responsibility of the high schools, home schools, home school associations, and district superintendents to contact CHE regarding the Palmetto Fellows Scholarship program including the application process. High school officials will identify students who meet the specified eligibility criteria by each established deadline. High school officials must submit applications (both electronic and paper documentation) no later than the established deadline(s) along with the appropriate signatures, official transcripts and test score verification to the Commission on Higher Education. High school officials must certify each eligible applicant's signature form. Students who are enrolled at out-of-state high schools are personally responsible for contacting the Commission on Higher Education about the application process and must adhere to the same established deadline(s).

B. The high schools and home school associations must submit a list to the Commission on Higher Education indicating the names of all students who meet the eligibility criteria at their high school. The list should indicate whether the student is submitting a completed application or declining the opportunity to apply. If the student declines the opportunity to apply, the high school will submit a form for each of these students, signed by both the student and the parent/guardian and indicating the reason(s) for not submitting an application. Students who decline to apply for the Scholarship forfeit any future eligibility under this Program.

C. Applications for early awards must be submitted to the Commission on Higher Education for the Palmetto Fellows Scholarship by the date established each academic year. Students must meet one of the following set of academic criteria in order to be eligible to apply for the early awards (students cannot use the early awards criteria to apply during the late awards):

1. Score at least 1200 on the SAT or an equivalent ACT score as determined by the Commission through the test administration date as determined by CHE of the senior year; earn a minimum 3.50 cumulative GPA on the current South Carolina Uniform Grading Policy (UGP) at the end of the junior year; and rank in the top six percent of the class at the end of either the sophomore or the junior year; or

2. The alternate criteria of a score at least 1400 on the SAT or an equivalent ACT score as determined by the Commission through the test administration date as determined by CHE of the senior year and earn a minimum 4.00 cumulative GPA on the UGP at the end of the junior year, without regard to class rank.

3. High schools or home school associations that do not rank as an official policy; or high schools whose grading policy deviates from the current South Carolina Uniform Grading Policy and do not convert the graduating class grades to the current South Carolina UGP to determine class rank, must use the alternate criteria of meeting the academic requirements for the Palmetto Fellow Scholarship.

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4. High schools or home school associations shall not use ranking for the sole purpose of obtaining eligibility for the state scholarships.

D. Applications for late awards must be submitted to the Commission on Higher Education for the Palmetto Fellows Scholarship by the date established in June each academic year. Students must meet one of the following set of academic criteria in order to be eligible to apply for the late awards:

1. Score at least 1200 on the SAT or an equivalent ACT score as determined by the Commission through the test administration date as determined by CHE of the senior year; earn a minimum 3.50 cumulative GPA on the UGP at the end of the senior year; and rank in the top six percent of the class at the end of the sophomore, junior or senior year; or

2. Score at least 1400 on the SAT or an equivalent ACT score as determined by the Commission through the test administration date as determined by CHE of the senior year and earn a minimum 4.00 cumulative GPA on the UGP at the end of the senior year, without regard to class rank.

3. High schools or home school associations that do not rank as a policy; or high schools whose grading policy deviates from the current South Carolina Uniform Grading Policy and that do not convert the graduating class grades to the current South Carolina UGP to determine class rank, must use the alternate criteria of meeting the academic requirements for the Palmetto Fellow Scholarship.

4. High schools or home school associations shall not use ranking for the sole purpose of obtaining eligibility for the state scholarships.

E. Students must have official verification that they earned the requisite score on the SAT or an equivalent ACT score. In order to determine the minimum composite score for the SAT, students must use the highest Math score combined with the highest Evidence-Based Reading and Writing score. However, students cannot use the Essay subsection score to meet the minimum SAT score requirement. For the purposes of meeting the ACT test score requirement, the student must use the highest English, Math, and Reading scores, which may come from different test administrations. A Science score may be included to improve the composite score but is not required.

F. Grade point averages must be based on the current South Carolina Uniform Grading Policy, reported with at least two decimal places, and may not be rounded up. The South Carolina UGP GPA and class rank (if school/association officially ranks as a policy) must be printed on an official final end of year high school transcript, which must also include a uniform date of calculation as determined by the Commission on Higher Education. The graduation date must also be printed on the final end of senior year high school transcript. No coursework completed after the date of uniform calculation can be included in the end of the year GPA. Student must meet the scholarship eligibility criteria within four years of high school coursework.

G. Class rank must be based on the South Carolina Uniform Grading Policy using diploma candidates only. Class rank is determined at the end of the sophomore, junior and senior years (not the beginning of the next school year) before including any summer school coursework or including any students who transfer into your high school after the school year ended in May/June. Students cannot be removed from the class because they did not meet the eligibility criteria to apply, declined to apply, are not residents of the State, do not meet citizenship requirements, plan to attend college out-of-state, etc. The class rank information must include all students who attended your high school that school year. Only one student may occupy each place in class rank. The rank policy and rank policy information must be available to parents, students, colleges, and universities, and the Commission on Higher Education in publication form to include a school's website, student/parent handbook, and/or school profile. This language must include the ranking policy in place at the school/association. The ranking policy should be consistent in all places where the rank policy is published and is the same information disseminated to parents, students, colleges/universities, and the Commission. The South Carolina UGP GPA and class rank (if school/association officially ranks as a policy) must be printed on an

official final end of year high school transcript, which must also include a uniform date of calculation as determined by the Commission on Higher Education. The graduation date must also be printed on the final end of senior year high school transcript.

H. The number of students included in the top six percent of the class will be the next whole number if the top six percent is not already a whole number. For example, a class size of 185 students would include the top twelve students since 11.1 rounds up to twelve. For those high schools that officially rank as a policy (see section 62-320.G.) with fewer than twenty students in the class, the top two students (students ranked as number one and two) shall be considered for the Scholarship regardless of whether they rank in the top six percent of the class. These students must meet all other eligibility criteria.

I. In order to apply for the Palmetto Fellows Scholarship using rank as one of the eligibility criteria, home school students must be a member of an approved home school program (as defined in relevant State Statute) that provides an official class rank for their members. All high schools (see section 62-310.N.) and home school associations must submit a rank report on official school/association letterhead that includes the class rank and GPA based on the current South Carolina Uniform Grading Policy for all students in the applicant's class. If a student is unable to obtain rank verification, he/she may also be eligible to apply using the alternative criteria of scoring at least 1400 on the SAT (or an equivalent ACT score as determined by the Commission ) and earning a minimum 4.00 cumulative GPA on the South Carolina UGP, without regard to class rank. These students must meet all other eligibility criteria.

J. For schools or home school associations that do not rank as an official policy, students must use the alternate criteria to meet eligibility requirements for the Palmetto Fellows Scholarship.

K. For the purposes of meeting the rank criterion, the existing high school rank of a South Carolina resident attending an out-of-state high school may be used, provided it is calculated pursuant to a state-approved, standardized grading scale at the respective out-of-state high school. If the Commission on Higher Education determines that a state-approved standardized grading scale substantially deviates from the South Carolina Uniform Grading Scale, the state-approved, standardized grading scale shall not be used to meet the eligibility requirements for the Palmetto Fellows Scholarship. The school counselor from the out-of-state preparatory school also has the option of converting the cumulative GPAs of all students in the applicant's class to the current South Carolina UGP to determine if the student ranks within the top six percent of the class and must provide a ranking report that identifies all students in the applicant's class and their respective GPA's based on the South Carolina UGP. When converting scores to the South Carolina UGP, weighting must adhere to the South Carolina UGP (i.e. honors no more than .50 and AP/IB no more than 1.0). In addition, scores/grades must correspond to the South Carolina UGP. For example, if a student earned a 90 in an honors class, the conversion of the scores/grades must be equivalent to the points assigned according to the current South Carolina UGP. To be considered equivalent, the out-of-state school's grading scale must adhere to the following minimum requirements:

1. Must include all courses carrying Carnegie units, including units earned at the middle school and high school level;

2. To be equivalent to an "A" letter grade, the numerical average must be  $\geq 90$ ; to be equivalent to a "B" letter grade the numerical average must be between 80 and 89; to be equivalent to a "C" letter grade the numerical average must be between 70 and 79; to be equivalent to a "D" letter grade the numerical average must be between 60 and 69; and to be equivalent to a "F" letter grade the numerical average must be between 51 and 59 (if a course with a numerical average of  $< 51$  is considered passing by the high school the student earned the grade, then a 65 numerical average should be given);

3. Cannot add more than one half (.50) additional quality point for honors courses; cannot add more than one additional quality point for dual enrollment (DE) courses, Advanced Placement (AP) courses, and standard

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level International Baccalaureate (IB) courses; and, cannot add more than two additional quality points for higher level IB courses;

4. Must classify all other courses as College Preparatory if they are not already classified as honors, DE, AP or IB. For a class to be classified as honors, the course must be in English, mathematics, science or social studies or be the third/fourth level for all other content areas; and

5. If no numerical average is available, all letter grades must be converted to the equivalent numerical average based on the following: all "A" letter grades must be converted to a 95 numerical average, all "B" letter grades must be converted to a 85 numerical average, all "C" letter grades must be converted to a 75 numerical average, all "D" letter grades must be converted to a 65 numerical average, and all "F" letter grades must be converted a 50 numerical average.

L. Students who attend out-of-state preparatory high school may also be eligible to apply by using the alternative criteria of scoring at least 1400 on the SAT (or an equivalent ACT score as determined by the Commission) and earning a minimum 4.00 cumulative GPA on the current South Carolina Uniform Grading Policy. The student's school counselor must convert the student's grades to the UGP to determine if the student meets the GPA requirement. These students must meet all other eligibility criteria, including South Carolina residency requirements.

M. Students submitted for the late award will need to make arrangements for tuition and fee payments as a student will not be notified of their PFS status in enough time to meet any institutionally established payment deadlines.

### 62-325. Palmetto Fellows Scholarship Selection Process.

A. The Commission on Higher Education will notify students of their selection as a Palmetto Fellow along with the terms and conditions of the award.

B. Students who have met the academic requirements of the Scholarship must return a form to the Commission that designates an eligible two-year or four-year independent or public institution in which they plan to enroll by the date established by the Commission on Higher Education. The Palmetto Fellows Scholarship will only be awarded to those students who have a lawful presence in the United States and have been identified as a South Carolina resident at the time of initial college enrollment.

C. Visually impaired, hearing impaired or multi-handicapped students who qualify for the Scholarship may use the Palmetto Fellows Scholarship to attend a two-year or four-year out-of-state institution that specializes in educating students with their impairment upon receiving prior approval from the Commission on Higher Education. The Commission on Higher Education shall make the final decision whether an out-of-state institution specializes in the postsecondary education of visually impaired, hearing impaired or multi-handicapped students.

D. The Commission on Higher Education shall ensure that there is equitable minority participation in the Program.

### 62-330. Policies and Procedures for Awarding the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement.

A. The institution will identify award amounts, which cannot exceed:

1. \$6,700 the first/freshman year and \$7,500 for the second year, third year, fourth year and fifth year (if applicable) for the Palmetto Fellows Scholarship; Eligible Palmetto Fellows may prorate their award amount for the term of graduation.

2. \$2,500 for the second year, third year, fourth year and fifth year (if applicable) for the Palmetto Fellows Scholarship Enhancement if enrolled in a eligible four-year degree program or for not more than four years of instruction if enrolled in an eligible approved five-year degree program. Eligible Palmetto Fellows may prorate their award amount for the term of graduation.

3. For mid-year initial college enrollment (i.e. a student who starts college in the spring term), a student may receive a maximum of \$3,350 for the spring term. Beginning the second academic year (i.e. the fall term) a student may receive up to \$7,500 for the second year, third year, fourth year and fifth academic year (if applicable) for the Palmetto Fellows Scholarship; Eligible Palmetto Fellows may prorate their award amount for the term of graduation.

B. Half shall be awarded during the fall term and half during the spring term. Palmetto Fellows Scholarships and Palmetto Fellows Scholarship Enhancements are to be used only toward payment for cost-of-attendance as established by Title IV Regulations with modifications set forth in D below for the academic year the award is made at the designated independent or public institution. The maximum amount awarded shall not exceed the cost-of-attendance as established by Title IV Regulations for any academic year. During the final term of attendance, the institution may prorate the Palmetto Fellow Scholarship and the Palmetto Fellows Scholarship Enhancement award amount, for the number of credit hours attempted for the current term of attendance, which must be the term of graduation for the student. Proration will be based on 12 credit hours.

C. Students who change their major from an ineligible degree program to an eligible degree program during the same academic year cannot be awarded the Palmetto Fellows Scholarship Enhancement until the next academic year. Additionally, students who change their major from an eligible degree program to an ineligible degree program during the same academic year will retain their Palmetto Fellows Scholarship Enhancement eligibility for the remainder of the current academic year.

D. Charges for room and board are to be limited as follows:

1. Room charges shall not exceed the average cost of on-campus residential housing; and

2. Board charges shall not exceed the cost of the least expensive campus meal plan that includes 21 meals per week.

E. In determining the amount awarded for the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement, all other sources of gift aid, including federal, State, private and institutional funds, must be applied to the unmet cost-of-attendance before calculating the Scholarship and Enhancement amounts and making the award. Adjustments to the financial aid package will be made to the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement in accordance with prescribed Title IV regulations in order to prevent an over-award.

F. Although a student may be named a Palmetto Fellow, the student may not receive a monetary award, if the award when combined with all other sources of gift aid would cause the student to receive financial assistance in excess of the student's cost-of-attendance as defined by Title IV regulations and the guidelines contained herein.

G. Eligible two-year and four-year independent and public institutions will notify students of their award along with the terms and conditions.

H. Effective Fall 2008, Section 59-101-430 (A), Chapter 101, Title 59 of the 1976 Code states that unlawful aliens are prohibited from attending South Carolina Public institutions of higher learning. This does apply to students who are currently enrolled, as well as new enrollees. In accordance of this law, institutions must institute a process that verifies an individual's lawful presence in the United States. This process must verify any alien's immigration status with the federal government. Students receiving the Palmetto Fellows Scholarship and the

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Palmetto Fellows Scholarship Enhancement must be verified. Any student that is not verified and documented by the institution will not receive the Scholarship.

I. All eligible independent and public institutions that participate in the program must verify the lawful presence in the US of any student who receives a Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement prior to awarding the Scholarship to the student. When verifying the lawful presence of an individual, institutional personnel shall not attempt to independently verify the immigration status of any alien, but shall verify any alien's immigration status with the federal government pursuant to 8 USC Section 1373(c).

J. The institution must retain annual paper or electronic documentation for each award to include at a minimum:

1. Institutional Student Information Record (ISIR) or affidavit documenting that the student is not in default or does not owe a refund on any state or federal financial aid

2. Affidavit documenting that the student has never been convicted of any felonies and has not been convicted of any second or subsequent alcohol/drug-related misdemeanor offense within the past academic year as stated under "Initial Eligibility" and "Duration and Renewal of Awards" Sections

3. Award notification

4. Institutional disbursements to student

5. Verification student is not in default and does not owe a refund or repayment

6. Student's residency status and citizenship status

7. Enrollment status and degree-seeking status

8. Verification of cumulative GPA and annual credit hours for renewal purposes

9. Verification from the institutional Disability Services Provider of student's disability and approval of reduced course-load requirement (if appropriate)

10. Military mobilization orders (if appropriate)

11. Verification student met fourteen credit hour requirement at the end of the first year of college enrollment for the 2007-08 freshman class and thereafter (Palmetto Fellows Scholarship Enhancement purposes only)

12. Verification from academic department of enrollment in a declared major in an eligible degree program (Palmetto Fellows Scholarship Enhancement purposes only).

13. Verification from the institution that lawful presence in the US, and has been verified.

14. Collect certification from education majors receiving enhancement/stipend monies of their completed contractual work agreement for the stipend.

K. It is the institution's responsibility to ensure that only eligible students receive the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement.

L. The student shall be required to provide a state recognized unique identifier in order for the institution to award, disburse, and/or transfer the student's state scholarship and/or grant to an eligible institution.

#### 62-335. Duration and Renewal of Awards.

A. The Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement where applicable shall be initially awarded for one academic year. The institution shall adjust the amount of the Scholarship and Enhancement awards during the academic year in the event of a change in the student's eligibility.

B. Students selected as Palmetto Fellows must enter an eligible two-year or four-year independent or public institution no later than the fall term one year immediately following high school graduation. Students must be continuously enrolled at an eligible two-year or four-year institution. Students with a break in continuous full-time enrollment at a two-year or four-year institution will forfeit the scholarship.

C. A Palmetto Fellows Scholarship may be renewed annually for no more than a total of two terms towards a one-year certificate or diploma program, or four terms (based on the date of initial college enrollment) toward the first associate degree or two-year diploma program, or eight terms (based on the date of initial college enrollment) toward the first bachelor's degree or a program of study that is structured so as not to require a bachelor's degree and leads to a graduate degree or for no more than a total of ten terms (based on the date of initial college enrollment) toward the first approved five-year bachelor's degree. The Palmetto Fellows Scholarship Enhancement may not be awarded for no more than a total of six terms (based on the date of initial college enrollment) toward the first bachelor's degree or a program of study that is structured so as not to require a bachelor's degree and leads to a graduate degree or for no more than a total of eight terms (based on the date of initial college enrollment) toward the first approved five-year bachelor's degree. Students who have already been awarded their first bachelor or graduate degree are not eligible to receive the Palmetto Fellows Scholarship or the Palmetto Fellows Scholarship Enhancement. During the final term of attendance, the institution may prorate the Palmetto Fellow Scholarship and the Palmetto Fellows Scholarship Enhancement award amount, for the number of credit hours attempted for the current term of attendance, which must be the term of graduation for the student. Proration will be based on 12 credit hours (see section 62-330.B).

D. The institution is responsible for obtaining institutional certification of each recipient's cumulative grade point average and annual credit hours for the purposes of determining eligibility for award renewal. For the Palmetto Fellows Scholarship Enhancement, the institution must also obtain verification from the academic department of enrollment in a declared major in an eligible degree program.

E. By the end of the spring term each academic year, the institution must notify all Palmetto Fellows who have not met the continued eligibility requirements for the next academic year. The notification should include information regarding the student's ability to attend summer school in order to meet the continued eligibility requirements.

F. The eligible two-year or four-year independent or public institution is responsible for reporting to the Commission on Higher Education credit hours earned at the home institution only. Transfer credit hours cannot be reported by the home institution.

G. In order to retain eligibility for the Palmetto Fellows Scholarship after the initial year, the student must meet the following continued eligibility requirements:

1. Enroll and be continuously enrolled at an eligible two-year or four-year public or independent institution as a full-time, degree-seeking student at the time of Scholarship disbursement;

2. Earn at least a 3.0 cumulative GPA at the home institution for graduation purposes by the end of each academic year;

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3. Earn a minimum of thirty credit hours for graduation purposes by the end of each academic year. Exempted credit hours (such as AP, CLEP, etc.), credit hours earned before high school graduation, and credit hours earned the summer term immediately following high school graduation cannot be used to meet the annual credit hour requirement;

4. Certify each academic year that he/she has not defaulted and does not owe a refund or repayment on any federal or state financial aid. If a student has an Institutional Student Information Record (ISIR) or its equivalent on file, the ISIR information will be used to verify default status or refund/repayment owed. Students who have not completed the Free Application for Federal Student Aid (FAFSA) must have an affidavit on file to verify that he/she is not in default and does not owe a refund or repayment on any federal or state financial aid, including the state grants/scholarships, Pell Grant, Supplemental Educational Opportunity Grant, Federal Perkins or Stafford Loan; and

5. Certify each academic year that he/she has never been adjudicated delinquent, convicted or pled guilty or *nolo contendere* to any felonies and any second or subsequent alcohol/drug-related misdemeanor offenses under the laws of this or any other state or under the laws of the United States by submitting a signed affidavit to the home institution. However, a high school or college student who has been adjudicated delinquent, convicted, or pled guilty or *nolo contendere* of a second or subsequent alcohol or drug-related misdemeanor offense is only ineligible for the next academic year of enrollment at an eligible independent or public institution after the date of the adjudication, conviction or plea. If the adjudication, conviction or plea occurs during the academic year after the student has already submitted a signed affidavit to the institution, the student will continue to be eligible for the remainder of the academic year. However, the student will be ineligible for the Scholarship for the following academic year of enrollment. If a student completes a pretrial intervention program and his/her record is subsequently expunged, the charge will not affect Scholarship eligibility.

H. In order to retain eligibility for the Palmetto Fellows Scholarship Enhancement, a student must:

1. Be a Palmetto Fellow at the time the Scholarship Enhancement is disbursed;
2. Be enrolled and continuously enrolled at an eligible four-year public or independent institution as a full-time, degree-seeking student in a declared major in an eligible degree program;
3. Be making satisfactory academic progress toward completion of his/her declared major;
4. Be enrolled in the second year, third year, fourth year or fifth year (if enrolled in a Commission approved five-year bachelor's degree) at an eligible four-year independent or public institution; and
5. Successfully complete a total of at least fourteen credit hours of instruction in accounting, mathematics, or life and physical science courses within an approved major, in any combination by the end of the student's first year of enrollment in college (based on initial date of college enrollment). For the purpose of meeting the fourteen credit hour requirement at the end of the student's first year, exempted credit hours (AP, CLEP, IB, etc.), credit hours earned while in high school (dual enrollment), and credit hours earned during the summer session immediately prior to the student's date of initial college enrollment may be used. However, remedial coursework and continuing education coursework cannot be used to meet the fourteen credit hour requirement. Palmetto Fellows who were already enrolled in at least their second year in the 2007-2008 academic year only are not required to meet the fourteen credit hour requirement at the end of their first/freshman year.

I. Any student who attempts to obtain or obtains a Palmetto Fellows Scholarship or Palmetto Fellows Scholarship Enhancement through means of a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including loss of the Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement.

62-340. Transfer of or Reapplication for the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement.

A. Palmetto Fellows enrolled at an eligible two-year or four-year independent or public institution may transfer to another two-year or four-year eligible independent or public institution in South Carolina upon obtaining prior approval from the Commission on Higher Education, by submitting a transfer form, which is available on the Commission's Web site.

B. A student who applied for and was offered the Palmetto Fellows Scholarship as a senior in high school, but declined the award to attend an out-of-state two-year or four-year institution no later than the fall term one year immediately following high school graduation or a student who attends an out-of-state institution at any time during the eight eligible terms, must reapply if they transfer to an eligible two-year or four-year independent or public institution in South Carolina. The reapplication form is available on the Commission's Web site.

C. Transfer students and reapplication students are only eligible to receive the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement for the remaining terms of eligibility (based on the date of initial college enrollment).

D. Transfer students and reapplication students must comply with all standards for continued eligibility as defined under the "Duration and Renewal of Awards" Section in order for their award to be eligible for transfer.

E. The eligible two-year or four-year independent or public institution is responsible for reviewing all Palmetto Fellows transferring to their institution to determine whether the students are eligible for the Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement.

F. The eligible two-year or four-year independent or public institution is responsible for reporting to the Commission on Higher Education credit hours earned at their institution only. Transfer credit hours cannot be reported by the home institution.

62-345. Students with Disabilities.

A. Palmetto Fellows who qualify under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 must meet all eligibility requirements as defined in the "Initial Eligibility" Section, except for the full-time enrollment requirement, in order to be eligible to receive funding. Students must comply with all institutional policies and procedures in accordance with ADA and Section 504 of the Rehabilitation Act of 1973.

B. For renewal, Palmetto Fellows who qualify under ADA and Section 504 of the Rehabilitation Act of 1973 must meet all renewal requirements as defined in the "Duration and Renewal of Awards" Section, except for a student not meeting the annual credit hour requirement who is approved by the Disability Services Provider at the home institution to be enrolled in less than full-time status or less than the required annual credit hours for that academic year. Each academic year for award renewal, students must earn the required number of hours approved by the institutional Disability Services Provider at the home institution and earn a minimum 3.0 cumulative grade point average at the home institution for graduation purposes. Students must comply with all institutional policies and procedures in accordance with ADA and Section 504 of the Rehabilitation Act of 1973.

C. The institutional Disability Services Provider must provide written documentation to the Office of Financial Aid prior to each academic year verifying that the student is approved to be enrolled in less than full-time status or less than the required annual credit hours. It is the responsibility of transfer students and reapplication students to provide written documentation from the previous institutional Disability Services Provider.

D. Palmetto Fellows who qualify under ADA and Section 504 of the Rehabilitation Act of 1973 are eligible to receive up to the maximum number of available terms and available funds.

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62-350. Enrollment in Internships, Cooperative Work Programs, Travel Study Programs, or National or International Student Exchange Programs.

A. Students enrolled in internships, cooperative work programs, travel study programs, or National or International Student Exchange Programs that are approved by the home institution and that the home institution accepts as full-time transfer credit are eligible to receive Palmetto Fellows Scholarship and Palmetto Fellow Scholarship Enhancement funds during the period in which the student is enrolled in such programs. Students will be required to meet the continued eligibility requirements.

B. Eligible students may use the appropriated portion of the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement funds for internships, cooperative work programs, travel study programs, or National or International Student Exchange Programs that are approved by the home institution and that the home institution accepts as full-time transfer credit. Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement funds must be paid directly to the student's account at the home institution. The amount awarded cannot exceed the cost-of-attendance at the home institution or the cost-of-attendance at the host institution, whichever is less. The Commission on Higher Education will not transfer funds to the institutions where students will participate in internships, cooperative work programs, travel study programs, or National or International Student Exchange Programs. The home institution is responsible for funds according to the "Program Administration and Audits" Section.

C. Students who enroll in one academic term at the home institution and also enroll in an internship, cooperative work program, travel study program, or National or International Student Exchange Program that are approved by the home institution and that do not award full-time transfer credit during the same academic year must earn at least fifteen credit hours and a minimum 3.0 cumulative grade point average at the home institution for graduation purposes by the end of the academic year to be eligible for renewal the next academic year. The student may continue to be eligible for up to the maximum terms of eligibility based on the date of initial college enrollment (provided the student meets the continued eligibility requirements).

D. For students enrolling in an internship, cooperative work program, travel study program, or National or International Student Exchange Program that is approved by the home institution but does not award full-time transfer credit for the entire academic year, renewal for the next academic year will be based on the prior year's eligibility. The student may continue to be eligible for up to the maximum terms of eligibility based on the date of initial college enrollment (provided the student meets the continued eligibility requirements).

E. Students enrolling in an internship, a cooperative work program, a travel study program, or National or International Student Exchange Program that are approved by the home institution during the academic year and did not use their entire eligibility for the Palmetto Fellows Scholarship or the Palmetto Fellows Scholarship Enhancement funds during this period shall be allowed to receive one term of Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement funds during the succeeding summer or at the end of the maximum terms of eligibility based on the date of initial college enrollment (provided the student meets the continued eligibility requirements). In order to receive the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement funds for the succeeding summer term, students must enroll in twelve credit hours at the home institution. In order to maintain eligibility for the next academic year for students who only attend summer school, the student must earn at least twelve credit hours by the end of the academic year. For students who enroll in summer school and one other term of the academic year, the student must earn a total of at least 27 credit hours by the end of the academic year. The student must meet all continued eligibility requirements, except for the completion of the annual credit hour requirement for the academic year.

F. The home institution will be responsible for obtaining official certification of the student's cumulative grade point average and annual credit hours earned for purposes of determining eligibility for Scholarship and Enhancement renewal for the next academic year. For purposes of Enhancement eligibility, the home institution must also obtain certification from the academic department of enrollment in a declared major in an eligible degree program.

## 62-351. Military Mobilization.

A. Service members who are enrolled in college and are affected by military mobilizations will not be penalized for the term they are required to withdraw after the full refund period based on the institutional policies and procedures. Institutions are strongly encouraged to provide a full refund of required tuition, fees and other institutional charges or to provide a credit in a comparable amount against future charges for students who are forced to withdraw as a result of military mobilization. Additionally, the term(s) that the service member is mobilized will not count against the maximum terms of eligibility. The service member shall be allowed to receive the unused term(s) while mobilized during the succeeding summer term or at the end of the maximum terms of eligibility (provided the service member meets continued eligibility requirements). The service member must re-enroll in an eligible independent or public institution within twelve months upon their demobilization and provide official documentation to verify military deployment to the institutional Financial Aid Office upon re-enrollment. Reinstatement will be based upon the service member's eligibility at the time he/she was mobilized. If the service member re-enrolls after the twelve month period, the service member must submit an Appeal Application to the Commission on Higher Education by the established deadline in order to be considered for reinstatement.

B. Service members who are enrolled in college and are mobilized for a minimum of one academic year may be eligible the next academic year, if they met the continued eligibility requirements at the end of the last academic year of attendance. Service members may continue to be eligible for up to the maximum terms of eligibility based on the date of initial college enrollment (provided the service member meets the continued eligibility requirements).

C. Service members who are enrolled in college and are mobilized for one academic term must complete at least fifteen credit hours and a minimum 3.0 cumulative grade point average at the home institution for graduation purposes by the end of the academic year to be eligible for renewal for the next academic year. Service members may continue to be eligible for up to the maximum terms of eligibility based on the date of initial college enrollment (provided the service member meets the continued eligibility requirements).

D. In order to receive the Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement for summer school for any unused term(s), the service member must enroll in twelve credit hours during the succeeding summer term at the home institution. For service members who enroll in summer school and one other term of the academic year, the service member must earn a total of at least twenty-seven credit hours by the end of the academic year. In order to maintain eligibility for the next academic year for service members who only attend summer school, the member must earn at least twelve credit hours by the end of the academic year. The service member must meet all continued eligibility requirements, except for the completion of the annual credit hour requirement for the academic year.

E. The home institution will be responsible for obtaining verification of military mobilization status, cumulative grade point average and annual credit hours for the purpose of determining eligibility to renew the Palmetto Fellows Scholarship for the next academic year. For purposes of the Palmetto Fellows Scholarship Enhancement, the home institution must also obtain certification from the academic department of enrollment in a declared major in an eligible degree program.

## 62-355. Appeals Procedures.

A. The Commission on Higher Education shall define the procedures for scholarship appeals.

B. A student who does not meet the continued eligibility criteria for renewal of the Palmetto Fellows Scholarship forfeits continued participation in the Program and may request an appeal based on extenuating circumstances.

C. A student is allowed to submit only one appeal each academic year.

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D. A completed appeal's application must be filed with the Commission on Higher Education by the established deadline of the academic year the scholarship is requested. The student must provide a completed application for appeal, a letter requesting an appeal describing the extenuating circumstance, official transcripts from all prior institutions, and any other supporting documentation to substantiate the basis for the appeal. It is the responsibility of the student to ensure that all documents necessary to file an appeal are received at the Commission by the established deadline. Commission staff will not contact the student regarding missing or incomplete appeals documentation. Failure to submit a completed appeal's application by the required deadline(s) will result in forfeiture of the scholarship.

E. A student who fails to submit an appeal by the required deadline will result in forfeiture of the award.

F. The Palmetto Fellows Scholarship shall be suspended during the appeal period, but will be awarded retroactively if the appeal is granted.

G. Students cannot appeal solely on the loss of the Palmetto Fellows Scholarship Enhancement.

H. The Appeals Committee's decision is final.

### 62-360. Institutional Disbursement of Funds.

A. The institution will identify award amounts, which cannot exceed:

1. \$6,700 the first/freshman year and \$7,500 for the second year, third year, fourth year and fifth year (if applicable) for the Palmetto Fellows Scholarship; Eligible Palmetto Fellows may prorate their award amount for the term of graduation (see section 62-330.B.).

2. \$2,500 for the second year, third year, fourth year and fifth year (if applicable) for the Palmetto Fellows Scholarship Enhancement if enrolled in a eligible four-year degree program or for not more than four years of instruction if enrolled in an eligible approved five-year degree program. Eligible Palmetto Fellows may prorate their award amount for the term of graduation (see section 62-330.B.).

3. For mid-year initial college enrollment (i.e. a student who starts college in the spring term), a student may receive a maximum of \$3,350 for the spring term. Beginning the second academic year (i.e. the fall term) a student may receive up to \$7,500 for the second year, third year, fourth year and fifth year (if applicable) for the Palmetto Fellows Scholarship; Eligible Palmetto Fellows may prorate their award amount for the term of graduation (see section 62-330.B.).

B. Half shall be awarded during the fall term and half during the spring term. Funds cannot be disbursed during the summer or any interim sessions except for disbursements made in accordance with the requirements of the "Enrollment in Internships, Cooperative Work Programs, Travel Study Programs, or National or International Student Exchange Programs" or "Military Mobilization" Sections. Palmetto Fellows may not be funded for more than a total of eight terms of study toward the first bachelor's degree or a program of study that is structured so as not to require a bachelor's degree and leads to a graduate degree or for more than a total of ten terms of study toward the first approved five-year degree. Palmetto Fellows Scholarship Enhancements may not be funded for more than a total of six terms toward the first bachelor's degree or a program of study that is structures so as not to require a bachelor's degree or for no more than a total of eight terms toward the first-approved bachelor's degree.

C. The Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement cannot be applied to remedial coursework, continuing education coursework, a second bachelor's degree or to graduate coursework, unless the graduate coursework is required as part of a program of study that is structured so as not to require a bachelor's degree and leads to a graduate degree as defined in the "Definitions" Section or the student is enrolled in one of the following programs: 1) Master of Science in Physician Assistant Studies at the Medical

University of South Carolina; 2) Doctor of Pharmacy at the Medical University of South Carolina; 3) Doctor of Pharmacy at the University of South Carolina; and 4) Doctor of Pharmacy at Presbyterian College. In the event of early graduation, the award is discontinued.

D. Students who change their major from an ineligible degree program to an eligible degree program during the same academic year cannot be awarded the Palmetto Fellows Scholarship Enhancement until the next academic year. Additionally, students who change their major from an eligible degree program to an ineligible degree program during the same academic year will retain their Palmetto Fellows Scholarship Enhancement eligibility for the remainder of the current academic year.

E. The institution shall provide each Palmetto Fellow with an award notification for each academic year, which will contain the terms and conditions of the Scholarship and other financial aid awarded. Students will be notified of adjustments in financial aid due to changes in eligibility and/or over-award issues. The Commission on Higher Education, for documentation purposes, requires that each institution obtain verification of acceptance of the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement and terms for the awards.

F. After the last day to register for each term of the academic year, the institution will verify enrollment of each recipient as a South Carolina resident who is a full-time degree-seeking student.

G. The institution must submit a request for funds and/or return of funds by the established deadline each term. The Commission will disburse funds to eligible independent and public institutions to be placed in each eligible student's account. In addition, a listing of eligible recipients by identification number with the award amounts must be sent to the Commission on Higher Education by the established deadline each term. At this time, any unused funds must be returned to the Commission immediately.

H. The Commission will disburse awards to the eligible four-year independent and public institutions to be placed in each eligible student's account.

I. The student shall be required to provide a state recognized unique identifier in order for the institution to award, disburse, and/or transfer the student's state scholarship and/or grant to an eligible institution.

#### 62-365. Refunds and Repayments.

A. In the event a student who has been awarded the Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement withdraws, is suspended from the institution, or drops below full-time status during any regular term of the academic year, institutions must reimburse the Program for the amount of the Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement for the term in question pursuant to refund policies of the institution. Collection is the responsibility of the institution.

B. In the event a student withdraws or drops below full-time status after the institution's refund period and therefore must pay tuition and fees for full-time enrollment, the award may be retained by the student pursuant to the refund policies of the institution.

C. In the event a student who has been awarded the Palmetto Fellows Scholarship and the Palmetto Fellows Scholarship Enhancement and has been identified as not being a South Carolina resident at any time, the institution must reimburse funds to CHE for the time period the student was no longer a South Carolina resident.

#### 62-370. Program Administration and Audits.

A. The South Carolina Commission on Higher Education shall be responsible for the oversight of functions (e.g., guidelines, policies, rules, regulations) relative to this Program with the eligible independent and public institutions. The Commission on Higher Education shall be responsible for the allocation of funds, promulgation

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of guidelines and regulation governing the Program, any audits, or other oversight as may be deemed necessary to monitor the expenditure of funds.

B. According to the Audit Policies and Procedures for Scholarship and Grant Programs Manual, all eligible independent and public institutions must abide by all Program policies, rules and regulations. Institutions also agree to maintain and provide all pertinent information, records, reports or any information as may be required or requested by the Commission on Higher Education or the General Assembly to ensure proper administration of the Program.

C. The Chief Executive Officer at each eligible independent and public institution shall identify to the Commission on Higher Education an institutional representative who is responsible for the operation of the Program on the campus and will serve as the contact person for the Program. The institutional representative will act as the student's fiscal agent to receive and deliver funds for use under the Program.

D. All eligible independent and public institutions that participate in the program must verify the lawful presence in the US of any student who receives a Palmetto Fellows Scholarship and Palmetto Fellows Scholarship Enhancement prior to awarding the Scholarship to the student. When verifying the lawful presence of an individual, institutional personnel shall not attempt to independently verify the immigration status of any alien, but shall verify any alien's immigration status with the federal government pursuant to 8 USC Section 1373(c).

E. The participating institution shall identify to the Commission on Higher Education an institutional representative who will be responsible for determining residency and lawful presence classification for the purposes of awarding the Palmetto Fellows Scholarship.

F. Independent and public institutions of higher learning in this, or any other state in the U.S., are prohibited from using the Palmetto Fellows Scholarship in programs that promote financial aid incentives or packages. Any mention of the Palmetto Fellows Scholarship in these financial aid packages must indicate the scholarship to be separate from the University that is offering the financial aid package, and reference the Palmetto Fellows Scholarship as a separate financial aid award, provided to the student by the State of South Carolina.

G. All eligible independent and public institutions shall submit separate invoices for the purposes of enhancements, as determined by the Commission on Higher Education.

### 62-375. Suspension or Termination of Institutional Participation.

A. The Commission on Higher Education may review institutional administrative practices to determine compliance with pertinent statutes, guidelines, rules or regulations. If such a review determines that an institution has failed to comply with Program statutes, guidelines, rules or regulations, the Commission on Higher Education may suspend, terminate, or place certain conditions upon the institution's continued participation in the Program and require reimbursement to the Program for any funds lost or improperly awarded.

B. Upon receipt of evidence that an institution has failed to comply, the Commission on Higher Education shall notify the institution in writing of the nature of such allegations and conduct an audit.

C. If an audit indicates that a violation(s) may have occurred or are occurring at any eligible independent or public institution, the Commission on Higher Education shall secure immediate reimbursement from the institution in the event that any funds were expended out of compliance with the provisions of the Act, any relevant statutes, guidelines, rules, and regulations.

D. All eligible independent and public institutions that participate in the scholarship enhancement program shall report to CHE the recipients of each enhancement award, per term within the deadlines as determined by CHE. In reporting recipients of the enhancement, institutions shall distinguish recipients by their status in the

eligible major, ensuring that education, accounting, math, and science majors are individually identified, in a format as determined by CHE.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions.

**Statement of Rationale:**

These regulations are updated to be consistent with ACT’s scoring changes and to clarify the policies and procedures for administering the program.

Document No. 5399  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
 CHAPTER 10  
 Statutory Authority: 1976 Code Sections 40-1-50, 40-85-60, and 40-85-70

10-43. Board of Genetic Counselors.

**Synopsis:**

The South Carolina Department of Labor, Licensing and Regulation proposes to amend existing fees and add renewal fees for licensure of Genetic Counselors in Chapter 10 of the South Carolina Code of Regulations.

The Notice of Drafting was published in the *State Register* on June 27, 2025.

**Instructions:**

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

**Text:**

10-43. Board of Genetic Counselors.

The Board shall charge the following fees:

A.	Genetic Counselor		
	(1)	Application Fee	\$400
	(2)	Application Fee for Licensure by Endorsement	\$400
	(3)	Biennial License Renewal (Renewed no later than April 30 in odd-numbered years)	\$350
	(4)	Reinstatement Fee	\$400
B.	Limited License		
	(1)	Application Fee	\$200
	(2)	Application for Change of Supervisor	\$25
C.	Other Fees		
	(1)	License Verification	\$5
	(2)	Insufficient Funds Fee as established in S.C. Code Section 34-11-70	\$30

**Fiscal Impact Statement:**

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There will be no cost incurred by the State or any of its political subdivisions for the promulgation of these regulations.

### Statement of Rationale:

The proposed regulation will add renewal fees of \$350 to ensure sufficient, but not excessive recurring funding to support the Board. Additionally, the regulation will reduce the initial license fee and endorsement fee from \$600 to \$400 to ensure Board revenue is not excessive. Finally, the regulation will amend the reinstatement fee to increase it from \$300 to \$400 so that it exceeds that of renewal and therefore serves the purpose of penalizing the licensee who does not timely renew but not in an excessive manner.

Document No. 5420  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**BOARD OF ACCOUNTANCY**  
CHAPTER 1

Statutory Authority: 1976 Code Sections 40-1-70, 40-2-30, 40-2-35, 40-2-40, 40-2-70, 40-2-80, 40-2-90,  
40-2-100, 40-2-245, 40-2-250, 40-2-255, and 40-2-275

- 1-01. General Requirements for Licensure as a CPA.
- 1-05. Firm registration, resident managers, firm names.
- 1-08. Continuing Professional Education.

### Synopsis:

The South Carolina Board of Accountancy proposes to amend Chapter 1 of the Code of Regulations to conform to changes to the Code following the passage of Act 34 of the 2025 legislative session (S.176) and to incorporate any other changes necessary following the Board's review of its regulations.

The Notice of Drafting was published in the *State Register* on June 27, 2025.

### Instructions:

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

### Text:

1-01. General Requirements for Licensure as a CPA.

A. Completed application for licensure shall be submitted on forms provided by the Board. All fees must accompany the application.

B. In order for an application to be considered, it must be complete, and all questions must be answered.

C. The licensee verifying the qualifying experience must have been actively licensed in some state or territory of the United States or the District of Columbia for the duration of the qualifying experience.

D. Applicants may meet the experience requirements outlined in 40-2-35(G) by submitting a valid report from NASBA's Experience Verification, provided that the report must meet all of the requirements of 40-2-35(G).

E. The following courses may be counted toward the twenty-four (24) semester credit hours accounting course requirement in 40-2-35(C)(2), if taught at the junior level or above:

1. One business law course, up to three semester credit hours;
2. Financial accounting and reporting for government and not-for-profit entities;
3. Tax and financial planning;
4. Fraud examination;
5. Internal controls and risk assessment;
6. Financial statement analysis;
7. Accounting research and analysis;
8. Tax research and analysis;
9. Data analysis, data interrogation techniques, and/or digital acumen in an accounting context, whether taken in the business school or in another college or university program, such as the engineering, computer science or math programs; and
10. Other accounting-related content areas included in the Uniform CPA Examination Blueprints.

F. The following subject matter content may be counted toward the twenty-four (24) semester credit hour business-related course requirement in 40-2-35(C)(3):

1. Statistics;
2. Quantitative methods; and
3. Other business-related content areas included in the Uniform CPA Examination Blueprints.

1-05. Firm registration, resident managers, firm names.

A. Firm registration requirements.

A firm with an office in this State, providing attest or compilation services, or using in its business name the title, "Certified Public Accountants", "Public Accountants", "Accounting Practitioners", or the abbreviation "CPAs", "PAs", or "APs", or using any other title, designation, words, letters, abbreviation, sign, card, electronic file, metadata tag, or other device indicating the firm is a CPA firm or an Accounting Practitioner firm, must be registered with the Board.

B. There must be a designated resident manager in charge of each firm office in this State. The designated resident manager must be licensed by this Board and is responsible for office compliance with established professional standards including standards set by federal or state law or regulation.

C. A firm must not use a misleading firm name.

Former partners' names may be included in a firm name only if the former partner continues practicing public accounting with that firm, no longer practices public accounting, or is deceased.

D. Firms with ownership held by a revocable grantor trust bear the burden of proving beneficial ownership rests with a qualified individual owner and the individual is an active participant in the firm, as required by

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40-2-40(C)(6). Documentation may be required to be submitted to qualify for initial registration, renewal, and whenever a change in ownership occurs, as required by 40-2-40(H).

### 1-08. Continuing Professional Education.

#### A. General Standards

1. Each licensee shall complete Continuing Professional Education (CPE) that contributes directly to the licensee's professional competence.

a. When a licensee earns more than the required number of CPE credit hours in any calendar year, the excess credit hours, not exceeding twenty (20) credit hours, may be carried forward and treated as credit hours earned in the following year ("Carry-Over Credit"). Certain types of CPE as defined in this regulation may be limited or may not qualify for Carry-Over Credit.

2. General Mechanics for CPE - unless otherwise specified in this regulation:

a. One (1) hour of credit shall be granted for each fifty (50) minutes of actual instruction time ("CPE credit hours"). One-tenth (1/10) credit hour shall be granted for each five (5) minutes of actual instruction time after the first CPE credit hour has been earned in the same activity. Partial hours will be rounded down to the nearest one-tenth (1/10) credit hour.

b. CPE credit hours can only be earned for one CPE course during a given time and earning simultaneous CPE credit hours is prohibited.

c. Only class hours, actual hours of attendance, and not hours devoted to preparation, shall be eligible for computing CPE credit hours. Licensees participating in only part of a CPE program must claim CPE credit hours only for the portion they attend or complete and only if the credit hours claimed are greater than the minimum required credit hours for that CPE course.

d. As evidence of earning qualifying CPE credit hours, a licensee must obtain a certificate of completion, supplied by the program sponsor, after completion of the CPE course. At a minimum, the certificate of completion must include the following information:

(1) Name and address of sponsor;

(2) Participant's name;

(3) Course title;

(4) Course field of study;

(5) Date of completion; and

(6) Amount of CPE credit hours recommended.

e. No more than twelve (12) credit hours of CPE can be earned in a single calendar day.

#### 3. Compliance and Reporting

a. Licensees are responsible for compliance with all applicable CPE requirements and accurate reporting of CPE credit hours.

b. Licensees should claim CPE credit hours only when the CPE program sponsors have complied with the requirements set out in these regulations.

c. Licensees must retain evidence to support reported CPE credit hours for at least five (5) years from the due date of the CPE report or the date filed, whichever is later.

d. A licensee or the resident manager of a firm on behalf of a non-licensed owner may apply to the Board for accommodations to complete the required CPE and must show that the accommodation is required as a result of a verifiable hardship which prevents compliance with the CPE requirements.

e. The Board will accept another jurisdiction's CPE credit hours from a licensee to the extent that jurisdiction's requirements for those CPE credit hours are substantially equivalent to South Carolina requirements.

## B. Program Delivery Methods

### 1. Sponsored Program Delivery Methods

#### a. Live Instruction

(1) Live Instruction is a program in which participants engage simultaneously through interaction of a real-time instructor or discussion leader and includes the required elements of attendance monitoring. Live Instruction CPE Programs meeting the requirements contained in this regulation qualify for CPE credit.

(2) On-Site Live Instruction Program consists of Live Instruction at a specific location.

(3) Online Live Instruction Program consists of Live Instruction using technology and/or remote access, whether or not broadcast at the same time the program is created, but offered at a scheduled date and time.

(4) Online Live Instruction Programs must include adequate participation markers.

(5) CPE Instructors or Discussion Leaders

(a) CPE for instructing or leading discussions includes only those instructors or discussion leaders of qualified CPE programs.

(b) CPE credit hours will be granted equal to twice the number of CPE participation hours in the course. For repeat presentations, CPE credit hours can be claimed only if the licensee can demonstrate the learning activity content was substantially changed and such change required additional study or research.

#### b. Self-Study

(1) A Self-Study program is a program in which the participant has control over time, place and/or pace of learning and is completed without the assistance or interaction of a real-time instructor or discussion leader.

(2) Only Self-Study courses registered under Quality Assurance Services (QAS) of NASBA will qualify for CPE credit hours.

(3) As evidence of completing qualifying Self-Study course, the sponsor provided certificate of completion must include the information required in Regulation 1-08(A)(2)(d) and the registration QAS sponsor number.

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### c. Nano-Learning

(1) A Nano-Learning program is a program designed to permit a participant having control over time, place and/or pace of learning to learn a given subject in a minimum of 10 minutes through the use of electronic media (including technology applications and processes and computer-based or web-based technology) and without interaction with a real-time instructor.

(2) One-fifth (1/5) hour of credit shall be granted for ten (10) minutes of a single Nano-Learning program, exclusive of the qualified assessment.

(3) Not more than ten (10%) percent (4 hours) of the Required CPE Credit Hours may be in Nano-Learning programs.

(4) In order for a Nano-Learning program to qualify as a CPE course, it must include the following:

(a) The learning objective(s) of the program;

(b) Any instructions that participants need to navigate through the program;

(c) A qualified assessment; and

(d) A certificate of completion supplied by the Nano-Learning program sponsor containing the required information in Regulation 1-08(A)(2)(d), after satisfactory completion of a qualified assessment.

## 2. Non-Sponsored Delivery Methods

### a. Higher Education

#### (1) Participant

##### (a) Course for Credit

(i) Courses for Credit include only accredited university or college courses that have been successfully completed by the licensee for credit.

(ii) Each semester hour university or college credit completed shall equal fifteen (15) CPE credit hours. In the case of universities or colleges on the quarter system, each quarter hour university or college credit completed shall equal ten (10) CPE credit hours.

#### (2) Professors and Instructors

(a) For purposes of this section, Professors and Instructors are those that teach university and college undergraduate and graduate level courses.

(b) Professors and Instructors shall be granted CPE credit hours at the rate of ten (10) credit hours for each three (3) semester hour (or prorated equivalent) course taught.

(c) CPE credit hours for teaching university, college, and graduate level courses shall be limited to twenty-five (25%) percent, ten (10 hours) of the Required CPE Credit Hours.

(d) CPE credit hours shall not be granted for teaching accounting principles, basic financial accounting, basic managerial accounting, or any other introductory accounting course, either undergraduate or graduate level.

(e) CPE credit hours shall be granted only for the first presentation within a two (2) year period. Repeated presentations during the two (2) year period do not qualify for CPE credit hours.

**b. Authoring Published Works or CPE Programs**

**(1) General Standards**

(a) Authoring published articles/books or authoring CPE programs (“Authored Works”) includes only those that contribute to the professional competence of the licensee.

(b) CPE credit hours for preparation of Authored Works may be given on a self-declaration basis up to twenty-five (25%) percent (10 hours) of the Required CPE Credit Hours. The Board has the final determination of the amount of CPE credit hours so awarded.

**c. Service on a Peer Review acceptance body**

(1) Service on a peer review acceptance body which qualifies under Reg. 1-09, qualifies for CPE hours at the rate of one CPE hour for each hour spent performing these duties.

(2) No more than 16 hours of CPE credit may be claimed per year for performing these duties.

**d. Employer Provided in-house CPE**

(1) Employer provided in-house CPE must comply with the requirements in this regulation to qualify for CPE credit hours.

e. Participation in technical sessions at meetings of recognized national and state accounting organizations.

(1) No more than 16 hours of CPE credit may be claimed per year for performing these duties.

f. Programs offered by other recognized professional organizations, industrial or commercial firms, proprietary schools, or governmental entities may qualify for CPE credit hours, provided all other requirements of this regulation are met.

**C. Standards for CPE Program Sponsors**

**1. General Standards for CPE Program Sponsors**

a. CPE sponsors are expected to present learning activities that comply with course descriptions and objectives.

b. CPE sponsors must employ an effective means for evaluating learning activity quality with respect to content and presentation, as well as provide a mechanism for participants to assess whether learning objectives were met.

c. The Board shall accept only Other Qualifying Programs that provide written documentation showing that the work in the attended program has actually been accomplished by the licensee.

**2. Live Instruction Sponsors**

**a. General Standards for Live Instruction Sponsors**

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(1) Live Instruction must be conducted by persons whose background training, education and experience qualify them in the subject matter of the particular CPE program (a “subject matter expert”).

(2) An outline of the Live Instruction program presented must be prepared in advance and shall be maintained by the sponsor.

(3) A certificate of attendance as described in these regulations must be given to each participant at the end of the Live Instruction program.

(4) Records showing compliance with this section must be preserved and maintained by the sponsor for a period of at least five (5) years from the presentation date of the Live Instruction program.

(5) At the beginning of the Live Instruction program, the sponsor should remind participants that it is their responsibility to be accountable for hours earned during the CPE course and that they should not engage in any other activities that would denigrate the learning objective of the course to themselves or others. If the other activity is unavailable, then the applicable time should be subtracted from the overall CPE credit.

### 3. Self-Study Sponsors

a. Self-Study courses shall qualify for CPE credit hours, provided the course has been approved by QAS.

b. The sponsor of Self-Study courses must provide the licensee with a certificate of completion that includes the information state in Reg. 1-08(B)(1)(b)(3).

### **Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

### **Statement of Rationale:**

The South Carolina Board of Accountancy proposes to amend Chapter 1 of the Code of Regulations to conform to changes to the Code following the passage of Act 34 of the 2025 legislative session (S.176) and to incorporate any other changes necessary following the Board’s review of its regulations.

Document No. 5423

## **DEPARTMENT OF LABOR, LICENSING AND REGULATION**

### **SOUTH CAROLINA AUCTIONEERS’ COMMISSION**

#### **CHAPTER 14**

Statutory Authority: 1976 Code Sections 40-1-50, 40-1-70, 40-6-50, 40-6-60, and 40-6-270

14-1. Examinations.

14-2. Reporting of Continuing Education.

14-6. Licensees Prohibited from Using Unlicensed Bid Callers.

14-10. Appeal.

14-12. Renewal Applications and Lapsed Licenses.

14-15. Apprentice Auctioneer’s Supervision, Requirements, Exception and Termination.

14-18. Professional Standards. (New)

14-19. Definitions. (New)

**Synopsis:**

The South Carolina Auctioneers' Commission proposes to add to, amend and/or repeal various sections in Chapter 14 of the Code of Regulations.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

**Instructions:**

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

**Text:**

## 14-1. Applications and Examinations.

A. A completed initial application for licensure must be received with a non-refundable application fee and approved for examination prior to the scheduling of the examination.

B. Applicants are responsible for the non-refundable examination fee as set by the examination provider.

C. The examination shall test the applicant's knowledge of:

1. Fundamentals of auctioneering, auctioneer contracts, bid calling, advertisement, ethical practices and mathematics relating to the auction business;

2. The South Carolina Auctioneers' Commission's statutes and regulations; and

3. The South Carolina Uniform Commercial Code as it relates to auction and bulk sales.

D. In accordance with 40-6-270, the Commission may recognize applicants who have a license on active status from other jurisdictions. The Commission may enter into reciprocal agreements with auctioneering regulatory authorities of other jurisdictions that provide for waivers of education requirements, experience requirements, or examinations if the Commission considers the education, experience and examination requirements of another jurisdiction to be substantially equivalent to the requirements of Chapter 6 of Title 40.

## 14-2. Reporting of Continuing Education.

A. Eight hours of continuing education credit must be reported at each biennial renewal electronically, as approved by the Commission. All credits must be earned during the previous licensing period and at Commission-approved classes. Individuals who have completed auctioneer's school within two years of the renewal application will be deemed to have eight hours of continuing education hours.

B. Licensees may apply to the Commission for continuing education credit for activities of service to the industry including, but not limited to, writing articles for professional publications, teaching courses on professional subjects and serving as a hearing officer for professional matters. The burden of demonstrating that the activity is the equivalent of classroom education is placed upon the licensee.

C. An auctioneer with twenty-five (25) years or more of licensure in South Carolina who is sixty-five (65) years of age or more may apply for an age and experience based full continuing education waiver, and upon granting of the waiver, will be exempt from the continuing education requirements.

## 14-6. Licensees Prohibited from Using Unlicensed Bid Callers.

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Licensees are prohibited from allowing an unlicensed bid caller to cry bids at an in-person or online auction.

14-10. Repealed.

14-12. Renewal Applications and Lapsed Licenses.

A. All applications for renewal of licenses shall be filed with the Commission on or before June 30 of the renewal period. A late fee shall be paid thereafter for a license renewal application received on or before July 31 of the renewal period.

B. A late fee shall be paid after July 31 of the renewal period and on or before September 30 of the renewal period.

C. After September 30 of the renewal period, any license of an auctioneer, apprentice auctioneer, or auction firm that has not been renewed shall be lapsed.

D. Lapsed auctioneer licenses may be reinstated within five years after the expiration date by submitting an application with the renewal fee, penalty fee, and either proof of meeting the continuing education requirements for the period of lapsed licensure or completion of eighty hours of classroom instruction in a course in auctioneering at an institution approved by the Commission.

E. Lapsed auctioneer licenses expired greater than five years from the expiration date must reapply with the Commission and meet current licensure requirements.

14-15. Apprentice Auctioneer's Supervision, Requirements, Exception and Termination.

A. An apprentice license is valid only while the licensee has a licensed auctioneer who serves as the licensee's duly appointed supervisor. No apprentice auctioneer may enter into an agreement to conduct an auction without the express approval of the supervisor.

B. No licensed auctioneer shall serve as the supervisor of an apprentice auctioneer pursuant to 40-6-220, Code of Laws of South Carolina, 1976 (as amended), unless that person shall have held a valid South Carolina auctioneering license for three consecutive years preceding the date on which that licensed auctioneer is appointed as supervisor of the apprentice.

C. The supervising auctioneer assumes responsibility for the compliance of the apprentice with all laws and regulations governing the practice of auctioneering. The auctioneer-supervisor shall review the records of the apprentice auctioneer before each monthly report to the Commission.

D. No applicant, pursuant to S.C. Code Section 40-6-230, shall be deemed to have satisfactorily completed an apprenticeship until the applicant has participated in eighty hours of supervised training including forty hours of auctioneering, ten hours of auction ringing, twenty hours of clerking, and ten hours of cashiering. Such training must be completed in not less than one year nor more than two years.

E. Upon termination of such association, the auctioneer-supervisor shall immediately endorse the back of the apprentice's license, showing the date of termination, and return the same to the Commission for cancellation or transfer.

14-18. Professional Standards.

A licensee or registered firm shall not knowingly employ within South Carolina, directly or indirectly in the practice of auctioneering, a person whose license is revoked, relinquished, or suspended by this Commission or by auctioneering regulatory authorities of other jurisdictions. Employing such a person in South Carolina as an

auctioneer or in any other capacity connected with the practice of auctioneering subjects the licensee or registered firm to discipline by the Commission.

14-19. Definitions.

A. "Online Auction" means the sale of goods or real estate by means of exchanges between an auctioneer and a member of an audience via a virtual platform. The exchanges consist of a series of invitations for offers made by the auctioneer, offers by members of the audience, and the acceptance by the auctioneer of the highest or most favorable offer.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

**Statement of Rationale:**

The Auctioneers' Commission proposes updating, clarifying and modernizing their regulations and repealing unnecessary regulations. The Commission seeks to establish reciprocal licensure standards for auctioneers desiring to practice in this state, ensuring they are qualified and therefore safe to serve the public, without additional or burdensome licensure requirements. The Commission also proposes establishing an application for waiver of continuing education requirements for auctioneers who are age 65 or older who have been licensed in SC for 25 years or more. Additionally, the Commission desires to clarify continuing education requirements, reflecting biennial licensing renewal, as well as requirements for reinstating or reapplying after a license lapses. Recognizing the modernization of the practice, the Commission wishes to define "online auctions" and add that licensees are prohibited from allowing an unlicensed bid caller to cry bids at an in person or online auction. The Commission also proposes adding a section prohibiting firms from hiring revoked, relinquished or suspended auctioneers and warning of potential discipline for violation the section in an effort to provide further protection to the public. Finally, the Commission proposes repealing sections no longer needed related to examinations, appeals and tobacco auctions.

Document No. 5424

**DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BUILDING CODES COUNCIL  
CHAPTER 8**

Statutory Authority: 1976 Code Sections 6-9-40 and 40-1-70

8-800. International Building Code.

**Synopsis:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 8, to reflect modifications to the 2024 South Carolina Building Codes, the International Building Code.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

**Instructions:**

Print regulation as shown below. All other items remain unchanged.

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### Text:

### ARTICLE 8

#### INTERNATIONAL BUILDING CODE

#### 2024 International Building Code Modification Summary

(Statutory Authority: 1976 Code Section 6-9-40)

8-800. International Building Code.

NOTE-This article is based upon the International Building Code, 2024 Edition, in accordance with the statutory amendments to acts governing the Building Codes Council, except for the modifications referenced below.

This code is identical to the 2024 Edition of the International Building Code except for the following modifications:

8-801. Repealed.

8-802. IBC Section 101.4.7.1 Structural Concrete.

In addition, assessment, repairs, and restoration of structural concrete in accordance with ACI 562 shall be permitted.

Exception: ACI 562 shall not be used for the evaluation or design of repairs or rehabilitation of elements of seismic force-resisting system that result in strength, stiffness, or ductility of those elements different from the pre-damage condition.

8-803. IBC Section 202. Definitions

The following two definitions are added to those appearing in Section 202 of the 2021 International Building Code:

Vapor Retarder, Ground Contact: Ground contact vapor retarder class shall be defined using the requirements of ASTM E1745, Class A, B, or C - Standard specification for water vapor retarders used in contact with soil or granular fill under concrete slabs.

Primitive Camp Structure: Shall include any structure permanent or temporary in nature, used for outdoor camping (transient), open on at least one side with no fully enclosed habitable spaces, less than 400 square feet under roof, and not classified as a residential occupancy due to lack of electrical, plumbing, mechanical and sprinkler systems.

8-804. IBC Section 303.4 Assembly Group A-3

Add to the listing of A-3 occupancies the following use: Structures, without a commercial kitchen, used in agritourism activity as defined by S.C. Code Ann. 46-53-10(1).

8-805. IBC Section 312.1 General

The term "Primitive Camp Structures" is added to the list of examples in this section for Group U.

8-806. IBC Section 706.1 General.

Fire walls shall be constructed in accordance with Sections 706.2 through 706.11. Each portion of a building separated by one or more firewalls may be considered a separate building. The extent and location of such fire walls shall provide a complete separation. Where a fire wall separates occupancies that are required to be separated by a fire barrier wall, the most restrictive requirements of each separation shall apply.

8-807. IBC Section 1010.2.13 Controlled egress doors in Groups I-1, I-2, and I-4 (Adult Day Care Occupancy only).

Controlled egress electrical locking systems where egress is controlled by authorized personnel shall be permitted on doors in the means of egress in Group I-1, I-2, and I-4 (Adult Day Care occupancy only) occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The door's electric locks shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system allowing immediate free egress.

2. The door's electric locks shall unlock on loss of power to the electrical locking system or to the electric lock mechanism allowing immediate free egress.

3. The electric locking system shall be installed to have the capability of unlocking the electric locks by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the electric lock.

4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.

5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4 of the South Carolina Fire Code.

6. All clinical staff shall have the keys, codes or other means necessary to operate the controlled egress electrical locking systems.

7. Emergency lighting shall be provided at the door.

8. The electromechanical or electromagnetic locking device shall be listed in accordance with either UL 294 or UL1034.

Exceptions:

1. Items 1 through 4 shall not apply to doors to areas occupied by persons who, because of clinical needs, require restraint or containment as part of the function of a psychiatric or cognitive treatment area.

2. Items 1 through 4 shall not apply to doors to areas where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

8-808. IBC Section 1016.2 Egress through intervening spaces.

Egress through intervening spaces shall comply with this section.

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1. Exit access through an enclosed elevator lobby is permitted. Where access to two or more exits or exit access doorways is required in Section 1006.2.1, access to not less than one of the required exits shall be provided without travel through the enclosed elevator lobbies required by Section 3006 of the South Carolina Building Code. Where the path of exit access travel passes through an enclosed elevator lobby, the level of protection required for the enclosed elevator lobby is not required to be extended to the exit unless direct access to an exit is required by other sections of this code.

2. In other than Group H occupancies, egress from a room or space is allowed to pass through adjoining or intervening rooms or areas provided that such adjoining rooms or areas and the area served are accessory to one or the other and provide a discernible path of egress travel to an exit.

3. In Group H occupancies, egress from a room or space is allowed to pass through adjoining or intervening rooms or areas provided that such adjoining rooms or areas are the same or lesser hazard occupancy group and provide a discernible path of egress travel to an exit.

4. An exit access shall not pass through a room that can be locked to prevent egress.

Exception: An electrically locked exit access door providing egress from an elevator lobby shall be permitted in accordance with Section 1010.2.14.

5. Means of egress from dwelling units or sleeping areas shall not lead through other sleeping areas, toilet rooms or bathrooms.

Exception: Dwelling units or sleeping areas in R-1 and R-2 occupancies shall be permitted to egress through other sleeping areas serving adjoining rooms that are part of the same dwelling unit or guest room.

6. Egress shall not pass through kitchens, storage rooms, closets or spaces used for similar purposes.

Exceptions:

1. Means of egress are not prohibited through a kitchen area serving adjoining rooms constituting part of the same dwelling unit or sleeping unit.

2. Means of egress are not prohibited through stockrooms in Group M occupancies where all of the following are met:

2.1 The stock is of the same hazard classification as that found in the main retail area.

2.2 Not more than 50 percent of the exit access is through the stockroom.

2.3 The stockroom is not subject to locking from the egress side.

2.4 There is a demarcated, minimum 44-inch wide (1118mm) aisle defined by a wall not less than 42 inches (1067 mm) high or similar construction that will maintain the required width and lead directly from the retail area to the exit without obstructions.

8-809. IBC Section 1803.2 Investigations required.

Geotechnical investigations shall be conducted in accordance with Sections 1803.3 through 1803.5.

Exceptions:

1. The building official shall be permitted to waive the requirement for a geotechnical investigation where satisfactory data from adjacent areas is available that demonstrates an investigation is not necessary for any of the conditions in Sections 1803.5.1 through 1803.5.6 and Sections 1803.5.10 and 1803.5.11.

2. For single story buildings not more than 5,000 sq ft and not more than 30 ft in height, a site specification investigation report is not required if the seismic design category is determined by the design professional in accordance with Chapter 20 of ASCE 7.

8-810. IBC Section 1907.4 Vapor retarder.

A 10-mil (0.010 inch) polyethylene ground contact vapor retarder with joints lapped not less than 6 inches (152 mm) shall be placed between the base course or subgrade and the concrete floor slab, or other approved equivalent methods or materials shall be used to retard vapor transmission through the floor slab.

Exception:

A vapor retarder is not required:

1. For detached structures accessory to occupancies in Group R-3, such as garages, utility buildings or other unheated facilities.

2. For unheated storage rooms having an area of less than 70 square feet (6.5m<sup>2</sup>) and carports attached to occupancies in Group R-3.

3. For buildings of other occupancies where migration of moisture through the slab from below will not be detrimental to the intended occupancy of the building.

4. For driveways, walks, patios and other flatwork that will not be enclosed at a later date.

5. Where approved based on local site conditions.

8-811. IBC [BF] Section 2303.2.3 Other means during manufacture

For wood products impregnated with chemicals by other means during manufacture, the treatment shall be an integral part of the manufacturing process of the wood product. The treatment shall provide permanent protection to all surfaces of the wood product.

8-812. IBC Section [P] 2902.1.1 Fixture calculations.

To determine the occupant load of each sex, the total occupant load shall be divided in half. To determine the required number of fixtures, the fixture ratio or ratios for each fixture type shall be applied to the occupant load of each sex in accordance with Table 2902.1. Fractional numbers resulting from applying the fixture ratios of Table 2902.1 shall be rounded up to the next whole number. For calculations involving multiple occupancies, such fractional numbers for each occupancy shall first be summed and then rounded up to the next whole number.

Exception:

The total occupant load shall not be required to be divided in half where approved statistical data indicates a distribution of the sexes of other than 50 percent of each sex.

8-813. IBC Section [P] 2902.2 Separate Facilities

Where plumbing fixtures are required, separate facilities shall be provided for each sex.

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### Exceptions:

1. Separate toilet facilities shall not be required for dwelling units and sleeping units.
2. Separate toilet facilities shall not be required in structures or tenant spaces with a total occupant load, including both employees and customers, of 15 or fewer.
3. Separate toilet facilities shall not be required in mercantile occupancies in which the maximum occupant load is 100 or fewer.
4. Separate toilet facilities shall not be required in business occupancies in which the maximum occupant load is 25 or fewer.
5. Separate toilet facilities shall not be required to be designated by sex where single-user toilet rooms are provided in accordance with Section 2902.1.2.

8-814. IBC Section Appendix H Signs.

Adopt Appendix H.

### **Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

### **Statement of Rationale:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 8, to reflect modifications to the 2024 South Carolina Building Codes.

Document No. 5426  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**BUILDING CODES COUNCIL**  
CHAPTER 8  
Statutory Authority: 1976 Code Sections 6-9-40 and 40-1-70

8-900. International Fire Code.

### **Synopsis:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 9, to reflect modifications to the 2024 South Carolina Building Codes, the International Fire Code.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

### **Instructions:**

Print regulation as shown below. All other items remain unchanged.

**Text:**

## ARTICLE 9

## INTERNATIONAL FIRE CODE

## 2024 International Fire Code Modification Summary

(Statutory Authority: 1976 Code Section 6-9-40)

8-900. International Fire Code.

NOTE-This article is based upon the International Fire Code, 2024 Edition, in accordance with the statutory amendments to acts governing the Building Codes Council, except for the modifications referenced below.

This code is identical to the 2024 Edition of the International Fire Code except for the following modifications:

8-901. IFC Section 202 General definitions.

Recreational Fire: An outdoor fire burning materials other than rubbish where the fuel being burned is not contained in an incinerator, outdoor fireplace, portable outdoor fireplace, barbeque grill or barbeque pit and has a total fuel area of 3 feet (914 mm) or less in diameter and 2 feet (610 mm) or less in height for pleasure, religious, ceremonial to include sky lanterns, cooking, warmth or similar purposes.

8-902. IFC Section 202 General definitions.

Primitive Camp Structure: Shall include any structure permanent or temporary in nature, used for outdoor camping (transient), open on at least one side with no fully enclosed habitable spaces, less than 400 square feet under roof, and not classified as a residential occupancy due to lack of electrical, plumbing, mechanical and sprinkler systems.

8-903. IFC Section 203.2.8 Assembly Group A-3.

Add to the listing of A-3 occupancies: Structures, without a commercial kitchen, used in agritourism activity as defined by S.C. Code Ann. 46-53-10(1).

8-904. IFC Section 315.3.3 Equipment rooms. Combustible material shall not be stored in boiler rooms, mechanical rooms, elevator machine rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5. Rooms shall be labeled with appropriate signage "No storage allowed."

8-905. IFC Section 503.1.2 Additional access.

The fire code official is authorized to require more than one fire apparatus access road based on the potential for impairment of a single road by vehicle congestion, condition of terrain, climatic conditions or other factors that could limit access.

Exception: Where two fire apparatus access roads are required by Section 503.1.2, the additional fire apparatus access road is permitted to be a driveway, pathway, court or other approved fire lane not accessible to public motor vehicles, where designed by a registered design professional to meet the loading requirements and minimum specifications of Section 503 and the surface provides all-weather driving capabilities. Marking or signs shall be provided in accordance with Section 503.3 and Section D103.6.

8-906. IFC Section 503.2.1 Dimensions.

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Fire apparatus access roads shall have an unobstructed width of not less than 20 feet (6096 mm) except for approved security gates in accordance with Section 503.6 and an unobstructed vertical clearance of not less than 13 feet 6 inches (4115 mm).

8-907. Repealed.

8-908. IFC Section 507.1 Required water supply.

An approved water supply capable of supplying the required fire flow for fire protection shall be provided to premises on which facilities, buildings, or portions of buildings are hereafter constructed or moved into or within the jurisdiction to meet the necessary fire flow as determined by the fire code official. Where public water supply is inadequate or not available, an approved alternate water source meeting the fire flow requirements shall be provided. Fire flow performance tests shall be witnessed by the fire code official or representative prior to final approval.

Exception. One- and two-family dwellings, including attached or detached accessory structures.

8-909. IFC Section 507.5.1 Where required.

Where a portion of the facility or building hereafter constructed or moved into or within the jurisdiction is more than 500 feet (152 m) from a hydrant on a fire apparatus access road, as measured by an approved route around the exterior of the facility or building, on-site fire hydrants and mains shall be provided where required by the fire code official.

Location. The location and number of hydrants shall be designated by the fire official, but in no case shall the distance between installed fire hydrants exceed 1000 feet (305 m). Fire hydrants shall be located within 500 feet (152 m) of all fire fighter access points when measured along the normal routes of fire department vehicle access which conforms to the requirements of Section 503. No point of the exterior of a building shall be located more than 500 feet (152 m) from a hydrant accessible to fire department vehicles as provided in Section 503.

Exceptions:

1. For Group R-3 and Group U occupancies, the distance requirement shall be 600 feet (183 m).
2. For buildings equipped throughout with an approved automatic sprinkler system installed in accordance with Section 903.3.1.1 or 903.3.1.2, the distance requirement shall be 600 feet (183 m).

8-910. IFC Section 507.5.1.1 Hydrant for standpipe systems.

Buildings equipped with a standpipe or fire sprinkler system installed in accordance with Section 903 or 905 shall have a fire hydrant within 100 feet (30 480 mm) of the fire department connections.

Exception: The distance shall be permitted to exceed 100 feet (30 480 mm) where approved by the fire code official.

8-911. IFC Section 507.5.4 Obstruction.

Unobstructed access to fire hydrants shall be maintained at all times. The fire department shall not be deterred or hindered from gaining immediate access to fire protection equipment or fire hydrants. No parking shall be allowed within 15 feet (4572 mm) of a fire hydrant.

8-912. IFC Section 606.3.3.2. Grease accumulation.

If during the inspection it is found that hoods, grease-removal devices, fans, ducts or other appurtenances have an accumulation of grease, such components shall be cleaned in accordance with ANSI/IKECA C10 and NFPA 96. The cleanings shall be completed by a properly trained and qualified company or person(s) acceptable to the authority having jurisdiction. The individual or company performing the inspections and cleaning shall indicate their certifications to the authority having jurisdiction upon request.

8-913. IFC Section 607.1 General.

Storage of cooking oil (grease) in commercial cooking operations utilizing above-ground tanks with a capacity greater than 60 gal (227 L) installed within a building shall comply with Sections 607.2 through 607.7 and NFPA 30. For purposes of this section, cooking oil shall be classified as a Class IIIB liquid unless otherwise determined by testing. These tanks shall have the contents identified as outlined in Section 5703.5.

8-914. IFC Section 901.6.3 Records.

Records of all system inspections, tests, and maintenance shall be maintained in accordance with Section 110.3. Copies of the inspection reports shall be sent to the local jurisdiction by the servicing vendor as prescribed by the fire code official.

8-915. IFC Section 904.14. Commercial cooking systems.

The automatic fire-extinguishing system for commercial cooking systems shall be of a type recognized for protection of commercial cooking equipment and exhaust systems of the type and arrangement protected. Preengineered automatic dry- and wet-chemical extinguishing systems shall be tested in accordance with UL300 and listed and labeled for the intended application. Other types of automatic fire-extinguishing systems shall be listed and labeled for specific use as protection for commercial cooking operations. The system shall be installed and maintained in accordance with this code, NFPA 96, its listing and the manufacturer's installation instructions. Automatic fire-extinguishing systems of the following types shall be installed and maintained in accordance with the referenced standard indicated, as follows:

1. Carbon dioxide extinguishing systems, NFPA 12.
2. Automatic sprinkler systems, NFPA 13.
3. Automatic water mist systems, NFPA 750.
4. Foam-water sprinkler system or foam-water spray systems, NFPA 11.
5. Dry-chemical extinguishing systems, NFPA 17.
6. Wet-chemical extinguishing systems, NFPA 17A.

Exception: Factory-built commercial cooking recirculating systems that are tested in accordance with UL 710B and listed, labeled and installed in accordance with Section 304.1 of the International Mechanical Code.

8-916. IFC Section 907.6.5 Access.

Access shall be provided to each fire alarm device and notification appliance for periodic inspection, maintenance and testing. Fire alarm notification devices shall be unobstructed and visible at all times.

8-917. IFC Section 1010.2.13 Controlled egress doors in Groups I-1, I-2, and I-4 (Adult Day Care occupancy only).

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Controlled egress electrical locking systems where egress is controlled by authorized personnel shall be permitted on doors in the means of egress in Group I-1, I-2, and I-4 (Adult Day Care occupancy only) occupancies where the clinical needs of persons receiving care require their containment. Controlled egress doors shall be permitted in such occupancies where the building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or an approved automatic smoke detection system installed in accordance with Section 907, provided that the doors are installed and operate in accordance with all of the following:

1. The door's electric locks shall unlock on actuation of the automatic sprinkler system or automatic smoke detection system allowing immediate free egress.
2. The door's electric locks shall unlock on loss of power to the electrical locking system or to the electric lock mechanism allowing immediate free egress.
3. The electric locking system shall be installed to have the capability of unlocking the electric locks by a switch located at the fire command center, a nursing station or other approved location. The switch shall directly break power to the electric lock.
4. A building occupant shall not be required to pass through more than one door equipped with a controlled egress locking system before entering an exit.
5. The procedures for unlocking the doors shall be described and approved as part of the emergency planning and preparedness required by Chapter 4.
6. All clinical staff shall have the keys, codes or other means necessary to operate the controlled egress electrical locking systems.
7. Emergency lighting shall be provided at the door.
8. The electromechanical or electromagnetic door locking device shall be listed in accordance with either UL 294 or UL 1034.

### Exceptions:

1. Items 1 through 4 shall not apply to doors to areas occupied by persons who, because of clinical needs, require restraint or containment as part of the function of a psychiatric or cognitive treatment area.
2. Items 1 through 4 shall not apply to doors to areas where a listed egress control system is utilized to reduce the risk of child abduction from nursery and obstetric areas of a Group I-2 hospital.

8-918. IFC 1016.2 Egress through intervening spaces.

Egress through intervening spaces shall comply with this section.

1. Exit access through an enclosed elevator lobby is permitted. Where access to two or more exits or exit access doorways is required in Section 1006.2.1, access to not less than one of the required exits shall be provided without travel through the enclosed elevator lobbies required by Section 3006 of the South Carolina Building Code. Where the path of exit access travel passes through an enclosed elevator lobby, the level of protection required for the enclosed elevator lobby is not required to be extended to the exit unless direct access to an exit is required by other sections of this code.

2. In other than Group H occupancies, egress from a room or space is allowed to pass through adjoining or intervening rooms or areas provided that such adjoining rooms or areas and the area served are accessory to one or the other and provide a discernible path of egress travel to an exit.

3. In Group H occupancies, egress from a room or space is allowed to pass through adjoining or intervening rooms or areas provided that such adjoining rooms or areas are the same or lesser hazard occupancy group and provide a discernible path of egress travel to an exit.

4. An exit access shall not pass through a room that can be locked to prevent egress.

Exception: An electrically locked exit access door providing egress from an elevator lobby shall be permitted in accordance with Section 1010.2.14.

5. Means of egress from dwelling units or sleeping areas shall not lead through other sleeping areas, toilet rooms or bathrooms.

Exception: Dwelling units or sleeping areas in R-1 and R-2 occupancies shall be permitted to egress through other sleeping areas serving adjoining rooms that are part of the same dwelling unit or guest room.

6. Egress shall not pass through kitchens, storage rooms, closets, or spaces used for similar purposes.

Exceptions:

1. Means of egress are not prohibited through a kitchen area serving adjoining rooms constituting part of the same dwelling unit or sleeping unit.

2. Means of egress are not prohibited through stockrooms in Group M occupancies where all of the following are met:

2.1 The stock is of the same hazard classification as that found in the main retail area.

2.2 Not more than 50 percent of the exit access is through the stockroom.

2.3 The stockroom is not subject to locking from the egress side.

2.4 There is a demarcated, minimum 44-inch-wide (1118 mm) aisle defined by a wall not less than 42 inches (1067 mm) high or similar construction that will maintain the required width and lead directly from the retail area to the exit without obstructions.

8-919. IFC Section 1032.11. Maintenance of the listed occupancy load signage.

Design occupancy load maintenance: the designed occupancy load calculations shall be adhered to and posted per requirements outlined in Section 1004.1 through 1004.9. Any changes to the occupancy load shall be designed and submitted to the building department for review and approval.

8-920. IFC Section 2303.2 Emergency disconnect switches.

An approved emergency disconnect switch shall be provided at an approved location to stop the transfer of fuel to the fuel dispensers in the event of a fuel spill or other emergency. The emergency disconnect switch for exterior fuel dispensers shall be provided with ready access and shall be located within 100 feet (30 480 mm) of, but not less than 20 feet (6096 mm) from, the fuel dispensers. For interior fuel-dispensing operations, the emergency disconnect switch shall be provided with ready access and be installed at an approved location. Such devices shall be distinctly labeled as "EMERGENCY FUEL SHUTOFF". Signs shall be provided in approved

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locations. The sign shall be durable with lettering not less than two inches in size. Letter widths, strokes and spacing shall be in proportion to their height. The sign shall be red in color with white lettering, or a white sign with red lettering. The sign shall state EMERGENCY FUEL SHUTOFF.

### 8-921. IFC Section 2303.2.2 Testing.

Emergency disconnect switches shall be tested annually by the responsible party to ensure proper operation; records of testing shall be maintained on site for inspection. For any switches determined to be faulty, the fuel pumps they serve shall be taken out of service until the emergency shutoff switch is placed back into service.

### 8-922. IFC Section 2304.3.6. Communications.

A telephone not requiring a coin to operate or other approved, clearly identified means to notify the fire department shall be provided on the site in a location approved by the fire code official. This means of communication shall be maintained and tested annually. Test records shall be maintained and submitted to the fire code official.

### 8-923. IFC Section 2305.5 Fire extinguishers.

Approved portable fire extinguishers complying with Section 906 with a minimum rating of 2-A:20-B:C shall be provided and located such that an extinguisher is not more than 50 feet (15 240 mm) from pumps, dispensers or storage tank fill-pipe openings.

### 8-924. IFC Section 2307.4 Location of dispensing operations and equipment.

The point of transfer for LP-gas dispensing operations shall be separated from buildings and other exposures in accordance with NFPA 58 Table 6.7.2.1 and IFC Section 2306.7.

Exception: The point of transfer for LP-gas dispensing operations need not be separated from canopies that are constructed in accordance with the South Carolina Building Code and that provide weather protection for the dispensing equipment.

LP-gas containers shall be located in accordance with Chapter 61. LP-gas storage and dispensing equipment shall be located outdoors and in accordance with Section 2306.7.

### 8-925. IFC Section 2307.7 Public fueling of motor vehicles.

The requirements for self-service LP-gas dispensing systems shall be in accordance with the following:

1. The arrangement and operation of the transfer of product into a vehicle shall be in accordance with this section and Chapter 61.

2. The system shall be provided with an emergency shutoff switch located within 100 feet (30 480 mm) of, but not less than 20 feet (6096 mm) from, dispensers.

3. The owner of the LP-gas motor fuel-dispensing facility or the owner's designee shall provide for the safe operation of the system and the training of users.

4. The dispenser and hose-end valve shall release not more than 1/8 fluid ounce (4 cc) of liquid to the atmosphere upon breaking the connection with the fill valve on the vehicle.

5. Portable fire extinguishers shall be provided in accordance with Section 2305.6.

6. Warning signs shall be provided in accordance with Section 2305.6.

7. The area around the dispenser shall be maintained in accordance with Section 2305.7.

8-926. IFC Section 4106.6 Clearance requirements.

Mobile cooking operations shall be separated from buildings, structures, canopies, tents, combustible materials, vehicles, and other cooking operations by a minimum of 10 feet.

8-927. IFC Section 6101.1 Scope.

Storage, handling and transportation of liquefied petroleum gas (LP-gas) and the installation of LP-gas equipment pertinent to systems for such uses shall comply with this chapter and NFPA 58. Properties of LP-gases shall be determined in accordance with Annex B of NFPA 58.

8-928. IFC Section 6104.2. Maximum capacity within established limits.

For the protection of heavily populated or congested areas, storage of liquefied petroleum gas shall not exceed an aggregate capacity in any one installation of 4,000 gallons (15 140 L) within the limits established by law as set forth in the fire code adoption ordinance or other regulation adopted by the jurisdiction.

Exception: In particular installations, this capacity limit shall be determined by the fire code official, after consideration of special features such as topographical conditions, nature of occupancy, and proximity to buildings, capacity of proposed LP-gas containers, degree of fire protection to be provided and capabilities of the local fire department.

8-929. IFC Section 6106.1 Attendants.

Dispensing of LP-gas shall be performed by a qualified attendant that meets the requirements of this section and NFPA 58 Section 4.4.

8-930. IFC Section 6107.3 Clearance to combustibles.

Combustible materials shall not accumulate or be stored within 10 feet (3 m) of a container.

8-931. IFC Section 6107.4 Protecting containers from vehicles.

Where exposed to vehicular damage due to proximity to alleys, driveways or parking areas, LP-gas containers, regulators and piping shall be protected in accordance with NFPA 58.

Exception: An alternative method may be used that meets the intent of this section with the approval of the authority having jurisdiction (AHJ).

8-932. IFC Section 6109.13 Protection of containers.

LP-gas containers shall be stored within a suitable enclosure or otherwise protected against tampering. Vehicle impact protection shall be provided as required by the fire code official in accordance with Section 312 or Section NFPA 58 8.4.2.2.

Exception: Vehicle impact protection shall not be required for protection of LP-gas containers where the containers are kept in lockable, ventilated cabinets of metal construction.

8-933. IFC Section 6110.1 Removed from service.

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LP-gas containers at customers' locations that are not connected for service shall comply with the following:

1. Containers shall be located in a manner that will minimize exposure to physical damage.
2. Containers shall be oriented so that the pressure relief valve remains in communication with the vapor space.
3. Containers shall not be located on roofs of buildings.
4. Valve outlets on ASME containers shall be plugged or capped.
5. Where screw-on-type caps or collars are utilized on ASME containers, they shall be in place wherever this type of container is stored regardless of the fill level of the container.
6. The location of ASME containers shall comply with the "Aboveground Containers" column and the "Between Containers" column of NFPA 58 Table 6.4.1.1 with respect to important buildings and lines of adjoining property that can be built upon.
7. Where the provisions of item 6 are impractical, alternative storage locations for containers shall be approved by the authority having jurisdiction.

8-934. IFC Section 6111.2.1 Near residential, educational and institutional occupancies and other high-risk areas.

LP-gas tank vehicles shall not be left unattended at any time on residential streets or within 500 feet (152 m) of a residential area, apartment or hotel complex, educational facility, hospital or care facility. Tank vehicles shall not be left unattended at any other place that would, in the opinion of the fire code official, pose an extreme life hazard.

Where vehicles carrying portable containers or cargo tank vehicles or 3500 gal (13 m<sup>3</sup>) water capacity or less are parked on streets adjacent to the driver's residence in uncongested residential areas, the parking locations shall be at least 50 ft (15 m) from a building used for assembly, institutional, or multiple residential occupancy.

Separation distance requirements may be reduced to not less than 50 feet as approved by the fire code official, based upon a completed fire safety analysis and consideration of special features such as topographical conditions, capacity of the LP-gas vehicle and the capabilities of the local fire department. The Office of the State Fire Marshal will provide an approved fire safety analysis to be utilized for this specific requirement.

### **Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

### **Statement of Rationale:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 9, to reflect modifications to the 2024 South Carolina Building Codes, the International Fire Code.

Document No. 5427  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BUILDING CODES COUNCIL  
CHAPTER 8  
Statutory Authority: 1976 Code Sections 6-9-40 and 40-1-70

8-1000. International Fuel Gas Code.

**Synopsis:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 10, to reflect modifications to the 2024 South Carolina Building Codes, the International Fuel Gas Code.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

**Instructions:**

Print regulation as shown below. All other items remain unchanged.

**Text:**

ARTICLE 10

INTERNATIONAL FUEL GAS CODE

2024 International Fuel Gas Code Modification Summary

(Statutory Authority: 1976 Code Section 6-9-40)

8-1000. International Fuel Gas Code.

NOTE-This article is based upon the International Fuel Gas Code, 2024 Edition, in accordance with the statutory amendments to acts governing the Building Codes Council, except for the modifications referenced below.

This code is identical to the 2024 Edition of the International Fuel Gas Code except for the following modifications:

8-1001. IFGC Section 401.9 Identification.

This section is deleted without substitution.

8-1002. IFGC Section 401.10 Third-party testing and certification.

All piping, tubing and fittings shall comply with the applicable referenced standards, specifications and performance criteria of this code, including Section 403 of the South Carolina Fuel Gas Code and corresponding sections.

8-1003. IFGC Section 404.17.1 Limitations.

Plastic pipe and plastic composite piping including pex-al-pex and pe-al-pe (where listed and approved) shall be installed outdoors underground only. Plastic pipe shall not be used within or under any building or slab or be operated at pressures greater than 100 psig (689 kPa) for natural gas or 30 psig (207 kPa) for LP-gas.

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### Exceptions:

1. Plastic pipe shall be permitted to terminate above ground outside of buildings where installed in premanufactured anodeless risers or service head adapter risers that are installed in accordance with the manufacturer's instructions.

2. Plastic pipe shall be permitted to terminate with a wall head adapter within buildings where the plastic pipe is inserted in a piping material for fuel gas use in buildings.

3. Plastic pipe shall be permitted under outdoor patio, walkway and driveway slabs provided that the burial depth complies with Section 404.12.

### 8-1004. IFGC Section 412.4 Listed equipment.

Hoses, hose connections, vehicle fuel connections, dispensers, LP-gas pumps and electrical equipment used for LP-gas shall comply with the requirements of NFPA 58.

### 8-1005. IFGC Section 412.6 Location.

In addition to the fuel dispensing requirements of the South Carolina Fire Code, the point of transfer for dispensing operations shall be 25 feet (7620 mm) or more from buildings having combustible exterior wall surfaces, buildings having noncombustible exterior wall surfaces that are not part of a 1-hour fire-resistance-rated assembly or buildings having combustible overhangs, property that could be built on, and railroads; at least 10 feet (3048 mm) from public streets or sidewalks and buildings having noncombustible exterior wall surfaces that are part of a fire-resistance-rated assembly having a rating of 1 hour or more; and 5 feet (1524 mm) from driveways.

### Exceptions:

1. The point of transfer for LP-gas dispensing operations need not be separated from canopies providing weather protection for the dispensing equipment constructed in accordance with the International Building Code. Liquefied petroleum gas containers shall be located in accordance with the International Fire Code.

2. The separation from driveways is not required where the driveway serves the vehicle fuel dispenser.

Liquefied petroleum gas storage and dispensing equipment shall be located outdoors and in accordance with the South Carolina Fire Code.

### 8-1006. IFGC Section 412.8.3 Vehicle impact protection.

Where installed within 10 feet (3048 mm) of vehicle traffic, LP-gas storage containers, pumps and dispensers shall be protected in accordance with Section 2307.5, Item 2 of the South Carolina Fire Code.

Exception: An alternative method may be used that meets the intent of this section with the approval of the authority having jurisdiction (AHJ).

### 8-1007. IFGC Section 412.10 Private fueling of motor vehicles.

Self-service LP-gas dispensing systems, including key, code and card lock dispensing systems, shall not be open to the public. In addition to the requirements of the South Carolina Fire Code, self-service LP-gas dispensing systems shall be provided with an emergency shutoff switch located within 100 feet (30 480 mm) of, but not less than 20 feet (6096 mm) from, dispensers, and the owner of the dispensing facility shall ensure the safe operation of the system and the training of users.

8-1008. IFGC Section 505.1.1 Commercial cooking appliances vented by exhaust hoods.

Where commercial cooking appliances are vented by means of the Type I or II kitchen exhaust hood system that serves such appliances, the exhaust system shall be fan powered and the appliances shall be interlocked with the exhaust hood system to prevent appliance operation when the exhaust hood system is not operating. Where a solenoid valve is installed in the gas piping as part of an interlock system, gas piping shall not be installed to bypass such valve. Dampers shall not be installed in the exhaust system.

Exception: An interlock between the cooking appliance(s) and the exhaust hood system shall not be required for appliances that are of the manually operated type and are factory equipped with standing pilot burner ignition systems.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

**Statement of Rationale:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 10, to reflect modifications to the 2024 South Carolina Building Codes, the International Fuel Gas Code.

Document No. 5428  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**BUILDING CODES COUNCIL**  
 CHAPTER 8

Statutory Authority: 1976 Code Sections 6-9-40, 6-9-50, 6-9-55, and 40-1-70

8-1300. International Mechanical Code.

**Synopsis:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 13, to reflect modifications to the 2024 South Carolina Building Codes, the International Mechanical Code.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

**Instructions:**

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

**Text:**

ARTICLE 13  
 INTERNATIONAL MECHANICAL CODE  
 2024 International Mechanical Code Modification Summary  
 (Statutory Authority: 1976 Code Section 6-9-40)

8-1300. International Mechanical Code.

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NOTE-This article is based upon the International Mechanical Code, 2024 Edition, in accordance with the statutory amendments to acts governing the Building Codes Council, except for the modifications referenced below.

This code is identical to the 2024 Edition of the International Mechanical Code except for the following modifications:

### 8-1301. IMC Section 504.9.2 Duct Installation.

Exhaust ducts shall be supported at intervals not to exceed 8 feet and within 16 inches of each side of a joint that is not installed in a vertical orientation, secured in place, making rigid contact with the duct at not less than 4 equally spaced points or 2/3rds contact if strap is used. All brackets and strapping must be noncombustible. The insert end of the duct shall extend into the adjoining duct or fitting in the direction of airflow. The overlap shall comply with Section 603.4.2. Ducts shall not be joined with screws or similar devices that protrude into the inside of the duct. Exhaust ducts shall be sealed in accordance with Section 603.9.

Where dryer ducts are enclosed in wall or ceiling cavities, such cavities shall allow the installation of the duct without deformation. The duct work may be ovalized as long as it terminates in an approved duct box. Minor imperfections located on the duct, in areas other than along the seam, do not constitute a violation of this section.

### 8-1302. IMC Table 1103.1 Refrigerant Classification, Amount, and OEL.

TABLE 1103.1-REFRIGERANT CLASSIFICATION, AMOUNT AND OEL-continued										
CHEMICAL REFRIGERANT	FORMULAS	CHEMICAL NAME OF BLENDS	REFRIGERANT SAFETY GROUP CLASSIFICATION	AMOUNT OF REFRIGERANT PER OCCUPIED SPACE						
				RCL			LFL			OEL
				Lb/Mcf	ppm	g/m <sup>3</sup>	Lb/Mcf	ppm	g/m <sup>3</sup>	ppm
R-444A	zeotrope	R-32/152a/1234ze(E) (12.0/5.0/83.0)	A2L	5.0	21,000	80	19.9	82,000	319.4	850
R-444B	zeotrope	R-32/152a/1234ze(E) (41.5/10.0/48.5)	A2L	4.3	23,000	70	17.6	93,000	278.1	930
R-445A	zeotrope	R-744/134a/1234ze(E) (6.0/9.0/85.0)	A2L	5.4	16,000	87	21.6	63,000	347.4	930
R-446A	zeotrope	R-32/1234ze(e)/600 (68.0/29.0/3.0)	A2L	3.7	23,000	59	14.8	93,000	237.7	960
R-447A	zeotrope	R-32/125/1234ze(E) (68.0/3.5/28.5)	A2L	5.2	32,000	83	20.6	128,000	331.4	960
R-447B	zeotrope	R-32/125/1234ze(E) (68.0/8.0/24.0)	A2L	4.8	30,000	78	19.5	121,000	312.7	970
R-451A	zeotrope	R-1234yf/134a (89.8/10.2)	A2L	5.3	18,000	81	21.3	74,000	341	530
R-451B	zeotrope	R-1234yf/134a (88.8/11.2)	A2L	5.0	18,000	81	21.3	74,000	341.6	530
R-454A	zeotrope	R-32/1234yf (35.0/65.0)	A2L	4.4	21,000	70	17.5	84,000	281.4	690
R-454B	zeotrope	R-32/1234yf (68.9/31.1)	A2L	4.6	29,000	74	18.5	115,000	296.8	850
R-454-C	zeotrope	R-32/1234yf (21.5/78.5)	A2L	4.6	19,000	73	18.2	77,000	291.7	620
R-455A	zeotrope	R-744/32/1234yf (3.0/21.5/75.5)	A2L	6.8	30,000	108	26.9	118,000	432.1	650

(portions of table not shown remain unchanged)

### 8-1303. Repealed.

## 8-1304. IMC Section 1109.2.5 Refrigerant pipe shafts.

Refrigerant piping that penetrates two or more floor/ceiling assemblies shall be enclosed in a fire-resistance-rated shaft enclosure. The fire-resistance-rated shaft enclosure shall comply with Section 713 of the South Carolina Building Code.

## Exceptions:

1. Refrigeration systems using R-718 refrigerant (water).
2. Piping in a direct refrigeration system where the refrigerant quantity does not exceed the limits of Table 1103.1 for the smallest occupied space through which the piping passes.
3. Piping located on the exterior of the building where vented to the outdoors.

## 8-1305. IMC Section 1109.3.2 Shaft ventilation.

Required refrigerant pipe shafts with systems using Group A2L or B2L refrigerant shall be naturally or mechanically ventilated. Refrigerant pipe shafts with one or more systems using any Group A2, A3, B2 or B3 refrigerant shall be continuously mechanically ventilated and shall include a refrigerant detector. The shaft ventilation exhaust outlet shall comply with Section 501.3.1. Naturally ventilated shafts shall have a pipe, duct or conduit not less than 4 inches (102 mm) in diameter that connects to the lowest point of the shaft and extends to the outdoors. The pipe, duct or conduit shall be level or pitched downward to the outdoors. Mechanically ventilated shafts shall have a minimum airflow velocity in accordance with Table 1109.3.2. The mechanical ventilation shall be continuously operated or activated by a refrigerant detector. Systems utilizing a refrigerant detector shall activate the mechanical ventilation at a maximum refrigerant concentration of 25 percent of the lower flammable limit of the refrigerant. The detector, or a sampling tube that draws air to the detector, shall be located in an area where refrigerant from a leak will concentrate. The shaft shall not be required to be ventilated for double-wall refrigerant pipe where the interstitial space of the double-wall pipe is vented to the outdoors. For refrigeration system used in residential occupancies serving on a single dwelling unit or sleeping unit, shaft ventilation shall not be required where the pipe or tube is continuous without fittings in the shaft.

## 8-1306. IMC Chapter 15 Reference Standards.

## ASHRAE

15 – 2024: Safety Standard for Refrigeration Systems  
1101.6, 1105.8, 1108.1

34 – 2024: Designation and Safety Classification of Refrigerants  
202, 1102.2.1, 1103.1

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

**Statement of Rationale:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 13, to reflect modifications to the 2024 South Carolina Building Codes, the International Mechanical Code.

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Document No. 5417  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**BUILDING CODES COUNCIL**  
CHAPTER 8  
Statutory Authority: 1976 Code Sections 6-9-40, 6-9-50, and 6-9-55

8-1200. International Residential Code.

### Synopsis:

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 12, to reflect modifications to the 2024 South Carolina Building Codes, the International Residential Code.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

### Instructions:

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

### Text:

#### ARTICLE 12

#### INTERNATIONAL RESIDENTIAL CODE

#### 2024 International Residential Code Modification Summary

(Statutory Authority: 1976 Code Section 6-9-40)

8-1200. International Residential Code.

NOTE-This article is based upon the International Residential Code, 2024 Edition, in accordance with the statutory amendments to acts governing the Building Codes Council, except for the modifications referenced below.

This code is identical to the 2024 Edition of the International Residential Code except for the following modifications:

8-1201. IRC Section R202 Definitions

Accepted Engineering Practice: The performance design of structures and/or structural elements that vary from prescriptive design methods of this code. Such design shall be made with accepted design standards by a South Carolina licensed Architect or Engineer as permitted by existing state law.

Crawl space: An underfloor space that is not a basement. Spaces under decks and porches that do not contain mechanical equipment and are separated by a foundation wall are not to be considered crawlspaces.

Sleeping loft: Delete without substitution.

8-1202. IRC Section R301.2.1 Wind Design criteria.

Buildings and portions thereof shall be constructed in accordance with the American Society of Civil Engineers (ASCE) Hazard Tool. The local building official may delineate the wind design category within their

jurisdiction, as long as, it does not surpass those provided on the American Society of Civil Engineers (ASCE) Hazard Tool website. The structural provisions of this code for wind loads are not permitted where wind design is required as specified in Section R301.2.1.1. Where different construction methods and structural materials are used for various portions of a building, the applicable requirements of this section for each portion shall apply. Where not otherwise specified, the wind loads listed in Table R301.2.1(1) adjusted for height and exposure using Table R301.2.1(2) shall be used to determine design load performance requirements for wall coverings, curtain walls, roof coverings, exterior windows, skylights, garage doors and exterior doors. Asphalt shingles shall be designed for wind speeds in accordance with Section R905.2.4. Metal roof shingles shall be designed for wind speeds in accordance with Section R905.4.4. A continuous load path shall be provided to transmit the applicable uplift forces in Section R802.11 from the roof assembly to the foundation. Where ultimate design wind speeds in Figure 301.2(2) are less than the lowest wind speed indicated in the prescriptive provisions of this code, the lowest wind speed indicated in the prescriptive provisions of this code shall be used.

#### 8-1203. IRC Section R301.2.2 Seismic provisions.

Buildings within the scope of this code as defined in Section R101.2 shall be constructed in accordance with the requirements of this section and other seismic requirements of this code. The seismic provisions of this code shall apply as follows:

1. Townhouses and buildings as permitted by the exceptions to Section R101.2 containing three or more dwelling units in Seismic Design Categories D0, D1 and D2.

2. Detached one- and two-family dwellings and buildings as permitted by the exceptions to Section R101.2 containing less than three dwelling units in Seismic Design Categories D0, D1 and D2. Buildings in Seismic Design Category E shall be designed to resist seismic loads in accordance with the International Building Code, except where the seismic design categories are reclassified to lower seismic design categories in accordance with Section R301.2.2.1. Components of buildings not required to be designed to resist seismic loads shall be constructed in accordance with the provisions of this code.

#### 8-1204. IRC Section R301.2.2.1 Determination of seismic design category.

Buildings shall be assigned a seismic design category in accordance with the American Society of Civil Engineers (ASCE) Hazard Tool. The local building official may delineate the seismic design category within the jurisdiction, as long as it does not surpass those provided on the American Society of Civil Engineers (ASCE) Hazard Tool website.

#### 8-1205. IRC Section R302.1 Exterior walls.

Add the following Exceptions 6 and 7:

##### Exception 6: Fire Separation Distance

a. The minimum fire separation distance for improvements constructed on a lot shown on: [i] a recorded bonded or final subdivision plat, or [ii] a sketch plan, site plan, plan of phased development or preliminary plat approved by the local governing authority which was recorded or approved prior to the implementation of 2012 International Residential Code and which shows or describes lesser setbacks than the fire separation distances provided in Table R302.1(1), shall be equal to the lesser setbacks, but in no event less than 3 feet (914 mm).

b. The minimum fire separation distance for improvements constructed on a lot where the local governing authority has, prior to the implementation of 2012 International Residential Code: [i] accepted exactions or issued conditions, [ii] granted a special exception, [iii] entered into a development agreement, [iv] approved a variance, [v] approved a planned development district, or [vi] otherwise approved a specific development plan

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which contemplated or provided for setbacks less than the fire separation distances provided in Table R302.1(1), shall be equal to the lesser setback, but in no event less than 3 feet (914 mm).

Exception 7: Aesthetic roof and siding projections may extend beyond the common wall of a townhouse unit over an adjoining unit's property line as long as the construction of the projection does not damage the integrity of the fire rated assembly, the projection is completely supported by the common wall, the projection is protected by the one-hour construction or fire retardant-treated wood, and the projection is limited to 18-inches (457 mm). These projections shall not contain any plumbing, electrical, or mechanical installations. An easement may be required by the jurisdiction to ensure future access to this projection for repair and maintenance.

### 8-1206 IRC Section R302.2.7 Meter Location.

Installation of multiple electrical meters on the exterior wall of town homes is permitted, provided the installation does not breach the fire-resistance-rated wall assembly.

### 8-1207. IRC Section R302.4.1 Through penetrations.

Through penetrations of fire-resistance-rated wall or floor assemblies shall comply with Section 302.4.1.1 or R302.4.1.2. No penetrations shall pass completely through the fire rated assembly separating townhouse units.

#### Exceptions:

1. Where the penetrating items are steel, ferrous or copper pipes, tubes or conduits, the annular space shall be protected as follows:

1.1. In concrete or masonry wall or floor assemblies, concrete, grout or mortar shall be permitted where installed to the full thickness of the wall or floor assembly or the thickness required to maintain the fire-resistance rating, provided that both of the following are complied with:

1.1.1. The nominal diameter of the penetrating item is not more than 6 inches (152 mm).

1.1.2. The area of the opening through the wall does not exceed 144 square inches (92 900 mm<sup>2</sup>).

1.2. The material used to fill the annular space shall prevent the passage of flame and hot gases sufficient to ignite cotton waste where subjected to ASTM E119 or UL 263 time temperature fire conditions under a positive pressure differential of not less than 0.01 inch of water (3 Pa) at the location of the penetration for the time period equivalent to the fire-resistance rating of the construction penetrated.

2. The annular space created by the penetration of water-filled fire sprinkler piping, provided that the annular space is filled using a material complying with Item 1.2 of Exception 1.

### 8-1208. IRC Section R302.5.1 Opening protection.

Openings from a private garage directly into a room used for sleeping purposes shall not be permitted. Other openings between the garage and dwelling unit shall be equipped with solid wood doors not less than 1 3/8 inches (35 mm) in thickness, solid or honeycomb core steel doors not less than 1 3/8 inches (35 mm) thick, or 20-minute fire-rated doors.

### 8-1209. Section R.302.13 Fire Protection of Floors.

Floor assemblies that are not required elsewhere in this code to be fire-resistance rated, shall be provided with a 1/2-inch (12.7 mm) gypsum wallboard membrane, 5/8-inch (16 mm) wood structural panel membrane, or equivalent on the underside of the floor framing member. Penetrations or openings for ducts, vents, electrical

outlets, lighting, devices, luminaires, wires, speakers, drainage, piping and similar openings or penetrations shall be permitted.

Exceptions:

1. Floor assemblies located directly over a space protected by an automatic sprinkler system in accordance with Section P2904, NFPA 13D, or other approved equivalent sprinkler system.
2. Floor assemblies located directly over a crawl space.
3. Portions of floor assemblies shall be permitted to be unprotected where complying with the following:
  - 3.1. The aggregate area of the unprotected portions does not exceed 80 square feet (7.4 m<sup>2</sup>) per story.
  - 3.2. Fireblocking in accordance with Section R302.11.1 is installed along the perimeter of the unprotected portion to separate the unprotected portion from the remainder of the floor assembly.
4. Wood floor assemblies using dimension lumber or structural composite lumber equal to or greater than 2-inch by 10-inch (50.8 mm by 254 mm) nominal dimension, or other approved floor assemblies demonstrating equivalent fire performance.
5. Wood floor assemblies less than 600 square feet (55.7m<sup>2</sup>) within detached accessory structures with no habitable space above them.

#### 8-1210. IRC Section 304.1.1 Field treatment

Field-cut ends, notches and drilled holes of preservative-treated wood shall be treated in the field in accordance with AWP A M4 or in accordance with the preservative-treated wood product manufacturer's recommendations.

#### 8-1211. IRC Section R305.1 Subterranean termite control methods.

A seventh item is added which reads:

7. Treatments may be conducted as outlined in Section 27-1085 of the Rules and Regulations for the Enforcement of the South Carolina Pesticide Control Act and enforced by the Clemson University Department of Pesticide Regulation.

#### 8-1212. IRC Section R305.4 Foam Plastic Protection

In areas where the probability of termite infestation is "very heavy" as indicated in Figure 305.4, extruded and expanded polystyrene, polyisocyanurate and other foam plastics shall not be installed on the exterior face or under interior or exterior foundation walls or slab foundations located below grade. The clearance between foam plastics installed above grade and exposed earth shall be not less than 6 inches (152 mm). For crawl space applications, foam plastic shall be installed so as to provide a termite inspection gap of no less than 6 inches (152 mm) along the top of the foundation wall and foundation sill plate.

Exceptions:

1. Buildings where the structural members of walls, floors, ceilings and roofs are entirely of noncombustible materials or pressure-preservative-treated wood.
2. On the interior side of basement walls.

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### 8-1213. IRC Section 305.5 Termite Inspection Strip.

Where foam plastic is applied in accordance with Section R318.4, a continuous 6-inch (152 mm) strip centered along the sill plate shall be left open for termite activity inspection.

### 8-1214. IRC Section R309 Automatic Fire Sprinkler Systems.

R309.1 Townhouse automatic fire sprinkler systems. An automatic residential fire sprinkler system shall not be required to be installed in townhouses when constructed in accordance with R302.2.

Exception: An automatic residential fire sprinkler system shall not be required where additions or alterations are made to existing townhouses that do not have an automatic residential fire sprinkler system installed.

R309.1.1 Design and installation. Automatic residential fire sprinkler systems for townhouses when installed shall be designed and installed in accordance with Section P2904 or NFPA 13D.

R309.2 One- and two-family dwellings automatic sprinkler systems. An automatic residential fire sprinkler system shall not be required to be installed in one- and two-family dwellings.

R309.2.1 Design and installation. Automatic residential fire sprinkler systems when installed shall be designed and installed in accordance with Section P2904 or NFPA 13D.

### 8-1215. IRC Section R310.3 Location.

Smoke alarms shall be installed in the following locations:

1. In each sleeping room.
2. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
3. On each additional story of the dwelling unit, including basements and habitable attics and not including crawl spaces and uninhabitable attics. In dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.
4. Not less than 3 feet (914 mm) horizontally from the door or opening of a bathroom that contains a bathtub or shower unless this would prevent placement of a smoke alarm required by this section.
5. In the hallway and in the room open to the hallway in dwelling units where the ceiling height of a room open to a hallway serving bedrooms exceeds that of the hallway by 24 inches (610 mm) or more.

### 8-1216. IRC Section R314.1 General.

Mezzanines shall comply with Sections R314.2 through R314.5.

### 8-1217. IRC Section R315. Sleeping lofts.

Delete without substitution.

### 8-1218. IRC Section R316.3 Story above grade plane.

A habitable attic shall be considered a story above grade plane.

Exceptions: A habitable attic shall not be considered to be a story above grade plane provided that the habitable attic meets all the following:

1. The aggregate area of the habitable attic is not greater than one-half of the floor area of the story below.
2. The occupiable space is enclosed by the roof assembly above, knee walls, if applicable, on the sides and the floor-ceiling assembly below.
3. The floor of the habitable attic does not extend beyond the exterior walls of the story below.

8-1219. IRC Section R318.3.1 Floor elevations at the required egress doors.

Landings or finished floors at the required egress door shall not be more than 1 ½ inches (38mm) lower than the top of the primary floor level.

Exception: The landing or floor on the exterior side shall be not more than 7 ¾ inches (196mm) below the top of the threshold provided that the door does not swing over the landing or floor.

Where exterior landings or floors serving the required egress door are not at grade, they shall be provided with access to grade by means of a ramp in accordance with Section R318.8 or a stairway in accordance with Section R318.7.

8-1220. IRC Section R318.7.5.1 Risers.

The maximum riser height shall be 7 ¾ inches (196 mm). The maximum riser height for masonry stairs shall be 8 inches (203 mm). The riser height shall be measured vertically between leading edges of the adjacent treads. The greatest riser height within any flight of stairs shall not exceed the smallest by more than 3/8 inch (9.5 mm). Risers shall be vertical or sloped from the underside of the nosing of the tread above at an angle not more than 30 degrees (0.51 rad) from the vertical. At open risers, openings located more than 30 inches (762 mm), as measured vertically, to the floor or grade below shall not permit the passage of a 4-inch-diameter (102 mm) sphere.

Exceptions:

1. The opening between adjacent treads is not limited on spiral stairways.
2. The riser height of spiral stairways shall be in accordance with Section R318.7.11.1.
3. The opening between adjacent treads is not limited on stairs with a total rise of 30 inches (762 mm) or less.

8-1221. IRC Section R319.1 Emergency escape and rescue opening required.

Basements, habitable attics, and every sleeping room shall have not less than one operable emergency escape and rescue opening. Where basements contain one or more sleeping rooms, an emergency escape and rescue opening shall be required in each sleeping room. Emergency escape and rescue openings shall open directly into a public way, or to a yard or court that opens to a public way.

Exceptions:

1. Basements used only to house mechanical equipment not exceeding a total floor area of 200 square feet (18.58 m<sup>2</sup>).

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2. Storm shelters constructed in accordance with ICC 500.

3. Where the dwelling unit or townhouse unit is equipped with an automatic sprinkler system installed in accordance with Section P2904, sleeping rooms in basements shall not be required to have emergency escape and rescue openings provided that the basement has one of the following:

3.1 One means of egress complying with Section R318 and one emergency escape and rescue opening.

3.2 Two means of egress complying with Section R318.

4. A yard shall not be required to open directly into a public way where the yard opens to an unobstructed path from the yard to the public way. Such path shall have a width of not less than 36 inches (914 mm).

8-1222. IRC Section R321.1.1 Where required.

Guards shall be located along open-sided walking surfaces of all decks, porches, balconies, floors, stairs, ramps and landings that are located more than 30 inches (762 mm) measured vertically to the floor or grade below; and at any point where a downward slope exceeds 3V:12H within 36 inches (914 mm) horizontally to the edge of the open side. Insect screening shall not be considered as a guard.

8-1223. IRC Section R321.2 Window Fall Protection

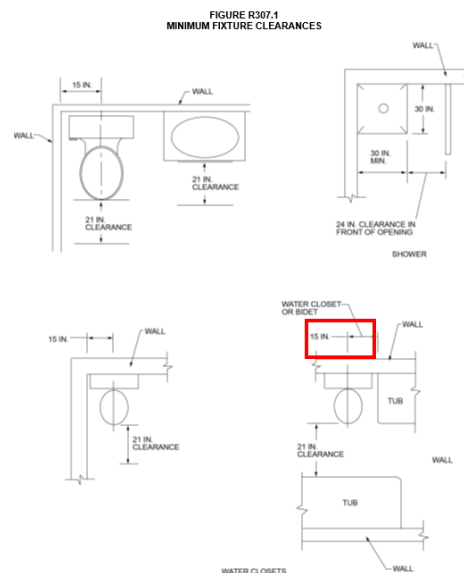
Delete without substitution.

8-1224. IRC Section R325.3 Mechanical ventilation.

Delete without substitution.

8-1225. IRC Figure R327.1 Minimum Fixture Clearances.

Change the minimum dimension for the side clearance between bathtubs and water closets or bidets from 15 inches to 12 inches.



## 8-1226. IRC Section R404.1.9.2 Masonry piers supporting floor girders.

Masonry piers supporting wood girders sized in accordance with Tables R602.7(1) and R602.7(2) shall be permitted in accordance with this section. Piers supporting girders for interior bearing walls shall be filled solidly with grout or type M or S mortar and shall have a minimum nominal dimension of 8 inches (203 mm) and a maximum height not exceeding 10 times the nominal thickness from top of footing to bottom of sill plate or girder. Piers supporting beams and girders for exterior bearing walls shall be filled solidly with grout or type M or S mortar; shall contain a minimum of one #4 (13 mm) dowel mid-depth; and shall have a minimum nominal dimension of 8 inches (203 mm) and a maximum height of 4 times the nominal thickness from top of footing to bottom of sill plate or girder unless it can be shown by accepted engineering practice that there is sufficient foundation wall along the foundation line to resist the imposed lateral loads, in which case the maximum height shall not exceed 10 times the nominal thickness. Girders and sill plates shall be anchored to the pier or footing in accordance with Section R403.1.6 or Figure R404.1.5.3. Floor girder bearing shall be in accordance with Section R502.6.

## 8-1227. IRC Section R408.3 Unvented Crawl Space.

For unvented under-floor spaces, the following items shall be provided:

1. Exposed earth shall be covered with a continuous vapor retarder meeting ASTM E1745 Class A. Joints of the vapor retarder shall overlap by 6 inches (152 mm) and shall be sealed or taped. The edges of the vapor retarder shall extend not less than 6 inches (152 mm) up the stem wall and shall be attached and sealed to the stem wall or insulation.

2. One of the following is provided for the under-floor space:

2.1. Continuously operated mechanical exhaust ventilation at a rate equal to 1 cubic foot per minute (0.47 L/s) for each 50 square feet (4.7 m) of crawl space floor area, including an air pathway to the common area (such as a duct or transfer grille), and perimeter walls insulated in accordance with the South Carolina Energy Standard Act.

2.2. Conditioned air supply sized to deliver at a rate equal to 1 cubic foot per minute (0.47L/s) for each 50 square feet (4.7 m) of under-floor area, including a return air pathway to the common area (such as a duct or transfer grille), and perimeter walls insulated in accordance with the South Carolina Energy Standard Act.

2.3. Plenum in existing structures complying with Section M1601.5, if under-floor space is used as a plenum.

2.4. Dehumidification sized in accordance with the manufacturer's specifications.

## 8-1228. IRC Section R408.4 Access.

Access shall be provided to all under-floor spaces. Access openings through the floor shall be not smaller than 18 inches by 24 inches (457 mm by 610 mm). Openings through a perimeter wall shall be not less than 16 inches by 24 inches (407 mm by 610 mm). Where any portion of the through-wall access is below grade, an areaway not less than 16 inches by 24 inches (407 mm by 610 mm) shall be provided. The bottom of the areaway shall be below the threshold of the access opening. See Section M1305.1.3 for access requirements where mechanical equipment is located under floors.

## 8-1229. IRC Section R408.8 Under-floor vapor retarder.

Section R408.8 is deleted without substitution.

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### 8-1230. IRC Section R502.12.4 Truss design drawings.

Truss design drawings, prepared in compliance with Section R502.12.1, shall be submitted to the building official at the time of their inspection. Truss design drawings shall be provided with the shipment of trusses delivered to the job site. Truss design drawings shall include, at a minimum, the information specified as follows:

1. Slope or depth, span and spacing.
2. Location of all joints.
3. Required bearing widths.
4. Design loads as applicable:
  - 4.1. Top chord live load.
  - 4.2. Top chord dead load.
  - 4.3. Bottom chord live load.
  - 4.4. Bottom chord dead load.
  - 4.5. Concentrated loads and their points of application.
  - 4.6. Controlling wind and earthquake loads.
5. Adjustments to lumber and joint connector design values for conditions of use.
6. Each reaction force and direction.
7. Joint connector type and description, such as size, thickness or gage, and the dimensioned location of each joint connector except where symmetrically located relative to the joint interface.
8. Lumber size, species and grade for each member.
9. Connection requirements for:
  - 9.1. Truss-to-girder-truss;
  - 9.2. Truss ply-to-ply;
  - 9.3. Field splices.
10. Calculated deflection ratio, maximum description for live and total load, or both.
11. Maximum axial compression forces in the truss members to enable the building designer to design the size, connections and anchorage of the permanent continuous lateral bracing. Forces shall be shown on the truss drawing or on supplemental documents.
12. Required permanent truss member bracing location.

### 8-1231. IRC Section R506.3.3 Vapor Retarder.

A minimum 6-mil (0.006 inch; 152  $\mu\text{m}$ ) polyethylene or approved vapor retarder with joints lapped not less than 6 inches (152 mm) shall be placed between the concrete floor slab and the base course or the prepared subgrade where a base course does not exist.

Exception: The vapor retarder is not required for the following:

1. Utility buildings and other unheated accessory structures.
2. For unheated storage rooms having an area of less than 70 square feet (6.5 m<sup>2</sup>) and carports.
3. Driveways, walks, patios and other flatwork not likely to be enclosed and heated at a later date.
4. Where approved by the building official, based on local site conditions.

#### 8-1232. IRC Section R606.7 Piers.

The unsupported height of masonry piers shall not exceed 10 times their least dimension. Where structural clay tile or hollow concrete masonry units are used for isolated piers to support beams and girders, the cellular spaces shall be filled solidly with grout or Type M or S mortar, except that unfilled hollow piers shall be permitted to be used if their unsupported height is not more than four times their least dimension. Where hollow masonry units are solidly filled with grout or Type M or S mortar, the allowable compressive stress shall be permitted to be increased as provided in Table R606.9.

#### 8-1233. IRC Section R802.10.1 Truss Design Drawings.

Truss design drawings, prepared in conformance to Section R802.10.1 shall be provided to the building official at the time of their inspection. Truss design drawings shall be provided with the shipment of trusses delivered to the job site. Truss design drawings shall include, at a minimum, the following information:

1. Slope or depth, span and spacing.
2. Location of all joints.
3. Required bearing widths.
4. Design loads as applicable.
  - 4.1. Top chord live load (as determined from Section R301.6).
  - 4.2. Top chord dead load.
  - 4.3. Bottom chord live load.
  - 4.4. Bottom chord dead load.
  - 4.5. Concentrated loads and their points of application.
  - 4.6. Controlling wind and earthquake loads.
5. Adjustments to lumber and joint connector design values for conditions of use.
6. Each reaction force and direction.

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7. Joint connector type and description such as size, thickness or gage and the dimensioned location of each joint connector except where symmetrically located relative to the joint interface.

8. Lumber size, species and grade for each member.

9. Connection requirements for:

9.1. Truss to girder-truss.

9.2. Truss ply to ply.

9.3. Field splices.

10. Calculated deflection ratio or maximum description for live and total load.

11. Maximum axial compression forces in the truss members to enable the building designer to design the size, connections and anchorage of the permanent continuous lateral bracing. Forces shall be shown on the truss design drawing or on supplemental documents.

12. Required permanent truss member bracing location.

8-1234. IRC Section R905.1.1(2) Underlayment application.

In Table R905.1.1(2), for asphalt shingles, the last column for “Areas Where Wind Design is Required in Accordance with Figure R.301.2.1.1” is changed to match the requirements in the column for “Areas Where Wind Design is Not Required in Accordance with Figure R.301.2.1.1.”

### **TABLE R905.1.1(2)**

#### **UNDERLAYMENT APPLICATION**

#### **Roof Covering: Asphalt Shingles**

#### **SECTION:R905.2**

#### **AREAS WHERE WIND DESIGN IS REQUIRED IN ACCORDANCE WITH FIGURE R301.2.1.1:**

Underlayment shall be one of the following:

1. For roof slopes from 2 units vertical in 12 units horizontal (2:12), up to 4 units vertical in 12 units horizontal (4:12), underlayment shall be two layers applied in the following manner: apply a strip of underlayment that is half the width of a full sheet parallel to and starting at the eaves, fastened sufficiently to hold in place. Starting at the eave, apply full-width sheets of underlayment, overlapping successive sheets half the width of a full sheet plus 2 inches. Distortions in the underlayment shall not interfere with the ability of the shingles to seal. End laps shall be 4 inches and shall offset by 6 feet.

2. For roof slopes of 4 units vertical in 12 units horizontal (4:12) or greater underlayment shall be one layer applied in the following manner: underlayment shall be applied shingle fashion, parallel to and starting from the eave and lapped 2 inches. Distortions in the underlayment shall not interfere with the ability of the shingles to seal. End laps shall be 4 inches and shall be offset by 6 feet.

3. A single layer of self-adhering polymer modified bitumen underlayment complying with ASTM D1970, installed in accordance with the underlayment and roof covering manufacturer’s installation instructions for the deck material, roof ventilation configuration and climate exposure of the roof covering.

8-1235. IRC Section R905.2.8.5 Drip Edge.

A drip edge shall be provided at eaves and rake edges of asphalt shingle roofs where required by the manufacturer.

8-1236. IRC Chapter 11 Energy Efficiency.

The Building Codes Council does not adopt IRC Chapter 11.

8-1237. M1411.9.1 Auxiliary and secondary drain systems.

In addition to the requirements of Section M1411.9, a secondary drain or auxiliary drain pan shall be required for each cooling or evaporator coil where damage to any building components will occur as a result of overflow from the equipment drain pan or stoppage in the condensate drain piping. Such piping shall maintain a minimum horizontal slope in the direction of discharge of not less than 1/8 unit vertical in 12 units horizontal (1-percent slope). Drain piping shall be not less than 3/4 inch (19 mm) nominal pipe size. One of the following methods shall be used:

1. An auxiliary drain pan with a separate drain shall be installed under the coils on which condensation will occur. The auxiliary pan drain shall discharge to a conspicuous point of disposal to alert occupants in the event of a stoppage of the primary drain. The pan shall have a minimum depth of 1.5 inches (38 mm), shall be not less than 3 inches (76 mm) larger than the unit or the coil dimensions in width and length and shall be constructed of corrosion-resistant material. Galvanized sheet steel pans shall have a minimum thickness of not less than 0.0236-inch (0.6010 mm) (No. 24 Gage). Nonmetallic pans shall have a minimum thickness of not less than 0.0625 inch (1.6 mm).

2. A separate overflow drain line shall be connected to the drain pan installed with the equipment. This overflow drain shall discharge to a conspicuous point of disposal to alert occupants in the event of a stoppage of the primary drain. The overflow drain line shall connect to the drain pan at a higher level than the primary drain connection.

3. An auxiliary drain pan without a separate drain line shall be installed under the coils on which condensation will occur. This pan shall be equipped with a water level detection device conforming to UL508 that will shut off the equipment served prior to overflow of the pan. The auxiliary drain pan shall be constructed in accordance with item 1 of this section.

4. A water-level detection device conforming to UL 508 shall be installed that will shut off the equipment served in the event that the primary drain is blocked. The device shall be installed in the primary drain line, the overflow drain line or the equipment-supplied drain pan, located at a point higher than the primary drain line connection and below the overflow rim of such pan.

8-1238. IRC Section M1411.12 Insulation of refrigerant piping.

Piping and fittings for refrigerant vapor (suction) lines shall be insulated with insulation having a thermal resistivity of at least R2.5 hr. ft<sup>2</sup> F/Btu and having external surface permeance not exceeding 0.05 perm [2.87ng/(s × m<sup>2</sup> × Pa)] when tested in accordance with ASTM E96.

8-1239. IRC Section M1411.15 Locking access port caps.

IRC Section M1411.15 is deleted without substitution.

8-1240. IRC Section M1502.3 Duct termination.

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Exhaust ducts shall terminate on the outside of the building. Exhaust duct terminations shall be in accordance with the dryer manufacturer's installation instructions. Exhaust duct terminations shall be equipped with a backdraft damper. Screens shall not be installed at the duct termination.

### 8-1241. IRC Section M1502.4.2 Duct Installation.

Exhaust ducts shall be supported at intervals not to exceed 8 feet (2438 mm) and within 16 inches (406 mm) of each side of a joint that is not installed in a vertical orientation, secured in place, making rigid contact with the duct at not less than 4 equally spaced points or two-thirds contact if strap is used. All brackets or strapping must be noncombustible. The insert end of the duct shall extend into the adjoining duct or fitting in the direction of airflow. The overlap shall comply with Section M1601.4.2. Ducts shall not be joined with screws or similar devices that protrude into the inside of the duct. Exhaust ducts shall be sealed in accordance with Section M1601.4.1. Where dryer ducts are enclosed in wall or ceiling cavities, such cavities shall allow the installation of the duct without deformation. The duct work may be ovalized as long as it terminates in an approved duct box. Minor imperfections located on the duct, in areas other than along the seam, do not constitute a violation.

### 8-1242. IRC Section M1502.4.6 Duct length.

The maximum length of a clothes dryer exhaust duct shall not exceed 35 feet (10668 mm) from the dryer location to the wall or roof termination.

### 8-1243. IRC Section M1503.6 Makeup air required.

Exhaust hood systems capable of exhausting more than 400 cubic feet per minute (0.19m<sup>3</sup>/s) shall be mechanically or naturally provided with makeup air at a rate approximately equal to the exhaust air rate more than 400 cubic feet (0.19m<sup>3</sup>/s) per minute. Such makeup air systems shall be equipped with not less than one outdoor air duct and damper. Each damper shall be a gravity damper or an electrically operated damper that automatically opens when the exhaust system operates. Dampers shall be accessible for inspection, service, repair and replacement without removing permanent construction or any other ducts not connected to the damper being inspected, serviced, repaired or replaced.

### 8-1244. IRC Section M1504.3 Exhaust Openings.

Air exhaust openings shall terminate as follows:

1. Not less than 3 feet (914 mm) from property lines.
2. Not less than 3 feet (914 mm) from gravity air intake openings, operable windows and doors except where the exhaust opening is located not less than 1 foot (305 mm) above the gravity air intake opening, operable windows and doors.
3. Not less than 10 feet (3048 mm) from mechanical air intake openings except where either of the following apply:
  - 3.1 The exhaust opening is located not less than 3 feet (914 mm) above the air intake opening.
  - 3.2 The exhaust opening is part of a factory-built intake/exhaust combination termination fitting installed in accordance with the fan manufacturer's instructions, and the exhaust air is drawn from a living space.
4. In accordance with Section R303.5.2 and R.303.6.

Exception: Bathrooms, water closets shower spaces.

## 8-1245. IRC Section M1601.4.1 Joints, seams and connections.

Longitudinal and transverse joints, seams and connections in metallic and nonmetallic ducts shall be constructed as specified in SMACNA HVAC Duct Construction Standards-Metal and Flexible and NAIMA Fibrous Glass Duct Construction Standards. Joints, longitudinal and transverse seams, and connections in ductwork shall be securely fastened and sealed with welds, gaskets, mastics (adhesives), mastic-plus-embedded-fabric systems, liquid sealants or tapes. Tapes and mastics used to seal fibrous glass ductwork shall be listed and labeled in accordance with UL 181A and shall be marked “181A-P” for pressure-sensitive tape, “181 A-M” for mastic or “181 A-H” for heat-sensitive tape.

Tapes and mastics used to seal metallic and flexible air ducts and flexible air connectors shall comply with UL 181B and shall be marked “181 B-FX” for pressure-sensitive tape or “181 BM” for mastic. Duct connections to flanges of air distribution system equipment shall be sealed and mechanically fastened. Mechanical fasteners for use with flexible nonmetallic air ducts shall comply with UL 181B and shall be marked 181B-C. Crimp joints for round metallic ducts shall have a contact lap of not less than 1 inch (25 mm) and shall be mechanically fastened by means of not less than three sheet-metal screws or rivets equally spaced around the joint.

Closure systems used to seal all ductwork shall be installed in accordance with the manufacturers’ instructions.

Exceptions:

1. Spray polyurethane foam shall be permitted to be applied without additional joint seals.
2. Where a duct connection is made that is partially without access, three screws or rivets shall be equally spaced on the exposed portion of the joint so as to prevent a hinge effect.
3. For ducts having a static pressure classification of less than 2 inches of water column (500 Pa), additional closure systems shall not be required for continuously welded joints and seams and locking-type joints and seams.

## 8-1246. IRC Section G2415.17.1 (404.17.1) Limitations.

Plastic pipe and plastic composite piping including pex-al-pex and pe-al-pe (where listed and approved) shall be installed outdoors underground only. Plastic pipe shall not be used within or under any building or slab or be operated at pressures greater than 100 psig (689 kPa) for natural gas or 30 psig (207 kPa) for LP-gas.

Exceptions:

1. Plastic pipe shall be permitted to terminate above ground outside of buildings where installed in premanufactured anodeless risers or service head adapter risers that are installed in accordance with the manufacturer’s instructions.
2. Plastic pipe shall be permitted to terminate with a wall head adapter within buildings where the plastic pipe is inserted in a piping material for fuel gas use in buildings.
3. Plastic pipe shall be permitted under outdoor patio, walkway and driveway slabs provided that the burial depth complies with Section G2415.12.

## 8-1247. IRC Section G2418.2 (407.2) Design and Installation.

Piping shall be supported with pipe hooks, pipe straps, bands, brackets, hangers, or building structural components suitable for the size of piping, of adequate strength and quality, and located at intervals so as to prevent or damp out excessive vibration. Piping shall be anchored to prevent undue strains on connected

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appliances and shall not be supported by other piping. Pipe hangers and supports shall conform to the requirements of MSS SP-58 and shall be spaced in accordance with Section G2424. Supports, hangers, and anchors shall be installed so as not to interfere with the free expansion and contraction of the piping between anchors. The components of the supporting equipment shall be designed and installed so that they will not be disengaged by movement of the supported piping.

### 8-1248. IRC Section P2503.6 Shower Liner Test.

Where shower floors and receptors are made water tight by the application of materials required by Section P2709.2, the completed liner installation shall be tested. The shower liner shall be tested to the lesser of the depth of threshold or 2 inches (51 mm) and shall be operated at normal pressure for a test period of not less than 15 minutes and there shall “not be” evidence of leakage. The shower liner test shall be performed at the rough plumbing or at the final plumbing inspection at the discretion of the builder.

### 8-1249. IRC Section P2603.2.1 Protection against physical damage.

In concealed locations, where piping, other than cast-iron or galvanized steel, is installed through holes or notches in studs, joists, rafters or similar members less than 1 ¼ inches (31.8 mm) from the nearest edge of the member, the pipe shall be protected by steel shield plates. Such plates shall cover the area of the pipe where the member is notched or bored, and shall extend not less than 2 inches (51 mm) above sole plates and below top plates. Steel shield plates shall not be secured with nails or screws unless required by the manufacturer.

P2603.2.1.1. Shield plates. Shield plates shall be of steel material having a thickness of not less than 0.0575 inch (1.463 mm)(No. 16 gage).

### 8-1250. IRC Section P2603.5 Freezing.

In localities having a winter design temperature of 32°F (0°C) or lower as shown in Table R301.2 of this code, a water pipe shall not be installed outside of a building, in exterior walls, in attics or crawl spaces, or in any other place subjected to freezing temperature unless adequate provision is made to protect it from freezing by insulation or heat or both. Water service pipe shall be installed not less than 12 inches (305 mm) deep and not less than 6 inches (152 mm) below the frost line.

Exception: Water pipes that are installed on the warm in winter side of the building envelope, i.e., above the insulation line in a floor system or below the insulation line in an attic, do not need additional pipe insulation.

### 8-1251. IRC Section P2705.1 General.

The installation of fixtures shall conform to the following:

1. Floor-outlet or floor-mounted fixtures shall be secured to the drainage connection and to the floor, where so designed, by screws, bolts, washers, nuts and similar fasteners of copper, copper alloy or other corrosion-resistant material.

2. Wall-hung fixtures shall be rigidly supported so that strain is not transmitted to the plumbing system.

3. Where fixtures come in contact with walls and floors, the contact area shall be watertight.

Exception: Water closets and/or bidets shall not be required to be caulked to flooring surface.

4. Plumbing fixtures shall be usable.

5. Water closets, lavatories, and bidets. A water closet, lavatory or bidet shall not be set closer than 15 inches (381 mm) from its center to any side wall, partition or vanity or closer than 27 inches center-to-center between adjacent fixtures. There shall be a clearance of not less than 21 inches (533 mm) in front of a water closet, lavatory or bidet to any wall, fixture or door.

Exception: toilets and bidets may be spaced 12" from its center to the edge of a shower or tub.

6. The location of piping, fixtures or equipment shall not interfere with the operation of windows or doors.

7. In flood hazard areas as established by Table R301.2, plumbing fixtures shall be located or installed in accordance with Section R306.1.6.

8. Integral fixture-fitting mounting surfaces on manufactured plumbing fixtures or plumbing fixtures constructed on site, shall meet the design requirements of ASME A112.19.2/CSA B45.1 or ASME A112.19.3/CSA B45.4.

#### 8-1252. IRC Section P2708.4 Shower control valves.

Individual shower and tub/shower combination valves shall be balanced-pressure, thermostatic or combination balanced-pressure/thermostatic valves that conform to the requirements of ASSE 1016/ASME 112.1016/CSA B125.16 or ASME A112.18.1/CSA B125.1. Shower and tub/shower combination valves required by this section shall be equipped with a means to limit the maximum setting of the valve to 120°F (49°C), which shall be field adjusted in accordance with the manufacturer's instructions to provide water at a temperature not to exceed 120°F (49°C). In-line thermostatic valves shall not be utilized for compliance with this section.

#### 8-1253. IRC Section P2713.3 Bathtub and whirlpool bathtub valves.

Hot water supplied to bathtubs and whirlpool bathtubs shall be limited to a temperature of not greater than 120°F (49°C) by a water-temperature limiting device that conforms to ASSE 1070/ASME A112.1070/CSA B125.70 or CSA B125.3, except where such protection is otherwise provided by a combination tub/shower valve in accordance with Section P2708.4.

#### 8-1254. IRC Section P2903.10.3 Fixture valves and access.

Shutoff valves shall be required on each fixture supply pipe to each plumbing appliance and to each plumbing fixture other than through wall faucets, bathtubs and showers. Valves serving individual plumbing fixtures, plumbing appliances, risers and branches shall be accessible.

#### 8-1255. IRC Section P2903.11 Hose Bibb.

This section, including Figure P2903.11, is deleted without substitution.

#### 8-1256. IRC Section P2904.2.4.2.1 Additional requirements for pendent sprinklers.

Pendent sprinklers within 3 feet (915 mm) of the center of a ceiling fan, surface mounted ceiling luminaire or similar object shall be considered to be obstructed, and additional sprinklers shall be installed.

Exception: Pendent sprinklers within 3 feet (915 mm) of the center of a ceiling fan shall not be considered to be obstructed if the total area of the fan blades does not exceed more than 50% of the plan area view.

#### 8-1257. IRC Section E3601.7.3 Metering centers.

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A service with two to six disconnecting means in compartments of a metering center or a metering center with a main service disconnecting means shall be permitted. [230.71(B), 230.72(A)].

Exception: Disconnecting means installed as part of listed equipment and used solely for the following shall not be considered a service disconnecting means:

1. Power monitoring equipment.
2. Surge-protective device.
3. Power-operable service disconnecting means. [230.71(A)].

8-1258. IRC Section E3606.5 Surge protection.

This section is deleted without substitution.

8-1259. IRC Section E3702.2 Branch-circuit ampere rating.

Branch circuits shall be rated in accordance with the maximum allowable ampere rating or setting of the overcurrent protection device. The rating for other than individual branch circuits shall be 15, 20, 30, 40, and 50 amperes. Where conductors of higher ampacity are used, the ampere rating or setting of the specified over-current device shall determine the circuit rating. (210.18).

8-1260. IRC Section E3702.3 Ten-ampere branch circuits.

Delete without substitution.

8-1261. IRC Section E3802.4 In unfinished basements.

Where type NM or SE cable is run at angles with joists in unfinished basements, cable assemblies containing two or more conductors of sizes 6 AWG and larger and assemblies containing three or more conductors of sizes 8 AWG and larger shall not require additional protection where attached directly to the bottom of the joists. Smaller cables shall be run either through bored holes in joists or on running boards. Type NM or SE cable installed on the wall of an unfinished basement shall be permitted to be installed in a listed conduit or tubing or shall be protected in accordance with Table E3802.1. Conduit or tubing shall be provided with a bushing or adapter that provides protection from abrasion at the point where the cable enters and exits the raceway. The sheath of the Type NM or SE cable shall extend through the conduit or tubing and into the outlet, device or junction box not less than 1/4 inch (6.4 mm). The cable shall be secured within 12 inches (305 mm) of the point where the cable enters the conduit or tubing. Metal conduit, tubing, and metal outlet boxes shall be connected to an equipment grounding conductor complying with Section E3908.14. [334.15(C)]

8-1262. IRC Section E3901.4.2.1 Islands and peninsular countertops and work spaces

Receptacle outlets shall be installed in accordance with the following: [210.52(C)(2)]

1. At least one receptacle outlet shall be provided for the first 6 feet (1829 mm) of length, or fraction thereof, of the countertop or work surface. A minimum of two receptacle outlets shall be provided for any island over 6 feet (1829 mm) long.

2. At least one receptacle outlet shall be located within 2 feet (600 mm) of the outer end of a peninsular countertop or work surface. Additional receptacle outlets shall be permitted to be located as determined by the installer, designer or building owner. The location of the receptacle outlets shall be in accordance with Section E3901.4.3 [210.52(C)(2)(b)].

## 8-1263. IRC Section R3901.4.3 Receptacle outlet location.

Receptacle outlets rendered not readily accessible by appliances fastened in place, appliance garages, sinks, or rangetops as covered in the exception to Section E3901.4.1, or appliances occupying assigned spaces shall not be considered as these required outlets. Required receptacle outlets shall be located in one or more of the following:

1. On or above, but not more than 20 inches (508 mm) above, the countertop or work surface.
2. Receptacle outlet assemblies listed for the use in countertops or work surfaces shall be permitted to be installed in countertops or work surfaces.
3. Not more than 12 inches (305 mm) below the countertop or work surface. Receptacles installed below a countertop or work surface shall not be located where the countertop or work surface extends more than 6 inches (152 mm) beyond its support base. [210.52(C)(3)].

## 8-1264. IRC Section E3902 Ground-fault and Arc-Fault Circuit-Interrupter Protection.

Remove all references to “through 250 volt” from all parts of Section E3902.1 through E3902.22.

## 8-1265. IRC Section E3902.5 Basement receptacles.

125-volt receptacles installed in basements and supplied by single phase branch circuits rated 150 volts or less to ground shall have ground-fault circuit-interrupter protection for personnel. [210.8(A)(5)].

Exception:

Receptacles in walk-out basements are excluded from this requirement.

## 8-1266. IRC Section E3902.12 Specific appliance outlets.

Ground-fault circuit-interrupter protection shall be provided for the branch circuit or outlets supplying the following appliances rated 150 volts or less to ground and 60 amperes or less, single- or three-phase:

1. Drinking water coolers and bottle fill stations.
2. High-pressure spray washing machines.
3. Dishwashers.
4. Clothes dryers.

## 8-1267. IRC Section E3902.14. Outdoor Outlets.

All outdoor outlets, including outlets installed in the following locations, and supplied by single-phase branch circuits rated 150 volts or less to ground, 50 amperes or less, shall be provided with GFCI protection:

1. Garages that have floors located at or below grade level.
2. Accessory buildings.
3. Boathouses.

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Exceptions:

1. GFCI protection shall not be required on lighting outlets other than those covered in Section 210.8(F) of NFPA 70.

2. GFCI protection shall not be required for receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment where such equipment is protected as required by NFPA 70.

3. GFCI protection shall not be required for listed HVAC equipment.

8-1268. IRC Section E3902.21 Arc fault circuit interrupter protection.

In areas other than kitchen and laundry areas, branch circuits that supply 120-volt, single-phase, 10-, 15- and 20-ampere outlets installed in family rooms, dining rooms, living rooms, parlors, libraries, dens, bedrooms, sunrooms, recreations rooms, closets, hallways, and similar rooms or areas shall be protected by any of the following: [210.12(A)]

The remainder of this section remains unchanged.

8-1269. IRC Section E4002.11 Bathtub and shower space.

Receptacles shall not be installed inside of the tub or shower within a zone measured 27 inches horizontally from the outside edge of the bathtub or shower stall, including the space outside the bathtub or shower stall space below the zone. The zone also includes the space measured vertically from the floor to 8 feet (2438 mm) above the top of the bathtub rim or shower stall threshold. The identified zone is all-encompassing and shall include the space directly over the bathtub or shower stall and the space below this zone, but not space separated by a floor, wall, ceiling, room door, window or fixed barrier. [406.9(C)]

Exceptions:

1. Receptacles installed in accordance with Section E4209.4 shall be permitted. [406.9(C)(Exception No. 1)]

2. In bathrooms with less than the required zone, the receptacles(s) required by Section E3901.6 shall be permitted to be installed opposite the bathtub rim or shower stall threshold on the farthest wall in the room. [406.9(C) Exception No. 2]

3. Weight-supporting ceiling receptacles (WSCR) shall be permitted to be installed for listed luminaires that employ a weigh-supporting attachment fitting (WSAF) in damp locations complying with Section E4003.11 [406.9(C) Exception No. 3]

4. A single receptacle shall be permitted for an electronic toilet or personal hygiene device such as an electronic bidet seat. The receptacle shall be readily accessible and not located in the space between the toilet and the bathtub or shower. [406.9(C) Exception No. 4]

8-1270. IRC Section E4002.14. Tamper-resistant receptacles.

In areas specified in Section E3901.1, 15- and 20-ampere, 125-volt nonlocking-type receptacles shall be listed tamper-resistant receptacles. [406.12]

Exception: Receptacles in the following locations shall not be required to be tamper resistant:

1. Receptacles located more than 5.5 feet (1676 mm) above the floor.
2. Receptacles that are part of a luminaire or appliance.

3. A single receptacle that is not readily accessible that supplies a single appliance or a duplex receptacle that is not readily accessible and supplies two appliances where such receptacles are located in spaces occupied by or designated for the appliances served and, under conditions of normal use, the appliances are not easily moved from one place to another. The appliances shall be cord-and-plug-connected to such receptacles in accordance with Section E3909.4. [406.12 Exception].

8-1271. IRC Chapter 44 Referenced Standards.

The referenced standards listed as “UL/CSA 60335-2-40—2022” and “ASHRAE 34—2022” in Chapter 44 of the 2024 IRC are modified to read as follows:

UL/CSA 60335-2-40—2022: Household and Similar Electrical Appliances—Safety—Part 2-40: Particular Requirements for Electrical Heat Pumps, Air-Conditioners and Dehumidifiers M1402.1, M1403.1, M1412.1, M1413.1, and M2006.1.

8-1272. IRC Appendix BF Patio Covers.

Appendix BF, Patio Covers, is adopted for statewide use.

8-1273. IRC Appendix BO Existing Buildings and Structures.

Appendix BO is adopted for statewide use.

8-1274. IRC Appendix BB Tiny Houses.

Appendix BB is adopted for statewide use.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

**Statement of Rationale:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 12, to reflect modifications to the 2024 South Carolina Building Codes, the International Residential Code.

Document No. 5416  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**BUILDING CODES COUNCIL**  
 CHAPTER 8  
 Statutory Authority: 1976 Code Sections 6-9-40, 6-9-50, and 6-9-55

8-1400. International Plumbing Code.

**Synopsis:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 14, to reflect modifications to the 2024 South Carolina Building Codes, the International Plumbing Code.

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A Notice of Drafting was published in the *State Register* on June 27, 2025.

### Instructions:

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

### Text:

#### ARTICLE 14

#### INTERNATIONAL PLUMBING CODE

#### 2024 International Plumbing Code Modification Summary

(Statutory Authority: 1976 Code Sections 6-9-40)

8-1400. International Plumbing Code.

NOTE - This article is based upon the International Plumbing Code, 2024 Edition, in accordance with the statutory amendments to acts governing the Building Codes Council, except for the modifications referenced below.

This code is identical to the 2024 International Plumbing Code, except for the following modifications:

8-1401. IPC Section 202 General Definitions.

**Drinking fountain:** A plumbing fixture that is connected to the potable water distribution system and the drainage system. The fixture allows the user to obtain a drink directly from a stream of flowing water without the use of any accessories. Such fixtures can be separate from or integral to a bottle-filling station.

**Bottle Filling Station:** A type of water dispenser that is connected to the potable water distribution system and the drainage system. The fixture is designed and intended for automatically or manually filling personal use drinking water bottles or containers not less than 10 inches (254 mm) in height and is in compliance with the American with Disabilities Act (42 U.S.C. § 12101 et seq.). Such fixtures can be separate from or integral to a drinking fountain and can incorporate a water filter and a cooling system for chilling the drinking water.

**Water Cooler:** A drinking fountain or bottle filling station that incorporates a means of reducing the temperature of the water supplied to it from the potable water distribution system.

**Water Dispenser:** A plumbing fixture that is automatic or manually controlled by the user for the purpose of dispensing potable drinking water into a receptacle such as a cup, glass or bottle. Such fixture is connected to the potable water distribution system of the premises. This definition includes a freestanding apparatus for the same purpose that is not connected to the potable water distribution system and that is supplied with potable water from a container, bottle or reservoir.

8-1402. IPC Table 403.1 Minimum Number of Required Plumbing Fixtures.

No.	Classification	Description	Water Closets (Urinals: See Section 424.2)		Lavatories		Bathtubs/ Showers	Drinking Fountain See Section 410	Other
			M	F	M	F			
3	Educational	Educational Facilities	1 per 50		1 per 50		–	1 per 100	1 service sink

8-1403. IPC 403.1.1 Fixture calculations.

To determine the occupant load of each sex, the total occupant load shall be divided in half. To determine the required number of fixtures, the fixture ratio or ratios for each fixture type shall be applied to the occupant load of each sex in accordance with Table 403.1. Fractional numbers resulting from applying the fixture ratios of Table 403.1 shall be rounded up to the next whole number. For calculations involving multiple occupancies, such fractional numbers for each occupancy shall first be summed and then rounded up to the next whole number.

Exception: The total occupant load shall not be required to be divided in half where approved statistical data indicate a distribution of the sexes of other than 50 percent of each sex.

8-1404. IPC 403.2 Separate facilities.

Where plumbing fixtures are required, separate toilet facilities shall be provided for each sex.

Exceptions:

1. Separate toilet facilities shall not be required for dwelling units and sleeping units.
2. Separate toilet facilities shall not be required in structures or tenant spaces with a total occupant load, including both employees and customers, of 15 or fewer.
3. Separate toilet facilities shall not be required in mercantile occupancies in which the maximum occupant load is 100 or fewer.
4. Separate toilet facilities shall not be required in business occupancies in which the maximum occupant load is 25 or fewer.
5. Separate toilet facilities shall not be required to be designated by sex where single-user toilet rooms are provided in accordance with Section 403.1.2.

8-1405. IPC Section 410. 4 Substitution.

Where restaurants provide drinking water in a container free of charge, drinking fountains shall not be required in those restaurants. In other occupancies where three or more drinking fountains are required, water dispensers shall be permitted to be substituted for not more than 50 percent of the required number of drinking fountains.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

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### Statement of Rationale:

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 14, to reflect modifications to the 2024 South Carolina Building Codes, the International Plumbing Code.

Document No. 5418  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**BUILDING CODES COUNCIL**  
CHAPTER 8  
Statutory Authority: 1976 Code Sections 6-9-40 and 40-1-70

8-1100. National Electrical Code.

### Synopsis:

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 11, to incorporate the modifications to the 2024 South Carolina Building Codes, the 2023 Edition of the National Electrical Code.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

### Instructions:

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

### Text:

#### ARTICLE 11

#### NATIONAL ELECTRICAL CODE

#### 2023 National Electrical Code Modification Summary

(Statutory Authority: 1976 Code Section 6-9-40)

8-1100. National Electrical Code.

NOTE-This article is based upon the National Electrical Code, 2023 Edition, in accordance with the statutory amendments to acts governing the Building Codes Council, except for the modifications referenced below.

This code is identical to the 2023 Edition of the National Electrical Code except for the following modifications:

8-1101. Repealed.

8-1102. Repealed.

8-1103. NEC Article 210.8(A) Dwelling Units.

All 125-volt receptacles installed in the following locations and supplied by single-phase branch circuits rated 150 volts or less to ground shall have ground-fault circuit-interrupter protection for personnel:

(1) Bathrooms

(2) Garages and also accessory buildings that have a floor located at or below grade level not intended as habitable rooms and limited to storage areas, work areas, and areas of similar use

(3) Outdoors

(4) Crawl spaces — at or below grade level

(5) Basements

Exception to (5): Receptacles in walk-out basements are excluded from this requirement.

(6) Kitchens — where the receptacles are installed to serve the countertop surfaces

(7) Areas with sinks and permanent provisions for food preparation, beverage preparation, or cooking

(8) Sinks — where receptacles are installed within 1.8 m (6 ft) from the top inside edge of the bowl of the sink

(9) Boathouses

(10) Bathtubs or shower stalls — where receptacles are installed within 1.8 m (6 ft) of the outside edge of the bathtub or shower stall

(11) Laundry areas

(12) Indoor damp and wet locations

Exception No. 1: Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.

Exception No. 2: A receptacle supplying only a permanently installed premises security system shall be permitted to omit ground-fault circuit-interrupter protection.

Exception No. 3: Listed weight-supporting ceiling receptacles (WSCR) utilized in combination with compatible weight-supporting attachment fittings (WASF) installed for the purpose of supporting a ceiling luminaire or ceiling-suspended fan shall be permitted to omit ground-fault circuit-interrupter protection. If a general-purpose convenience receptacle is integral to the ceiling luminaire or ceiling-suspended fan, GFCI protection shall be provided.

Exception No. 4: Factory-installed receptacles that are not readily accessible and are mounted internally to bathroom exhaust fan assemblies shall not require GFCI protection unless required by the installation instructions or listing.

#### 8-1104. NEC Article 210.8(F) Outdoor Outlets.

For dwellings, all outdoor outlets, other than those covered in 210.8(A), Exception No. 1, including outlets installed in the following locations, and supplied by single-phase branch circuits rated 150 volts or less to ground, 50 amperes or less, shall be provided with GFCI protection:

(1) Garages that have floors located at or below grade level

(2) Accessory buildings

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### (3) Boathouses

If equipment supplied by an outlet covered under the requirements of this section is replaced, the outlet shall be supplied with GFCI protection.

Exception No. 1: GFCI protection shall not be required on lighting outlets other than those covered in 210.8(C).

Exception No. 2: GFCI protection shall not be required for listed HVAC equipment.

### 8-1105. NEC Article 210.12(B) Dwelling Units.

All 120-volt, single-phase, 15- and 20- ampere branch circuits supplying outlets or devices installed in the following locations shall be protected by any of the means described in 210.12(A)(1) through (A)(6):

- (1) Family Rooms
- (2) Dining Rooms
- (3) Living Rooms
- (4) Parlors
- (5) Libraries
- (6) Dens
- (7) Bedrooms
- (8) Sunrooms
- (9) Recreation Rooms
- (10) Closets
- (11) Hallways
- (12) Similar Areas

Exception No. 1: AFCI protection shall not be required for an individual branch circuit supplying a fire alarm system installed in accordance with 760.41(B) or 760.121(B). The branch circuit shall be installed in a metal raceway, metal auxiliary gutter, steel-armored cable, or Type MC or Type AC cable meeting the applicable requirements of 250.118, with metal boxes, conduit bodies, and enclosures.

Exception No. 2: AFCI protection shall not be required for the individual branch circuit supplying an outlet for arc welding equipment in a dwelling unit.

### 8-1106. Repealed.

### **Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

**Statement of Rationale:**

The South Carolina Building Codes Council proposes to amend Chapter 8, Article 11, to incorporate the modifications to the 2024 South Carolina Building Codes, the 2023 Edition of the National Electrical Code.

Document No. 5419

**DEPARTMENT OF LABOR, LICENSING AND REGULATION  
SOUTH CAROLINA BOARD OF LONG TERM HEALTH CARE ADMINISTRATORS  
CHAPTER 93**

Statutory Authority: 1976 Code Sections 40-1-70 and 40-35-60

- 93-50. General Definitions.
- 93-60. Board of Examiners; Officers and Duties.
- 93-65. Operating a Facility without a License.
- 93-70. Additional combination of education and experience acceptable by the Board; Criminal Background Check; Completion of probation or parole.
- 93-75. Health Services Executive Qualification. (New)
- 93-80. Administrator-in-Training Program Requirements.
- 93-100. Fees [and Fee Schedule].
- 93-110. Examination; Scheduling and Grading.
- 93-120. Initial Licenses.
- 93-130. Provisional Licenses.
- 93-140. Licensure by Endorsement. (New)
- 93-150. Inactive or Retired Status Licenses.
- 93-160. Registration of Licenses.
- 93-170. Display of Certificate and Normal Work Hours.
- 93-200. Continuing Education for Relicensure.
- 93-210. Reinstatement of Lapsed License.
- 93-220. Complaints.
- 93-230. Suspension and Revocation of License.
- 93-240. Hearing Procedure.
- 93-250. Conduct of Hearing.
- 93-260. Applicability, Legal Effect and Severability of Regulations.

**Synopsis:**

The South Carolina Board of Long Term Health Care Administrators proposes to amend various sections in Chapter 93.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

**Instructions:**

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

**Text:**

- 93-50. General Definitions.

Whenever used in these regulations, unless expressly stated otherwise, or unless the context or subject matter requires a different meaning, the following terms shall have the respective meanings hereinafter set forth or indicated:

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A. “Administrator-in-Residency (AIR) program” is a Board-approved training program within a nursing home or a community residential care facility under the supervision of a Board-approved preceptor.

B. “Applicant” means a person who submits all materials necessary for evaluation of credentials including an application form, references, college or university transcripts, fees, and if applicable, a request for a provisional license.

C. “Continuing education credit” is defined as one (1) contact hour of a planned program of teaching-learning that has been approved by an organization empowered by the Board to award credit for continuing education. Continuing education credits are awarded in whole-hour increments, with partial hours rounded down.

D. “Direct Resident Care Responsibilities” means activities performed by a caregiver that are specific to a resident. Direct care activities are as follows:

(1) “Hands-on” care of physical assistance, including, but not limited to, assistance with activities of daily living (e.g. bathing, dressing, eating, range of motion, toileting, transferring, and ambulation); assistance with medical treatments; and/or medication administration;

(2) Assistance with physical or psychosocial assessments; and

(3) Documentation, if conducted for treatment or care purposes.

E. “Dual licensee” or “Dual Licensed Administrator” means a person who holds a license authorizing the licensee to practice as a nursing home administrator and/or a community residential care facility administrator.

F. “Full time” means no fewer than thirty (30) hours per week.

G. “Health Services Executive (HSE)” is an individual who has completed the qualification requirements through the National Association of Long Term Care Administrator Boards (NAB). It is not a license and does not grant the holder of this qualification any additional privilege under the statute.

H. “Inactive license” means a license issued to an administrator who has submitted the appropriate Board-approved application and paid the associated fee to have their license placed in inactive status. A holder of an inactive license is not authorized to work as an administrator in a nursing home and/or community residential care facility.

I. “Licensee” means an approved applicant who has met all qualifications for licensure as prescribed by the Board, has paid all fees, and has been issued a current license by the Board.

J. “Normal business hours” means the hours between 0700 (7:00 a.m.) and 1900 (7:00 p.m.).

K. “On site or available” means accessible directly or by electronic means and able to respond immediately.

L. “Person” means an individual and does not include the following: a firm, a corporation, an association, a partnership, or any other group of individuals.

M. “Practice of nursing home administration” means the managing, supervising, or general administration of a nursing home.

N. “Practice of community residential care facility administration” means the managing, supervising, or general administration of a community residential care facility.

O. "Preceptor" is a person who is a licensed nursing home administrator, a licensed community residential care facility administrator, or a dual licensed administrator and meets the requirements of the Board to supervise an administrator-in-residency as delineated in R.93-80.

P. "Provisional license" means a temporary license that is issued when substantiated by need when an applicant who meets licensure qualifications has not passed the required examinations. A provisional license may only be issued to qualified applicants when a licensed facility is unexpectedly without a licensed administrator in charge as delineated in R.93-130.

93-60. Board of Examiners; Officers and Duties.

A. The Board shall elect annually from among its members a Chair and Vice Chair who together shall constitute the executive committee.

B. The Chair shall preside at all meetings of the Board and shall sign all official documents of the Board, unless otherwise assigned to the Board Executive. In the absence of the Chair, the Vice Chair shall preside at meetings and perform all duties usually performed by the Chair.

93-65. Operating a Facility Without a License.

A. No nursing home or community residential care facility within the State may operate except under the supervision of a licensed administrator who must be on site or available during normal business hours.

B. No individual may be the Administrator of more than one (1) nursing home.

(1) An individual may serve as the administrator of multiple Community Residential Care Facilities so long as all of the facilities served are within a forty-mile radius of one another.

93-70. Additional combination of education and experience acceptable by the Board; Criminal Background Check; Completion of probation or parole.

A. In addition to the requirements in South Carolina Code Ann. Section 40-35-40, the following combination of education and experience shall be acceptable for consideration for licensure but in no way limits the Board from determining that any other combination of education and experience is also acceptable for consideration for licensure by the Board:

(1) For a nursing home administrator, validation by the National Association of Long Term Care Administrator Boards (NAB) as meeting the minimum education or experience requirements to be a qualified Health Services Executive (HSE);

(2) For a community residential care facility administrator:

(a) a South Carolina licensed nursing home administrator that has been a practicing nursing home administrator for two (2) or more years shall not be required to have on-site work experience at a community residential care facility under the supervision of a licensed community residential care facility administrator; or

(b) validation by NAB as meeting the minimum education or experience requirements to be a qualified HSE.

(3) For a dual licensed nursing home and community residential care facility administrator, validation by NAB as meeting the minimum education or experience requirements to be a qualified HSE.

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B. A person applying to become a licensed administrator shall undergo a state fingerprint review to be conducted by the State Law Enforcement Division to determine state criminal history and a federal fingerprint review to be conducted by the Federal Bureau of Investigation to determine other criminal history. If a fee is charged by the Federal Bureau of Investigation for the fingerprint review, it must be paid by the person applying for an administrator license. Where facility licensees are governmental agencies, the criminal background check must be obtained on the individual who is the administrator of the governmental facility. The Board may deny an application for licensure based on the results of a person's criminal history in accordance with South Carolina Code Ann. Section 40-1-140.

C. Any applicant who has been declared ineligible to take the examination shall be given written notification by the Board of the disqualification, the reasons for the disqualification, and written notification of the right to a hearing.

D. If an applicant has been convicted of a felony or misdemeanor directly related to the practice of administration of nursing homes and/or community residential care facilities by any state or federal court of competent jurisdiction thereof, the applicant may not be permitted to take the examination for licensure. If the applicant submits to the Board a copy of the certificate of pardon granted by the board of parole that indicates, among other things, that the applicant has completed all sentences including all periods of probation or parole, the Board may consider this document in its review of prior criminal convictions. In the case of a conviction in any jurisdiction wherein the laws do not provide for a certificate of pardon, an equivalent written statement or document may be submitted.

### 93-75. Health Services Executive Qualification

A. A dual licensed nursing home administrator and community residential care administrator who obtains Health Services Executive (HSE) qualification from the National Association of Long Term Care Administrator Boards (NAB) may request an HSE designation be added to their dual nursing home administrator and community residential care facility administrator license.

B. In order to be eligible for addition of the HSE designation:

(1) An individual who does not currently hold an active South Carolina license as a dual nursing home administrator and community residential care facility administrator and who has obtained NAB HSE qualification must:

(a) Apply for licensure as a dual nursing home administrator and community care facility administrator license, complying with all initial application requirements, and be approved for such licensure;

(b) Take and pass a Board-approved examination on South Carolina Long Term Health Care law; and

(c) Provide proof of a currently active NAB HSE qualification.

(2) An individual who holds an active South Carolina dual nursing home administrator and community residential care facility administrator license and who has obtained NAB HSE qualification must:

(a) Complete an HSE designation application approved by the Board; and

(b) Provide proof of a currently active NAB HSE qualification.

C. Designation as holding HSE qualification indicates that the licensee has a combination of competencies (education, experience, and examination) that meets or exceeds current requirements of licensure to practice as a nursing home administrator and community residential care facility administrator in the majority of jurisdictions within the United States.

D. Designation as holding HSE qualification does not grant additional privilege to practice as a licensed dual nursing home administrator and community residential care facility administrator in this State.

93-80. Administrator-in-Residency (AIR) Program Requirements.

A. A person shall be permitted to participate in the administrator in residency (AIR) program who submits sound evidence satisfactory to the Board that the participant meets the following criteria. No credit shall be given for any AIR program should the participant fail to obtain the necessary degree for licensure within twelve (12) months of completion of the AIR program.

(1) Nursing home administrator AIR participants must have earned a Baccalaureate degree or higher from an accredited college or university or must be enrolled in a course of study that will award such a degree on completion.

(a) For nursing home administrator AIR participants with a Baccalaureate degree or higher in health care administration or a related health care degree, the duration of an AIR program shall be six (6) months.

(b) For nursing home administrator AIR participants with a Baccalaureate degree other than a health care administration degree, the duration of an AIR program shall be nine (9) months.

(c) For nursing home administrator AIR participants with an Associate's degree, the duration of an AIR program shall be twelve (12) months.

(2) Community residential care facility administrator AIR participants must have earned at least an Associate's degree from an accredited college or university or must be enrolled in a course of study that will award such a degree upon completion.

(a) For community residential care facility administrator AIR participants with a Baccalaureate degree or higher, the duration of the AIR program shall be three (3) months.

(b) For community residential care facility administrator AIR participants with a health-related Associate's degree, the duration of the AIR program shall be six (6) months.

(c) For community residential care facility administrator AIR participants with a non-health-related Associate's degree or who are licensed practical nurses, the duration of the AIR program shall be nine (9) months.

(3) Dual nursing home and community residential care facility administrator AIR participants must have earned a Baccalaureate degree or higher from an accredited college or university.

(a) For dual administrator AIR participants with a Baccalaureate degree or higher in health care administration or a related health care degree, the duration of the AIR program shall be seven (7) months.

(b) For dual administrator AIR participants with a Baccalaureate degree other than a health care administration degree, the duration of the AIR program shall be ten (10) months.

(c) For dual administrator AIR participants with an Associate's degree, the duration of the AIR program shall be thirteen (13) months.

(4) The Board may, in its discretion, determine that any other combination of education and experience qualifies an AIR participant for a specific AIR program.

B. An AIR participant must register with the Board by completing a Board-approved form and submitting the registration fee. After approval, the Board shall issue an AIR program permit to the applicant valid for up to one

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(1) year. If the preceptor or AIR participant terminates the program, the Board will invalidate the permit immediately. The continuing education credit provided to the preceptor, if any, and the AIR experience credit provided to the AIR participant if a program is terminated, if any, will be at the discretion of the Board based upon the reason for the termination and the documented AIR experience.

C. It shall be the responsibility of the AIR participant to contact a Board-approved preceptor to determine if the preceptor will accept the AIR participant. Once a preceptor accepts an AIR participant, this relationship must be reported to the Board on an approved form. A preceptor may supervise up to two (2) AIR participants concurrently.

D. The preceptor shall meet the following criteria:

(1) Currently licensed in this state as a nursing home administrator, a community residential care facility administrator, or a dual licensed administrator based upon the AIR program the preceptor plans to supervise;

(2) Have no disciplinary sanctions against the license;

(3)(a) The nursing home administrator preceptor shall be licensed for three (3) years preceding the date of application as a preceptor, be currently licensed as a nursing home administrator, and be employed by a facility licensed pursuant to the regulations promulgated by the South Carolina Department of Public Health.

(b) The community residential care facility administrator preceptor shall be licensed for two (2) years preceding the date of application as a preceptor, be currently licensed as a community residential care administrator, and be employed by a facility, licensed pursuant to the regulations promulgated by the South Carolina Department of Public Health.

(c) The dual licensed administrator preceptor shall be licensed for (3) years preceding the date of application as a preceptor, be currently licensed as a dual licensed administrator, and be employed by a facility licensed pursuant to the regulations promulgated by the South Carolina Department of Public Health.

E. The preceptor must register with the Board on a Board-approved form. All preceptors are required to complete the Board-approved preceptor training prior to being issued the preceptor permit and again within two (2) months of renewal of the preceptor permit. Renewal of the preceptor permit shall occur concurrent with renewal for the preceptor's professional license. The Board may, for good cause, refuse to approve a preceptor.

F. A preceptor may supervise up to two (2) AIR participants concurrently. The preceptor shall not train an employer or supervisor.

G. The preceptor will evaluate the background and experience of the AIR participant to determine specific areas of concentration for the residency. The preceptor and AIR participant will then design a course of study and present it to the Board for approval. The curriculum shall follow the guidelines set forth in a standards manual approved by the Board.

H. The preceptor shall maintain, in the facility, documentation tracking progress of the AIR program as required by the Board. This documentation may be requested and reviewed at any time by the Board. Upon completion of the program, the documentation shall be submitted with the final report and evaluation.

I. At the end of the AIR program, the preceptor will submit a final report and evaluation of the AIR participant on Board-approved forms stating whether the AIR participant has satisfactorily completed all requirements. The final report and evaluation must be submitted within thirty (30) days of completion of the AIR program and will become part of the AIR participant's permanent record with the Board. Upon completion of the AIR program, participants have one (1) year to apply for licensure and take the Board-approved examination.

J. Any change in preceptor requires notice to and approval by the Board or its designee. An AIR program which has been discontinued by a period of military service shall be allowed to be completed within a year after the service concludes. The Board must receive notice in the event of discontinuance of training for any other reason, and the AIR participant must receive approval from the Board or its designee to continue the program with a new preceptor.

K. During the AIR program, the preceptor shall provide ongoing performance reviews to the AIR participant. If the performance is not acceptable, the preceptor will inform the AIR participant, and the AIR participant will be given the opportunity to correct the deficiencies.

L. Following the completion of the AIR program:

(1) the nursing home administrator AIR participant may apply for licensure as a nursing home administrator as delineated in R.93-70 but is not required to complete any of the qualifying work experience set forth in South Carolina Code Ann. Section 40-35-40(A)(4).

(2) the community residential care facility administrator AIR participant may apply for licensure as a community residential care facility administrator as delineated in R.93-70 but is not required to complete any of the qualifying work experience set forth in South Carolina Code Ann. Section 40-35-40(B)(4).

(3) the dual nursing home administrator and community residential care facility administrator AIR participant may apply for licensure as a dual licensed administrator as delineated in R.93-70 but is not required to complete any of the qualifying work experience required for licensure as either a nursing home administrator or a community residential care facility administrator.

M. AIR participants shall not be left in sole charge of a nursing home or community residential care facility at any time. Violation of this provision may result in cancellation of any and all AIR program hours toward completion of the program that may have been accrued by the AIR participant and may, in the discretion of the Board, cause the Board, after sufficient notice to the AIR participant, to revoke or suspend the program. The AIR preceptor may also be subject to disciplinary action by the Board.

N. Preceptors may request ten (10) hours of continuing education credit for one (1) completed AIR program supervised each biennial renewal cycle. The continuing education credit is the same for each candidate supervised by the preceptor regardless of the length of the AIR program. The preceptor cannot obtain more than ten (10) hours of continuing education credit per biennium regardless of the number of programs they supervise. Continuing education credit hours awarded for precepting an AIR program will not count as Live Instruction as defined in R.93-200.

93-100. Fees.

A. The Board shall set fees in amounts to be sufficient to provide for administering the Long Term Health Care Administrators Practice Act.

B. The Board may charge fees as shown in South Carolina Code of Regulations Chapter 10-21 and on the South Carolina Board of Long Term Health Care Administrators website.

93-110. Examination; Reexamination.

A. The Board shall administer the examinations through a Board-approved testing provider.

(1) Nursing home administrator applicants must sit for examination. The national portion is prepared by the National Association of Long Term Care Administrator Boards (NAB). The South Carolina portion is

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prepared by the Board and examines applicants on regulations promulgated by the Department of Public Health as they relate to nursing homes.

(2) Community residential care facility administrator applicants will sit for an examination. The national portion is prepared by NAB. The South Carolina portion is prepared by the Board relating to regulations promulgated by the Department of Public Health as they relate to community residential care facilities.

(3) Dual licensed administrator applicants will sit for both the national nursing home administrator and community residential care facility administrator examinations as well as the South Carolina examinations.

B. Every applicant for licensure shall be required to pass the NAB examination(s), with passing scores to be determined by NAB. In addition, each applicant must pass the South Carolina examination(s) approved by the Board with a raw score of seventy-five (75%) percent.

C. The Board shall not disclose the examination scores achieved by an applicant to anyone outside the Board except upon written authorization of the applicant.

D. An applicant who receives a passing score on any portion of the national or South Carolina portions of the examination(s) shall be entitled to receive credit for the portion(s) passed and to be re-examined only on the portion(s) not passed.

E. Applicants who fail to pass an examination three (3) times must petition the Board or its designee if they desire to be reexamined. An applicant desiring to be reexamined must submit an application on a form approved by the Board along with the required reexamination fee. The Board may, at its discretion, require the applicant to complete remedial coursework, exam study programs, or similar activities prior to granting the applicant the opportunity to take an examination for the fourth or subsequent time.

### 93-120. Initial Licenses

A. An applicant who has successfully complied with the requirements of the licensing law and the standards provided for herein, passed the examination provided for herein, and paid the fees for the initial licensure period shall be issued a license as a nursing home administrator, a community residential care administrator, or as a dual licensed administrator. Issuance of the license shall entitle the person to serve, act, practice, or otherwise present themselves as a licensed nursing home administrator, licensed community residential care facility administrator, or dual licensed administrator.

B. A license cannot be transferred to another individual.

### 93-130. Provisional Licenses.

A. In the event of an unexpected vacancy, the Board may issue a provisional license to an applicant who has met the requirements in South Carolina Code Ann. Section 40-35-40 and as provided in regulation and has paid the initial application fee but who has not passed the required examinations.

B. An applicant for a provisional license shall submit a complete application. The application shall also include an attestation by the owner of the facility or by the facility's board of directors, which includes all of the following:

- (1) Justification of the need for provisional licensure or explanation for the unexpected vacancy;
- (2) The name of the desired appointed administrator; and
- (3) The facility name, physical address, and anticipated date of administrator appointment.

C. An applicant shall remit the provisional license fee after receiving notice that the application has been approved. A provisional license shall be issued after receipt of the fee.

D. The South Carolina Department of Public Health shall be notified of the issuance of each provisional license.

E. A provisional license will expire ninety (90) days from issuance. One request for a ninety (90)-day extension of the provisional license may be granted by the Board. This request must be made in writing prior to the expiration date of the provisional license. Requests for extensions must be from the owner of the facility or from the facility's board of directors and state the following. No additional extensions may be granted.

(1) Justification of the facility's continued absence of a non-provisional licensed administrator;

(2) Justification as to why the provisional licensed administrator has not taken the appropriate examinations or attested to additional study if the provisional licensed administrator has failed the examination; and

(3) Name and license number of the consultant administrator contracted by the facility.

F. In the event an extension is granted, the facility shall engage the services of a consultant administrator for a minimum of sixteen (16) hours per month. The consultant administrator must have a minimum of two (2) years of experience operating a facility.

G. If an applicant for provisional licensure has previously failed either the national or state examinations, the facility must engage the services of a consultant administrator for a minimum of sixteen (16) hours per month beginning the date of issuance of the provisional license.

H. If the provisional licensee fails the same required examination twice, the provisional license will be terminated at the end of the provisional license period and may not be extended.

I. A provisional license cannot be transferred to another individual. Once granted a provisional license, the licensee may not reapply for a provisional license for the same facility. Individual licensees are limited to two (2) provisional license requests per licensure type. If an applicant has attained two (2) provisional licenses for either nursing home administrator or community residential care facility administrator, they are not eligible to apply for a provisional dual administrator license.

93-140. Licensure by Endorsement.

A. An applicant currently holding an active license to practice administration of a long term care facility issued upon examination by a legally constituted board of another state may be eligible for licensure by endorsement if the licensure requirements of the state in which the applicant is licensed are substantially equivalent to those of this State.

B. Such applicant must:

(1) Submit an application in the form prescribed by the Board;

(2) Possess the qualifications necessary for eligibility for licensure in this State, including passage of the applicable NAB examination(s);

(3) Provide verification of licensure from every state where a license has been held, active or inactive, current or expired. Verification must be received directly from the respective state board;

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(4) Have presented to the Board proof that, as of the date of application, any other license granted to the applicant by any other state has not been suspended, revoked, or otherwise restricted for any reason;

(5) Pay the fees specified by the Board; and

(6) Take and pass the South Carolina examination.

C. Applications for endorsement are valid for one (1) year.

### 93-150. Temporary Inactive Status; Reactivation of License.

A. The Board may consider a request from a licensee to have his or her license placed in inactive status.

B. To qualify for inactive license status, the licensee must affirm that he or she is not employed as the administrator in a nursing home or a community residential care facility in the State.

C. An application for renewal in inactive status shall be submitted to the Board with the associated fee on or before the expiration date of the license.

D. In order to reactivate a license that has been in inactive status for less than three (3) years, an applicant must submit an application on a form approved by the Board, along with the required fee and proof of completion of the required continuing education for each biennial renewal cycle that the license was inactive. The application must be approved, and the license must be placed in active status, prior to the licensee assuming an administrator role in a nursing home or community residential care facility in the State.

E. If a license has been inactive for three (3) years or more, the applicant must resubmit an initial application for licensure and retake and pass the applicable examination(s). Proof of completion of continuing education during the inactive period of three (3) years or more is not required for reactivation.

### 93-160. Registration of Licenses.

A. Only a person who is licensed as a nursing home administrator, community residential care facility administrator, or a dual licensed administrator pursuant to the provisions of these regulations for the current licensure period shall have the right and privilege of using the title of "Nursing Home Administrator," "Community Residential Care Facility Administrator," or "Dual Licensed Administrator." No other person shall use or shall be designated by title or by abbreviation or any other words, letters, sign, card, or device tending to or intended to indicate that the person is a licensed nursing home administrator, a community residential care facility administrator, or a dual licensed administrator.

B. All licensees must notify the Board in writing within fifteen (15) days of any change of address and employment in a nursing home or community residential care facility.

### 93-170. Display of Certificate and Normal Work Hours.

A. Every person currently licensed as a nursing home administrator, community residential care facility administrator, or dual licensed administrator shall display the certificate in a conspicuous place in his office or place of business or employment.

B. Licensed administrators must post their normal work hours in a conspicuous place at the nursing home or community residential care facility where the licensee is practicing as the administrator. Work hours may vary from week to week if the posting is updated appropriately. Administrators will maintain records of their posted hours for at least one (1) year and must be made available to the Board upon request.

## 93-200. Continuing Education for License Renewal.

A. Each applicant for renewal of a license shall present evidence of having earned the required number of hours of continuing education credits as defined in R.93-50(C) and in accordance with the provisions of this regulation.

B. Evidence of continued learning appropriate to facility administration shall consist of one (1) or more of the following:

(1) records of continuing education hours awarded by an accredited college or university or approved association; or

(2) official transcripts and course descriptions of courses taken at an accredited educational institution; or

(3) certificate of attendance received for attending other continuing education programs that have been registered with the Board and approved by the Board for credit.

C. The continuing education course shall meet the following criteria for approval:

(1) Promotional materials (catalog, brochure description if a college course);

(2) Program schedules showing clock hours;

(3) The program shall not include breaks and lunch periods in the calculation of credit for time attended;

(4) Abbreviated vitae (biography) of all faculty, to include academic preparation, work experience, and evidence of expertise in content to be taught; and

(5) Copy of certificate must provide the name of the course, participants name, date, instructor's name and license number, and the total number of course hours received.

D. A nursing home or community residential care facility administrator must have forty (40) hours of continuing education for each biennial renewal. A dual licensed administrator must have fifty (50) hours of continuing education for each biennial renewal cycle. Continuing education credits are only awarded in whole-hour increments (e.g. 3.75 hour program = 3 credit hours).

E. Carry-over: A maximum of ten (10) Continuing Education Hours for any Board-approved program may be carried forward if they are in excess of that required for any licensure period. Such carry-over hours must represent the total earned during the continuing education program and must be used during the following licensure period.

F. The biennial licensure cycle is the two (2) year period beginning July 1st of each even-numbered year and ending on June 30th of every subsequent even-numbered year.

(1) If an administrator is initially licensed in this State during the first year of a licensure cycle (i.e. between July 1st of an even-numbered year and June 30th of the subsequent odd-numbered year), the licensee must comply with all continuing education requirements.

(2) If an administrator is initially licensed in this State during the second year of a licensure cycle (i.e. between July 1st of an odd-numbered year and June 30th of the subsequent even-numbered year), no continuing education is required for the initial, first renewal of the license the subsequent even-numbered year. At the start of the next renewal cycle, the licensee must comply with all continuing education requirements.

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### G. Program Delivery Methods.

(1) Live Instruction is a program in which participants engage simultaneously through interaction of a real-time instructor or discussion leader.

(a) On-site Live Instruction Programming consists of live instruction at a specific location.

(b) Online Live Instruction Programming consists of live instruction using technology and/or remote access offered at a scheduled date and time.

(c) A minimum of fifty (50%) percent of required continuing education hours must be obtained via live instruction.

(2) Online Pre-recorded Instruction is a program designed to permit a participant to have control over time, place, and/or pace of learning a given subject through the use of electronic media (including technology applications and processes and computer-based or web-based technology) without interaction with a real-time instructor.

H. A Board member may attend any Board-approved continuing education program for audit purposes, but the Board member may not receive continuing education credit for such attendance. Continuing education providers are not obligated to furnish Board members with any attendance-related benefits (e.g. printed materials, meals, travel, etc.) or to cover any non-de minimis costs associated with the Board member's attendance.

### 93-210. Reinstatement of Lapsed License.

A. An administrator previously licensed in this State whose license shall not have been revoked or suspended but whose license has lapsed for failure to renew on or before the expiration date of the license may seek to reinstate the license within a one-year period after the expiration date by submitting an application, along with the biennial renewal fee and a penalty fee, proof of meeting the continuing education requirements, and a statement of practice since the license's expiration.

B. If the lapsed license period is more than one (1) year, the individual shall submit an initial application, along with the required fee, showing proof of meeting the current licensure requirements, submit a statement of practice since licensure expiration, and submit the required continuing education hours for each biennial renewal period since the license expired.

C. If the lapsed license period is three (3) or more years, the individual shall submit an initial application, along with the required fee, showing proof of meeting the current initial licensure requirements, submit a statement of practice since licensure expiration, and retake and pass the applicable examination(s).

### 93-220. Complaints.

A. The Department shall be responsible for investigating complaints, either directly or indirectly, relating to administrators.

B. The Department has the responsibility to evaluate complaints and investigative information received from the South Carolina Department of Public Health or any other source.

C. A complaint received by the Board may be referred to the appropriate agency or agencies for investigation.

D. The administrator must respond in writing to the Board when requested, including filing a written response to the complaint. Failure to do so in a timely manner may be grounds for discipline.

E. The findings and the corrective measures taken by the investigating agency or agencies, with any other information deemed appropriate, shall be reviewed by the Board for the purpose of improving the standards imposed for licensing, for decisions on revocation or suspension of license or other disciplinary actions, and for assessing the qualifications for relicensure of an administrator.

#### 93-230. Suspension and Revocation of License.

The Board may cancel, fine, suspend, or revoke the license of, or otherwise restrict the practice of, an administrator who engages in misconduct, including but not limited to:

(1) Use of a false, fraudulent, or forged statement or document or committing a fraudulent, deceitful, or dishonest act or omitting a material fact in obtaining licensure under this article;

(2) Acting in a manner inconsistent with the health or safety of the patients of the nursing home or community residential facility;

(3) Cancellation, revocation, suspension, or other discipline of a license to practice any regulated profession or occupation in any state or jurisdiction;

(4) Failing to ensure that the nursing home or community residential care facility in which he is an administrator complies with the provisions of law and regulations of the licensing or supervising authority or agency whether federal, state, or local, having jurisdiction over the operation and licensing of the nursing home or community residential care facility;

(5) Intentional or knowing, direct or indirect, violation of or the aiding and abetting in the violation of this article or a regulation promulgated under this article;

(6) Failing to operate a nursing home or community residential care facility in manner which ensures the safety, health, and welfare of the patients;

(7) Use of a false, fraudulent, or forged statement in the practice of nursing home administration or community residential care facility administration;

(8) Supervising or aiding an unlicensed person in the practice of nursing home administration or community residential care facility administration;

(9) Permitting unauthorized disclosure of information relating to a patient in a nursing home or community residential care facility under his administration;

(10) Obtaining compensation or assisting in obtaining compensation under fraudulent circumstances;

(11) A dishonorable, unethical, or unprofessional act that is likely to deceive, defraud, or harm the public;

(12) Use of alcohol, drugs, or controlled substances to such a degree as to adversely affect the ability to act as a nursing home administrator or community residential care facility administrator;

(13) A mental or physical disability or addiction which renders further practice dangerous to the public or to the residents of the nursing home or community residential care facility; or

(14) Conviction of, or pleading guilty or nolo contendere to, a felony, as defined under the law of this State, or any crime involving the safety, health, or welfare of a resident, or any other crime directly related to licensure as a nursing home administrator or community residential care facility administrator. The license of a person who is convicted of, or who pleads guilty or nolo contendere to those crimes mentioned in this item immediately

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may be suspended temporarily pending final disposition of a disciplinary proceeding where the Board has probable cause to believe that continued practice as a nursing home administrator or community residential care facility administrator by the licensee constitutes harm to the safety, health, or welfare of patients in a nursing home or community residential care facility. A person so suspended must be reinstated immediately upon submission to the Board evidence that the conviction has been reversed. Reinstatement does not terminate a disciplinary action pending against the person.

### 93-240. Hearing Procedure.

A. The Department may initiate an investigation as provided in South Carolina Code Ann. Section 40-1-80. A copy of the charges, together with notice of the time and place of the hearing, shall be served on the accused by certified mail directed to his address as recorded in the Board's files at least thirty (30) days before the date fixed for the hearing.

B. Upon conclusion of the hearing, the Board may revoke the license of the accused, may suspend the license for a fixed period of time, may reprimand or take other disciplinary action, issue an order of suspension containing provisions concerning reinstatement of the license, or may dismiss the charges.

### 93-250. Conduct of Hearing.

A. A disciplinary hearing shall be conducted pursuant to South Carolina Code Ann. Section 40-1-90. At any disciplinary hearing, any party to the proceedings may appear in person and with counsel and shall be given the opportunity to produce evidence and witnesses and to cross-examine witnesses.

B. At any hearing conducted before the Board, if a party shall appear without counsel, the Board shall advise such party of his right to be represented by counsel, to call witnesses, to cross-examine witnesses, and to produce evidence on his behalf.

C. Appearances shall be noted on the official record of hearings.

D. The Board shall have authority to issue subpoenas and subpoenas duces tecum.

E. Upon a determination by the Board that there are grounds for discipline, the Board may take any one or more of the following actions:

(1) Issue a public reprimand;

(2) Impose costs pursuant to South Carolina Code Ann. Section 40-1-170;

(3) Impose a fine not to exceed one thousand dollars for each violation not to exceed a total fine of ten thousand dollars;

(4) Place the licensee on probation for a definite or indefinite time and prescribe conditions to be met during probation;

(5) Suspend the license for a definite or indefinite time, and prescribe conditions to be met before readmission to practice;

(6) Permanently revoke the license; or

(7) Otherwise discipline the licensee in a manner the Board deems appropriate.

### 93-260. Applicability, Legal Effect, and Severability of Regulations.

A. The regulations of the Board are intended to be consistent with the applicable Federal and State law and shall be so construed, whenever necessary, to achieve such consistency.

B. In the event that any provision of these regulations is declared unconstitutional or invalid or that the application of them to any person or circumstance is held invalid, the applicability of the provision to other persons and circumstances, and the constitutionality or validity of every other provision of these regulations shall not be effected.

C. These regulations shall not effect pending actions or proceedings, civil or criminal, which may be prosecuted or defended in the same manner and with the same effect as though these regulations had not been promulgated.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

**Statement of Rationale:**

The updated regulations will amend terminology, particularly the Administrator-in-Training program which is now referred to as the Administrator in Residency. They will further flesh out licensure requirements for Dual Nursing Home and Community Residential Care Facility Administrator applicants and establish qualification for the Health Services Executive designation. Licensure by endorsement, licenses in an inactive status, and lapsed license requirements are clarified. The regulations are further updated to reflect biennial licensure, including its impact on continuing education hour requirements.

Document No. 5400  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**MASSAGE THERAPY BOARD**  
 CHAPTER 77

Statutory Authority: 1976 Code Sections 40-1-70, 40-30-30, 40-30-50, 40-30-113, 40-30-120, 40-30-140, 40-30-150, 40-30-160, 40-30-180, and 40-30-190

- 77-106. Endorsement.
- 77-107. Reactivation of an Inactive License.
- 77-141. Massage Therapy Establishment and Sole Practitioner Establishment Operations.
- 77-150. Sole Practitioner Establishment Licenses.
- 77-151. Residential Licensed Establishments.

**Synopsis:**

The South Carolina Board of Massage Therapy proposes to amend its regulations to update and revise regulations regarding massage therapy, to include but not be limited to endorsement, license renewal, massage therapy establishments and sole practitioner establishments.

A Notice of Drafting was published in the *State Register* on April 25, 2025.

**Instructions:**

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

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### Text:

#### 77-106. Endorsement.

1. An applicant for an endorsement license must:

(a) submit proof of having a current, active and unrestricted massage therapy license in good standing issued by another state, District of Columbia, or any other United States territory, that had requirements, as of the date of initial licensure, at least substantially equivalent to the requirements in effect in South Carolina at the time of application; however, substantially equivalent education may be shown by submitting proof of having taken and passed a Board-approved national examination, or another state's licensing examination, as approved by the Board; and

(b) submit a completed application on a Board-approved form along with the required fees; and

(c) provide a state criminal history records check, supported by fingerprints, by the South Carolina Law Enforcement Division, and a national criminal records check, supported by fingerprints, by the Federal Bureau of Investigation. The results of the records checks shall be handled in accordance with the requirements for initial application criminal history records checks.

2. An applicant seeking endorsement licensure who was licensed in another state, the District of Columbia, or any other United States territory prior to July 1, 2007, is deemed to have met substantially equivalent education and examination licensing standards, and is eligible for endorsement licensure upon meeting the requirements in (1)(b) and (c) above, and submitting proof of having a current, active and unrestricted massage therapy license in good standing issued by another state, the District of Columbia, or any other United States territory.

#### 77-107. License Renewal, and Reactivation of an Inactive License.

1. A licensee seeking to renew a license must:

(a) submit a complete application on a Board-approved form with the required fee; and

(b) submit proof of having completed twelve hours of Board-approved continuing education during the licensure period.

2. An individual seeking to reactivate an inactive license must:

(a) submit a complete application on a Board-approved form with the required fee; and

(b) submit proof of having completed six hours of Board-approved continuing education for each year the license is inactive; and

(c) provide an updated state criminal history records checks, supported by fingerprints, by the South Carolina Law Enforcement Division, and an updated national criminal record check, supported by fingerprints, by the Federal Bureau of Investigation. The results of the records checks shall be handled in accordance with the requirements for initial application criminal history records checks.

#### 77-141. Massage Therapy Establishment and Sole Practitioner Establishment Operations.

1. Licensed massage therapy establishments and licensed sole practitioner establishments shall comply with the following requirements:

(a) The establishment license, and the licenses of all licensed massage therapists practicing in the establishment, shall be conspicuously displayed in public view.

(b) The establishment must comply with all applicable state and local building code requirements and fire safety codes.

(c) Each establishment shall have adequately-equipped restroom facilities accessible for use by the licensees, employees, and clients.

(d) The establishment shall have available either a sink with running water, soap, and sanitary towels for hand drying, or hand sanitizer or other sanitizing hand cleaning solution designed to clean without the use of running water.

(e) The establishment and equipment shall be kept clean and in good repair.

(f) Clean linens, such as gowns, towels, sheets, or drapes, shall be used on each client. Linens must be laundered before re-use. Clean linens must be stored separately from used or dirty linens.

(g) Sheets, towels, fleece, or other materials used as table coverings shall be changed after each client, and laundered before re-use. Massage table surfaces shall be disinfected after each use. If table coverings are non-removable or cannot be laundered or disinfected, a non-porous barrier must be used on top of the coverings. The non-porous barrier must be changed or disinfected after each client.

(h) Massage oils, lubricants, and lotions shall be stored in enclosed containers and shall be dispensed from clean containers in such a manner as to prevent contamination. The outside of the containers shall be cleaned after each use to prevent cross-contamination.

(i) All tools and implements used by the therapist must be cleaned and/or disinfected after each use.

(j) If client treatment records are kept, they shall be maintained in a manner to safeguard the confidentiality of the records, in accordance with applicable laws.

2. Regarding known infections or communicable diseases or conditions of either the client or the massage therapist, the therapist must employ appropriate Standard Universal Precautions.

3. Beds are prohibited in massage therapy establishments and in sole practitioner establishments, and no portion of a massage therapy establishment or a sole practitioner establishment may be used as living or sleeping quarters, unless it is a sole practitioner residential licensed establishment that is in compliance with Regulation 77-151.

#### 77-150. Sole Practitioner Establishment Licenses.

A sole practitioner establishment license is required for the fixed place of business, including but not limited to, a rental space or residence, where the licensed massage therapist provides massage therapy services to clients who come to that specific location to receive those services. A sole practitioner establishment must be controlled by a licensed massage therapist who is not an employee or contractor of the sole practitioner establishment. A massage therapist controlling a sole practitioner establishment cannot contract with or employ another licensed massage therapist to work in that sole practitioner establishment. The sole practitioner establishment must comply with the Board's establishment licensing, operation, and inspection requirements.

#### 77-151. Residential Licensed Establishments.

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A licensed sole practitioner establishment may be operated in the residence of that licensed massage therapist, if the massage therapy services are provided in an area of the residence that is not used for sleeping purposes, and that provides for the privacy of the client. The licensed practice space within a residence is subject to inspection by the department and must comply with all establishment regulations in Regulation 77-141.

### **Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

### **Statement of Rationale:**

The updated regulations simplify endorsement licensure requirements, adding that an endorsement license applicant's state of licensure must have had substantially equivalent license requirements at the time of application but that substantially equivalent education may be shown by proof of passage of a national or state exam as approved by the Board. The regulations further add that an endorsement licensure applicant licensed in another state or territory prior to July 1, 2007 will be deemed to have met education and examination equivalency licensing standards and must only meeting (1)(b) and (c) and show proof of a current, active and unrestricted license in another state or territory to be licensed in this state. The regulations further add renewal requirements for clarity, adding that CE must be board-approved, must be obtained during the licensure period and must reflect biennial renewal hours, doubling the hours from six to twelve. The regulations add sanitation guidance, as a public health and safety measure, requiring that linens must be laundered before re-use and clean linens must be stored separately from used or dirty linens. The regulations add fleece to list of materials that must be changed after each client and add that they must be laundered before re-use. The regulations further add instructions for cleaning table coverings that are non-removable or cannot be laundered or disinfected, and also require that all tools and implements used by the therapist be cleaned and/or disinfected after each use. Finally, the regulations are necessary to address questions raised following the recent regulation of establishments. They clarify that beds are prohibited in establishments and no portion of establishments may be used as living or sleeping quarters except as prescribed in Regulation 77-151. They clarify that a sole practitioner establishment must be controlled by a licensed massage therapist who is not an employee or contractor of the sole practitioner establishment, and clarify that the massage therapist controlling a sole practitioner establishment cannot contract with or employ another license massage therapist to work in the sole practitioner establishment. Finally, as to Residential Licensed Establishments, they clarify that the section refers to licensed sole practitioner establishments and add that the license practice space within a residence is subject to inspection by the Department and must comply with all establishment regulations in Regulation 77-141.

Document No. 5401

**DEPARTMENT OF LABOR, LICENSING AND REGULATION  
STATE BOARD OF MEDICAL EXAMINERS  
CHAPTER 81**

Statutory Authority: 1976 Code Sections 40-1-70, 40-47-5, 40-47-10, 40-47-70, and 40-47-1230

81-600. Code of Ethics for Anesthesiologist's Assistants. (New)

### **Synopsis:**

The South Carolina Board of Medical Examiners proposes adding regulations regarding anesthesiologist's assistants including, but not limited to, a code of ethics.

A Notice of Drafting was published in the *State Register* on June 27, 2025.

### **Instructions:**

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

**Text:**

ARTICLE 14  
ANESTHESIOLOGIST'S ASSISTANTS

81-601. Code of Ethics for Anesthesiologist's Assistants.

(A) Anesthesiologist assistants shall:

(1) Be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of all patients;

(2) Deliver needed health care services to patients without regard to sex, age, race, creed, socioeconomic and political status, or sexual orientation;

(3) Adhere to all state and federal laws governing informed consent concerning the patient's health care;

(4) Seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the anesthesiologist assistant regarding the care of all patients;

(5) Take personal responsibility for being familiar with and adhering to all federal and state laws applicable to the practice of their profession;

(6) Provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process;

(7) Not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services;

(8) Uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community;

(9) Strive to maintain and increase the quality of individual health care service through individual study and continuing education;

(10) Have the duty to respect the law, to uphold the dignity of the profession and to accept its ethical principles. Anesthesiologist assistants shall not participate in or conceal any activity that will bring discredit or dishonor to the anesthesiologist assistant's profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession;

(11) Use the knowledge and experience acquired as professionals to contribute to an improved community; and

(12) Place service before material gain and must carefully guard against conflicts of professional interest.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

**Statement of Rationale:**

The South Carolina Board of Medical Examiners proposes to promulgate regulations regarding anesthesiologist's assistants to add a code of ethics.

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Document No. 5421  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**STATE BOARD OF NURSING**  
CHAPTER 91

Statutory Authority: 1976 Code Sections 40-1-70, 40-33-10, 40-33-36, 40-33-37, 40-33-38, 40-33-41, and 40-33-70

91-32. Code of Ethics.  
91-34. Limited Emergency License. (New)

### **Synopsis:**

The South Carolina Board of Nursing proposes to amend various sections of Chapter 91 of the South Carolina Code of State Regulations, including but not limited to, R.91-32 and add a regulation regarding limited emergency licenses.

A Notice of Drafting was published on June 27, 2025.

### **Instructions:**

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

### **Text:**

#### ARTICLE 5

#### CODE OF ETHICS

91-32. Code of Ethics.

The Board adopts the American Nurses Association's Code of Ethics.

#### ARTICLE 7

#### LIMITED EMERGENCY LICENSE

91-34. Limited Emergency License.

A. Pursuant to South Carolina Code Section 40-1-70, the Board of Nursing authorizes the issuance of a Limited Emergency License (LEL) in the event the Governor of South Carolina declares a state of emergency. This temporary license is to allow qualified nurses to practice in the State of South Carolina for a limited period of time following the declaration of an emergency.

B. In order to qualify for a Limited Emergency License, a health care employer must complete the application on behalf of an employed nurse. The nurse in question must meet all of the minimum qualifications for licensure: (1) graduated from an approved nursing program; (2) have taken and passed the NCLEX; and (3) must be in good standing in their current state of licensure and not be in an alternative discipline program, as verified by the employer. The employer must attach written proof from the nurse's state of licensure that the nurse is in good standing.

C. A license obtained under this subsection is only valid for fifteen (15) days and may be renewed one (1) time for an additional fifteen (15) day period of time. A nurse obtaining an LEL is forbidden from practicing for anyone other than the employer who has obtained the LEL on behalf of the nurse. In the event of a public health

emergency lasting longer than thirty (30) days, the Board may authorize additional renewals of the Limited Emergency License.

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions.

**Statement of Rationale:**

This regulation is added in conformance with the current Board of Nursing Practice Act.

Document No. 5422  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**STATE BOARD OF PHARMACY**  
 CHAPTER 99

Statutory Authority: 1976 Code Sections 40-1-70, 40-1-77(I), 40-43-30(8), 40-43-60(D)(5) and (8),  
 40-43-83(C), 40-43-86(CC)(2)(a), and 40-43-150

- 99-43. Facility Permit Classifications.
- 99-48. Compounding Generally. (New)

**Synopsis:**

The South Carolina Board of Pharmacy proposes amending and repealing various sections of Chapter 99, to include but not be limited to an amendment required to conform to H.3592, which passed during the 2024 legislative session and an amendment to R.99-43 to add permitting requirements for resident and non-resident Contract Manufacturers. The Board further proposes adding a regulation regarding obtaining orders of evaluation in disciplinary investigations.

The Notice of Drafting was published in the *State Register* on June 27, 2025.

**Instructions:**

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

**Text:**

- 99-43. Facility Permit Classifications.

- A. Definitions

1. Unless otherwise indicated, “Board” shall mean the South Carolina Board of Pharmacy.
2. “Practice Act” shall mean the South Carolina Pharmacy Practice Act, as set forth in S.C. Code Section 40-43-10, et seq.
3. Unless otherwise indicated, for purposes of this regulation, all words shall be defined in accordance with the definitions set forth in the Practice Act.
4. For purposes of this regulation, the word “device” is limited to devices dispensed to a patient. “Device” shall not include devices used by practitioners in the normal course of treating patients, such as dental appliances, surgical equipment, etc.

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### B. Pharmacy Permits

#### 1. Resident Pharmacy Permit

a. A pharmacy located in South Carolina must obtain a Resident Pharmacy Permit issued by the Board to dispense legend drugs and/or devices to a patient or a patient's agent.

b. To obtain a Resident Pharmacy Permit, an applicant located in South Carolina must:

(1) submit a written application in the form prescribed by the Board along with the appropriate application fee; and

(2) undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

#### 2. Non-Resident Pharmacy Permit

a. A pharmacy located outside the geographic boundaries of South Carolina must obtain a Non-Resident Pharmacy Permit issued by the Board to dispense legend drugs and/or devices to a patient, or a patient's agent, located in South Carolina.

b. To obtain a Non-Resident Pharmacy Permit, an applicant must submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) A copy of the resident state pharmacy permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable);

(2) A copy of all reports from operational inspections conducted within the last two years, as well as any current accreditations and/or certifications by any governmental or third-party entity;

(3) A copy of the policy and procedure for shipping refrigerated products;

(4) A copy of a dispensed label;

(5) Photographs of the exterior of the pharmacy building to include identifiable parts of adjacent buildings, the front end of the pharmacy, the consulting area, drop-off/pickup locations, and the compounding work area (if applicable); and

(6) An organizational chart setting forth the applicant's corporate structure, including its parent company, legal name and trade name. This chart must also identify any individual owners with an ownership interest equal to, or greater than, ten percent of the entity.

c. If an applicant for a Non-Resident Pharmacy Permit engages in the compounding of drugs, whether sterile or non-sterile, and regardless of whether the applicant intends to immediately ship compounded drugs into South Carolina at the time of the application, the applicant must submit the following:

(1) documentation of continuing education in the science and art of compounding for pharmacists and technicians involved in compounding. This must include six (6) hours of initial training and four (4) hours of annual training thereafter. The training does not have to be ACPE-approved;

(2) a diagram and photographs of all compounding areas;

(3) environmental control logs, to include (if applicable):

- (a) refrigerator/freezer temperature monitoring;
- (b) pressure differential monitoring; and
- (c) temperature/humidity in compounding area monitoring;

(4) logs documenting cleaning of all areas used in the compounding process;

(5) formulas and completed logs for the applicant's top five compounded products with a copy of the actual prescription and label. Labels and beyond use dates must be submitted for each of the following types of sterile compounds produced (if applicable): minibag; large volume; TPN; syringe; and vial. Documentation must show beyond use dating and reasoning for the date assigned;

(6) compounding policies and procedures, specific to the applicant's facility, as applicable, for the following: quality control; sterile compounding technique; cleaning/maintenance of compounding area and equipment; and general compounding; and

(7) a copy of the report resulting from the last inspection of the applicant's hoods, buffer, clean and ante areas (including ISO classification, particle counts, and microbiology) by a qualified individual.

d. A pharmacist or other individual knowledgeable about all aspects of the applicant's operations must personally appear at a hearing before the Board, or its duly-authorized committee, to answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

### 3. Resident Central Fill Pharmacy Permit

a. A Central Fill Pharmacy Permit is required for a pharmacy facility that, upon the request of an originating pharmacy, fills a prescription drug order and returns the filled prescription to the originating pharmacy for delivery to the patient or patient's agent. A central fill pharmacy that returns filled prescriptions to an originating pharmacy must not be required to obtain a wholesaler/distributor permit. A Central Fill Pharmacy Permit is required, in addition to a SC Pharmacy permit, if a pharmacy is engaging in central fill as well as dispensing.

b. To obtain a Central Fill Pharmacy Permit, an applicant must:

(1) submit a written application in the form prescribed by the Board along with the appropriate application fee which is equal to the amount of a Resident Pharmacy Permit application fee;

(2) present the name of the owner, permit holder, and pharmacist-in-charge of the pharmacy for service of process;

(3) present evidence of the applicant's ability to provide the Board a record of a prescription drug order dispensed by the applicant to a resident of this State not later than seventy-two hours after the time the Board requests the record;

(4) present an affidavit by the pharmacist-in-charge which states that the pharmacist has read and understands the laws and regulations relating to central fill pharmacy in this state.

### 4. Non-Resident Central Fill Pharmacy Permit

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a. A Central Fill Pharmacy Permit is required for a pharmacy facility that, upon the request of an originating pharmacy, fills a prescription drug order and returns the filled prescription to the originating pharmacy for delivery to the patient or patient's agent. A central fill pharmacy that returns filled prescriptions to an originating pharmacy must not be required to obtain a wholesaler/distributor permit. A Central Fill Pharmacy Permit is required in addition to a SC Non-Resident Pharmacy Permit if a pharmacy is engaging in central fill as well as dispensing.

b. To obtain a Non-Resident Central Fill Pharmacy Permit, an applicant must:

(1) Submit a written application in the form prescribed by the Board along with the appropriate application fee which is equal to the amount of a Non-Resident Pharmacy Permit application fee;

(2) present evidence that the applicant holds a pharmacy license, registration, or permit issued by the state in which the pharmacy is located;

(3) present the name of the owner, permit holder, and pharmacist-in-charge of the pharmacy for service of process;

(4) present evidence of the applicant's ability to provide to the Board a record of a prescription drug order dispensed by the applicant to a resident of this State not later than seventy-two hours after the time the Board requests the record;

(5) present an affidavit by the pharmacist-in-charge which states that the pharmacist has read and understands the laws and regulations relating to central fill pharmacy in this state.

### C. Non-Resident Non-Dispensing Pharmacy Permit

1. To obtain a Non-Resident Non-Dispensing Pharmacy Permit, an applicant located outside of South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee;

b. submit a copy of all reports resulting from operational inspections conducted within the last two years, as well as photographs of the exterior and working area of the facility; and

c. attend a hearing before the Board, or its duly-authorized committee, in which a pharmacist or other individual knowledgeable about all aspects of the applicant's operations must answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

### D. Outsourcing Facility (503B) Permit

1. An Outsourcing Facility Permit is required for a facility engaged in the compounding of drug products at one geographic location or address who wishes to sell, dispense, transfer, or distribute non-patient specific compounded products in this State, and all outsourcing facilities must register with the U.S. Food and Drug Administration as a 503B outsourcing facility.

a. Outsourcing Facilities must establish and maintain compliance with section 503B of the Food, Drug, Cosmetic Act (FD&C Act) and the FDA's current Good Manufacturing Practice (cGMP) requirements in section 501(a)(2)(B) of the FD&C Act pursuant to 21 CFR Parts 210 and 211.

b. An outsourcing facility dispensing patient specific prescriptions in this State must also be permitted as a South Carolina Pharmacy.

2. Outsourcing Facility Permit applicants must provide the following:

a. written application(s) on the form(s) prescribed by the Board along with the appropriate application fee;

b. the name, title and active South Carolina pharmacist license number for the designated Pharmacist-in-Charge;

c. a copy of policies and procedures for:

- (1) shipping refrigerated products;
- (2) monitoring temperature and humidity;
- (3) quality control;
- (4) quality assurance;
- (5) product recalls;
- (6) complaint handling;
- (7) training program;
- (8) process and personnel aseptic process validation;
- (9) environmental monitoring; and
- (10) personnel monitoring.

d. a copy of a finished product label demonstrating compliance with applicable federal requirements.

3. In addition to the requirements of Reg. 99-43(D)(2), applicants physically located in this State must also undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable laws of this State.

4. In addition to Reg. 99-43(D)(2) and applicable laws of this State, applicants physically located outside of this State must submit the following:

a. upon initial application:

- (1) a copy of the resident state outsourcing facility permit and DEA registration (if applicable);
- (2) a list of all additional state permits and controlled substance registrations (if applicable);
- (3) a copy of the facility's most recent FDA establishment inspection report, including any 483s issued and the applicant's response thereto, and any warning letter issued; and
- (4) a copy of all reports from operational inspections conducted within the last two years, one of which must demonstrate at least six months of operation;

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b. upon renewal:

(1) a copy of all reports from operational inspections conducted within the last two years.

5. Compounded or repackaged drug products obtained from outsourcing facilities:

a. must be obtained from facilities permitted to do business in South Carolina;

b. shall not be distributed in this State by any entity other than the outsourcing facility that compounded the drug product.

6. The Pharmacist-in-Charge shall notify the Board within thirty (30) days of occurrence of any of the following:

a. disciplinary action issued by other states or the FDA to the outsourcing facility

b. FDA-issued 483s and/or warning letters, and the facility's response thereto

c. any recalls issued by the outsourcing facility.

### E. Medical Gas/Legend Device Permit

1. A Medical Gas/Legend Device Permit is required for a facility to dispense medical gases and/or legend devices to a patient or a patient's agent on the order of a licensed practitioner.

2. To obtain a Resident Medical Gas/Legend Device Permit, an applicant located in South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee; and

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

3. To obtain a Non-Resident Medical Gas/Legend Device Permit, an applicant located outside of South Carolina must submit:

a. a written application in the form prescribed by the Board along with the appropriate application fee;

b. a copy of the applicant's resident state pharmacy permit and a list of all additional state permits (if applicable); and

c. a copy of all reports from operational inspections conducted within the last two years (if applicable).

### F. Non-Dispensing Drug Outlet

1. A Non-Dispensing Drug Outlet Permit is required for a facility to store and/or administer legend drugs and/or devices. Facilities requiring a Non-Dispensing Drug Outlet Permit include, but are not limited to, public or private health clinics, infirmaries, correctional institutions, industrial health clinics, and emergency medical service providers. A Non-Dispensing Drug Outlet Permit requires a consultant pharmacist, unless the facility is engaged in manufacturing, wholesaling or distributing.

2. To obtain a Non-Dispensing Drug Outlet Permit, an applicant must:

- a. submit a written application in the form prescribed by the Board along with the appropriate application fee;
- b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

G. Wholesale Distributor Permit

1. A Wholesale Distributor Permit is required for a facility to engage in the wholesale distribution of prescription drugs and/or devices to permitted facilities and licensed practitioners. Entities requiring a Wholesale Distributor Permit include, but are not limited to: repackagers; own-label distributors; private-label distributors; jobbers; brokers; warehouses including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions. A Wholesale Distributor Permit is required for virtual wholesale distributors defined as a business entity that arranges for the distribution of a drug or device, with or without taking actual possession of the drug or device, and contracts with others for the distribution, purchase and sale.

2. To obtain a Resident Wholesale Distributor Permit, an applicant located in South Carolina must:

- a. submit a written application in the form prescribed by the Board along with the appropriate application fee;
- b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provision of the Practice Act and any federal requirements, including but not limited to the Drug Supply Chain Security Act (DSCSA).

3. To obtain a Non-Resident Wholesale Distributor Permit, an applicant located outside of South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) a copy of the resident state permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable);

(2) a copy of the facility's most recent FDA inspection report, including any 483s issued and applicant's response(s) thereto;

(3) a copy of all reports from operational inspections conducted within the last two years;

(4) a copy of the policy and procedures for shipping refrigerated products and monitoring the temperature and humidity;

(5) a copy of the NABP's Drug Distributor Accreditation (if applicable) or a notarized statement certifying that the applicant meets the standards necessary to obtain this accreditation; and

(6) produce to the Board policies and procedures establishing that the facility meets all current Drug Supply Chain Security Act (DSCSA) standards.

b. attend a hearing before the Board or its duly-authorized committee in which an individual knowledgeable about all aspects of the applicant's operations must respond to operational questions. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

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### H. Manufacturer/Repackager

1. A Manufacturer/Repackager Permit is required for a facility to engage in the manufacturing of prescription drugs or devices, including any packaging or repackaging of the drugs and/or devices, and/or labeling or re-labeling of containers. A Manufacturer/Repackager Permit is required for Virtual Manufacturers or any company that sells their own prescription drug products and/or medical devices but outsources the manufacturing and distribution operations.

2. To obtain a Resident Manufacturer/Repackager Permit, an applicant located in South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee; and

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

3. To obtain a Non-Resident Manufacturer/Repackager, an applicant must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) a copy of the resident state pharmacy permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable);

(2) a copy of the facility's most recent FDA inspection report, including any 483s issued and the applicant's response(s) thereto;

(3) a copy of all reports from operational inspections conducted within the last two years;

(4) a copy of the policy and procedures for shipping refrigerated products and monitoring temperature and humidity;

(5) produce to the Board policies and procedures establishing that the facility meets all current Drug Supply Chain Security Act (DSCSA) standards;

b. attend a hearing before the Board or its duly-authorized committee in which a pharmacist or other individual knowledgeable about all aspects of the applicant's operations must answer questions regarding the applicant's operations. This appearance shall be in lieu of an in-person inspection of the applicant's facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

### I. Federally Qualified Health Center ("FQHC") Drug Outlet Permit

1. A Federally Qualified Health Center ("FQHC") Drug Outlet Permit is required for an FQHC delivery site to store, administer, and/or distribute patient-specific, labeled drugs and/or devices received from a permitted FQHC pharmacy or contracted pharmacy.

2. A FQHC Drug Outlet Permit is required for an FQHC delivery site to store and/or administer any legend drug or device.

3. To obtain a Federally Qualified Health Center ("FQHC") Drug Outlet permit, an applicant must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee; and

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

**J. Third-Party Logistics (“3PL”) Provider**

1. A Third-Party Logistics Provider Permit is required for a facility to provide or otherwise coordinate warehousing, or other logistics services, of drugs and/or devices in interstate commerce on behalf of a manufacturer, wholesale distributor or dispenser of drugs and/or devices. A 3PL Provider does not take ownership of the drugs and/or devices and is not responsible for the sale and/or distribution of the drugs and/or devices to permitted facilities and/or licensed practitioners.

a. “Third-Party Logistics Provider” means an entity that:

(1) provides or coordinates warehousing, Distribution or other services on behalf of a Manufacturer, but does not take title to the Prescription Drug or have general responsibility to direct the Prescription Drug’s sale or disposition; and

(2) is licensed as a Third-Party Logistics Provider.

2. To obtain a Resident Third-Party Logistics Provider permit, an applicant located in South Carolina must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee;

b. undergo an inspection by the Board in which the applicant demonstrates that it is in compliance with the applicable provisions of the Practice Act.

3. To obtain a Non-Resident Third-Party Logistics Provider permit, an applicant must:

a. submit a written application in the form prescribed by the Board along with the appropriate application fee. The following information must be submitted with the application:

(1) a copy of the resident state permit and DEA registration (if applicable) and a list of all additional state permits and controlled substance registrations (if applicable) and

(2) a copy of all reports from operational inspections conducted within the last two years; and

b. attend a hearing before the Board or its duly-authorized committee in which a pharmacist or other individual knowledgeable about all aspects of the applicant’s operations must answer questions regarding the applicant’s operations. This appearance shall be in lieu of an in-person inspection of the applicant’s facility and is designed to provide the Board with information that would typically be obtained during an in-person inspection.

**K. Hospital-Owned Health System - Non-Dispensing Drug Outlet Permit**

1. A Hospital-Owned Health System is defined as facilities within a health system where the sites are owned by a hospital and associated with a Hospital Pharmacy Permit in good standing with the SC Board of Pharmacy.

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2. A Hospital-Owned Health System is not required to obtain separate Non-Dispensing Drug Outlet Permits for additional facilities within the health system which store and/or administer legend drugs and/or devices provided it complies with all the requirements set forth in this subsection.

3. The Pharmacist-in-Charge of the hospital pharmacy permit will be responsible for all facilities associated with the hospital pharmacy permit.

4. To obtain a Non-Dispensing Drug Outlet Permit containing multiple facilities with a Hospital-Owned Health System, an applicant must:

a. Submit a written application on the form prescribed by the Board along with the appropriate application fee;

b. Provide a list of each facility covered by the Hospital Non-Dispensing Drug Outlet Permit;

c. Undergo an inspection by the Board in which the applicant demonstrates compliance with the applicable provisions of the Act.

5. Prior to the addition of any facilities to the permit, the SC Board of Pharmacy must be notified in writing in a manner prescribed by the Board.

6. Upon inspection of the permitted site, the Pharmacist-in-Charge must present monthly inspections from all facilities covered by the permit.

L. All non-resident facilities required by statute or regulation to be permitted must be operational and must have undergone a successful operational inspection before a permit may be issued by the Board.

99-48. Compounding Generally.

A. The provisions of this subsection only apply to the compounding of medication by pharmacies permitted in the State of South Carolina.

B. The following are the minimum current good compounding practices for the preparing of medications by pharmacists licensed in the State for dispensing or administering, or both, to humans or animals:

Until regulations are promulgated by the Board of Pharmacy, as provided in Section 40-43-86(CC), compounding pharmacies shall comply with the compounding standards in the State in use on July 2, 2024, as outlined in the Non-Sterile Compounding Pharmacy and Sterile Compounding Pharmacy Inspection Forms in use on July 2, 2024, as published by the Board of Pharmacy, unless the pharmacy is held to a higher standard of another body such as an accrediting body.

### **Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

### **Statement of Rationale:**

The updated regulations will clarify and implement recently-passed legislation and establish temporary standards to which compounding pharmacies must adhere until such time as permanent ones are in place.

Document No. 5437  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**SOUTH CAROLINA REAL ESTATE COMMISSION**  
 CHAPTER 105

Statutory Authority: 1976 Code Sections 40-1-50, 40-1-70, 40-57-60, 40-57-135, 40-57-320, 40-57-340, and  
 40-57-740

- 105-2. Vacation Time Sharing Ownership Plans Defined.
- 105-3. Sale of Vacation Time Sharing Plan Receivables.
- 105-4. Providers of Courses.
- 105-5. Application for Approval.
- 105-6. Course Curriculum, Approval, Attendance and Verification.
- 105-7. Enrollment Agreement, Policies, and Procedures.
- 105-8. Other Operating Procedures.
- 105-9. Auditing and Record Keeping.
- 105-10. Instructors.
- 105-11. Renewals.
- 105-12. Provider, Course, and Instructor Fees.
- 105-13. Fees.
- 105-14. Residential Property Condition Disclosure Statement Form.

**Synopsis:**

The South Carolina Real Estate Commission intends to promulgate regulations related to license classification changes, reactivation of inactive licenses, reinstatement of lapsed licenses, written office policies, licensee supervision, advertising, and teams. The proposed regulations will also correct citations and numbering and will remove duplicative regulations.

A Notice of Drafting was published in the *State Register* on September 26, 2025.

**Instructions:**

Print regulation as shown below. All other items remain unchanged.

**Text:**

105-1. Licensee Supervision.

A. All Associate, Broker and Property Manager licensees must be supervised in order to remain actively licensed.

- (1) Active Associate and Broker licensees may only be supervised by a Broker-in-Charge.
- (2) Active Property Managers may be supervised by either a Broker-in-Charge or a Property-Manager-in-Charge.
- (3) For purposes of the South Carolina licensure, supervised licensees may not be licensed under the supervision of more than one Broker-in-Charge or Property-Manager-in-Charge during the same period.

B. In accordance with Section 40-57-135, adequate supervision means sufficient guidance and oversight that is fair and sensible based on the operational characteristics of the office, to include:

- (1) Number of licensees affiliated with the broker-in-charge or property-manager-in-charge;

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- (2) Number of offices maintained;
- (3) Broker-in-charge or property-manager-in-charge availability during business hours;
- (4) Type of real estate activities of the office.

C. The authority granted to the broker-in-charge or property-manager-in-charge cannot be assigned or designated to another licensee, including team members or team leaders.

### 105-2. License Classification Change.

In accordance with Sections 40-57-110(A) and 40-57-510(D), a licensee may not hold more than one license classification at the same time.

A. To change a license classification, an applicant must apply for the new license as any new applicant would, including completion of applicable applications and forms, payment of fees, and meeting all requirements for licensure. If the new application is granted, the applicant's previous license type will be cancelled in order to issue the new license type. Supervised licensees must remain under correct supervision at all times. A Broker-in-Charge is allowed to supervise associate, broker and property manager licensees. A Property-Manager-in-Charge may only supervise property managers.

B. To return to a previously held license classification, a licensee must reapply for the license on a form prescribed by the Commission, pay applicable fees and meet all current requirements for licensure.

### 105-3. Reactivation of Inactive License.

A. An individual seeking to reactivate an inactive status license may only apply for the same license classification which was placed on inactive status. Licensees seeking to reactivate an inactive status license must:

- (1) Apply on a form prescribed by the Commission;
- (2) Pay applicable fees;
- (3) If applicable, submit proof of continuing education for the period during which the license was inactive; and
- (4) Complete the criminal background check requirements of Section 40-57-115.

B. Licensees seeking to reactivate as an Associate, Broker, or Broker-in-Charge license, must submit proof of continuing education for the period of inactive licensure. Proof of completing a total of ten hours for each biennial renewal cycle must be submitted with the reactivation application; and

C. Licensees who have not submitted background checks in accordance with Section 40-57-115 must submit a state fingerprint-based criminal records check and a social security number-based criminal records check from a source approved by the Commission.

### 105-4. Reinstatement of a Lapsed License.

A. Licenses not renewed before their expiration date shall lapse in accordance with Section 40-57-110(D). An individual seeking to reinstate a lapsed license within twenty-four (24) months following the license expiration must:

- (1) Apply on a form prescribed by the Commission;
- (2) Pay applicable fees;
- (3) If applicable, submit proof of continuing education for the prior renewal cycle; and
- (4) Complete the criminal background check requirements of Section 40-57-115.

B. Licensees seeking to reinstate as an Associate, Broker, or Broker-in-Charge license must submit proof of completing a total of ten hours of continuing education. Continuing education used for reinstatement of licensure may not be applied to the current renewal cycle.

C. Licensees who have not submitted background checks in accordance with Section 40-57-115 must submit a state fingerprint-based criminal records check and a social security number-based criminal records check from a source approved by the Commission.

#### 105-5. Written Office Policy.

A. In accordance with Section 40-57-135(A)(5), each office registered and maintained by a Broker-in-Charge or Property Manager-in-Charge shall establish and maintain a written office policy that is readily available to all supervised licensees, the Commission, and the Commission's representatives.

B. Supervised licensees are to sign an attestation that they have received and read the office policy. Records of this are to be kept by the Broker-in-Charge or Property-Manager-in-Charge.

C. The Commission may perform a compliance audit requiring Broker-in-Charge or Property-Manager-in-Charge licensees to provide an electronic copy of the written office policy to the Commission for review. Failure to provide the documentation or providing an office policy that does not address the required topics as listed in (D) is a violation and may result in discipline.

D. The written office policy must, at a minimum, address the following topics:

- (1) Agency disclosure
  - (a) Buyer agency
  - (b) Seller agency
  - (c) Dual agency
  - (d) Designated agency.
- (2) Scope of services provided to the brokerage firm's clients and customers.
- (3) Team policy.
- (4) Transaction brokerage.
- (5) Limited-function referral office.
- (6) Compliance with state and federal housing laws.

#### 105-6. Advertising of Real Estate Services or Marketing Real Estate Owned.

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A. When advertising services or marketing real estate in accordance with Section 40-57-135(E)(2), licensees must:

(1) Identify the full name of the real estate brokerage firm or property management office, as registered with the Commission, with which the licensee is employed and supervised. Licensees must display and promote that they are directly connected to the brokerage firm or property management office. Team names may not be more than twice the size, prominence, or frequency of the full name of the brokerage. Team names must also end in “[team name] team at [name of real estate brokerage firm].”

B. The assigning of contractual interest or marketing of a contractual position is only allowed when such assignment or marketing fully complies with Sections 40-57-30(44) and 40-57-135(E)(1).

### 105-7. Teams.

A. The broker-in-charge must maintain a current record of all team names and their members.

B. When a team member enters into an agency agreement, the brokerage relationship created applies to all of the team members.

C. The team leader is not a licensed status or a position recognized by the Commission or Title 40, Chapter 57. The authority granted to the broker-in-charge or property manager-in-charge cannot be assigned or designated to another licensee.

### 105-8. Vacation Time Sharing Ownership Plans Defined.

Vacation time sharing ownership plans shall specifically include:

A. time sharing ownership plans, whereby purchasers are deeded an undivided interest in the facilities with a right to use designated accommodations for a specific period of time during any given year, but not necessarily for consecutive years, which extends for a period of more than one (1) year; and

B. interval ownership plans, whereby purchasers are deeded title to designated time sharing units, accommodations, or facilities for a specific period of time during any given year, but not necessarily for consecutive years, which extends for a period of more than one (1) year, with remainder after such period to interval owners as tenants in common.

### 105-9. Sale of Vacation Time Sharing Plan Receivables.

The provisions of Section 27-32-80 shall not be construed to prevent an owner from selling or mortgaging time sharing plan receivables in favor of any bank, mortgage company, or other lending institution.

### 105-10. Providers of Courses.

A. As used throughout these regulations, the term “provider” shall mean any school, organization, association, institution, or instructor.

B. Courses taught as part of a degree program at an accredited college or university and courses taught by a federal or state agency shall be deemed approved by the Commission if the courses are equivalent in hours and subject matter to those specified by the Commission. These providers are exempt from regulation by the Commission, and original transcripts or other proof of course completion with a passing grade may be recognized and accepted as a prerequisite for examination or for meeting the requirements of continuing education.

C. Accredited colleges or universities or technical, community, or junior colleges teaching courses which are not part of a degree program shall be approved if they comply with the regulations of the Commission with regard to curriculum, instructors, hours of attendance, classroom facilities, texts, examinations, and Certificates of Completion, as well as the policies and procedures of the appropriate department of the institution.

D. Courses offered by other providers shall be approved if they comply with the regulations of the Commission with regard to curriculum, instructors, hours of attendance, classroom facilities, texts, examinations, Certificates of Completion, and if the policies and procedures of the provider are also approved by the Commission.

E. All schools, organizations, associations, institutions, and other educational providers must be in good standing, and must be competent to administer and supervise the instruction of real estate subjects to the public.

F. Providers seeking approval to offer and conduct real estate or property management pre-licensing instruction and/or real estate continuing education instruction must apply on a form approved by the Commission and must be approved by the Commission and issued a Certificate of Approval prior to the commencement of any instruction. Providers offering courses prior to approval shall not have their Certificates of Completion recognized by the Commission.

#### 105-11. Application for Approval.

A. Prospective providers of courses must furnish to the Commission completed applications for provider and course approval and all supporting documentation as required by the Commission.

B. If an application is disapproved, reason(s) for disapproval will be detailed and the provider will be given thirty (30) days to cure any deficiencies. If deficiencies are cured, the application will be approved.

C. Upon approval the Commission will issue its Certificates of Approval for provider and courses, to be renewed biennially in even-numbered years. If the Certificate of Approval is issued in an odd-numbered year, it shall be renewed the following year, and then biennially thereafter.

D. Each provider must make available, upon request, copies of the Certificates of Approval issued by the Commission when an approved course is offered.

#### 105-12. Course Curriculum, Approval, Attendance, and Verification.

A. For pre-licensing courses, providers must teach courses in separate and distinct units consisting of the minimum hours as specified in S.C. Code Sections 40-57-320(A)(1)(a), 40-57-320(A)(2)(a) and 40-57-510(C)(1)(a).

(1) Pre-licensing courses must provide students with information on licensing requirements, familiarization with the Commission's statutes and regulations, and how to apply for licensure with the Commission.

B. For continuing education, providers must teach courses in subjects which increase the knowledge, skill and/or competence of real estate licensees with regard to the performance of their duties in a manner that best serves the public interest.

(1) Core courses are those which must include a minimum of four (4) classroom hours of instruction on current federal and state real estate law. In accordance with S.C. Code Section 40-57-340, all active associate, broker, and broker-in-charge licensees must complete a core course each renewal cycle unless they have been granted a full continuing education waiver by the Commission.

(2) Elective courses are those which are offered in general subjects prescribed by the Commission including but not limited to topics outlined in S.C. Code Section 40-57-910(C).

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### C. Application Requirements for Course Approval.

(1) Providers must submit learning objectives and detailed lesson plans reflecting the course content with time allotments.

(2) Providers must identify all texts being used. The Commission may direct the provider to withdraw texts and/or may require additional instructional materials.

(3) Providers must identify a Commission-approved instructor responsible for teaching the course in accordance with S.C. Code Section 40-57-910(C)(3) and South Carolina Code of Regulations on Instructors.

(4) Courses being offered via distance learning must include a copy of ARELLO or IDECC certification in accordance with S.C. Code Section 40-57-910(B).

(5) For pre-licensing courses:

(a) A copy of all quizzes and examinations, including re-examinations, must be submitted. The minimum passing score for a proctored final examination is 70%.

(b) Examinations may only be administered and monitored by an approved real estate instructor, school administrator, or qualified person.

(c) Providers must establish uniform testing and grading procedures for all quizzes and examinations.

(d) No provider, instructor, or other individual may arbitrarily alter a student's grade or offer students any re-examination of the same test previously administered.

(e) Re-examinations must contain at least eighty (80%) percent new exam items. Copies of both the initial examination and the re-examination must be submitted to the Commission.

(f) After two failed attempts at passing the pre-licensing course examination, a student must retake the pre-licensing course in order to be eligible to sit for the pre-licensing course examination again.

(g) The Commission may direct alterations in examination procedures, criteria for passing, and administration whenever deemed necessary.

(6) Failure to meet the above-listed requirements may result in the Commission withdrawing course approval. Following corrections, providers may reapply for reinstatement of course approval from the Commission.

### D. Course Length and Attendance.

(1) For pre-licensing courses:

(a) Courses must be at least two (2) hours in length and may not exceed eight (8) hours on any given day.

(i) Students must be allowed one (1) ten-minute break each hour and for classes that exceed four (4) hours, students must be allowed at least one (1) half-hour break. Time needed to complete administrative tasks must be conducted outside instructional time.

(ii) No meals may be served during class.

(b) Providers must require strict attendance and must maintain records indicating number of student absences. No partial credit hours are permitted.

(c) Students failing to meet the minimum hour requirement may engage in make-up sessions provided the following parameters are met:

(i) a make-up session offered by the provider consisting of the content in the session or hours missed;  
or

(ii) a recording of the class session missed to be viewed by the student and supervised by the instructor only if the student missed less than twenty (20%) percent of the total course hours; or

(iii) attendance of the same course session offered by the same provider at a future date.

(2) For continuing education courses:

(a) Elective courses must be at least one (1) hour in length. No partial credit hours are permitted and licensees must attend the full course to receive credit. For elective courses that are at least two (2) hours in length, students must be allowed one (1) ten-minute break each hour. Time needed to complete administrative tasks must be conducted outside instructional time.

(b) A core course must be four (4) hours in length. Licensees must be allowed one (1) ten-minute break each hour with the remaining fifty (50) minutes being instructional time. Time needed to complete administrative tasks must be conducted outside instructional time.

(c) The mandated broker-in-charge course must be four (4) continuous hours in length. Licensees may be allowed one (1) ten-minute break each hour.

#### E. Verification of Course Completion.

Providers must provide verification of course completion for each individual or licensee who competes a course.

(1) For pre-licensing courses, a certificate of completion, signed and dated by an authorized official of the provider, shall be awarded to each course graduate. The certificate must contain:

(a) course identification number assigned by the Commission;

(b) provider's name and address;

(c) course title, location, and dates;

(d) number of hours of the course;

(e) legal name of the student; and

(f) license number of the student, if applicable.

(2) For continuing education courses, verification of course completion shall be submitted to the electronic tracking system designated by the Department for compliance and monitoring. Reports must be submitted within fourteen (14) calendar days following course completion.

#### 105-13. Enrollment Agreement, Policies, and Procedures.

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A. An enrollment agreement disclosing the obligations of both parties must be signed by the provider and student prior to the commencement of classes. A copy of the enrollment agreement containing all policies and procedures must be furnished to the student, and receipt must be acknowledged in writing at the time the agreement is executed.

B. When registering electronically, this requirement is met if the licensee affirmatively indicates that he/she has received, reviewed and agrees to the terms of the enrollment agreement. This should be accomplished before the licensee pays for the class.

C. The enrollment agreement must contain, at a minimum, the following:

(1) name and address of the provider and student, along with student's name, address and real estate license number, if applicable; and

(2) name of course; and

(3) tuition and methods of payment, along with terms of any refund policy. If the provider has no policy for refunding fees, it must so state in writing; and

(4) provider's policy for cancellation of scheduled courses; and

(5) grade required for passing, methods for testing and final grade determination, if applicable; and

(6) the total hours of attendance required; and

(7) scheduled meeting time, dates, and location of course, if applicable; and

(8) make-up policies for absences and for retaking a failed examination, if applicable; and

(9) Admission policy.

### 105-14. Other Operating Procedures.

#### A. Teaching Methods.

(1) Pre-licensing and continuing education courses may be conducted via in-person or distance learning. Distance learning courses are those where the licensed instructor and student are physically apart and instruction takes place through interactive classrooms, audio and/or video conferencing, interactive computer modules, and other internet platforms.

(a) In-person and in-person courses utilizing synchronous distance learning portions must be taught by instructors approved by the Commission and must be presented in a physical classroom or approved virtual environment. The distance learning portion of the course must adhere to the Commission's standards for distance learning. Recorded videos used as teaching supplements are not considered distance learning and do not need to meet the distance learning standards.

(b) Distance learning synchronous and asynchronous courses must be taught by instructors approved with the Commission and adhere to the Commission's standards for distance learning. In accordance with S.C. Code Section 40-57-910(B), providers and courses must hold ARELLO or IDECC certification.

(2) Course design must be competency-based and not permit students to only passively observe instruction or read instructional material. Courses must incorporate active student participation through interaction with the instructor, other students, or computer programs at frequent intervals throughout the course.

### B. Facilities and Equipment.

(1) All classroom facilities must meet the appropriate building, health, and fire codes, and must be maintained in a safe and sanitary condition at all times.

(2) Classrooms shall contain audio-visual equipment and desks or worktables sufficient to accommodate all students enrolled in a course.

(3) Distance learning courses must adhere to ARELLO or IDECC requirements.

### C. Advertising.

(1) “Advertising” means any form of public notice, including but not limited to, publications, promotional items, and all other efforts which could normally be expected to be seen or heard by prospective students. This includes, but is not limited to, emails, social media posts, catalogs, flyers, signs, mailing pieces, radio, television, audio-visual, newspaper, or any other form of public notice designed to aid in the provider’s recruiting and promotional activities. Advertising also includes oral communications.

(2) Advertising for courses must include the provider and course approval number.

(3) Pursuant to S.C. Code Section 40-57-920(B), the Commission may take action against any provider or instructor who has violated the provisions of S.C. Code Section 40-57-5 et seq., S.C. Code Section 40-1-10 et seq., or regulations of the Commission. This includes but is not limited to a provider or instructor who:

(a) uses any unfair or deceptive practice or makes or causes to be made any false, misleading or deceptive statement in any advertising or promotional material which has the tendency or capacity to mislead or deceive students, prospective students, or the public;

(b) advertises or implies that the course is recommended or endorsed by the Commission;

(c) uses abbreviations which tend to mislead or confuse or otherwise create misunderstanding with students or the public;

(d) references the Commission’s school report passage rates for first-time examiners. Schools may report passage rates so long as the rates can be substantiated by data collected by the school itself and cannot be based upon the Commission’s school report data. Passage rates may only be used if the total number of students is disclosed;

(e) is unable to substantiate from its records any advertised statistics or claims;

(f) falsely represents, either directly or by implication, that students successfully completing a course of instruction may transfer credit to an accredited institution of higher education or that a course has been approved by a particular industry; or

(g) represents that successful completion will ensure passage of the state licensing examinations or obtaining a real estate license.

### D. Recruitment and Solicitation.

Individuals or companies are prohibited from utilizing course hours or materials to recruit new affiliates for any company, sell promotional materials, or solicit business. Licensees found in violation may be subject to disciplinary action by the Commission. Nothing in the section shall prohibit any individual, company, or brokerage firm from soliciting, marketing, or selling prior to an education course or after the course has been

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completed. The Commission may take disciplinary action against the licensed broker-in-charge or property manager-in-charge of the brokerage firm or property management office violating this regulation.

### E. Changes.

Proposed changes to course name, content, length, location, or texts must be submitted to and approved by the Commission prior to implementation.

### 105-15. Auditing and Record Keeping.

A. Providers must keep copies of all enrollment agreements, advertising, rosters, and attendance records for a minimum of five (5) years and must be made available to a representative of the Commission upon request.

B. Providers must permit periodic inspections and auditing by a representative of the Commission for the purposes of evaluating facilities, course content, instructor performance, or any other relevant aspect of the administration and conduct of such course.

### 105-16. Instructors.

A. Approved qualifying courses must be taught by Commission-approved instructors who are actively licensed as brokers by the Commission. Instructors teaching courses which are part of a degree program offered by an accredited college or university and instructors teaching courses for a federal or state agency shall be deemed approved by the Commission.

B. Prior to teaching for any approved provider, applicants for instructor approval must submit an application form along with supporting documentation as proof of knowledge of the subject matter and the ability to teach effectively.

(1) As proof of knowledge of the subject matter to be taught, the instructor must provide documentation of:

(a) an active real estate broker license; or

(b) a college degree in an academic area directly related to the course or the specific subject matter to be taught; or

(c) other past experience or education acceptable to the Commission in the subject area to be taught, and

(2) As proof of the ability to teach effectively, the instructor must provide documentation of:

(a) a current teaching certificate issued by any state department of education (or an equivalent agency);  
or

(b) Real Estate Educator Association (REEA) Instructor certification or IDECC Certified Distance Education Instructor certification; or

(c) a four-year undergraduate degree, or higher, in education; or

(d) previous adult-education experience in schools, seminars, or in an equivalent setting for three (3) years, within the past five (5) years; or

(e) serving as an assistant instructor under the direct supervision of a Commission-approved instructor for at least sixty (60) hours. Of the sixty (60) hours, fifty-five (55) hours must be documented instructing time;  
or

(f) past experience and knowledge of South Carolina real estate law acceptable to the Commission in education.

(3) In addition, for continuing education courses, the Commission may require documentation of:

(a) three (3) years of work experience, within the past five (5) years, directly related to the subject matter to be taught; or

(b) three (3) years of teaching experience within the past five (5) years directly related to the subject matter to be taught.

C. Each instructor may be approved by the Commission to teach pre-licensing education courses, continuing education courses, or both.

D. An instructor may teach approved courses at locations throughout the state of South Carolina. The course provider must notify the Commission of course offerings in advance and record the instructor's name on the provider's completion report.

E. If the application is disapproved, the reason(s) for disapproval will be detailed and the instructor will be given thirty (30) days to rectify the deficiencies identified and submit for re-evaluation. If deficiencies are fully addressed, the application will be approved.

F. Upon instructor approval, the Commission will issue its Certificate of Approval, to be renewed biennially in even-numbered years. Each instructor must make available, when requested, a copy of the Certificate of Approval issued by the Commission. If the Certificate of Approval is issued in an odd-numbered year, it shall be renewed the following year, and biennially thereafter.

G. Instructors must attend Instructor Development Workshops sponsored by the Commission biennially.

Instructors of approved continuing education courses may credit time spent teaching approved courses towards the applicable continuing education requirements for maintaining licensure. This credit does not extend to the mandatory four-hour core broker-in-charge course unless the licensee is the instructor of and teaches the four-hour core broker-in-charge course.

#### 105-17. Renewals.

All provider, course, and instructor approvals expire biennially on August 31 of even-numbered years. If an approval has expired, the provider or instructor must reapply and meet all requirements in effect at the time of reapplication in order to receive approval for the expired provider, course, or instructor.

#### 105-18. Fees.

The Commission may charge fees as shown in South Carolina Code of Regulations Chapter 10-37 and on the South Carolina Real Estate Commission website.

#### 105-19. Residential Property Condition Disclosure Statement Form.

The South Carolina Code of Laws (Title 27, Chapter 50, Article 1) requires that an owner of residential real property (a single-family dwelling unit or a single transaction involving transfer of four dwelling units or less) shall provide to a purchaser this completed and signed disclosure statement prior to forming a real estate contract. This disclosure must be provided in connection with any sale, exchange, installment land sale, or lease with an option to purchase contract. This disclosure statement is not required in connection with transactions listed and exempted by South Carolina Code Section 27-50-30.

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Owners should answer the questions fully, honestly, and appropriately by attaching documents, checking a box for each check box question, and writing in the blanks on this disclosure statement.

If a question is answered “Yes” or asks for a description, then the owner must explain or describe the issue or attach a descriptive report from an engineer, contractor, pest control operator, expert, or public agency. If the owner attaches a report, the owner shall not be liable for inaccurate or incomplete information in the report unless the owner was grossly negligent in obtaining or transmitting the information. If the owner fails to check “Yes” or make a disclosure and the owner knows there is a problem, then the owner may be liable for making an intentional or negligent misrepresentation and may owe the purchaser actual damages, court costs, and attorney fees. If a question is answered “No” for any question, the owner is stating that the owner has no actual knowledge of any problem.

By answering “No Representation” on this disclosure statement, the owner is acknowledging that they do not have the current knowledge necessary to answer the questions with either a “Yes” or “No” response. The owner still has a duty to disclose information that is known at the time of the disclosure statement. “No Representation” should not be selected if the owner simply wishes to not disclose information or answer the question. Selecting “No Representation” does not waive liability if the owner is aware or subsequently becomes aware.

If a question is answered and subsequently new information is obtained or something changes to render the owner’s answer incorrect, inaccurate or misleading (example: roof begins to leak), the owner must promptly correct the disclosure. In some situations, the owner may notify the purchaser of the correction. In some situations, the owner may correct or repair the issue.

The owner shall deliver to the purchaser this disclosure before a real estate contract is signed by the purchaser and the owner, or as otherwise agreed in the real estate contract. The real estate licensee must disclose material adverse facts about the property if actually known by the licensee about the issue, regardless of the owner responses on this disclosure. Owner is solely responsible to complete this disclosure as truthfully and fully as possible. The owner and purchaser are solely responsible to consult with their attorneys regarding any disclosure issues. By signing below, owners acknowledge their duties and that failure to disclose known material information about the property may result in owner liability.

The owner must provide the completed disclosure statement to the purchaser prior to the time the owner and purchaser sign a real estate contract unless the real estate contract states otherwise. The owner should provide a signed copy to the purchaser and keep a copy signed by the purchaser.

A real estate contract, not this disclosure, controls what property transfers from owner to purchaser.

Property Address (including unit # or identifier) \_\_\_\_\_

Apply this question below and the three answer choices to the numbered issues (1-14) on this disclosure.			
As owner, do you have any actual knowledge of any problem(s)* concerning?			
*Problem(s) include present defects, malfunctions, damages, conditions, or characteristics.			
I. WATER SUPPLY AND SANITARY SEWAGE DISPOSAL SYSTEM	Yes	No	No Representation
1. Water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sanitary sewage disposal system for any waste water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Describe water supply:	<input type="checkbox"/> County	<input type="checkbox"/> Private	<input type="checkbox"/> Community	<input type="checkbox"/> Other:
	<input type="checkbox"/> City	<input type="checkbox"/> Corporate	<input type="checkbox"/> Well	
B. Describe water disposal:	<input type="checkbox"/> Septic	<input type="checkbox"/> Private	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Sewer	<input type="checkbox"/> Corporate	<input type="checkbox"/> Government	
C. Describe water pipes:	<input type="checkbox"/> PEX	<input type="checkbox"/> PVC/CPVC	<input type="checkbox"/> Other/Unknown:	
	<input type="checkbox"/> Copper	<input type="checkbox"/> Polybutylene	<input type="checkbox"/> Steel	

II. ROOF, CHIMNEYS, FLOORS, FOUNDATION, BASEMENT, AND OTHER STRUCTURAL COMPONENTS AND MODIFICATIONS OF THESE STRUCTURAL COMPONENTS	Yes	No	No Representation
5. Roof systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Approximate year that current roof system was installed: _____.			
B. During your ownership, describe any known roof system leaks, repairs and/or modifications with dates(s):			
6. Gutter systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Foundation, slab, fireplaces, chimneys, wood stoves, floors, basement, windows, driveway, storm windows/screens, doors, ceilings, interior walls, exterior walls, sheds, attached garage, carport, patio, deck, walkways, fencing, or other structural components including modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Approximate year structure was built: _____.			
B. During your ownership, describe any structural repairs and/or modifications to the items identified in Question 7 with dates(s):			

III. PLUMBING, ELECTRICAL, HEATING, COOLING, AND OTHER MECHANICAL SYSTEMS	Yes	No	No Representation
8. Plumbing system (pipes, fixtures, water heater, disposal, softener, plumbing components)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Electrical system (wiring, panel, fixtures, A/V wiring, outlets, switches, electrical components)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Appliances (range, stove, ovens, dishwasher, refrigerator, washer, dryer, other appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Built-in systems and fixtures (fans, irrigation, pool, security, lighting, A/V, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Mechanical systems (pumps, garage door opener, filtration, energy equipment, safety, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Heating system(s) (HVAC components)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Cooling system(s) (HVAC components)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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A. Describe Cooling System:	<input type="checkbox"/> Central	<input type="checkbox"/> Ductless	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Window	<input type="checkbox"/> Other: _____
B. Describe Heating System:	<input type="checkbox"/> Central	<input type="checkbox"/> Ductless	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Furnace	<input type="checkbox"/> Other: _____
C. Describe HVAC Power:	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar	<input type="checkbox"/> Other: _____

**IV. PRESENT OR PAST INFESTATION OF WOOD DESTROYING INSECTS OR ORGANISMS OR DRY ROT OR FUNGUS, THE DAMAGE FROM WHICH HAS NOT BEEN REPAIRED, OR OTHER PEST INFESTATIONS**

A. Describe any known present wood problems caused by termites, insects, wood destroying organisms, dry rot or fungus:

\_\_\_\_\_

B. Describe any termite/pest treatment, coverage to property, name of provider, and termite bond (if any):

\_\_\_\_\_

C. Describe any known present pest infestations:

\_\_\_\_\_

**V. THE ZONING LAWS, RESTRICTIVE COVENANTS, BUILDING CODES, AND OTHER LAND USE RESTRICTIONS AFFECTING THE REAL PROPERTY, ANY ENCROACHMENTS OF THE REAL PROPERTY FROM OR TO ADJACENT REAL PROPERTY, AND NOTICE FROM A GOVERNMENTAL AGENCY AFFECTING THIS REAL PROPERTY**

Apply this question below and the three answer choices to the numbered issues (15-28) on this disclosure.

As owner, do you have any actual knowledge or notice concerning the following:

	Yes	No	No Representation
15. Violations or variances of the following: zoning laws, restrictive covenants, building codes, permits or other land use restrictions affecting the real property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Designation as a historic building, landmark, site or location within a local historic or other restrictive district, which may limit changes, improvements of demolition of the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Easements (access, conservation, utility, other), party walls, shared private driveway, private roads, released mineral rights, or encroachments from or to adjacent real property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Legal actions, claims, foreclosures, bankruptcies, tenancies, judgments, tax liens, other liens, first rights of refusal, insurance issues, or governmental actions that could affect title to the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Room additions or structural changes to the property during your ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Problems caused by fire, smoke, or water (including whether any structure on the property has flooded from rising water, water intrusion, or otherwise) to the property during your ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Drainage, soil stability, atmosphere, or underground problems affecting the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Erosion, erosion control, or erosion control structure, such as a bulkhead, rock revetment, seawall, or buried sandbags, affecting the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If “Yes” to Question 22, provide a general description including material, location on the property, approximate size, etc.			
23. Flood hazards, wetlands, flood hazard designations, flood zones, or flood risk affecting the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Whether the property is currently insured through public (e.g., National Flood Insurance Program) or private flood insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Private or public flood insurance (e.g., Federal Emergency Management Agency (FEMA)) claims filed on the property during your ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes” to Question 25, list the approximate date(s), general description of event(s), nature of any repair(s), and amounts of all claim(s).			
26. Repairs made to the property as a result of flood events that were NOT filed with private or public insurance during your ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes” to Question 26, list the approximate date(s), general description of event(s), nature of any repair(s), and amounts of all flood-related repairs.			
27. Has federal flood disaster assistance (e.g., from FEMA, Small Business Administration, HUD) been previously received during your ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If “Yes” to Question 27, what was the amount received and the purpose of the assistance (elevation, mitigation, restoration, etc.)?			
28. Whether the property has been assessed for a beach nourishment project during your ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Describe any green energy, recycling, sustainability or disability features for the property:

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B. Describe any Department of Motor Vehicles titled manufactured housing on the property:

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**VI. BURIED, UNBURIED, OR COVERED PRESENCE OF THE FOLLOWING: LEAD-BASED PAINT, LEAD HAZARDS, ASBESTOS, RADON GAS, METHANE GAS, STORAGE TANKS, HAZARDOUS MATERIALS, TOXIC MATERIALS, OR ENVIRONMENTAL CONTAMINATION**

A. Describe any known property environmental contamination problems from construction, repair, cleaning, furnishing, intrusion, operating, toxic mold, methamphetamine production, lead based paint, lead hazards, asbestos, radon gas, methane gas, formaldehyde, corrosion-causing sheetrock, storage tanks, hazardous materials, toxic materials, environmental contamination, or other: \_\_\_\_\_

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**VII. EXISTENCE OF A RENTAL, RENTAL MANAGEMENT, VACATION RENTAL, OR OTHER LEASE CONTRACT ANTICIPATED TO BE IN PLACE ON THE PROPERTY AT THE TIME OF CLOSING**

A. Describe the rental/lease terms, to include any vacation rental periods that reasonably may begin no later than ninety days after the date the purchaser’s interest is recorded in the office of the register of deeds, and any rental/leasing problems, if any: \_\_\_\_\_

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B. State the name and contact information for any property management company involved (if any):

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C. Describe known outstanding charges owed by tenant for gas, electric, water, sewer, and garbage:

**VIII. EXISTENCE OF A METER CONSERVATION CHARGE, AS PERMITTED BY SECTION 58-37-50 THAT APPLIES TO ELECTRICITY OR NATURAL GAS SERVICE TO THE PROPERTY**

A. Describe any utility company financed or leased property on the real property:

---

B. Describe known delinquent charges for real property’s gas, electric, water, sewer, and garbage:

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**IX. WHETHER THE PROPERTY IS SUBJECT TO GOVERNANCE OF A HOMEOWNERS ASSOCIATION WHICH CARRIES CERTAIN RIGHTS AND OBLIGATIONS THAT MAY LIMIT THE USE OF THIS PROPERTY AND INVOLVE FINANCIAL OBLIGATIONS**

	Yes*	No	No Representation
			<input type="checkbox"/>
If Yes, owner must complete the attached Residential Property Disclosure Statement Addendum.	<input type="checkbox"/>	<input type="checkbox"/>	

**X. PLEASE USE THE SPACE BELOW FOR “YES” ANSWER EXPLANATIONS AND ATTACH ANY ADDITIONAL SHEETS OR RELEVANT DOCUMENTS AS NEEDED**

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This disclosure does not limit the obligation of the purchaser to inspect the property and improvements which are the subject of the real estate contract. Purchaser is solely responsible for conducting their own offsite condition inspections and psychologically affected property inspections prior to entering into a real estate contract. The real estate licensees (acting as listing or selling agents, or other) have no duty to inspect the onsite or offsite conditions of the property and improvements. Purchaser should review all applicable documents (covenants, conditions, restrictions, bylaws, deeds, and similar documents) prior to entering into any legal agreements including any contract. The South Carolina Code of Laws describes the Residential Property Condition Disclosure Statement requirements and exemptions at Sections 27-50-10 (and following) which can be read online ([www.scstatehouse.gov](http://www.scstatehouse.gov) or other websites).

Current status of property or factors which may affect the closing:

<input type="checkbox"/> Owner occupied	<input type="checkbox"/> Short sale	<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Vacant (How long vacant?):
<input type="checkbox"/> Leased	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Estate	<input type="checkbox"/> Other: _____

Subject to Vacation/Short Term Rental

A Residential Property Condition Disclosure Statement Addendum  is  is not completed and attached. This addendum should be attached if the property is subject to covenants, conditions, restrictions, bylaws, rules, or is a condominium.

Owner acknowledges having read, completed, and received a copy of this Residential Property Condition Disclosure Statement before signing and that all information is true and correct as of the date signed.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Owner Printed Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Owner Printed Name: \_\_\_\_\_

Purchaser acknowledges prior to signing this disclosure:

Receipt of a copy of this disclosure

Purchaser has examined disclosure

Purchaser had time and opportunity for legal counsel

This disclosure is not a warranty by the real estate licensees

This disclosure is not a substitute for obtaining inspections of onsite and offsite conditions

This disclosure is not a warranty by the owner

Representations are made by the owner and not by the owner’s agents or subagents

Purchaser has sole responsibility for obtaining inspection reports from licensed home inspectors, surveyors, engineers, or other qualified professionals

Purchaser has sole responsibility for investigating offsite conditions of the property including, but not limited to, adjacent properties being used for agricultural purposes

Purchaser Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purchaser Printed Name: \_\_\_\_\_

Purchaser Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purchaser Printed Name: \_\_\_\_\_

State of South Carolina

Residential Property Condition

Disclosure Statement Addendum

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Prior to signing a contract, the owner shall provide this disclosure addendum to the purchaser if the property is subject to a homeowners association, a property owners association, a condominium owners association, a horizontal property regime, or similar organizations subject to covenants, conditions, restrictions, bylaws or rules (CCRBR). These organizations are referred to herein as an owners association.

Purchaser should review the applicable documents (covenants, conditions, restrictions, bylaws, deeds, condominium master deed, and similar documents), all related association issues, and investigate the owners association prior to entering into any legal agreements including a contract. Owners association charges include any dues, fees, assessments, reserve charges, or any similar charges. Purchaser is solely responsible to determine what items are covered by the owners association charges.

Property Address: \_\_\_\_\_

Describe owners association charges: \$ \_\_\_\_\_ Per \_\_\_\_\_ (month/year/other)

What is the contact information for the owners association? \_\_\_\_\_

As owner do you have any actual knowledge of answers to the following questions?			
Please check the appropriate box to answer the questions below.			
	Yes	No	No Representation
1. Are there owners association charges or common area expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any owners association or CCRBR resale or rental restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the owners association levied any special assessments or similar charges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do the CCRBR or condominium master deed create guest or visitor restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do the CCRBR or condominium master deed create animal restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the property include assigned parking spaces, lockers, garages or carports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are keys, key fobs or access codes required to access common or recreational areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will any membership other than owner association transfer with the properties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any known common area problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is property or common area structures subject to South Carolina Coastal Zone Management Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a transfer fee levied to transfer the property?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(*Questions does not include recording costs related to value or deed stamps.)			

Explain any yes answers in the space below and attach any additional sheets or relevant documents as needed:

\_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purchaser Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purchaser Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

**Statement of Rationale:**

The updated regulations will add several new sections relating to administrative matters based on frequently asked questions from licensees. These new regulations clarify: which licenses can supervise other licenses; how to change license classifications and how to return to a prior license classification after a change; how to reactivate an inactive license; how to reinstate a lapsed license; what a Broker-in-Charge or Property Manager-in-Charge must include in its written office policy. These regulations will appear at the beginning of the chapter prior to existing regulations on time share and substantive real estate matters. The updated regulations also include a new regulation on advertising and marketing to clarify for licensees how they should identify the brokerage with which they are affiliated and its point of contact information. Otherwise, the updated regulations will renumber existing regulations, correct cross-references and update language to conform to Act 204 of the 2024 legislative session.

Document No. 5425

**DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BOARD OF EXAMINERS IN SPEECH/LANGUAGE PATHOLOGY AND AUDIOLOGY  
CHAPTER 115**

Statutory Authority: 1976 Code Sections 40-1-70, 40-67-70, 40-67-220(F), and 40-67-260(D)

115-2. Speech-Language Pathology Assistants.

**Synopsis:**

The South Carolina Board of Examiners in Speech-Language Pathology and Audiology proposes to amend its regulations to include, but not be limited to, changes related to licensure requirements for Speech Language Pathology Assistants.

The Notice of Drafting was published in the *State Register* on August 22, 2025.

**Instructions:**

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

**Text:**

CHAPTER 115

Department of Labor, Licensing and Regulation— Board of Examiners in Speech-Language Pathology and  
Audiology

(Statutory Authority: 1976 Code Sections 40-1-70 and 40-67-70)

115-2. Speech-Language Pathology Assistants.

(A) To be licensed as a Speech-Language Pathology Assistant an applicant must:

(1) submit an application on forms approved by the board;

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(2) submit an application fee as prescribed by the board;

(3) present evidence of a bachelor's degree in Speech-Language Pathology or its equivalent from a regionally accredited institution; and

(4) present evidence of a supervised clinical experience that consists of 100 clock hours of supervised clinical fieldwork with direct client contact/clinical practicum that meets the requirements in (C).

(B) A bachelor's degree in Speech-Language Pathology from a regionally accredited institution must include as a minimum the following core curriculum of 36 semester hours or a curriculum that the Board determines:

(1)	Basic Area	
	Anatomy, physiology, mechanics, and function of the ear and vocal mechanism.	
	Semantics	
	Speech and Voice Science	
	Psychology of Speech	
	Introduction to Phonetics	
(2)	Speech-Language Pathology Courses	(12 Semester Hours)
	Stuttering	
	Articulation	
	Voice Disorders	
	Cleft Palate	
	Aphasia	
	Cerebral Palsy	
	Speech-Language Disorders	
	Neurogenics	
(3)	Audiology	(3 Semester Hours)
	Testing of Hearing	
	Introduction to Audiology	
	Auditory Training	
	Speechreading	
	Speech for the Deaf or Hard of Hearing	
(4)	Psychology	(6 Semester Hours)
	Human Growth and Development	
	Psychology of Adjustment or	
	Abnormal Psychology	
(5)	Basic Course in Public Speaking	(3 Semester Hours)

(C) Supervised Clinical Experience.

(1) Observation hours cannot be used to satisfy the required 100 hours of clinical fieldwork.

(2) Hours must be completed before the speech-language pathology assistant license can be issued by the Board.

(3) The supervised clinical experience may be obtained as follows:

(a) as part of an academic program that is acceptable to the Board; or

(b) an on-the-job training/work program completed in another state in accordance with that state's laws;  
or

(c) completion within a four (4) month period of a Board-approved plan to fulfill the 100 clinical clock hours under the supervision of a South Carolina licensed speech-language pathologist subject to the following:

(i) The plan to obtain the 100 clinical clock hours must be on a Board-approved form signed by the applicant and the South Carolina licensed speech-language pathologist providing the supervision; and

(ii) The plan must be submitted with a completed application for speech-language pathology assistant licensure that includes all required documentation; and

(iii) The plan must be approved by the Board before the applicant begins the clinical clock hours; and

(iv) If the plan is not completed within the four (4) month period, the applicant must submit a new plan to be approved by the Board.

(4) Applicant may submit an ASHA Speech-Language Pathology Assistant Certification as evidence of the 100 clinical clock hours obtained under (3)(a) or (3)(b).

(5) Family members or individuals related to an applicant may not serve as clinical supervisors.

(D) General Guidelines.

(1) No speech-language pathology assistant may begin working in direct contact with clients/patients without the board's written approval of the supervisory agreement and on the job training plan.

(2) Only a speech-language pathologist with an active license in good standing and a minimum of three years of work experience may supervise speech-language pathology assistants.

(3) A speech-language pathologist shall supervise no more than two full-time or three part-time speech-language pathology assistants, not to exceed more than three speech-language pathology assistants whether part-time or full-time. Full time is defined as a minimum of 30 work hours per week.

(4) If, for any reason, there is a change in supervising speech-language pathologist, it is the responsibility of the supervising speech-language pathologist to notify the board in writing within seven (7) working days that the supervisory agreement has been discontinued.

(5) The assistant's license shall become void when the authorized supervisor is no longer available for supervision. The license will be reactivated upon receipt and approval by the board of a new supervisory agreement and the change in supervising speech-language pathologist fee specified in Reg. 10-41(E).

(6) At the time of license renewal, supervising speech-language pathologists are to list the names of all those speech-language pathology assistants they are supervising.

(7) A speech-language pathology assistant may work part-time for more than one supervising speech-language pathologist provided that the board has approved supervisory agreements for each supervising speech-language pathologist.

(8) A licensed speech-language pathologist who supervises any speech-language pathology assistant must provide each speech-language pathology assistant with on the job training and must maintain responsibility for all services performed or omitted by such speech-language pathology assistant(s).

(E) On-the-Job Training (OJT).

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At a minimum, on-the-job training (OJT) must include:

(1) Step-by-step instruction of each and every service or task the speech-language pathology assistant is to perform;

(2) Continuous visual observation by the supervising speech-language pathologist of the speech-language pathology assistant's performance of each service or task until the supervising speech-language pathologist establishes the speech-language pathology assistant's competence.

(3) The supervising speech-language pathologist must maintain a written record of each service or task indicating the activity, date, time, and location of the training demonstration and observations. This record must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and a copy must be provided to the speech-language pathology assistant. The supervising speech-language pathologist and the speech-language pathology assistant must maintain such records for a period of four (4) years and such records must be made available to the director or the designee upon request.

### (F) Supervision - General.

Supervising speech-language pathologists are responsible for all the clinical services provided or omitted by the speech-language pathology assistant(s). When speech-language pathology assistants provide direct services, the supervising speech-language pathologist is responsible for:

(1) Informing, in writing, all the clients (or their legal guardians), referring agencies, and third-party payers.

(2) It is the supervisor's responsibility to ensure that the assistant is clearly identified at all times as an assistant by means of a name tag or similar identification.

(3) At no time may a speech-language pathology assistant perform tasks when the supervising speech-language pathologist cannot be reached by personal contact, phone, e-mail, or other immediate or electronic means.

(4) The supervisor must make provisions, in writing, for emergency situations including designation of another licensed speech-language pathologist who has agreed to be available on an as needed basis to provide supervision and consultation to the assistant when the supervisor is not available.

(5) If for any reason (i.e., maternity leave, illness, change of job) a supervisor is not able to provide the level of supervision stipulated, the assistant may not perform client contact tasks.

### (G) Direct Supervision.

Following initial OJT, direct supervision of each speech-language pathology assistant must consist of a minimum of one of every seven therapy sessions per patient of direct, visual supervision of client contact to include a sampling of each assigned service or task.

(1) This direct supervision must be on-site, in person, and documented in writing.

(2) This documentation must be maintained by the supervising speech-language pathologist for a period of four years and must be made available to the director or the designee upon request.

### (H) Indirect Supervision.

In addition to direct supervision, indirect supervision is required a minimum of 5% (e.g., 2 hours per 40 hour work week) and must include review of written records and may include demonstrations, review and evaluation of audio- or video- taped sessions, and/or supervisory conferences.

**(I) Quarterly Reviews.**

In addition to direct and indirect supervision, the supervising speech-language pathologist must conduct quarterly performance reviews of each speech-language pathology assistant's performance of each assigned service or task. Such quarterly reviews must document, on a form approved by the board, direct observation of each task or service assigned to the speech-language pathology assistant. These reviews must be:

- (1) Signed by both the supervising speech-language pathologist and the speech-language pathology assistant;
- (2) Maintained by the supervising speech-language pathologist for a period of four (4) years;
- (3) Made available to the director or the designee upon request for an audit that the Board may conduct.

**(J) Scope of Practice.**

The supervising speech-language pathologist accepts full and complete responsibility for all services and tasks performed or omitted by the speech-language pathology assistant. Provided that education, training, supervision and documentation are consistent with that defined in this chapter, the following tasks may be designated to the speech-language pathology assistant:

- (1) Conduct speech-language or hearing screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.
- (2) Provide direct treatment assistance to patients/clients identified by the supervising speech-language pathologist.
- (3) Follow documented treatment plans or protocols developed by the supervising speech-language pathologist.
- (4) Document patient/client progress toward meeting established objectives as stated in the treatment plan.
- (5) Assist the supervising speech-language pathologist during assessment of patients/clients.
- (6) Assist with tallying patient/client responses, prepare therapy materials, schedule activities, prepare charts and assist with other clerical tasks as directed by the supervising speech-language pathologist.
- (7) Perform checks and maintenance of equipment on a regular basis, and verified calibration at least annually on audiometric equipment.
- (8) Assist the supervising speech-language pathologist in research projects, in-service training and public relations programs.
- (9) Sign treatment notes which must be reviewed and co-signed by the supervising speech-language pathologist.
- (10) Discuss with the client, the guardian or family members specifically observed behaviors that have occurred during treatment when such behaviors are supported by documented objective data.

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### (K) Prohibited Activities.

The speech-language pathology assistant must not:

- (1) Perform diagnostic tests of any kind, formal or informal evaluations, or interpret test results.
- (2) Participate in parent conferences, case conferences, or any interdisciplinary team meetings where diagnostic information is interpreted or treatment plans developed without the presence of the supervising speech-language pathologist or designated licensed speech-language pathologist.
- (3) Provide patient/client or family counseling.
- (4) Write, develop, or modify a patient/client's treatment plan in any way.
- (5) Assist with patients/clients without following a documented treatment plan which has been prepared by a licensed speech-language pathologist and for which the speech-language pathology assistant has not received appropriately documented OJT.
- (6) Sign any formal documents (e.g., treatment plans, reimbursement forms or reports) without the signature of the supervising speech-language pathologist.
- (7) Select patients/clients for services.
- (8) Discharge patients/clients from services.
- (9) Disclose clinical or confidential information either orally or in writing to any one not designated in writing by the supervising speech-language pathologist.
- (10) Make referrals for additional services.
- (11) Provide any interpretation or elaboration of information that is contained in reports written by any licensed speech-language pathologist.
- (12) Represent oneself to be a speech-language pathologist.
- (13) Make advertisement or public announcement of services independent of the supervising speech-language pathologist.
- (14) Participate in feeding or swallowing activities as set forth in the ASHA Speech-Language Pathology Assistant Scope of Practice.
- (15) Treat a person who is medically fragile as defined by the ASHA Speech-Language Pathology Assistant Scope of Practice.

### **Fiscal Impact Statement:**

There will be no cost incurred by the State or any of its political subdivisions for these regulations.

### **Statement of Rationale:**

The Board of Speech-Language Pathology and Audiology has determined it is both reasonable and necessary to amend its regulations to remove language that is inconsistent with the statutory requirements for licensure in this state. Existing language prescribed a pathway to licensure that would allow an applicant to be licensed as a

Speech-Language Pathology Assistant (SLP-A) without having first obtained a bachelor's degree. S.C. Code Section 40-67-220(F), however, expressly requires that an SLP-A earn a bachelor's degree to be licensed, therefore the regulation has exceeded the requirements of statute and should be amended. The Board also seeks to correct a scrivener's error in the title of the chapter by removing a slash and replacing it with a hyphen in the Board name.

Document No. 5439

**DEPARTMENT OF NATURAL RESOURCES**

CHAPTER 123

Statutory Authority: 1976 Code Sections 50-5-30 and 50-5-905

123-34. Shellfish Permits.

**Synopsis:**

The South Carolina Department of Natural Resources proposes to amend Regulation 123-34(B) Shellfish Permits. The subject of the proposed action is to promulgate section 124-34(B)(2), to establish an expiration date for permit applications that do not receive an agency decision, request for additional information, or other official correspondence within twelve (12) months of the date of submission.

Section-by-Section Discussion:

Title. No change.

123-34(A). No change.

123-34(B)(1). No change.

123-34(B)(2). Promulgate section to set an expiration date for commercial shellfish culture and mariculture applications submitted under S.C. Code Section 50-5-905.

123-34(C). No change.

The Notice of Drafting was published in Volume 49, Issue No. 10 of the South Carolina *State Register* on October 24, 2025.

**Instructions:**

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

**Text:**

123-34. Shellfish Permits.

A. Qualifications and requirements for shellfish permit applicants:

(1) The applicant for a commercial shellfish permit must have a wholesale seafood dealer's license and shellfish house or processing facility certified by the S. C. Department of Health and Environmental Control or submit a sworn affidavit that all shellfish harvested for sale will be handled through a bona fide shellfish dealer having an approved facility.

(2) The applicant for a commercial shellfish permit must be able to meet all regulations of the S.C. Department of Health and Environmental Control which pertain to his operations or place of business.

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(3) The applicant must satisfy the Division that he has sufficient shellfish culture experience and will directly manage and supervise the cultivation of the permit area applied for himself, or will employ a qualified individual as manager within three months following the date that the permit becomes effective.

(4) The applicant must own and employ or provide assurance that he is capable of acquiring the necessary equipment and personnel to effectively harvest and manage the area(s) in question. Minimum requirements pertinent to effectively harvest and meet shell or seed planting quotas for the area(s) applied for will be determined by the Division.

(5) The applicant must possess all shellfish licenses and permits required by the Division and any other State and Federal Agency, or be qualified to obtain same following the granting of the permit(s), and prior to working the permit area.

(6) If an applicant has any existing shellfish permit(s) or has formerly held any permit(s) or lease(s), his past performance record in managing said area(s) (shell planting, production, etc.) and in meeting the Division's reporting requirements will be evaluated and given due consideration in determining whether he shall be granted additional permit(s). In the event that an individual who is not fully utilizing his existing permit grounds has applied for an available area and another individual has applied for the same area who has no permit but meets all the necessary requirements, the permit will be granted to the latter applicant.

(7) In cases where two or more individuals apply for a permit for the same area who are in the opinion of the Division equally qualified, the granting of the permit may be determined by lottery.

(8) The order in which applications are received will have no bearing on the granting of a permit as long as said applications are filed in a timely manner.

### B. Review and Approval of Shellfish Permit Applications

(1) Applications for shellfish permits shall be reviewed by a committee of Departmental personnel knowledgeable with the shellfish fishery appointed by the Director, Division of Marine Resources. The Committee will consider each applicant's qualifications and conduct personal interviews if advisable. The Committee will select qualified applicants to the Director's office for final approval. The Committee will also consider contested permit applications, the allocation of shellfish grounds for public or private use, permit revisions, variances, or revocations, and make recommendations to the Director's office for final approval.

(2) If the Department does not receive any correspondence from an applicant applying for a mariculture or culture permit within twelve (12) months after receiving, from the Department, an agency decision, request for additional information, or other official correspondence the application shall be deemed expired and withdrawn. The applicant may reapply at any time by submitting a new written application and fee. No rights, preferences, or priorities shall be retained from the expired application.

### C. Permit Terms and Conditions

(1) Shellfish culture and mariculture permits issued shall include, in addition to those requirements specified by law, the following: provisions for shellfish production and reporting requirements; conditions and requirements for mariculture structures and operations; provisions to guarantee public rights of access and non-conflicting uses of permitted areas; conditions for the approval of planting variances; terms and conditions to hold the Division harmless from any claims or damages resulting from the permitted operations; requirements for compliance with all applicable laws, regulations and permit requirements of any other Federal, State or local authority having jurisdiction over the use of State waters or bottoms; provisions for the restoration and correction of any environmental degradation which may result from the permitted activity; and provisions for revocation of the permit for failure to comply with performance requirements of the permit.

**Fiscal Impact Statement:**

SCDNR does not anticipate additional costs to the state or its political subdivisions as a result of the amendment of Regulation 123-34(B).

**Statement of Rationale:**

Section 50-5-30 allows the Department to promulgate regulations necessary for the implementation of the South Carolina Marine Resources Act.

Document No. 5440  
**DEPARTMENT OF NATURAL RESOURCES**  
 CHAPTER 123  
 Statutory Authority: 1976 Code Section 50-5-30

123-37. Verifiable Documentation for Blue Crab License Eligibility. (New)

**Synopsis:**

The South Carolina Department of Natural Resources (SCDNR) proposes to promulgate regulation relating to the determination of verifiable documentation for limited commercial blue crab license renewal eligibility as required in Section 50-5-400(H), to create an effective and efficient process and to ensure proper, equitable and fair renewal of commercial licenses as it pertains to the privilege of harvest of the State's public trust resources.

Section-by-Section Discussion:

Regulation 123-37. Promulgate regulation to clarify verifiable documentation for limited commercial blue crab license renewal as outlined under S.C. Code Section 50-5-400(H).

The Notice of Drafting was published in Volume 49, Issue No. 10 of the South Carolina *State Register* on October 24, 2025.

**Instructions:**

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

**Text:**

123-37. Verifiable Documentation for Blue Crab License Eligibility.

For purposes of determining verifiable documentation when renewing a limited commercial blue crab license pursuant to S.C. Code Section 50-5-400(H), the commercial blue crab landings must be recorded in the Wholesale Seafood Dealer Reports, as required by the Department pursuant to S.C. Code Section 50-5-380, or provided by Georgia or North Carolina's state regulatory agency responsible for commercial blue crab harvest reporting programs.

**Fiscal Impact Statement:**

There will be no negative fiscal impacts to the public or the Department. The addition of Regulations 123-37 will result in a more efficient and effective process to verify commercial blue crabbers harvest as required by Section 50-5-400(H) in the 1976 Code. Effective and efficient verification of harvest through wholesale dealer

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reports will eliminate any extended time in verification of documentation and allow for timely issuance of limited commercial blue crab license minimizing financial loss to commercial harvesters.

### Statement of Rationale:

Rationale for the formulation of these regulations is based on experience by SCDNR in managing commercial saltwater fisheries and issuing licenses and permits for the compliance of commercial saltwater industry members to the States natural resource laws and regulations. The Departments clarification in adherence to state law to issue commercial licenses and permits ensures proper, equitable and fair issuance.

Document No. 5441  
**DEPARTMENT OF NATURAL RESOURCES**  
CHAPTER 123

Statutory Authority: 1976 Code Sections 50-1-60, 50-1-200, 50-1-220, 50-9-650, 50-11-10, 50-11-105, 50-11-300, 50-11-310, 50-11-315, 50-11-320, 50-11-365, 50-11-390, 50-11-410, 50-11-430, 50-11-500, 50-11-525, 50-11-530, 50-11-540, 50-11-544, 50-11-546, 50-11-580, 50-11-2200, and 50-11-2210

123-40. Wildlife Management Area Regulations.

123-51. Turkey Hunting Rules and Seasons.

### Synopsis:

The South Carolina Department of Natural Resources is proposing to amend the existing regulations that set seasons, bag limits and methods of hunting and taking of wildlife. These amendments set seasons for new Wildlife Management Areas. The following is a section-by-section summary of the proposed changes and additions.

The Notice of Drafting was published in Volume 49, Issue No. 9 of the South Carolina *State Register* on September 26, 2025.

### Instructions:

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

### Text:

123-40. Wildlife Management Area Regulations.

1.1 The regulations governing hunting including prescribed schedules and seasons, methods of hunting and taking wildlife, and bag limits for Wildlife Management Areas and special restrictions for use of WMA lands are as follows:

#### A. Game Zone 1

##### 1. US Forest Service WMA lands (Sumter National Forest)

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

##### (b) Primitive Weapons Hunts for Deer

(i) Oct. 1 - Oct. 10

##### (c) Still Gun Hunts for Deer

(i) Oct. 11 through Oct. 16; Oct. 31 - Jan. 1

##### (d) Archery Hunts for Deer

(i) Oct. 17-Oct. 30

- (e) Still Gun Hunts for Bear
  - (i) Game Zone 1 seasons and bag limits apply
- (f) Special Party Dog Hunt for Bear
  - (i) Game Zone 1 seasons and bag limits apply
- (g) Raccoon and Opossum
  - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
  - (ii) Guns and dogs – September 16-March 15, night only
- (h) Other Small Game
  - (i) Game Zone 1 seasons and bag limits apply
- (i) Hog Hunts with Dogs
  - (i) Jan. 2 - Jan. 10, Mar. 20 - Mar. 28
- 2. Other WMAs
  - (a) Archery Hunts for Deer
    - (i) Oct. 17 - Oct. 30
  - (b) Primitive Weapons for Deer
    - (i) Oct. 1 through Oct. 10
  - (c) Still Gun Hunts for Deer
    - (i) Oct. 11 through Oct. 16; Oct. 31 - Jan. 1
  - (d) Still Gun Hunts for Bear
    - (i) Game Zone 1 seasons and bag limits apply
  - (e) Special Party Dog Hunt for Bear
    - (i) Game Zone 1 seasons and bag limits apply
  - (f) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (g) Other Small Game
    - (i) Game Zone 1 seasons and bag limits apply
  - (h) Hog Hunts with Dogs
    - (i) Jan. 2 - Jan. 10, Mar. 20 - Mar. 28
- 3. Glassy Mountain Archery Only Area - Chestnut Ridge Heritage Preserve
  - (a) Archery Hunts for Deer.
    - (i) Oct. 1 - Jan. 1
  - (b) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (c) Other Small Game
    - (i) Game Zone 1 seasons and bag limits apply
- 4. Long Creek Tract
  - (a) Game Zone 1 seasons and bag limits, except no deer hunting on or after Thanksgiving Day
- 5. Mill Shoals WMA
  - (a) Archery Hunts for Deer
    - (i) Oct. 1 - Jan. 1
  - (b) Archery Hunts for Bear
    - (i) Oct. 17 - Oct. 23
  - (c) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (d) Other Small Game
    - (i) Game Zone 1 seasons and bag limits apply

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### 6. South Saluda WMA

- (a) Designated as a Quality Deer Management Area
- (b) Archery Hunts for Deer
  - (i) Oct. 1 - Jan. 1
- (c) Still Gun Hunts for Bear
  - (i) Oct. 17 - Oct. 23
- (d) Raccoon and Opossum
  - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
  - (ii) Guns and dogs – September 16-March 15, night only
- (e) Other Small Game
  - (i) Game Zone 1 seasons and bag limits apply
- (f) Hog Hunts with Dogs
  - (i) Jan. 2 – Jan. 10, Mar. 20 – Mar. 28

### B. Game Zone 2

#### 1. US Forest Service WMA lands (Sumter National Forest)

- (a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
- (b) Archery Hunts for Deer
  - (i) Sept. 15 - Sept. 30
- (c) Primitive Weapons for Deer
  - (i) Oct. 1 through Oct. 10
- (d) Still Gun Hunts for Deer
  - (i) Oct. 11 through Jan.
- (e) Raccoon and Opossum
  - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
  - (ii) Guns and dogs – September 16-March 15, night only
- (f) Other Small Game
  - (i) Game Zone 2 seasons and bag limits apply except for quail and woodcock within the Indian Creek Quail Focal Area on the Enoree Ranger District of the Sumter National Forest
- (g) Hog Hunts with Dogs
  - (i) Jan. 2 - 10, Mar. 20 – 28

#### 2. Other WMAs

- (a) Archery Hunts for Deer
  - (i) Sept. 15 - Sept. 30
- (b) Primitive Weapons for Deer
  - (i) Oct. 1 through Oct. 10
- (c) Still Gun Hunts for Deer
  - (i) Oct. 11 through Jan. 1
- (d) Raccoon and Opossum
  - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
  - (ii) Guns and dogs – September 16-March 15, night only
- (e) Other Small Game
  - (i) Game Zone 2 seasons and bag limits apply
- (f) Hog Hunts with Dogs
  - (i) Jan. 2 - 10, Mar. 20 - 28

#### 3. Keowee WMA

- (a) Designated as a Quality Deer Management Area. No hunting is allowed in research and teaching areas of Keowee WMA posted with white signs except those special hunts for youth or mobility impaired as conducted by the Department.

(b) North of Hwy 123 and west of the Keowee arm of Lake Hartwell, and west of Hwy 291, small game hunting with shotguns only. All other areas are archery only for small game.

(c) Archery Hunts for Deer

(i) Oct. 15 - Dec. 22

(d) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(e) Other Small Game

(i) Game Zone 2 seasons and bag limits apply.

(ii) No small game hunting during archery deer hunts except for waterfowl, designated dove field hunting, or raccoon and opossum hunting at night.

4. Draper WMA

(a) Data cards required for hunter access. Completed data cards must be returned daily before leaving the WMA.

(b) Archery Hunts for Deer

(i) Sept. 15 - Sept. 30

(c) Primitive Weapons for Deer

(i) Oct. 1 - Oct. 10

(d) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(e) Quail Hunts

(i) 1<sup>st</sup> Sat. following Thanksgiving, 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Wed. in Dec., 3<sup>rd</sup> Sat. in Dec., 1<sup>st</sup> and 4<sup>th</sup> Sat. in Jan., 3<sup>rd</sup> Wed. in Jan., 2<sup>nd</sup> Wed. in Feb., 3<sup>rd</sup> Sat. in Feb.

(ii) Game Zone 2 bag limit

(iii) Shooting hours end 30 minutes prior to official sunset.

(f) Rabbit Hunts

(i) Wed. and Sat. in Jan. and Feb. except during scheduled quail hunts.

(ii) Game Zone 2 bag limit

(g) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(h) Other Small Game (no fox squirrels)

(i) Zone 2 seasons and bag limits apply

5. Fant's Grove WMA

(a) Designated as a Quality Deer Management Area

(b) Archery Deer Hunts

(i) Oct. 15 - Dec. 22

(c) Special Gun Hunts for Deer

(i) Hunters selected by drawing

(ii) Total 1 deer, either sex.

(d) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(e) Other Small Game

(i) Game Zone 2 seasons and bag limits apply

(ii) No small game hunting during archery deer hunts except for waterfowl, designated dove field hunting, or raccoon and opossum hunting at night.

(iii) Waterfowl may be hunted Wed. and Sat. AM only.

6. Rock Hill Blackjacks HP WMA

(a) Archery Deer Hunts

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- (i) Sept. 15 - Jan. 1
- (b) Small Game
  - (i) No small game hunting
- 7. Belfast WMA
  - (a) All terrain vehicles are prohibited. All harvested deer and turkeys must be checked in at the Belfast Check Station. Belfast WMA is open to public access during daylight hours (1/2 hour before sunrise to 1/2 hour after sunset) except during special hunts and events regulated by DNR. Hunters may not enter the WMA prior to 5:00 AM on designated hunts. Public visitation is not allowed during scheduled deer and turkey hunts. Data cards required for hunter access. Completed data cards must be returned daily upon leaving Belfast WMA.
  - (b) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
  - (c) Designated as a Quality Deer Management Area.
  - (d) Archery Hunts for Deer
    - (i) Sept. 15 - Sept. 30
  - (e) Still Gun Hunts for Deer
    - (i) Hunters selected by drawing
  - (f) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (g) Other Small Game (no fox squirrels)
    - (i) Thanksgiving Day - Mar. 1
    - (ii) Game Zone 2 bag limits
- 8. Broad River Waterfowl Management Area
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 31
  - (b) Small Game
    - (i) Feb. 8 - Mar. 1
    - (ii) Game Zone 2 bag limits
- 9. McCalla WMA
  - (a) Designated as a Quality Deer Management Area.
  - (b) Deer Hunts
    - (i) Game Zone 2 seasons
  - (c) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (d) Other Small Game
    - (i) Game Zone 2 seasons and bag limits apply
  - (e) Hog Hunts with Dogs
    - (i) Jan. 2 - 10, Mar. 20 - 28
  - (f) Special Hunt Area for Youth and Mobility Impaired Hunters
    - (i) No open season except for hunters selected by drawing
    - (ii) 1 deer per day, either sex
- 10. Worth Mountain WMA
  - (a) Designated as a Quality Deer Management Area
  - (b) All visitors must sign in and sign out at the kiosk
  - (c) Deer Hunts
    - (i) Game Zone 2 seasons
  - (d) Small Game
    - (i) Game Zone 2 seasons and bag limits apply.
  - (e) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

11. Liberty Hill WMA

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(b) All visitors entering by vehicle are required to sign in upon entry to the WMA and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(c) Designated as a Quality Deer Management Area.

(d) Archery Hunts for Deer

(i) Sept. 15 - Sept. 30

(e) Primitive Weapons for Deer

(i) Oct. 1 - Oct. 10

(f) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(g) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(h) Small Game (no fox squirrels)

(i) Zone 2 seasons and bag limits apply.

12. Delta North WMA

(a) Deer Hunts

(i) Game Zone 2 seasons

(b) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(c) Small Game (no fox squirrels)

(i) Game Zone 2 seasons and bag limits apply

13. Delta South WMA

(a) Archery Hunts for Deer

(i) Sept. 15 - Sept. 30

(b) Still Gun Hunts for Deer

(i) Nov. 1 - Nov. 21, Wednesdays and Saturdays Only.

(ii) Special hunts for youth or mobility impaired hunters as published by SCDNR.

(c) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(d) Other Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 2 bag limits

14. Forty Acre Rock HP WMA

(a) Archery Hunts for Deer

(i) Sept. 15 - Sept. 30

(b) Primitive Weapons for Deer

(i) Oct. 1 - Oct. 10

(c) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(d) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

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- (ii) Guns and dogs – September 16-March 15, night only
- (e) Other Small Game (no fox squirrels)
  - (i) Game Zone 2 seasons and bag limits apply

### 15. Indian Creek Quail Focal Area

(a) The area is defined as that area of the Sumter National Forest Enoree Ranger District in Newberry County, bounded on the south by Old Whitmire Highway, private lands, and SC Highway 176; on the east by Brazzelmans Bridge Road, and private lands; on the northeast by the Enoree River; on the north by Wallace Road and private lands; on the west by SC Highway 121 and private lands; and on the southeast by Indian Creek to its intersection with SC Highway 121.

#### (b) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

#### (c) Other Small Game (except quail)

(i) Game Zone 2 seasons and bag limits apply

#### (d) Quail Hunts

(i) 1<sup>st</sup> Sat. following Thanksgiving, 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Wed. in Dec., 3<sup>rd</sup> Sat. in Dec., 1<sup>st</sup> and 4<sup>th</sup> Sat. in Jan., 3<sup>rd</sup> Wed. in Jan., 2<sup>nd</sup> Wed. in Feb., 3<sup>rd</sup> Sat. in Feb.

(ii) Daily bag limit for quail is 6 quail per person per day

(e) Woodcock hunting is permitted only on designated quail hunting days within the statewide woodcock hunting season.

(f) All quail, woodcock, and rabbit hunters must sign in and out at the designated check station.

## C. Game Zone 3

### 1. Other WMAs

#### (a) Archery Deer Hunts

(i) Sept. 15 - Sept. 30

#### (b) Still Gun Hunts for Deer

(i) Oct. 1 - Jan. 1

#### (c) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

#### (d) Other Small Game

(i) Game Zone 3 seasons and bag limits apply

### 2. Crackerneck WMA and Ecological Reserve

(a) All individuals must sign in and out at main gate. Designated as a Quality Deer Management Area. Scouting seasons (no weapons), will be Saturdays only during September, March, and May. The gate opens at 6:00am and closes at 8:00pm. On deer hunt days, gates will open as follows: Oct., 4:30am - 8:30pm; Nov. - Dec., 4:30am - 7:30pm. For special hog hunts in Jan. and Feb., gate will be open from 5:30am - 7:00pm. On all raccoon hunts, raccoon hunters must cease hunting by midnight and exit the gate by 1:00am. All reptiles and amphibians are protected. No turtles, snakes, frogs, toads, salamanders etc. can be captured, removed, killed or harassed.

#### (b) Archery Deer Hunts

(i) 1st Fri. and Sat. in Oct

#### (c) Primitive Weapons Deer Hunts (no buckshot).

(i) 2nd Fri. and Sat. in Oct.

#### (d) Still Gun Hunts for Deer

(i) 3rd Fri. in Oct. - Jan. 1, Fri., Sat. and Thanksgiving Day only except closed Dec. 25.

#### (e) Raccoon and Opossum

(i) 3rd Sat. night in Oct. - Jan. 1, Sat. nights only, except closed Dec. 25, 1st Fri. night in Jan. to last Fri. or Sat. night in Feb., Fri. and Sat. nights only.

(ii) 3 raccoons per party per night

#### (f) Still Hunts for Hogs

- (i) 1st Fri. after Jan. 1 - last Fri. in Feb. Fridays only
- (ii) No limit.
- (g) Other Small Game (except no open season on bobcats, foxes, otters or fox squirrels).
  - (i) 3rd Fri. in Oct. - last Fri. or Sat. in Feb. Fri., Sat. and Thanksgiving Day only except closed Dec. 25.
  - (ii) Game Zone 3 bag limits
- 3. Aiken Gopher Tortoise Heritage Preserve WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Sept. 30
  - (b) Still Gun Hunts for Deer
    - (i) Oct. 1 - Jan. 1.
  - (c) Small Game (no fox squirrels).
    - (i) Thanksgiving day - Mar. 1.
    - (ii) Game Zone 3 bag limits.
- 4. Ditch Pond Heritage Preserve WMA
  - (a) Archery Deer Hunts.
    - (i) Sept. 15 - Jan. 1
  - (b) Small Game (no fox squirrels).
    - (i) Thanksgiving Day - Mar. 1
    - (ii) Game Zone 3 bag limits
- 5. Henderson Heritage Preserve WMA
  - (a) Archery Deer Hunts.
    - (i) Sept. 15 - Jan. 1
  - (b) No small game hunting allowed
- 6. Francis Marion National Forest
  - (a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
  - (b) On the either sex deer hunt with dogs, all deer must be checked in at specified locations by one hour after legal sunset.
  - (c) During deer hunts when dogs are used, buckshot only is permitted. Individual antlerless deer tags are not valid during dog hunts for deer unless otherwise specified. Tibwin Special Use Area and Fairlawn (in Wambaw) are closed to hunting except for Special hunts. On youth deer hunts, only youths 17 and younger may carry a gun and must be accompanied by an adult 21 years old or older. No fox or coyote hunting with dogs on the Francis Marion.
  - (d) Hog Hunts with Dogs
    - (i) 3rd full week in Mar., 3rd full week in May
  - (e) Still Hog Hunts
    - (i) First full week in Mar.
  - (f) Hellhole WMA
    - (i) Archery Deer Hunts
      - (1) Sept. 15 - Oct. 10
    - (ii) Still Gun Hunts for Deer
      - (1) Oct. 11 - Jan. 1 except during scheduled dog drive hunts
    - (iii) Deer Hunts with Dogs (shotguns only)
      - (1) 1st Sat. in Nov., 1st Sat. in Dec.
        - (a) 2 deer per day, buck only
    - (iv) Youth Only Deer Hunt with Dogs
      - (1) 2nd Sat. in Nov.
      - (2) Requirements and bag limits for youth are the same as the statewide youth deer hunt day except no antlerless deer may be taken.
    - (v) Small Game (no open season for fox hunting)
      - (1) Game Zone 3 seasons and bag limits apply.
      - (2) Dogs allowed during small game gun season only. Closed during scheduled periods using dogs to hunt deer.

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- (vi) Raccoon and opossum
  - (1) Dogs only (no weapons) – September 1-15, night only. No raccoons or opossums may be taken.
  - (2) Guns and dogs – September 16-March 1, night only
- (g) Waterhorn WMA
  - (i) Archery Deer Hunts
    - (1) Sept. 15 - Oct. 10
  - (ii) Muzzleloader Hunts for Deer
    - (1) Oct. 11 - Oct. 20
  - (iii) Still Gun Hunts for Deer
    - (1) Every Friday and Saturday beginning Nov. 1.
  - (iv) Small Game (no open season for fox hunting)
    - (1) Game Zone 3 seasons and bag limits apply.
    - (2) Dogs allowed during small game gun season only. Closed to small game and waterfowl hunting during scheduled deer hunt periods.
  - (v) Raccoon and opossum
    - (1) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (2) Guns and dogs – September 16-March 15, night only
- (h) Wambaw WMA
  - (i) Archery Deer Hunts
    - (1) Sept. 15 - Oct. 10
  - (ii) Still Gun Hunts for Deer
    - (1) Oct. 11 - Jan. 1 except during scheduled dog drive hunts west of Hwy 17.
    - (2) Still gun hunts only East of Hwy 17. No buckshot.
  - (iii) Deer Hunts with Dogs (shotguns only)
    - (1) Fri. in Sept. before the last Sat. Northampton dog hunt, Wed. and Thurs. before the 3rd Sat. in Nov. and 2nd Sat. in Oct., first 2 days excluding Sunday after Dec. 25
      - (a) 2 deer per day, buck only
      - (2) 2nd Sat. in Dec.
        - (a) 1 deer per day
        - (b) All deer must be checked in at designated check stations.
    - (iv) Youth Only Deer Hunt with Dogs
      - (1) 3rd Saturday in November.
      - (2) Requirements and bag limits for youth are the same as the statewide youth deer hunt day except no antlerless deer may be taken.
    - (v) Seewee Special Use Area
      - (1) Archery Deer Hunts
      - (2) Sept. 15 - Jan. 1
    - (vi) Small Game (no open season for fox hunting)
      - (1) Game Zone 3 seasons and bag limits apply.
      - (2) Dogs allowed during small game gun season only. Closed during scheduled periods using dogs to hunt deer.
    - (vii) Raccoon and opossum
      - (1) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
      - (2) Guns and dogs – September 16-March 15, night only
  - (i) Northampton WMA
    - (i) Archery Deer Hunts
      - (1) Sept. 15 - Oct. 10
    - (ii) Still Gun Hunts for Deer
      - (1) Oct. 11 - Jan. 1 except during scheduled dog drive hunts.
    - (iii) Deer Hunts with Dogs (shotguns only)

(1) Last Sat. in Sept., Wed. and Thurs. before the 2nd Sat. in Oct., Fri. before the 4th Sat. in Nov., 3rd day excluding Sunday after Dec. 25

(a) 2 deer per day, buck only

(2) 2nd Sat. in Dec.

(a) 1 deer per day

(b) All deer must be checked in at designated check stations.

(iv) Youth Only Deer Hunt with Dogs

(1) Last Saturday in Nov.

(2) Requirements and bag limits for youth are the same as the statewide youth deer hunt day except no antlerless deer may be taken.

(v) Small Game (no open season for fox hunting)

(1) Game Zone 3 seasons and bag limits apply.

(2) Dogs allowed during small game gun season only. Closed during scheduled periods using dogs to hunt deer.

(vi) Raccoon and opossum

(1) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(2) Guns and dogs – September 16-March 15, night only

(j) Santee WMA

(i) Archery Deer Hunts

(1) Sept. 15 - Oct. 10

(ii) Still Gun Hunts for Deer

(1) Oct. 11 - Jan. 1 except during scheduled dog drive hunts

(iii) Deer Hunts with Dogs (shotguns only)

(1) 2nd Fri. and Sat. in Sept., Wed. and Thurs. before the 4th Sat. in Oct., 1st Fri. in Dec.

(a) 2 deer per day, buck only

(2) 2nd Sat. in Dec.

(a) 1 deer per day

(b) All deer must be checked in at designated check stations.

(iv) Youth Only Deer Hunt with Dogs

(1) 3rd Sat. in Oct.

(2) Requirements and bag limits for youth are the same as the statewide youth deer hunt day except no antlerless deer may be taken.

(v) Small Game (no open season for fox hunting)

(1) Game Zone 3 seasons and bag limits apply.

(2) Dogs allowed during small game gun season only. Closed during scheduled periods using dogs to hunt deer.

(vi) Raccoon and opossum

(1) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(2) Guns and dogs – September 16-March 15, night only

7. Moultrie

(a) No hunting or shooting within fifty feet of the center of any road during gun hunts for deer except for SCDNR draw youth hunts.

(b) Bluefield WMA

(i) Open only to youth 17 years of age or younger who must be accompanied by an adult at least 21 years of age. Youth hunters must carry a firearm and hunt. Adults with youth are allowed to carry a weapon and hunt.

(ii) Still Gun Hunts for Deer

(1) Sept. 15 - Jan. 1, Wed. and Sat. only

(iii) Small Game including raccoons and opossums (no fox squirrels)

(1) Game Zone 3 seasons and bag limits apply.

(2) No small game hunting during scheduled deer hunts.

(c) Greenfield WMA

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- (i) Still Gun Hunts for Deer
  - (1) Sept. 15 - Jan. 1
- (ii) Small Game including raccoons and opossums (no fox squirrels)
  - (1) Thanksgiving Day - Mar. 1
  - (2) Game Zone 3 bag limits
- (d) North Dike WMA
  - (i) Still Gun Hunts for Deer
    - (1) Sept. 15 - Oct. 15.
  - (ii) Special Gun Hunts for youth and women
    - (1) Hunters selected by drawing.
    - (2) 1 deer per day
  - (iii) Small Game including raccoons and opossums (no fox squirrels)
    - (1) Jan. 2 - Mar. 1
    - (2) Game Zone 3 bag limits.
    - (3) Sandy Beach Waterfowl Area open for raccoon hunting Feb. 9 - Mar. 1
- (e) Porcher and Hall WMAs
  - (i) Archery Deer Hunts
    - (1) Sept. 15 - Jan. 1
  - (ii) Small Game (no fox squirrels) shotguns only
    - (1) Jan. 2 - Mar. 1
    - (2) Game Zone 3 bag limits
- (f) Cross Station Site
  - (i) Special Gun Hunts for youth and women
    - (1) No open season except hunters selected by drawing
    - (2) 1 deer per day
- 8. Santee Cooper WMA
  - (a) Data cards required for hunter access. Completed data cards must be returned daily upon leaving. Hunters limited to two deer/tree stands. No stands may be placed on Santee Cooper WMA prior to Sept. 1. Campground is open during scheduled deer hunts only. All impoundments and posted buffers are closed to all public access Nov. 1 - Feb. 8 except during hunts as prescribed by the Department.
  - (b) Designated as a Quality Deer Management Area
  - (c) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 31
  - (d) Primitive Weapons Deer Hunts
    - (i) Nov. 1 - Monday before Thanksgiving Day
  - (e) Special Gun Hunts for youth
    - (i) Hunters selected by drawing.
    - (ii) 1 deer per day
  - (f) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (g) Other Small Game (no fox squirrels)
    - (i) Thanksgiving Day - Mar. 1
    - (ii) Game Zone 3 bag limits
- 9. Webb WMA
  - (a) Data cards are required for hunter access. Completed data cards must be returned daily upon leaving. Designated as a Quality Deer Management Area.
  - (b) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
  - (c) Still Hunts for Deer
    - (i) Hunters selected by drawing
    - (ii) 2 deer, either sex but only 1 buck

- (d) Hog Hunts with Dogs
  - (i) First full week in March
- (e) Quail Hunts
  - (i) 1<sup>st</sup> Sat. following Thanksgiving, 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Wed. in Dec., 3<sup>rd</sup> Sat. in Dec., 1<sup>st</sup> and 4<sup>th</sup> Sat. in Jan., 3<sup>rd</sup> Wed. in Jan., 2<sup>nd</sup> Wed. in Feb., 3<sup>rd</sup> Sat. in Feb.
  - (ii) Game Zone 3 bag limit
  - (iii) Shooting hours end 30 minutes prior to official sunset
- (f) Raccoon and Opossum
  - (i) Tues. nights and Sat. nights between Oct. 11 - Sat. before Thanksgiving; The full week of Thanksgiving; Tues. nights and Sat. nights from the Tues. after Thanksgiving until Dec. 15.; Dec. 15 - Mar. 1
  - (ii) On Saturdays prior to Dec. 15, no entry onto WMA until 1 hour after official sunset.
  - (iii) Game Zone 3 bag limits
- (g) Other Small Game (no fox squirrels)
  - (i) Thanksgiving Day through the following Sunday, Dec. 15 - Mar. 1
  - (ii) Game Zone 3 bag limits
- (h) Dove Hunting
  - (i) Designated public dove field only on specified days.
- 10. Bear Island WMA
  - (a) All hunters must sign in and out at the Bear Island Office. Hunting in designated areas only.
  - (b) Archery Deer Hunts
    - (i) Oct. 1 - Oct. 10
  - (c) Still Gun Hunts for Deer
    - (i) Hunters selected by drawing
    - (ii) 3 deer, either sex but only 1 buck
  - (d) Hog Hunts with Dogs
    - (i) 1st Thurs. - Sat. in March
  - (e) Small Game
    - (i) Feb. 8 - Mar. 1
    - (ii) Game Zone 3 bag limits
- 11. Donnelley WMA
  - (a) All hunters must sign in and out at the check station. Hunting in designated areas only.
  - (b) Archery Deer Hunts
    - (i) Sept. 15 - Sept. 30
  - (c) Still Gun Hunts for Deer
    - (i) Hunters selected by drawing
    - (ii) 3 deer, either sex but only 1 buck
  - (d) Hog Hunts with Dogs
    - (i) March 19-26
  - (e) Still Hunts for Hogs
    - (i) March 2-18
  - (f) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (g) Other Small Game (no fox squirrels)
    - (i) Thanksgiving Day - Mar. 1
    - (ii) Game Zone 3 bag limits
- 12. Hatchery WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Jan. 1
  - (b) No small game hunting
- 13. Bonneau Ferry WMA

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(a) All terrain vehicles prohibited. Hunting access by boat is prohibited. For hunting, the Adult/youth side is open only to youth 17 years old or younger who must be accompanied by only one adult 21 years of age or older. Youth hunters must carry a firearm and hunt. Adults with youth hunters may also carry a firearm and hunt. For deer and small game, regulations for the adult/youth and general use sides of the property will alternate each year as prescribed by the Department. All hunters must sign in and sign out upon entering or leaving. All deer must be checked out at the main entrance. Closed to public access one hour after sunset until one hour before sunrise except for special hunts regulated by DNR. Hunters may not enter WMA prior to 5:00 AM on designated hunts. All impoundments and adjacent posted buffers are closed to all public access Nov. 1 - Feb. 8 except for special draw deer hunts and waterfowl hunts regulated by DNR during the regular waterfowl season. Hunted areas are closed to general public access during scheduled deer, turkey and waterfowl hunts. No fox hunting.

(b) Adult/Youth Side

(i) Still Gun Hunts for Deer

(1) Sept. 15 - Jan. 1

(c) General Use Side

(i) Archery Deer Hunts

(1) Sept. 15 - Sept. 30

(ii) Still Gun Hunts for Deer

(1) Hunters selected by drawing

(2) Total 3 deer, either sex except only 1 buck.

(3) Hunters are required to have permit in possession and must sign in and out (Name, permit # and deer killed each day).

(d) Small Game (no fox squirrels or fox)

(i) Jan. 2 - Mar. 1

(ii) Game Zone 3 bag limits

(iii) Dogs allowed during gun seasons only

(e) Bonneau Ferry Fishing Regulations

(i) Open to fishing from Mar. 2 - Oct. 31 during daylight hours only

(ii) Adult/youth fishing only. Each youth (17 years and under) must be accompanied by no more than two adults 18 years of age or older.

(iii) The youth must actively fish.

(iv) Fishing is not allowed during scheduled deer and turkey hunts.

(v) Only electric motors may be used.

(vi) Creel limits per person per day are: largemouth bass - 2, panfish (bluegill, redear, crappie, pumpkinseed, redbreast) - 10, catfish - 5, species not listed - no limit. Grass carp must be released alive immediately.

### 14. Santee Coastal Reserve WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(ii) Hunting on mainland only

(b) Hog Hunts with Dogs

(i) March 19-26

(c) Still Hunts for Hogs

(i) March 2-18

(d) Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 3 bag limits

### 15. Dungannon Heritage Preserve WMA

(a) Archery Deer Hunts

(i) Sept. 15 - Jan. 1

(b) Small Game (no fox squirrels)

(i) Thanksgiving Day - Jan. 31

(ii) Game Zone 3 bag limits

### 16. Edisto River WMA

- (a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
- (b) Archery Deer Hunts
  - (i) Sept. 15 - Oct. 10
- (c) Still Gun Hunts for Deer
  - (i) Oct. 11 - Jan. 1
- (d) Raccoon and Opossum
  - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
  - (ii) Guns and dogs – September 16-March 15, night only
- (e) Other Small Game
  - (i) Thanksgiving Day - Mar. 1
  - (ii) Game Zone 3 bag limits
- 17. Canal WMA
  - (a) Quail Hunts
    - (i) Game Zone 3 season and bag limit
- 18. Palachucola WMA
  - (a) Data cards are required for hunter access. Completed data cards must be returned daily upon leaving WMA. Designated as a Quality Deer Management Area.
  - (b) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
  - (c) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 10
  - (d) Still Gun Hunts for Deer
    - (i) Hunters selected by drawing
    - (ii) 3 deer, either sex but only 1 buck
  - (e) Hog Hunts with Dogs
    - (i) First full week in March
  - (f) Quail Hunts
    - (i) 1<sup>st</sup> Sat. following Thanksgiving, 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Wed. in Dec., 3<sup>rd</sup> Sat. in Dec., 1<sup>st</sup> and 4<sup>th</sup> Sat. in Jan., 3<sup>rd</sup> Wed. in Jan., 2<sup>nd</sup> Wed. in Feb., 3<sup>rd</sup> Sat. in Feb.
    - (ii) Game Zone 3 bag limit
    - (iii) Shooting hours end 30 minutes prior to official sunset.
  - (g) Raccoon and Opossum
    - (i) Tues. nights and Sat. nights between Oct. 11 - Sat. before Thanksgiving; The full week of Thanksgiving; Tues. nights and Sat. nights from the Tues. after Thanksgiving until Dec. 15.; Dec. 15 - Mar. 1
    - (ii) On Saturdays prior to Dec. 15, no entry onto WMA until 1 hour after official sunset.
    - (iii) Game Zone 3 bag limits
  - (h) Other Small Game (no fox squirrels)
    - (i) Thanksgiving Day through the following Sunday, Dec. 15 - Mar. 1
    - (ii) Game Zone 3 bag limits
- 19. St. Helena Sound Heritage Preserve WMA
  - (a) Deer hunting by permit only obtained at McKenzie Field Station. Camping by special permit only and on Otter Island only.
  - (b) Ashe, Beet, Warren, Otter, Big, South Williman, North Williman and Buzzard Islands Archery Deer Hunts
    - (i) Sept. 15 - Jan. 1
  - (c) No small game hunting
- 20. Tillman Sand Ridge Heritage Preserve WMA/Meyer Lake Heritage Preserve WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Jan. 1
  - (b) Small Game (no fox squirrels)
    - (i) Thanksgiving Day - Mar. 1

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- (ii) Game Zone 3 bag limits
- 21. Victoria Bluff Heritage Preserve WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Jan. 1
  - (b) Small Game (no fox squirrels)
    - (i) Jan. 2 - Mar. 1
    - (ii) Game Zone 3 bag limits
    - (iii) Shotguns only
- 22. Hamilton Ridge WMA
  - (a) Designated as a Quality Deer Management Area. Horseback riding by permit only. No ATVs allowed. Data cards are required for hunter access. Completed data cards must be returned daily upon leaving the WMA.
  - (b) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.
  - (c) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 10
  - (d) Still Gun Hunts for Deer
    - (i) Hunters selected by drawing
    - (ii) 3 deer, either sex but only 1 buck
  - (e) Hog Hunts with Dogs
    - (i) First full week in March
  - (f) Still Hunts for Hogs
    - (i) July 20-August 15
  - (g) Quail Hunts
    - (i) 1<sup>st</sup> Sat. following Thanksgiving, 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Wed. in Dec., 3<sup>rd</sup> Sat. in Dec., 1<sup>st</sup> and 4<sup>th</sup> Sat. in Jan., 3<sup>rd</sup> Wed. in Jan., 2<sup>nd</sup> Wed. in Feb., 3<sup>rd</sup> Sat. in Feb.
    - (ii) Game Zone 3 bag limit
    - (iii) Shooting hours end 30 minutes prior to official sunset.
  - (h) Raccoon and Opossum
    - (i) Tues. nights and Sat. nights between Oct. 11 - Sat. before Thanksgiving; The full week of Thanksgiving; Tues. nights and Sat. nights from the Tues. after Thanksgiving until Dec. 15.; Dec. 15 - Mar. 1
    - (ii) On Saturdays prior to Dec. 15, no entry onto WMA until 1 hour after official sunset.
    - (iii) Game Zone 3 bag limits
  - (i) Other Small Game (no fox squirrels)
    - (i) Thanksgiving Day through the following Sunday, Dec. 15 - Mar. 1
    - (ii) Game Zone 3 bag limits
    - (iii) Dove hunting on designated public dove field only
- 23. Old Island Heritage Preserve WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Jan. 1
  - (b) No small game hunting
- 24. Botany Bay Plantation Heritage Preserve WMA
  - (a) Designated as a Quality Deer Management Area. All hunters, fishermen and visitors must obtain and complete a day use pass upon entering the area and follow all instructions on the pass. Botany Bay Plantation WMA is open to public access during daylight hours ( 1 hour before sunrise to 1 hour after sunset) except during special hunts and events regulated by DNR. Area is closed to general public access during special scheduled hunts. Hunting in designated areas only. Hunting access by boat is prohibited. Fishing in the Jason's Lake complex and all other ponds is adult/youth catch and release only on designated days. For adult/youth fishing, youth must be accompanied by no more than two adults 18 years old or older. Adult may also fish.
  - (b) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 10, Mon. - Sat. during the week of Thanksgiving, Mon. - Sat. during the week of Christmas.
  - (c) Still Gun Hunts for Deer
    - (i) Hunters selected by drawing

- (ii) Total 3 deer, either sex but only 1 buck
- (iii) Hunters are required to have permit in possession and must sign in and sign out (Name, permit # and deer killed each day) at the designated check station. All harvested deer must be checked in at the designated check station.
- (d) Small Game (no fox squirrels or foxes)
  - (i) Jan. 2 - Mar. 1 (Wed. through Sat. only)
  - (ii) Game Zone 3 bag limits
  - (iii) Dogs allowed during gun seasons only
- 25. Congaree Bluffs Heritage Preserve WMA
  - (a) Still Gun Hunts for Deer
    - (i) Hunters selected by drawing.
    - (ii) Total 1 deer per day, either sex
  - (b) No small game hunting
- 26. Wateree River Heritage Preserve WMA
  - (a) Data cards are required for hunter and fisherman access. Completed data cards must be returned daily upon leaving WMA. All harvested deer and turkeys must be checked in at the Wateree River check station. Hunters may not enter the WMA prior to 5:00 AM on designated hunts. Hunted areas are closed to general public access during scheduled deer, turkey and waterfowl hunts. Designated as a Quality Deer Management Area.
  - (b) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 10
  - (c) Still Gun Hunts for Deer
    - (i) Hunters selected by drawing
    - (ii) 3 deer, either sex but only 1 buck
  - (d) Small Game (no fox squirrels)
    - (i) Jan. 2 - Mar. 1
    - (ii) Game Zone 3 bag limits.
- 27. South Fenwick Island
  - (a) Deer hunting by permit only. Primitive camping is allowed by permit within designated areas. Permits available from DNR through the McKenzie Field Station. Property is closed to other users during scheduled deer hunts.
  - (b) Archery Deer Hunts
    - (i) Hunters selected by drawing.
  - (c) No small game or waterfowl hunting
- 28. Turtle Island
  - (a) No hunting except waterfowl and marsh hens
- 29. Coosawhatchie WMA
  - (a) Designated as a Quality Deer Management Area. Horseback riding by permit only. No ATVs allowed. Data cards are required for hunter access. Completed data cards must be returned daily upon leaving the WMA.
  - (b) Archery Deer Hunts
    - (i) Sept. 15. – Oct. 10
  - (c) Still Hunts for Deer
    - (i) Hunters selected by drawing
    - (ii) 3 deer, either sex but only 1 buck
  - (d) Quail Hunts
    - (i) 1<sup>st</sup> Sat. following Thanksgiving, 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Wed. in Dec., 3<sup>rd</sup> Sat. in Dec., 1<sup>st</sup> and 4<sup>th</sup> Sat. in Jan., 3<sup>rd</sup> Wed. in Jan., 2<sup>nd</sup> Wed. in Feb., 3<sup>rd</sup> Sat. in Feb.
    - (ii) Game Zone 3 bag limit
    - (iii) Shooting hours end 30 minutes prior to official sunset
  - (e) Small Game (no fox squirrels)
    - (i) Jan. 2 – Mar. 1
    - (ii) Game Zone 3 Bag Limits
    - (iii) Dove hunting in designated public dove field only
- 30. Sandy Run WMA

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- (a) Archery Deer Hunts
  - (i) Sept. 15 – 30
- (b) Still Gun Hunts for Deer
  - (i) October 1 – January 1
- (c) Raccoon and Opossum
  - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
  - (ii) Guns and dogs – September 16-March 15, night only
- (d) Small Game (no fox squirrels)
  - (i) Thanksgiving Day - Mar. 1
  - (ii) Game Zone 3 bag limits

### D. Game Zone 4

- 1. Other WMAs
  - (a) Archery Deer Hunts.
    - (i) Sept. 15 - Oct. 10
  - (b) Still Gun Hunts for Deer
    - (i) Oct. 11 - Jan. 1
  - (c) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (d) Other Small Game
    - (i) Game Zone 4 seasons and bag limits apply
- 2. Marsh WMA
  - (a) All visitors to Marsh WMA are required to sign in upon entry to the WMA and sign out upon exit from the WMA and provide any additional information requested. No ATVs allowed.
  - (b) Special Hunt Area for Youth and Mobility Impaired Hunters
    - (i) No open season except for hunters selected by drawing
    - (ii) 1 deer per day, either sex
  - (c) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 31
  - (d) Still Gun Hunts for Deer
    - (i) Nov. 1 - Nov. 30
  - (e) Still Hog Hunts
    - (i) March 2-18
  - (f) Hog Hunts with Dogs
    - (i) March 19-26, July 20-August 15
  - (g) Raccoon and Opossum Hunts
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (h) Other Small Game (no fox squirrels)
    - (i) Thanksgiving - Mar. 1
    - (ii) Game Zone 4 bag limits
  - (i) Quail Hunts
    - (i) 1<sup>st</sup> Sat. following Thanksgiving, 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Wed. in Dec., 3<sup>rd</sup> Sat. in Dec., 1<sup>st</sup> and 4<sup>th</sup> Sat. in Jan., 3<sup>rd</sup> Wed. in Jan., 2<sup>nd</sup> Wed. in Feb., 3<sup>rd</sup> Sat. in Feb.
    - (ii) Game Zone 4 bag limit.
    - (iii) Shooting hours end 30 minutes prior to official sunset.
- 3. Sand Hills State Forest WMA

(a) Hunting by the general public closed during scheduled field trials on the Sand Hills State Forest Special Field Trial Area. Hunting allowed during permitted field trials on the Sand Hills State Forest Special Field Trial Area in compliance with R.123-96. No man drives allowed.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(c) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(d) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(e) Other Small Game

(i) Game Zones 4 seasons and bag limits apply.

4. McBee WMA

(a) All visitors are required to sign in upon entry to the WMA and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(c) Still Gun Hunts for Deer.

(i) Oct. 11 - Saturday before Thanksgiving

(d) Quail

(i) no open season except hunters selected by drawing. Bag limit 10 birds per hunt party.

(e) Other Small Game (no fox squirrels)

(i) Jan. 15 - Mar. 1

(ii) Game Zone 4 bag limits

5. Pee Dee Station Site WMA

(a) All visitors are required to sign in upon entry to the WMA and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 31

(c) Primitive Weapons Deer Hunts

(i) Nov. 1 - Nov. 30

(d) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(e) Other Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 4 bag limits

6. Woodbury WMA

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(b) All visitors are required to sign in upon entry and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(c) Designated as a Quality Deer Management Area

(d) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(e) Primitive Weapons Deer Hunts

(i) Oct. 11 - Oct. 20

(f) Still Gun Hunts for Deer

(i) Oct. 21 - Jan. 1

(g) Youth deer hunt with dogs

(i) 3<sup>rd</sup> Sat in Nov. & 2<sup>nd</sup> Sat in Dec.

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(ii) Only youth 17 years and younger may carry a gun and must be accompanied by an adult 21 years old or older.

(iii) 1 deer either sex (antler restrictions not applicable for these hunts). Shotguns with buckshot only. Hunters must use individual antlerless tags.

(iv) Hunting may only occur during specified times and at the end of the hunt all guns must be cased and unloaded. Dogs must be caught and removed as soon as the hunt is over.

(v) Each dog participating in the hunt must be equipped with a working GPS tracking collar, a correction collar, and a name plate with the owner's name and phone number. Dogs must have proof of current rabies vaccination.

(vi) Deer hunting with dogs will occur in designated areas only. All other hunting is closed in designated areas during deer hunt with dogs.

(h) Still Hog Hunts

(i) March 2-18

(i) Hog Hunts with Dogs

(i) March 19-26, July 20-August 15

(j) Raccoon and opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(k) Other Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 4 bag limits

### 7. Little Pee Dee Complex WMA

(a) Includes Little Pee Dee River HP, Tilghman HP, Dargan HP and Ward HP in Horry and Marion Counties. This also includes the Upper Gunters Island and Huggins tracts in Horry Co. which are part of Dargan HP.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(c) Primitive Weapons Deer Hunts

(i) Oct. 11 - Oct. 20.

(d) Still Gun Hunts for Deer

(i) Oct. 21 - Jan. 1.

(e) Still Hog Hunts

(i) March 2-18

(f) Hog Hunts with Dogs

(i) March 19-26, July 20-August 15

(g) Raccoon and opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(h) Other Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 4 bag limits

(i) Bear Season

(i) October 17 - October 30

### 8. Great Pee Dee Heritage Preserve WMA

(a) All visitors are required to sign in upon entry and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(b) For big game hunting, access is restricted from two hours before sunrise to two hours after official sunset.

(c) Archery Deer Hunts

(i) Sept. 15 - Oct. 31

(d) Still Gun Hunts for Deer

(i) Nov. 1 - Nov. 30

- (e) Still Hog Hunts
  - (i) March 2-18
- (f) Hog Hunts with Dogs
  - (i) March 19-26
- (g) Raccoon and opossum
  - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
  - (ii) Guns and dogs – September 16-March 15, night only
- (h) Other Small Game (no fox squirrels)
  - (i) Thanksgiving Day - Mar. 1
  - (ii) Game Zone 4 bag limits
- 9. Longleaf Pine Heritage Preserve WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 10
  - (b) Still Gun Hunts for Deer
    - (i) Oct. 11 - Jan. 1
  - (c) Small Game (no fox squirrels)
    - (i) Thanksgiving Day - Mar. 1
    - (ii) Game Zone 4 bag limits
- 10. Manchester State Forest WMA
  - (a) Archery Deer Hunts
    - (i) September 15 - 30
  - (b) Still Gun Hunts for Deer
    - (i) October 1 January 1 except during scheduled dog drive hunts
    - (ii) No man drives
  - (c) Deer Hunts with Dogs
    - (i) Clubs selected by drawing.
    - (ii) Last Saturday in October, 3rd Friday and Saturday in November, 3<sup>rd</sup> Friday and Saturday in December.
  - (d) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (e) Other Small Game
    - (i) Thanksgiving Day - Mar. 1
    - (ii) Game Zone 4 bag limits
  - (f) Still Gun Hunts for Hogs
    - (i) First full week of March
  - (g) Hog Hunts with Dogs
    - (i) 2nd full week in Mar.
- 11. Lynchburg Savanna Heritage Preserve WMA
  - (a) Small Game Only (no fox squirrels)
    - (i) Game Zone 4 seasons and bag limits
  - (b) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
- 12. Hickory Top WMA
  - (a) Data cards required for hunter access. Completed data cards must be returned daily upon leaving. The Greentree Reservoir is open to hunting during the regular Hickory Top seasons during years when the Greentree Reservoir remains unflooded.
  - (b) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 31

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- (c) Primitive Weapons Deer Hunts
  - (i) Nov. 1 - Jan. 1
- (d) Hog Hunts with Dogs
  - (i) March 19-26
- (e) Still Hunts for Hogs
  - (i) March 2-18
- (f) Small Game (no fox squirrels)
  - (i) Game Zone 4 seasons and bag limits apply.
- (g) Raccoon and Opossum
  - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
  - (ii) Guns and dogs – September 16-March 15, night only
- 13. Oak Lea WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - 30
  - (b) Still Gun Hunts for Deer
    - (i) October 1 - January 1 except no deer hunting during scheduled quail hunts
    - (ii) No man drives
  - (c) Raccoon and Opossum
    - (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
    - (ii) Guns and dogs – September 16-March 15, night only
  - (d) Other Small Game (except quail)
    - (i) Thanksgiving Day - Mar. 1 except no other small game hunting during scheduled quail hunts
    - (ii) Game Zone 4 bag limits
  - (e) Quail
    - (i) Saturdays 1<sup>st</sup> Sat. following Thanksgiving, 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Wed. in Dec., 3<sup>rd</sup> Sat. in Dec., 1<sup>st</sup> and 4<sup>th</sup> Sat. in Jan., 3<sup>rd</sup> Wed. in Jan., 2<sup>nd</sup> Wed. in Feb., 3<sup>rd</sup> Sat. in Feb.
    - (ii) Game Zone 4 bag limits
    - (iii) Shooting hours end 30 minutes prior to official sunset
- 14. Santee Dam WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 31
  - (b) Primitive Weapons Deer Hunts
    - (i) Nov. 1 - Jan. 1
  - (c) Hog Hunts with Dogs
    - (i) March 19-26
  - (d) Still Hunts for Hogs
    - (i) March 2-18
  - (e) Small Game (no fox squirrels)
    - (i) Jan. 2 - Mar. 1
    - (ii) Game Zone 4 bag limits
- 15. Wee Tee WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Sept. 30
  - (b) Still Gun Hunts for Deer
    - (i) Oct. 1 - Jan. 1
  - (c) Still Hog Hunts
    - (i) March 2-18
  - (d) Hog Hunts with Dogs
    - (i) March 19-26, July 20-August 15
  - (e) Raccoon and Opossum

- (i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.
- (ii) Guns and dogs – September 16-March 15, night only
- (f) Other Small Game (no fox squirrels, no fox hunting)
  - (i) Thanksgiving Day - Mar. 1
  - (ii) Game Zone 4 bag limits
  - (iii) Dogs allowed during small game gun season only
- (g) Bear Season
  - (i) October 17 - October 30
- 16. Santee Delta WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 10
  - (b) Hog Hunts with Dogs
    - (i) 2nd full week in Mar.
  - (c) No small game hunting
- 17. Samworth WMA
  - (a) Archery Deer Hunts (impoundments only)
    - (i) Sept. 15 - Oct. 10
  - (b) Hog Hunts with Dogs
    - (i) 2nd full week of Mar. (impoundments only)
  - (c) No small game hunting except dove hunting during scheduled dove hunts
- 18. Cartwheel Bay Heritage Preserve WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Jan. 1
  - (b) Small Game (no fox squirrels)
    - (i) Thanksgiving Day - Mar. 1
    - (ii) Game Zone 4 bag limits
  - (c) Bear Season
    - (i) October 17 - October 30
- 19. Lewis Ocean Bay Heritage Preserve WMA
  - (a) All deer hunters must sign in and sign out daily and record harvest at the kiosk.
  - (b) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 10
  - (c) Primitive Weapons Deer Hunts
    - (i) Oct. 11 - Oct. 20
  - (d) Still Gun Hunts for Deer
    - (i) Oct. 21 - Jan. 1.
  - (e) Small Game (no fox squirrels).
    - (i) Thanksgiving Day - Mar. 1
    - (ii) Game Zone 4 bag limits
  - (f) Bear Season
    - (i) October 17 - October 30
- 20. Waccamaw River Heritage Preserve WMA
  - (a) Archery Deer Hunts
    - (i) Sept. 15 - Oct. 10
  - (b) Primitive Weapons Deer Hunts
    - (i) Oct. 11 - Oct. 20
  - (c) Still Gun Hunts for Deer
    - (i) Oct. 21 - Jan. 1
  - (d) Still Hog Hunts
    - (i) March 2-18
  - (e) Hog Hunts with Dogs
    - (i) March 19-26, July 20-August 15

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(f) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(g) Other Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 4 bag limits

(h) Bear Season

(i) October 17 - October 30

### 21. Liberty Hill WMA

(a) Hunting on Sundays will be allowed for all species beginning October 15 and continuing through the last day of January subject to seasons and bag limits as specified below.

(b) All visitors entering by vehicle are required to sign in upon entry to the WMA and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk, No ATVs allowed.

(c) Designated as a Quality Deer Management Area

(d) Archery Hunts for Deer

(i) Sept. 15 - Sept. 30

(e) Primitive Weapons for Deer

(i) Oct. 1 - Oct. 10

(f) Still Gun Hunts for Deer

(i) Oct. 11 - Jan. 1

(g) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(h) Other Small Game (No fox squirrels)

(i) Zone 4 seasons and bag limits apply.

### 22. Santee Island WMA

(a) Archery Deer Hunts

(i) Sept. 15 – Jan. 1

(b) Raccoon and Opossum

(i) Dogs only (no weapons) – March 16-31, July 1-September 15, night only. No raccoons or opossums may be taken.

(ii) Guns and dogs – September 16-March 15, night only

(c) Other Small Game (no fox squirrels)

(i) Thanksgiving Day - Mar. 1

(ii) Game Zone 4 bag limits.

(d) Still Hunts for Hogs

(i) March 2-18

(e) Hog Hunts with Dogs

(i) March 19-26

### 23. Ramsey Grove WMA

(a) Still Hunts for Deer

(i) Hunters selected by drawing

(ii) 3 deer, either sex but only 1 buck

### 24. Bobwhite Hills WMA

(a) All visitors are required to sign in upon entry to the WMA and sign out upon exit and provide any additional information requested on sign in sheets at the kiosk. No ATVs allowed.

(b) Archery Deer Hunts

(i) Sept. 15 - Oct. 10

(c) Still Gun Hunts for Deer.

(i) Oct. 11 - Saturday before Thanksgiving

(d) Quail

- (i) no open season except hunters selected by drawing. Bag limit 10 birds per hunt party.
- (e) Other Small Game (no fox squirrels)
  - (i) Jan. 15 - Mar. 1
  - (ii) Game Zone 4 bag limits

## GENERAL REGULATIONS

2.1 Except as provided in these regulations, no person may hunt or take wildlife on areas designated by the South Carolina Department of Natural Resources (SCDNR) as Wildlife Management Area (WMA) lands.

2.2 Entry onto WMA land is done wholly and completely at the risk of the individual. Neither the landowners nor the State of South Carolina nor the South Carolina Department of Natural Resources accepts any responsibility for acts, omissions, or activities or conditions on these lands which cause personal injury or property damage.

2.3 Entry onto WMA land constitutes consent to an inspection and search of the person, game bag or creel.

2.4 No person may hunt or take wildlife on WMA land unless an individual is in possession of a valid South Carolina license, a valid WMA permit, and other applicable federal or state permits, stamps or licenses.

2.5 No Sunday hunting is permitted on any WMA lands unless otherwise specified.

2.6 On all WMA lands, baiting or hunting over a baited area is prohibited. As used in this section, "bait" or "baiting" means the placing, depositing, exposing, distributing, or scattering of shelled, shucked, or unshucked corn, wheat, or other grain or other food stuffs to constitute an attraction, lure, or enticement to, on, or over any area. "Baited area" means an area where bait is directly or indirectly placed, deposited, exposed, distributed, or scattered and the area remains a baited area for ten (10) days following the complete removal of all bait. Salt/minerals are not considered bait.

2.7 On WMA lands, construction or use of tree stands is prohibited if the tree stand is constructed by driving nails or other devices into trees or if wire is wrapped around trees. Other tree stands are permitted provided they are not permanently affixed or embedded in the tree. Excluding deer stands erected by the Department on WMA lands for the purpose of special hunts, no deer stands or temporary climbing devices may be placed on WMA lands prior to August 10 in any given year and must be removed by January 15 of the succeeding calendar year. All deer stands and temporary climbing devices must be labeled with the DNR Customer ID number of the person responsible for the stand or climbing device in a conspicuous location using an identification tag, etching, or permanent marker.

2.8 On WMA lands, any hunter younger than sixteen (16) years of age must be accompanied by an adult (21 years or older). Sight and voice contact must be maintained.

2.9 Notwithstanding any other provision of these regulations, the Department may permit special hunts on any day during the regular hunting season.

2.10 No person may release or attempt to release any animal onto WMA lands without approval from the Department. This regulation does not apply on designated Public Bird Dog Training Areas where pen raised quail and pigeons may be released.

2.11 While participating in a hunt on WMAs, no person may possess, consume or be under the influence of intoxicants, including beer, wine, liquor or drugs.

2.12 On WMA lands, during the designated statewide youth deer hunt day, only still hunting is allowed. The limit is two deer total, either sex. Tags are not required.

2.13 Taking or destroying timber, other forest products or cutting firewood on WMA lands without written permission from the landowner or his agent is prohibited. Users of WMA lands are prohibited from planting, attempting to plant, burning or otherwise attempting to manipulate crops, natural vegetation or openings without written permission from the landowner or his agent.

2.14 On WMA lands, hunting armadillos and coyotes at night is prohibited. Armadillos and coyotes may be hunted during any open season for game during daylight hours with no bag limit. Weapon(s) used to hunt armadillos and coyotes are limited to the weapon(s) that are allowed for the current open season on WMA.

2.15 On WMA lands during special designated hunts, a WMA may be closed to other public access.

2.16 Still hunting for hogs is permitted on WMAs during any open season for game during daylight hours with only the weapons allowed during the hunting season in progress unless otherwise prohibited. No hog may be transported alive from a WMA. Hogs may not be hunted at night. There is no bag limit on hogs. Hunters must

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wear a hat, coat, or vest of solid international orange while hog hunting. Buckshot is prohibited. During hog hunts with dogs, no still or stalk hunting is allowed and only handguns are permitted. No hog hunting with dogs is allowed except during special designated seasons. During firearms seasons for deer, hog hunters possessing big game weapons must possess licenses, permits, and tags applicable to deer hunting. Big game weapons include centerfire weapons, archery equipment with broad heads, shot larger than No. 2, and muzzle loading shotguns (larger than 20 gauge) and rifles/muskets (.36 caliber or greater).

2.17 Unless otherwise specified, small game hunting seasons and bag limits on WMA lands are the same as Game Zone seasons and bag limits. The season for hunting beavers on WMA lands shall be October 1 through March 1.

### WEAPONS

3.1 On WMA lands hunters may use any shotgun, rifle, bow and arrow, crossbow or hand gun except that specific weapons may be prohibited on certain hunts. Blow guns, dart guns, drugged arrows or arrows with exploding tips are not permitted. Small game hunters may possess or use shotguns with shot no larger than No. 2 or .22 rimfire or smaller rifles/handguns or primitive muzzle loading rifles/muskets of .40 caliber or smaller. Small game hunters may not possess or use buckshot, slugs or shot larger than No. 2. Small game hunters using archery equipment may use small game tips or broadheads on the arrows.

3.2 For Special Primitive Weapons Seasons, primitive weapons include bow and arrow, crossbow and muzzle loading shotguns (20 gauge or larger) and rifles/muskets (.36 caliber or larger) with open or peep sights or scopes, which use black powder or a black powder substitute. There are no restrictions on ignition systems. During primitive weapons season, no revolving rifles are permitted.

3.3 On WMA lands big game hunters are not allowed to use armor piercing, tracer, incendiary, or full metal jacket bullets or .22 or smaller rimfire. Buckshot is prohibited during still gun hunts for deer on WMA lands in Game Zones 3 & 4.

3.4 On WMAs all firearms transported in vehicles must be unloaded and secured in a weapons case, or in the trunk of a vehicle or in a locked toolbox. On the Francis Marion Hunt Unit during deer hunts with dogs, loaded shotguns may be transported in vehicles. Any shotgun, centerfire rifle, rimfire rifle or pistol with a shell in the chamber or magazine, or a muzzleloader with a cap on the nipple or a flintlock with powder in the flash pan is considered loaded.

3.5 No target practice is permitted on WMA lands except in specifically designated areas.

3.6 On WMA lands during gun hunts for deer or hogs there shall be no hunting or shooting from, on or across any road open to vehicle traffic. During any deer or hog hunt there shall be no open season for hunting on any designated recreational trail on U.S. Forest Service or S.C. Public Service Authority property.

### DEER

4.1 On WMA lands with designated check stations, all deer bagged must be checked at a check station as required.

4.2 Unless otherwise specified by the Department, only antlered deer may be taken on all WMA lands. Deer with visible antlers of less than two (2) inches above the hairline are considered antlerless deer and must be tagged with an antlerless deer tag issued by the Department. A point is any projection at least one inch long and longer than wide at some location at least one inch from the tip of the projection.

4.3 On WMA lands, man drives for deer are permitted between 10:00 a.m. and 2:00 p.m. only. A man drive is defined as an organized hunting technique involving two (2) or more individuals whereby an attempt is made to drive game animals from cover or habitat for the purpose of shooting, killing, or moving such animals toward other hunters. On WMA lands, drivers participating in man drives are prohibited from carrying or using weapons.

4.4 For all WMAs combined statewide, the limit for all seasons and methods combined is two deer per day, 5 deer total, no more than two antlered bucks, unless otherwise specified. For WMAs in Game Zone 1, the limit for antlerless deer for all seasons and methods combined is 3. Antlerless deer limit is two deer per day, unless otherwise specified. On special mobility impaired and youth deer hunts sanctioned by the Department and during the statewide youth deer hunt day prescribed by the Department, participants may take two deer total, either sex.

4.5 Individual Antlerless Deer Tags are valid in Game Zone 1 beginning Oct. 1 and in Game Zones 2, 3 & 4 beginning Sept. 15. For all WMAs combined, a maximum of 5 individual antlerless deer tags may be used during primitive weapons or still gun deer seasons in all Game Zones except three individual antlerless deer tags may be used in Game Zone 1. Tags do not alter the daily (2 per day) or seasonal limit or change the type of weapons that can be used during special weapons seasons.

4.6 All deer must be tagged immediately after harvest as prescribed by the Department and before being moved from the point of kill and the tag must be validated as prescribed by the Department. A valid tag must remain attached until the deer or carcass is quartered or received by a processor.

4.7 For WMAs designated as Quality Deer Management Areas, all antlered bucks must have a minimum 4 points on one side or a minimum 12 inch inside antler spread except during designated special youth hunts. Inside antler spread is measured at a right angle to centerline of the skull at its widest point between the main beams.

4.8 On WMA lands, deer, hogs, or bear may not be hunted with a firearm within 300 yards of a residence.

#### DOGS

5.1 On all WMA lands, dogs may be used for small game hunting unless otherwise specified.

5.2 Dogs may be trained for quail, rabbit and squirrel hunting from Sept. 1-14 (no guns), except on designated Public Bird Dog Training Areas where bird dog training is allowed from September 15 to March 15 (Sundays excluded).

5.3 Unless otherwise specified, on WMA lands dogs may be trained for raccoon and opossum hunting from March 16-31 and July 1 - September 14 and no raccoon or opossum may be taken. On WMA lands, dogs may be used for hunting foxes, raccoons, bobcats or opossums only between thirty (30) minutes after official sunset and 30 minutes before official sunrise.

5.4 Unless otherwise specified, deer hunting with dogs on WMA lands is prohibited. The Department may permit deer hunting with dogs on WMA lands not located in Game Zones 1 and 2. For the purposes of tracking a wounded deer, a hunter may use one dog which is kept on a leash.

5.5 Dogs may be used to hunt bear on WMA lands in Game Zone 1 during the special party dog bear season.

5.6 On WMA lands, dogs may be used to hunt hogs only during special designated hog hunts with dogs.

#### VEHICLES

6.1 On all WMA lands, no hunter may shoot from a vehicle unless permitted by the Department.

6.2 On WMA lands, motor driven land conveyances must be operated only on designated roads or trails. Unless otherwise specified, roads or trails which are closed by barricades and/or signs, either permanently or temporarily, are off limits to motor driven land conveyances.

6.3 A person may not obstruct or cause to be obstructed travel routes on WMA lands.

#### VISIBLE COLOR CLOTHING

7.1 On all WMA lands during any gun and muzzleloader hunting seasons for deer, bear and hogs, all hunters including small game hunters must wear either a hat, coat, or vest of solid visible international orange. Archery hunters during archery only deer seasons and hunters for dove, turkey, ducks, geese and other hunted migratory birds including crows are exempt from this requirement while hunting for those species.

#### CAMPING

8.1 Camping is not permitted on WMA lands except in designated camp sites.

#### TRAPPING

9.1 Trapping on WMA lands is not permitted.

## WATERFOWL &amp; DOVE REGULATIONS

10.1 Unless specially designated by the Department as a Wildlife Management Area for Waterfowl or a Wildlife Management Area for Dove, all Wildlife Management Areas are open during the regular season for hunting and taking of migratory birds except where restricted.

10.2 The Department may designate sections of Wildlife Management Areas and other lands and waters under the control of the Department as Waterfowl Management Areas or Public Dove Fields. All laws and regulations governing Wildlife Management Areas apply to these special areas. In addition, the following regulations apply to all designated Public Dove Fields: (1) Entry by hunters is prohibited before 12:00 pm on scheduled hunt dates unless otherwise specified by the Department; (2) Hunters are limited to possession of and use of a maximum of 50 shells; and, (3) Shooting hours end at 6:00 pm during the first segment of the statewide dove season. All State and Federal migratory bird laws and regulations apply. A list of Public Dove Fields including locations, hunt dates, and shooting hours will be published annually by the Department.

10.3 On areas where blinds are not provided, only portable blinds which are removed at the conclusion of the hunt or temporary blinds of native vegetation may be used. Temporary blinds once vacated may be used by other hunters.

10.4 On Waterfowl Management Areas, no species other than waterfowl may be taken during waterfowl hunts. On Public Dove Fields no species other than doves and pigeons may be taken during dove hunts. No species other than doves and pigeons may be hunted at Lake Wallace at any time.

10.5 No fishing is permitted in any Category I Designated Waterfowl Area during scheduled waterfowl hunts.

10.6 The Bordeaux Work Center Area is closed to hunting except for special hunts as designated by the SCDNR.

10.7 Impoundments on Bear Island, Beaverdam Creek, Bonneau Ferry, Broad River, Clemson, Coosawhatchie, Donnelley, Samworth, Sandy Beach, Santee Coastal Reserve, Santee Cooper, Wateree River, and Santee Delta WMAs are closed to all public access during the period Nov. 1 - Feb. 8 except during special hunts designated by the Department. All public access during the period Feb. 9 - Oct. 31 is limited to designated areas. On Bear Island WMA, Mathews' Canal is closed to all hunting from Nov. 1 - Feb. 15 beyond a point 0.8 mile from the confluence of Mathews' Canal with the South Edisto River.

10.8 Potato Creek Hatchery Waterfowl Area is closed to hunting access and fishing during the period one week prior to and two weeks after the Federal waterfowl season except for scheduled waterfowl hunts. All hunters must enter and leave the Potato Creek Hatchery Waterfowl Area through the designated public landing on secondary road 260 and complete a data card and deposit card in receptacle prior to leaving the area. No airboats are allowed for hunting or fishing and no hunting from secondary road 260.

10.9 On Hatchery WMA, hunters must leave the area by 1 PM, except on the last Saturday of the waterfowl season when hunters may hunt until sunset. Each hunter is limited to twenty five Federally approved nontoxic shot shells per hunt. No airboats are allowed in the Hatchery WMA for hunting or fishing during the period Nov. 15 - Jan. 31. No fishing allowed during scheduled waterfowl hunts.

10.10 On Crackerneck WMA, waterfowl may be hunted only on Fri., Sat. and Thanksgiving Day within the regular migratory bird seasons and no hunting on Dec. 25; Fant's Grove WMA is open AM only on Wednesdays and Saturdays during the regular migratory bird seasons; Palachucola WMA, Tillman Sand Ridge WMA, Hamilton Ridge WMA and Webb WMA are open AM only for waterfowl hunting during the regular migratory bird seasons only on days when small game hunting is allowed and the entire week of Thanksgiving, Sundays excluded.

10.11 Category I Designated Waterfowl Areas include Beaverdam, Bonneau Ferry, Broad River, Clemson, Sandy Beach, Samworth, Santee Coastal Reserve, Ramsey Grove, Santee Delta, Tibwin, Bear Island, Wateree River Heritage Preserve, portions of Coosawhatchie and portions of Donnelley Wildlife Management Areas. Hunting in Category I Designated Waterfowl Areas is by special permit obtained through annual computer drawing.

10.12 Category II Designated Waterfowl Areas include Biedler Impoundment, Carr Creek (bounded by Samworth WMA), Little Carr Creek (bounded by Samworth WMA), Lake Cunningham, Russell Creek, Monticello Reservoir, Parr Reservoir, Duncan Creek, Dunaway, Dungannon, Enoree River, Moultrie, Hatchery, Hickory Top, Hickory Top Greentree Reservoir, Lancaster Reservoir, Turtle Island, Little Pee Dee River Complex (including Ervin Dargan, Horace Tilghman), Great Pee Dee River, Potato Creek Hatchery, Sampson

Island Unit (Bear Island), Tyger River, Marsh, Wee Tee, Woodbury, Ditch Pond, Waccamaw River Heritage Preserve, Francis Marion National Forest, Sumter National Forest, Santee Cooper, Santee Island, portions of Coosawhatchie, portions of Donnelley, and 40 Acre Rock Waterfowl Management Areas. Hunting on Category II Waterfowl Management Areas is in accordance with scheduled dates and times.

1. Biedler Impoundment
  - (a) Sat. AM only during regular season
  - (b) State bag limits
2. Bear Island
  - (a) Hunters selected by drawing during regular seas
  - (b) State bag limits
3. Beaverdam
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
4. Bonneau Ferry
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
5. Broad River
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
6. Carr Creek (bounded by Samworth WMA, no hunting in impoundments)
  - (a) Wed. and Sat. AM only during regular season
  - (b) State bag limits
7. Little Carr Creek (bounded by Samworth WMA, no hunting in impoundments)
  - (a) Wed. and Sat. AM only during regular season
  - (b) State bag limits
8. Clemson
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
9. Ditch Pond
  - (a) Wed. AM only during regular season
  - (b) State bag limits
10. Donnelley
  - (a) Category I Area - Hunters selected by drawing during regular season
  - (b) Category II Area - Wed. AM only during specified dates.
  - (c) State bag limits
11. Dunaway
  - (a) Sat. AM only during regular season
  - (b) State bag limits
12. Duncan Creek
  - (a) Sat. AM only during regular season
  - (b) State bag limits
13. Dungannon
  - (a) Wed. AM only during regular season
  - (b) State bag limits
  - (c) No hunting from the Boardwalk
14. Enoree River
  - (a) Sat. AM only during regular season
  - (b) State bag limits
15. Hatchery
  - (a) Sat. AM only and until sunset on the last Sat. of the regular waterfowl season
  - (b) State bag limits
16. Hickory Top
  - (a) Mon. through Sat. during regular season

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- (b) State bag limits
- 17. Hickory Top Greentree Reservoir
  - (a) Sat. AM only during regular season
  - (b) State bag limits
  - (c) No hunting from roads and dikes
- 18. Lake Cunningham
  - (a) Wed. AM only during the regular season
  - (b) State bag limits
- 19. Lancaster Reservoir
  - (a) Mon. and Fri. AM only during the regular season
  - (b) State bag limits
- 20. Marsh
  - (a) Fri. and Sat. AM only during regular season
  - (b) State bag limits
- 21. Monticello Reservoir
  - (a) Mon. through Sat. AM only during regular season
  - (b) State bag limits
- 22. Moultrie
  - (a) Mon. through Sat. during regular season
  - (b) State bag limits
- 23. Parr Reservoir
  - (a) Mon. through Sat. during regular season
  - (b) State bag limits
- 24. Potato Creek Hatchery
  - (a) Fri. and Sat. only during regular season
  - (b) State bag limits
- 25. Russell Creek
  - (a) Wed. and Sat. AM only during regular season
  - (b) State bag limits
- 26. Sampson Island Unit (Bear Island)
  - (a) Wed. and Sat. AM only during the regular season
  - (b) State bag limits
- 27. Samworth
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
- 28. Sandy Beach
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
- 29. Santee Coastal Reserve
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
- 30. Santee Cooper
  - (a) Sat. AM only during regular season
  - (b) State bag limits
- 31. Santee Delta
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
- 32. Tibwin
  - (a) Special hunts by drawing during regular season
  - (b) State bag limits
- 33. Turtle Island
  - (a) Fri. and Sat. AM only during regular season
  - (b) State bag limits

34. Tyger River
  - (a) Sat. AM only during regular season
  - (b) State bag limits
35. Wee Tee
  - (a) Fri. and Sat. AM only during regular season
  - (b) State bag limits
36. Woodbury
  - (a) Fri. and Sat. AM only during regular season
  - (b) State bag limits
37. Great Pee Dee
  - (a) Sat. AM only during regular season
  - (b) State bag limits
38. Little Pee Dee River Complex
  - (a) Fri. and Sat. AM only during regular season
  - (b) State bag limits
39. Waccamaw River HP
  - (a) Fri. and Sat. AM only during regular season
  - (b) State bag limits
40. 40 acre Rock
  - (a) Sat. AM only during regular season
  - (b) State bag limits
41. Wateree River HP
  - (a) Hunters selected by drawing during regular season
  - (b) State bag limits
42. Sumter National Forest
  - (a) Wednesday and Saturday mornings only during regular season
  - (b) State bag limits
43. Ramsey Grove WMA
  - (a) No waterfowl hunting except for youth or mobility impaired hunts as approved by the Department
  - (b) State bag limits
44. Francis Marion National Forest
  - (a) Monday thru Saturday during regular season
  - (b) State bag limits
45. Coosawhatchie WMA
  - (a) Category II area - Wednesday and Saturday mornings only during regular waterfowl season beginning after the last lottery hunt in December
  - (b) Category I area - Hunters selected by drawing during regular season
  - (c) State bag limits
46. Santee Island
  - (a) Monday thru Saturday during regular season
  - (b) State bag limits

10.13 On Hickory Top WMA public waterfowl hunting without a Wildlife Management Area (WMA) permit is allowed on all land and water below 76.8'. Waterfowl hunting at or above elevation 76.8' requires a WMA permit. A WMA permit is required for waterfowl hunting in the Hickory Top Greentree Reservoir.

10.14 Public Dove Fields include all areas as published by the Department in the annual Laws and Regulations Guide or succeeding similar publications.

10.15 Hickory Top Greentree Reservoir is closed to hunting access November 1 until March 1, except for special hunts designated by SCDNR. All hunters must accurately complete a data card and deposit card in receptacle prior to leaving the area. Hunting hours are from 30 minutes before legal sunrise until 11:00 am. Hunters may not enter the area prior to 5:00 am on hunt days. No open season on roads and dikes. Hunters may only use electric motors on boats.

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10.16 On all State owned, US Forest Service and other Federally owned Category I and II Waterfowl Management Areas each hunter is limited to 25 Federally approved non toxic shells per hunt.

10.17 On Enoree River, Dunaway, Duncan Creek, Russell Creek and Tyger River Waterfowl Areas data cards are required for hunter access during scheduled waterfowl hunts. Completed data cards must be returned daily upon leaving each of these areas.

10.18 Woodbury Waterfowl Management Area includes all SCDNR owned property south of US Hwy 378 and bounded on the west by the Great Pee Dee River and Bluff Road and to the east by the Little Pee Dee River except no waterfowl hunting allowed in the area known as Hass Pond that is bounded on all sides by Hass Pond Road.

10.19 Donnelley Wildlife Management Area Category II Waterfowl Area is open Wednesday mornings only during the November thru January regular waterfowl season. The Category II area is defined as all wetlands east of Donnelley Drive and Blocker Run Road except those areas south of Blocker Run Road between Stocks Creek Road and the intersection of Mary's Island Road and the property boundary. No trailered boats and no electric or gas motors allowed. No entry before 5:00 AM and all users must sign in and sign out at designated check stations. No hunting is allowed from the dikes.

10.20 Coosawhatchie Category I waterfowl area is marked with signage prohibiting public access Nov 1 - Feb 8. Hunting is by special permit only obtained by annual computer drawing. Remainder of the property is considered Category II and is open on specified dates.

### AMPHIBIANS AND REPTILES

11.1 Taking of any amphibian or reptile, except the bullfrog, is prohibited on any Department owned Wildlife Management Areas without written permission of the Department.

### PUBLIC BIRD DOG TRAINING AREAS

12.1 The Department may establish Public Bird Dog Training Areas on Wildlife Management Area lands. A valid hunting license and WMA permit is required to train bird dogs on these lands.

12.2 It shall be unlawful to take game by any means while training bird dogs, except during the lawful open seasons for such game; provided, however, that pen raised quail or pigeons may be taken at any time on designated Public Bird Dog Training Areas for training bird dogs.

12.3 It shall be unlawful for any person to have in his or her possession any firearms or other equipment for taking game while training bird dogs, provided that handguns with blank ammunition or shot cartridges may be used for training bird dogs, and shotguns with number eight shot or smaller shot may be used while training bird dogs using pen raised quail and pigeons.

12.4 All participants in bird dog training must wear either a hat, coat, or vest of solid visible international orange.

### 123-51. Turkey Hunting Rules and Seasons.

1. Total limit of 2 turkeys statewide per person, 1 per day, gobblers (male turkeys) only. A hunter may take no more than one turkey prior to April 10. Total statewide limit includes turkeys harvested on Wildlife Management Areas (WMAs). Small unnamed WMAs are open for turkey hunting under statewide season and bag limit. Turkey seasons and bag limits for Wildlife Management Area lands are as follows:

A. Game Zone 1

1. Other WMAs

(a) Apr. 3 - May 3

(b) Bag limit 2 , no more than one may be taken prior to April 10.

B. Game Zone 2

1. Other WMAs

(a) Apr. 3 - May 3

(b) Bag limit 2 , no more than one may be taken prior to April 10.

2. Keowee WMA

- (a) Apr. 3 - May 3
  - (b) Bag limit 2, no more than one may be taken prior to April 10.
  - (c) Shotguns only -north of Hwy 123 and west of the Keowee Arm of Lake Hartwell and west of Hwy
291. Archery only on other sections.
- 3. Draper WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
  - 4. Belfast WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 1
    - (c) Thurs through Sat. only
  - 5. Worth Mountain WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
  - 6. McCalla WMA
    - (a) Apr. 3 - May 3
    - (b) Bag Limit 2, no more than one may be taken prior to April 10.
  - 7. Fants Grove WMA
    - (a) Apr. 3 - May 3
    - (b) Bag Limit 2, no more than one may be taken prior to April 10.
  - 8. Liberty Hill WMA
    - (a) Apr. 3 - May 3
    - (b) Bag Limit 2, no more than one may be taken prior to April 10.
  - 9. Delta South WMA
    - (a) Apr. 3 - May 3
    - (b) Hunters by drawing only
  - 10. Forty Acre Rock HP WMA
    - (a) Apr. 3 - May 3
    - (b) Bag Limit 2, no more than one may be taken prior to April 10.
- C. Game Zone 3
- 1. Other WMAs
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2 , no more than one may be taken prior to April 10.
  - 2. Crackerneck WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Fri. and Sat. only
    - (d) Sign in and out at the gate required.
    - (e) Main gate opens at 4:30 am and closes at 1:00 pm.
  - 3. Aiken Gopher Tortoise HP WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
  - 4. Francis Marion National Forest
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Tibwin Special Use Area
      - (1) Apr. 3 - May 3
      - (2) Bag limit 2, no more than one may be taken prior to April 10.
      - (3) Special hunts for youth or mobility impaired hunters as published by SCDNR.
  - 5. Moultrie
    - (a) Apr. 3 - May 3

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- (b) Bag limit 2, no more than one may be taken prior to April 10.
- (c) Thurs through Sat. only
- (d) Bluefield WMA
  - (1) Apr. 3 - May 3
  - (2) Bag limit 2, no more than one may be taken prior to April 10.
  - (3) Adult/Youth only
- (e) Hall WMA
  - (1) Apr. 3 - May 3
  - (2) Bag limit 2, no more than one may be taken prior to April 10.
- 6. Santee Cooper WMA
  - (a) Apr. 3 - May 3
  - (b) Bag limit 1
  - (c) Thurs through Sat. only
  - (d) Youth only
- 7. Webb, Palachucola and Hamilton Ridge WMAs
  - (a) Apr. 3 - May 3
  - (b) Bag limit 2, no more than one may be taken prior to April 10.
  - (c) All hunters must pick up and return data cards at kiosk and display hangtags on vehicles.
- 8. Donnelley WMA
  - (a) Apr. 3 - May 3
  - (b) Bag limit 1
  - (c) Thurs through Sat. only
- 9. Bonneau Ferry WMA
  - (a) Apr. 3 - May 3
  - (b) Bag limit 1
  - (c) Thurs through Sat. only
  - (d) Youth only
  - (e) Closed to public access during hunts.
- 10. Santee Coastal Reserve WMA
  - (a) Saturdays only from Apr. 3 - May 3
  - (b) Bag limit 1
- 11. Edisto River WMA
  - (a) Apr. 3 - May 3
  - (b) Bag limit 2, no more than one may be taken prior to April 10.
  - (c) Thurs through Sat. only
- 12. Tillman Sand Ridge Heritage Preserve WMA/Meyer Lake Heritage Preserve WMA
  - (a) Apr. 3 - May 3
  - (b) Bag limit 2, no more than one may be taken prior to April 10.
  - (c) Thurs through Sat. only
- 13. Victoria Bluff Heritage Preserve WMA
  - (a) Apr. 3 - May 3
  - (b) Bag limit 2, no more than one may be taken prior to April 10.
  - (c) Thurs through Sat. only
- 14. Botany Bay Plantation WMA
  - (a) Apr. 3 - May 3
  - (b) Bag limit 1
  - (c) Youth hunting by draw only.
- 15. Wateree River HP WMA
  - (a) Apr. 3 - May 3
  - (b) Bag limit 1
  - (c) Thurs through Sat. only
- 16. Coosawhatchie WMA
  - (a) Apr. 3 - May 3

- (b) Bag limit 1
- (c) Thurs through Sat. only
- D. Game Zone 4
  1. Other WMAs
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2 , no more than one may be taken prior to April 10.
  2. Marsh WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
    - (d) Sign in and out at the kiosk required.
  3. Sand Hills State Forest WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
  4. McBee WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
  5. Little Pee Dee Complex WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
  6. Pee Dee Station Site WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
    - (d) All hunters must sign in and sign out at kiosk.
  7. Woodbury WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
    - (d) All hunters must sign in and sign out at kiosk.
  8. Great Pee Dee Heritage Preserve WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
    - (d) All hunters must sign in and sign out at kiosk.
  9. Longleaf Pine Heritage Preserve WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
    - (c) Thurs through Sat. only
  10. Manchester State Forest WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
  11. Hickory Top WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
  12. Oak Lea WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.
  13. Santee Dam WMA
    - (a) Apr. 3 - May 3
    - (b) Bag limit 2, no more than one may be taken prior to April 10.

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### 14. Wee Tee WMA

- (a) Apr. 3 - May 3
- (b) Bag limit 2, no more than one may be taken prior to April 10.

### 15. Cartwheel Bay Heritage Preserve WMA

- (a) Apr. 3 - May 3
- (b) Bag limit 2, no more than one may be taken prior to April 10.
- (c) Thurs through Sat. only

### 16. Lewis Ocean Bay Heritage Preserve WMA

- (a) Apr. 3 - May 3
- (b) Bag limit 2, no more than one may be taken prior to April 10.
- (c) Thurs through Sat. only

### 17. Waccamaw River Heritage Preserve WMA

- (a) Apr. 3 - May 3
- (b) Bag limit 2, no more than one may be taken prior to April 10.
- (c) Thurs through Sat. only

### 18. Samworth WMA

- (a) Apr. 3 - May 3
- (b) Bag limit 1
- (c) Youth hunting by draw only.

### 19. Liberty Hill WMA

- (a) Apr. 3 - May 3
- (b) Bag Limit 2, no more than one may be taken prior to April 10.

### 20. Bobwhite Hills WMA

- (a) Apr. 3 - May 3
- (b) Bag limit 1
- (c) Thurs through Sat. only

## E. Statewide Turkey Hunting Regulations and Youth Turkey Hunting Day on WMAs

1. The statewide youth turkey hunting day on designated WMA lands shall be the Saturday immediately preceding April 3

(a) The daily bag limit during the statewide youth turkey hunting day on WMAs is one (1) which counts toward the season limit.

(b) A person less than 18 years of age is considered a youth turkey hunter.

(c) Only includes WMAs designated by the Department.

2. The following regulations apply statewide. No turkey hunting permitted on Turkey Restoration Sites which have not been formally opened by the Department.

(a) During the spring turkey hunting season, only turkey gobblers (male birds) may be taken.

(b) Shotguns, muzzleloader shotguns, or archery equipment are permitted. All other weapons and methods of taking are prohibited including rifles, pistols, buckshot and slugs.

(c) Turkeys may not be hunted with dogs.

(d) Live decoys are prohibited.

(e) A tag issued by the Department must be placed around a harvested bird's leg before the bird is moved from the point of kill and the tag must be validated by the hunter as prescribed by the Department. A valid tag must remain on the carcass until it is processed (cut up).

(f) On all WMA lands, it is prohibited to hunt or stalk wild turkeys while holding or using for hunter concealment any of the following items: a tail fan, a partial or full decoy with a tail fan, or a tail fan mounted to a firearm. Tail fans include those made of real or synthetic feathers or an image or likeness of a tail fan applied to any material.

### 3. Electronic Harvest Reporting of Turkeys on Private and WMA Lands.

(a) Methods of electronic harvest reporting include telephone, internet, and mobile device application. Applicable telephone numbers and internet addresses are as posted on the Department's website and in the annual Hunting and Fishing Regulations Guide.

(b) Hunters must provide their Department issued Customer Identification Number to access the reporting system and provide the county of kill, whether the property on which the turkey was taken was private

or WMA land including the name of the WMA, whether the turkey was an adult gobbler or juvenile (jake), and whether the turkey was taken in the morning or afternoon.

(c) As part of the reporting process a Department issued confirmation number will be generated. Hunters must document and maintain this confirmation number as prescribed.

**Fiscal Impact Statement:**

The amendment of Regulations 123-40 and 123-51 will result in increased public hunting opportunities which should generate additional State revenue through license sales. In addition, local economies should benefit from sales of hunting supplies, food and overnight accommodations. Sales taxes on these items will also directly benefit government.

**Statement of Rationale:**

Rationale for the formulation of these regulations is based on over 80 years of experience by SCDNR in managing wildlife populations and establishing public hunting areas. Management objectives for specific properties and species are continually evaluated for needed changes. Contractual agreements with cooperating landowners in the Wildlife Management Area Program provide guidelines for the use and management of the properties. Wildlife Management Area agreements are on file with the Wildlife Management Section of the Department of Natural Resources, Room 400, SCDNR Headquarters, 260D Epting Lane, West Columbia, SC.

Document No. 5408

**DEPARTMENT OF PUBLIC HEALTH**  
CHAPTER 60

Statutory Authority: 1976 Code Sections 44-7-110 through 44-7-394, 44-37-40, 44-37-50, 44-41-70(a), and 63-7-40

60-16. Minimum Standards for Licensing Hospitals and Institutional General Infirmaries.

**Synopsis:**

Pursuant to R.60-16, Minimum Standards for Licensing Hospitals and Institutional General Infirmaries, the Department of Public Health (Department) licenses and regulates hospitals and institutional general infirmaries to ensure high quality services and that safe treatment is provided. The Department proposes amending R.60-16 to: add provisions regarding acute hospital care at home programs pursuant to S.C. Code Section 44-7-267 (2024 Act No. 164 (S.858)); update and clarify emergency services requirements pursuant to S.C. Code Section 44-7-268 (2025 Act No. 49 (H.4067)); and make other amendments to ensure high quality and safe treatment are provided in hospitals. The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

The Department had a Notice of Drafting published in the May 23, 2025, South Carolina State Register.

Changes made at the request of the House Regulations, Administrative Procedures, Artificial Intelligence and Cybersecurity Committee by letter dated April 8, 2026:

Section 1002.B – Amended to reflect the current language by reinserting the phrase, “except in cases of justified emergencies.”

Section-by-Section Discussion:

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<b>Section</b>	<b>Type of Change</b>	<b>Purpose</b>
<b>101.A</b>	Addition	Added statutory definition to clarify the meaning of Acute Hospital Care at Home in the context of this regulation.
<b>101.B – 101.E</b>	Reorganization	Recodified due to the addition of 101.A.
<b>101.F, 101.F.1</b>	Revision/Reorganization	Amended language to conform with the statutory definition of hospital. Recodified due to the addition of 101.A.
<b>101.G – 101.V</b>	Reorganization	Recodified due to the addition of 101.A.
<b>302.F</b>	Revision	Amended language to clarify the frequency of routine inspections.
<b>505.C</b>	Technical Correction	Amended to correct grammar.
<b>701.B.6</b>	Deletion/Reorganization	Recodified due to the deletion of Former 701.B.6. Moved language from former 701.B.7 to New 701.B.6.
<b>701.B.7 – 701.B.8</b>	Deletion/Reorganization	Recodified due to the deletion of Former 701.B.6.
<b>701.C.2, 701.C.4 – 701.C.6, Former 701.C.6</b>	Revision/Deletion/Reorganization	Recodified due to the deletions of Former 701.C.2.c, 701.C.4.g through i, and 701.C.5.a through c. Deletion of Former 701.C.6. Amended and recodified Former 701.C.7.c and d.
<b>1001</b>	Revision	Amended language to clarify a facility’s exceeding its licensed number of beds.
<b>1002</b>	Revision	Amended language to clarify the location of beds and be consistent with officially adopted codes.
<b>1202.D, 1202.D.2, 1202.D.4 – 1202.D.11</b>	Revision/Reorganization/Deletion	Amended to clarify language regarding emergency services. Renumbered items for clarity and consistency.
<b>1202.L</b>	Addition	Added section to clarify Acute Hospital Care at Home services per statutory requirements.

**Instructions:**

Replace R.60-16 in its entirety with this amendment.

**Text:**

60-16. Minimum Standards for Licensing Hospitals and Institutional General Infirmaries.

(Statutory Authority: 1976 Code Sections 44-7-110 through 44-7-394, 44-37-40, 44-37-50, and 63-7-40)

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***SECTION 100  
DEFINITIONS***

**101. Definitions.**

For the purpose of these Standards, the following definitions shall apply:

A. Acute Hospital Care at Home (AHCAH): Acute-level hospital care to treat a subset of diagnoses that respond safely and effectively to home-based acute care, utilizing technology to provide continuous remote patient monitoring and connectivity to the patient and developing in-home services to ensure the same level of care in the home as in a traditional hospital stay as well as patient safety. AHCAH, if offered, must be provided by a hospital licensed in this State to eligible patients who have provided consent to such care, utilizing a multidisciplinary team to deliver the care as described in Section 1202.L.

B. Administrator: The individual designated by the governing body or owner who is in charge of and responsible for the administration of the facility.

C. Annual (Annually): A time period that requires an activity to be performed at least every twelve to thirteen (12 to 13) months.

D. Contact Investigation: Procedures that occur when a case of infectious TB is identified, including finding persons (contacts) exposed to the case, testing and evaluation of contacts to identify Latent TB Infection (LTBI) or TB disease, and treatment of these persons, as indicated.

E. Department: The South Carolina Department of Public Health.

F. Facility: Hospitals and institutional general infirmaries licensed by the Department, shall be defined and classified as follows:

1. General Hospital: A facility with an organized medical staff to maintain and operate organized facilities and services to accommodate two or more nonrelated persons for the diagnosis, treatment and care of such persons overnight and provides medical or surgical care of acute illness, injury or infirmity and must provide on-campus emergency services; that may provide obstetrical care; and in which all diagnoses, treatment or care

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are administered by or performed under the direction of persons currently licensed to practice medicine, surgery, or osteopathy in the State of S.C.

2. **Specialized Hospital:** A facility which has an organized medical staff, maintains and operates organized facilities and services to accommodate two or more nonrelated persons for the diagnosis, treatment and/or care of such persons overnight and which provides a specialized service for one type of care, and must provide on-campus emergency services; and in which all diagnoses, treatment or care are under the direction of persons currently licensed to practice medicine, surgery, osteopathy in the State of S.C.

3. **Institutional General Infirmary:** A facility which is established within the jurisdiction of a larger nonmedical institution and which maintains and operates organized facilities and services to accommodate two or more nonrelated students, residents or inmates with illness, injury or infirmity for a period exceeding 24 hours for the diagnosis, treatment and care of such persons and which provides medical, surgical and professional nursing care, and in which all diagnoses, treatment and care are performed under the direction of persons currently licensed to practice medicine and surgery in the State of S.C.

4. **Long Term Acute Care Hospital (LTACH):** A general hospital which has been classified and certified as a long term acute care hospital designed to provide extended medical and rehabilitative care for patients who are clinically complex and have acute or chronic conditions. In a LTACH patients have an average length of stay of 25 days or more.

5. **Critical Access Hospital (CAH):** A general hospital designated by the state as such through the Medicare Rural Hospital Flexibility Program, in accordance with 42 CFR 485 Subpart F.

G. **Designee:** A physician, dentist, osteopath, podiatrist, physician's assistant, or advanced practice registered nurse who has staff privileges, selected by a prescriber to sign verbal orders for medication or treatment in the prescriber's absence.

H. **Dietitian:** An individual who is registered by the Commission on Dietetic Registration and currently licensed as a dietitian by the South Carolina Department of Labor, Licensing and Regulation.

I. **Existing Facility:** A facility which was in operation and/or one which began the construction or renovation of a building, for the purpose of operating the facility, prior to the adoption of these standards. The licensing standards governing new facilities apply if and when an existing facility is not continuously operated and licensed under these Standards.

J. **Health Assessment:** An evaluation of the health status of a staff member or volunteer by a physician, other legally authorized healthcare provider, or registered nurse, pursuant to written standing orders and/or protocol approved by a physician's signature.

K. **Licensee:** The individual, corporation, organization, or public entity that has been issued a license to provide care, treatment, and services at a facility and with whom rests the ultimate responsibility for compliance with this regulation.

L. **Live Birth:** The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions and respirations are to be distinguished from fleeting respiratory efforts or gasps.

M. **License:** A certificate issued by the Department to the licensee that authorizes the operation of a hospital or institutional general infirmary.

N. Legally Authorized Healthcare Provider: An individual authorized by law and currently licensed in South Carolina to provide specific medical treatments, care, or services to staff members and/or patients, e.g., advanced practice registered nurses, physician assistants.

O. New Facility: A facility which began operation and/or one which began construction or renovation of a building for the purpose of operating the facility after the adoption of these standards.

P. Nurse: A registered nurse, licensed practical nurse, or vocational nurse as those terms are defined by each party state's practice laws.

Q. Patient: Any individual who is receiving treatment or services at the facility.

R. Quarterly: A time period that requires an activity to be performed at least four (4) times a year within intervals ranging from eighty-one to ninety-nine (81 to 99) days.

S. External Medical Surge: Providing medical care services in an area outside of the licensed inpatient hospital building(s). For purposes of External Medical Surge, these locations are called Alternate Care Sites.

T. Internal Medical Surge: An emergency situation when a facility needs to set up and utilize beds beyond its licensed bed capacity in an area within the licensed inpatient facility building(s).

U. Inpatient Dialysis: Dialysis which, because of medical necessity, is furnished to an End-Stage Renal Disease (ESRD) patient on a temporary inpatient basis in a hospital.

V. Emergency Care: The treatment which is usually and customarily available at the respective hospital and that must be provided immediately to sustain a person's life, to prevent serious permanent disfigurement or loss or impairment of the function of a bodily member or organ, or to provide for the care of a woman in active labor and the infant.

***SECTION 200***  
***LICENSE REQUIREMENTS AND FEES***

**201. License Requirements.**

A. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise or market) as a hospital or institutional general infirmary in South Carolina without first obtaining a license from the Department. Admission of patients or the provision of care, treatment, and/or services to patients prior to the effective date of licensure is a violation of S.C. Code Ann. Section 44-7-260(A) (1976, as amended). (I)

B. A license shall be effective for a period of time specified by the Department.

C. A new facility, or one that has not been continuously licensed under these or prior standards, shall not admit patients until permission is granted by the Department.

D. Hospitals that provide services to patients requiring skilled nursing care must maintain a separate license for the areas where the services are provided.

E. Upon receipt of a written request from the hospital authorities to the Department requesting such certification, any general hospital having a current license to operate may be certified as a suitable facility for the performance of abortions. A hospital shall comply with Chapter 41 of Title 44 of the S.C. Code of Laws. (I)

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F. Applicants for a license shall file application under oath on a form and frequency specified by the Department. An application shall be signed/authenticated by the owner, if an individual or partnership; or in the case of a corporation, by two of its officers; or in the case of a governmental unit, by the head of the governmental department having jurisdiction over it. The application shall set forth the full name and address of the facility for which the license is sought and of the owner in case his address is different from that of the facility; the names of persons in control thereof and such additional information as the Department may require, including affirmative evidence of ability to comply with reasonable standards, rules and regulations as may be lawfully prescribed. No proposed hospital shall be named nor may an existing hospital have its name changed to the same or similar name as a hospital licensed in the State. Applicants shall make payment of all outstanding fees (initial licensure fees, annual licensure fees, inspection fees, construction fees, etc.) prior to the Department's issuance of a license.

G. Licensing Fees. The initial and annual license fee shall be ten dollars (\$10.00) per licensed bed. All fees are non-refundable, and shall be made payable to the Department via a secured portal or specific website.

H. A facility shall request issue of an amended license, by application to the Department prior to any of the following circumstances:

1. Change of ownership by purchase or lease;
2. Change of facility's name;
3. Addition of beds (an inspection will be required prior to issuance of license);
4. Deletion of beds;
5. Reallocation of types of beds as shown on license; or
6. Relocation of a facility.

### **202. Variance to Licensing Standards.**

A variance is an alternative method that ensures the equivalent level of compliance with the standards in this regulation. The Facility may request a variance to this regulation in a format as determined by the Department. Variances shall be considered on a case-by-case basis by the Department. The Department may revoke issued variances as determined to be appropriate by the Department.

## ***SECTION 300*** ***ENFORCING REGULATIONS AND ENFORCEMENT ACTIONS***

### **301. General.**

The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding a proposed or licensed facility in order to enforce this regulation.

### **302. Inspections and Investigations.**

A. An inspection shall be conducted prior to initial licensing. Inspections shall be conducted as deemed appropriate by the Department. (I)

B. All facilities, proposed facilities, or unlicensed facilities are subject to inspection or investigation at any time without prior notice by individuals authorized by South Carolina Code of Laws. (II)

C. Individuals authorized by the Department shall be granted access to all properties and areas, objects, and records. If photocopies are made for the Department inspector, they shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify individuals in enforcement action proceedings. Physical area of inspections shall be determined by the extent to which there is potential impact or effect upon patients as determined by the inspector. (I)

D. A facility or proposed facility found noncompliant with the standards of this regulation shall submit an acceptable plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of inspection or investigation. The written plan of correction shall describe: (II)

1. The actions taken to correct each cited deficiency;
2. The actions taken to prevent recurrences (actual and similar); and
3. The actual or expected completion dates of those actions.

E. Reports of inspections or investigations conducted by the Department, including the response(s) by the facility or proposed facility, shall be provided to the public upon written request with the redaction of the names of those persons in the report as provided by S.C. Code Ann. Sections 44-7-310 and 44-7-315 (1976, as amended).

F. In accordance with S.C. Code Section 44-7-270, the Department may charge a fee for inspections. The fee for initial and routine inspections shall be four hundred fifty dollars (\$450.00) plus ten dollars (\$10.00) per licensed bed. The fee for initial unit increase or service modification is two hundred fifty dollars (\$250.00) plus ten dollars (\$10.00) per licensed bed. The fee for follow up inspections shall be two hundred fifty dollars (\$250.00) plus ten dollars (\$10.00) per licensed bed.

### **303. Compliance.**

A. A license shall not be issued until the licensee has demonstrated to the Department that the proposed facility is in compliance with the licensing standards. In the event a licensee who already has a facility or activity licensed by the Department makes application for another facility or activity or increase in licensed capacity, the currently licensed facility or activity shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed facility or activity or an amended license to the existing facility. Facilities shall comply with applicable State, Federal, and local laws, codes, and regulations. (II)

B. The license is considered property of the Department and may not be duplicated in such a manner that it cannot be distinguished from the original. (II)

C. Any additions or renovations to an existing facility shall be approved by the Department prior to occupancy.

### **304. Enforcement Actions.**

When the Department determines that a licensee, proposed licensee, or an unlicensed facility owner is in violation of statutory provisions, rules, or regulations relating to the operation of a facility, the Department, upon proper notice to the licensee, may impose a monetary penalty and/or deny, suspend, revoke, or refuse to issue or renew a license.

### **305. Violation Classifications.**

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health and safety of the persons in the facility or a substantial probability that death or serious physical harm could

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result there from. A physical condition or one (1) or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. When a specific time is designated for correction, each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health and safety of persons in the facility. The citation of a Class II violation may specify the time within which the violation is required to be corrected. When a specific time is designated for correction, each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation may specify the time within which the violation is required to be corrected. When a specific time is designated for correction, each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

D. Violations of §44-7-320(A)(1)(c) of the South Carolina Code of Laws of 1976, as amended, are considered Class I violations.

E. The notations, “(I)” or “(II)” placed within sections of this regulation, indicate those standards are considered Class I or II violations, respectively, if they are not met. Standards not so annotated are considered Class III violations.

F. In arriving at a decision to take enforcement action, the Department will consider the following factors: the number and classification of violations, including repeat violations; specific conditions and their impact or potential impact on health and safety of the patients; efforts by the facility to correct cited violations; behavior of the licensee that would reflect negatively on the licensee’s character, such as illegal or illicit activities; overall conditions of the facility; history of compliance; any other pertinent conditions that may be applicable to statutes and regulations.

G. When a decision is made to impose monetary penalties, the Department may invoke S.C. Code Ann. Section 44-7-320(C) (1976, as amended), to determine the dollar amount or may utilize the following schedule as a guide to determine the dollar amount:

Frequency of Violation of Standard within a 24-month period	MONETARY PENALTY RANGES		
	Class I	Class II	Class III
1 <sup>st</sup>	\$ 200-1000	\$ 100-500	\$ 100
2 <sup>nd</sup>	500-2000	200-1000	100-500
3 <sup>rd</sup>	1000-5000	500-2000	200-1000
4 <sup>th</sup>	5000	1000-5000	500-2000
5 <sup>th</sup>	5000	5000	1000-5000
6 <sup>th</sup> and more	5000	5000	5000

H. In addition to or in lieu of any action taken by the Department affecting the license of any hospital, when it is established that any officer, employee, or member of the hospital medical staff has recklessly violated the provisions of Section 1201.D.1, the Department may require the hospital to pay a civil penalty of up to ten thousand dollars pursuant to 44-7-260(E).

I. Any Department decision involving the issuance, denial, renewal, suspension, or revocation of a license and/or the imposition of monetary penalties where an enforcement action order has been issued may be appealed by an affected person with standing pursuant to applicable law, including S.C. Code Title 44, Chapter 1; and Title 1, Chapter 23.

**SECTION 400**  
**POLICIES AND PROCEDURES**

**401. General. (II)**

A. The Facility shall maintain and adhere to written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The Facility shall develop, implement, and enforce policies and procedures. The Facility shall be in full compliance with the policies and procedures. (II)

B. The Facility shall establish a time period for review of all policies and procedures, and such reviews shall be documented and signed by the Chief Executive Officer (or his/her designee(s)). All policies and procedures shall be accessible to Facility staff, printed or electronically, at all times.

**402. Quality of Care. (II)**

The Facility shall develop, implement, and maintain an effective, ongoing, facility-wide, data-driven quality assessment and performance improvement program. The Facility's governing body shall ensure that the program reflects the complexity of the Facility's organization and services; involves all Facility departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.

**403. Security. (II)**

In order to ensure the safety and well-being of all patients, staff, and visitors, the Facility's governing body (or its designee) shall conduct an annual risk assessment to identify potential areas or situations that may cause harm or where an incident may occur. Based upon the findings of that assessment, the Facility's governing body (or its designee) shall develop and implement a plan to provide for the appropriate level of security necessary.

**SECTION 500**  
**STAFF AND TRAINING**

**501. General.**

Every facility shall be organized, equipped, staffed and administered in order that adequate care may be provided for each person admitted.

**502. Control. (II)**

The Facility shall have a governing body which is effective in carrying out its responsibilities for the conduct of the Facility. In the absence of an organized governing body, the Facility shall maintain written documentation that identifies the individual or individuals that are legally responsible for the conduct of the Facility's operations.

**503. Chief Executive Officer.**

The Facility shall appoint a Chief Executive Officer (CEO) who is responsible for the administration of the facility and all its branches and departments. The Facility shall notify the Department of any change in the Chief Executive Officer in writing within twenty-four (24) hours and shall provide the Department the name of the

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newly-appointed, interim CEO, or other person who is in charge of and responsible for administration of the facility, and the effective date of the appointment.

### 504. Medical Staff Appointment. (II)

A. The Facility shall have a medical staff organized in accordance with the facility's by-laws and accountable to the governing body including, but not limited to the quality of professional services provided by individuals with clinical privileges. Prior to a physician's initial appointment and periodic reappointment, the governing body shall assure itself that the physician is qualified and competent to practice in their profession. This organized group shall, with the approval of the hospital governing body, adopt bylaws, rules and regulations to govern its operation as an organized medical staff. Facility bylaws shall contain renewal procedures, authority to limit or terminate staff privileges, and appeal procedures. A hospital is prohibited from using economic criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital medical staff membership or privileges. (II)

B. To be eligible for membership on a staff an applicant must be licensed to practice in his profession in the State of South Carolina competent in his respective field, worthy in character and in matters of professional ethics, and meet the requirements of the hospital's bylaws. Medical staff membership must be limited to doctors of medicine or osteopathy by the State Board of Medical Examiners, dentists licensed to practice dentistry by the State Board of Dentistry and podiatrists licensed to practice podiatry by the State Board of Podiatry Examiners. No individual is automatically entitled to membership on the medical staff or to the exercise of any clinical privilege merely because he is licensed to practice in any state, because he is a member of any professional organization, because he is certified by any clinical examining board, or because he has clinical privileges or staff membership at another Facility without meeting the criteria for membership established by the governing body of the respective Facility.

C. The medical staff, either as a whole or on a department or clinical service basis, shall meet at a frequency as determined by the Facility's policies and procedures to review and analyze their clinical experience. Written minutes of such meetings shall be recorded and filed. There shall be mechanisms in place for monitoring and evaluation of the quality of patient care services, for improving services, and for evaluation of the effectiveness of improvement efforts.

D. The governing body may establish categories for membership in the medical staff. These categories for membership shall be identified and defined in the medical staff by-laws, rules, or regulations.

E. In hospitals maintaining organized departments or services, the medical staff shall elect periodically a chief of staff and staff members to be the responsible heads or chiefs for each department or service, subject to the approval of the governing body. Minutes of all department or service meetings shall be recorded and filed.

F. In compliance with such rules for professional services of resident physicians as the medical staff prescribes, the medical staff shall supervise resident physicians in the diagnosis and treatment of all patients and in the performance of any other professional duties and shall recommend them for approval or disapproval to the governing body and chief executive officer. (II)

G. All persons admitted to any facility covered by these Standards must be under the care of a person licensed to practice medicine, dentistry or osteopathy. Patients of podiatrists and dentists who are members of the medical staff of a Facility must be co-admitted by a doctor of medicine or osteopathy who is a member of the medical staff of the Facility who shall be responsible for the general medical care of the patient. Oral surgeons who have successfully completed a postgraduate program in oral surgery accredited by a nationally recognized accredited body approved by the U.S. Department of Education may admit patients without the requirement of co-admission if permitted by the bylaws of the Facility and medical staff. (I)

H. All Facilities shall have a licensed physician available on call at all times. (I)

**505. Nursing Services. (II)**

A. Nursing Services shall be organized and staffed at all times to provide safe, appropriate, and individualized care to each patient. The authority, responsibility and function of all patient care providers shall be clearly defined by written Facility policy and position descriptions.

B. The Facility must have an organized nursing service that provides 24-hour nursing services. This service must be under the direction of a Chief Nursing Officer (CNO), who is a registered nurse. A registered nurse shall be designated in writing to act in the absence of the CNO.

C. There shall be a sufficient number of duly licensed registered nurses on duty at all times to provide nursing care to meet the needs of the patient population for all areas where nursing care is provided. A registered nurse must be on duty at all times.

D. Facility personnel may be employed to assist the registered nurse in providing nursing care. Licensed practical nurses and all other workers who are employed by a facility in nursing services shall be assigned based on their education, training, and competency.

E. All personnel who render nursing care services in the Facility shall be under the supervision of nursing leadership and shall be subject to all policies and procedures of the facility.

F. All nurses employed in a nursing role in a facility shall be currently licensed to practice in South Carolina or pursuant to the Nurse Licensure Compact.

**506. Employees. (II)**

A. The Chief Executive Officer shall designate an individual to conduct Human Resources Management within the organization. That individual, and other individuals as needed, shall have responsibility for hiring, personnel management, compensation and benefits, and maintenance of accurate and complete personnel records.

B. The facility shall develop and make available to the employee a written job description for each type of job in the facility. Each job description shall include a written description of the education, experience, license, certification, or other qualifications required for the position.

C. The Facility personnel records shall contain, at a minimum, the following:

1. For clinical personnel, information sufficient to verify the employee's qualifications for the job for which that individual is employed. That information includes, but is not limited to: employee's education, professional certification or licensure status, other training, experience and indication of clinical competence.

2. For non-clinical personnel, information regarding the employee's education, training, experience and professional competence sufficient to verify the employee's qualifications for the job for which that individual is employed. Such information shall be kept current.

3. Records of pre-employment health assessment as described in Section 602.

D. The Facility must have a written procedure to ensure that nursing personnel, for whom licensure is required, have valid and current licensure.

**507. Job Orientation and In-Service Training.**

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A. Orientation of all new personnel shall be structured to educate them about the organization and environment of the facility, the employees' specific duties and responsibilities, and patients' needs.

B. In-service training programs shall be planned and provided for all personnel to ensure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individuals attending.

C. Either as a component of orientation or in a separate session, all new employees who will have contact with patients or who will handle or potentially handle blood, body fluids or tissue must receive general education regarding infection prevention and control within the hospital.

D. Each employee shall be familiar with the Facility's emergency disaster plan and fire response plans. The hospital must ensure at orientation and annually thereafter that employees receive training regarding emergency management, including surge policies and procedures and events that would indicate a need to implement surge policies and procedures, and fire response.

### ***SECTION 600 EMPLOYEE HEALTH (II)***

#### **601. Employee Health Program.**

A hospital shall provide an employee health program to support a safe, healthy workplace by providing timely and quality health assessments, prevention services and if needed, intervention strategies. In order to minimize the possibility of contamination and transfer of infection, the employee health program shall include the establishment of policies and monitoring procedures to ensure that all employees are free from communicable infections and open skin lesions.

#### **602. New Employees.**

A. To ensure that every person accepted for employment is medically capable of performing the required job duties, a new employee shall be required to satisfactorily pass a health assessment conducted prior to direct patient contact by one of the following:

1. Medical Doctor or Doctor of Osteopathy;
2. Physician Assistant;
3. Nurse Practitioner; or

4. Registered nurse, pursuant to standing orders approved by a physician as required by hospital policy by the physician. The standing orders must be reviewed annually, with a copy maintained at the facility.

B. The health assessment must ensure that all potential hospital employees are evaluated for conditions related to infectious diseases that may have an impact on patient care, the employee, or other healthcare workers. Based upon recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP) for immunization of healthcare personnel, as listed in the CDC Guideline for infection control in healthcare personnel (1998) and as amended, this evaluation must include:

1. Medical history, including immunization status and assessment for conditions that may predispose the person to acquiring or transmitting communicable diseases;
2. Tuberculosis screening, which is performed in a manner prescribed in the CDC and the Department's most current tuberculosis guidelines; and

3. Serologic screening for vaccine-preventable diseases, as deemed appropriate by the hospital.

C. The hospital must provide evidence of education of employees about influenza vaccination and must offer the influenza vaccine to these persons.

D. Employee health programs must provide evidence of ongoing review and monitoring of both CDC and the Department recommendations and updates and methods for revising the programs as needed.

### **603. Employee Records.**

A. All employee health records, including any medical history, shall be retained in a separate and confidential file in Employee Health. Access to these records will be permitted only to those authorized through hospital policy.

B. The hospital shall have policies and procedures for the maintenance and destruction of employee health records after employment has been terminated.

### **604. Volunteer Workers. (II)**

A. All volunteer workers who handle food or provide patient care shall have a physical examination prior to their initial food handling or patient care activity. If a volunteer worker's patient care responsibility is limited to only administering vaccinations, then the facility does not need to have a physical examination of that volunteer worker.

B. For patient care volunteers, the tuberculin testing and treatment program described in Section 602.B also applies.

## ***SECTION 700 REPORTING (II)***

### **701. Incident Reports.**

A. The Facility shall document every incident, and include an incident review, investigation, and evaluation as well as corrective action taken, if any. The Facility shall retain all documented incidents reported pursuant to this section for three (3) years following the incident. For the first year following the incident, these records shall be kept on site and readily available at that Facility.

B. The Facility shall report the following types of incidents to the Department and the patient, patient's responsible party, sponsor, or emergency contact within twenty-four (24) hours or by the next regular business day from when the facility had reasonable cause to believe an incident occurred. The Facility shall notify the Department via the Department's electronic reporting system or as otherwise determined by the Department. Initial reports to the Department are intended to collect basic information as may be known at the time about the incident to include, at a minimum, the location of the incident, the type of incident, the date the incident is believed to have occurred or the date the report was filed, the number of residents, clients or patients injured by the incident, as well as contact information for the individual making the report. If the Facility does not have all the information requested, it shall provide a partial report with the information available to the Facility. The following types of incidents require an initial report to the Department as specified in this section:

1. Surgery or other invasive procedure performed on the wrong patient.
2. Surgery or other invasive procedure performed on the wrong site.
3. Wrong surgical or other invasive procedure performed on a patient.

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4. Patient death or serious injury associated with patient elopement (disappearance).

5. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting.

6. Patient death or serious injury associated with the use of restraints or bedrails while being cared for in a healthcare setting.

7. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.

8. Abduction of any patient of any age.

C. In addition to the initial report as may be required by Subsection (B), Facilities shall submit a separate written investigation report for the following types of incidents within seven (7) business days from when the facility had reasonable cause to believe an incident occurred via the Department's electronic reporting system or as otherwise determined by the Department. Investigation reports submitted to the Department shall contain at a minimum: facility name, patient age and sex, date of incident, location, witness names, extent and type of injury and how treated, *e.g.*, hospitalization, identified cause of incident, internal investigation results if cause unknown, identity of other agencies notified of incident and the date of the report. The following types of incidents require a written investigation report to the Department as specified in this section:

### 1. Surgical or Invasive Procedure Events.

a. Surgery or other invasive procedure performed on the wrong site;

b. Surgery or other invasive procedure performed on the wrong patient;

c. Wrong surgical or other invasive procedure performed on a patient;

d. Unintended retention of a foreign object in a patient after surgery or other invasive procedure; and

e. Intraoperative or immediately postoperative/post procedure death in an American Society of Anesthesiologists (ASA) Class 1 patient.

### 2. Product or Device Events.

a. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting; and

b. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended .

### 3. Patient Protection Events.

a. Discharge or release of a patient of any age, who is unable to make decisions, to other than an authorized person;

b. Patient death or serious injury associated with patient elopement (disappearance); and

c. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting.

#### 4. Care Management Events.

- a. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration);
- b. Patient death or serious injury associated with unsafe administration of blood products;
- c. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting;
- d. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy;
- e. Patient death or serious injury associated with a fall while being cared for in a healthcare setting; and
- f. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting.

#### 5. Environmental Events.

Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting.

#### 6. Potential Criminal Events.

- a. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider;
- b. Abduction of a patient of any age;
- c. Sexual abuse/assault on a patient within or on the grounds of a healthcare setting; and
- d. Death or serious injury of a patient resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting.

### **702. Loss of Essential Services.**

Should a facility experience a loss of an essential service such as cooling, potable water, or electrical power, the facility shall notify the Department by email to HQEP@dph.sc.gov or other email address prescribed by the Department after ensuring the safety of the patients, but not to exceed twenty-four (24) hours from the loss of service.

### **703. Facility Closure.**

A. Prior to the permanent closure of a facility, the Department shall be notified in writing of the intent to close and the effective closure date. Within 10 days of the closure, the facility shall notify the Department of the provisions for the maintenance of the records, the identification of displaced patients, the relocated site, and the dates and amounts of patient refunds. On the date of closure, the license shall be returned to Department.

B. In instances where a facility temporarily closes, the Department shall be given written notice within a reasonable time in advance of closure. At a minimum this notification shall include, but not be limited to: the reason for the temporary closure, the location where the patients have been/will be transferred, the manner in which the records are being stored, and the anticipated date for reopening. The Department shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction

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standards of the facility prior to its reopening. If the facility is closed for a period longer than one year, and there is a desire to re-open, the facility shall be subject to all licensing requirements prior to reopening, including construction-related requirements for a new facility.

### **704. Zero Census.**

In instances when there have been no patients in a facility for any reason for a period of ninety (90) calendar days or more, the Facility shall notify the Department in writing that there have been no admissions, no later than the hundredth (100<sup>th</sup>) day following the date of departure of the last active patient. At the time of that notification, the Department shall consider, upon appropriate review of the situation, the necessity of inspecting the Facility prior to any new and/or re-admissions to the Facility. If the Facility has no patients for a period longer than one year, and there is a desire to admit a patient, the Facility shall be subject to all licensing requirements prior to admission of a patient, including construction-related requirements for a new facility.

### **705. Joint Annual Report.**

The Facility shall submit a “Joint Annual Report” as specified by the Department.

### **706. Hospital Infections Disclosure Act (HIDA) & Reporting Requirements. (I)**

The Facility shall collect data and submit reports to the Department on hospital acquired infection rates and methods and adequacy of selected infection control process pursuant to S.C. Code of Laws Sections 44-7-2410 through 44-7-2460.

## ***SECTION 800 REQUIREMENTS OF THE LEWIS BLACKMAN ACT (I)***

### **801. Compliance.**

In order to be in compliance with The Lewis Blackman Hospital Patient Safety Act, hospitals are required to:

A. Identify all clinical staff, clinical trainees, medical students, interns, and resident physicians as such with identification badges that include their names, their departments, and their job or trainee titles.

B. Institute a procedure whereby a patient may request that a nurse call his or her attending physician regarding the patient’s personal medical care.

C. If the patient is able to communicate with and desires to call his or her attending physician or designee, upon the patient’s request, the nurse must provide the patient with the telephone number and assist the patient in placing the call.

D. Provide a mechanism, available at all times, and the method for accessing it, through which a patient may access prompt assistance for the resolution of the patient’s personal medical care concerns.

E. Establish procedures for the implementation of the mechanism providing for initiation of contact with administrative or supervisory clinical staff who shall promptly assess the urgent patient care concern and cause the patient care concern to be addressed.

F. Provide to each patient prior to, or at the time of the patient’s admission to the hospital for inpatient care or outpatient surgery, written information describing the general role of clinical trainees, medical students, interns, and resident physicians in patient care.

**SECTION 900****EMERGENCY PREPAREDNESS****901. All-Hazards Emergency Operations Plan. (II)**

A. All facilities shall develop, implement, and maintain a written all-hazards emergency operations plan for actions to be taken in the event of a disaster and/or emergency evacuation. Additionally, in instances where there are applications for increases in licensed bed capacity or a change in ownership, the emergency plan shall be updated to reflect the proposed new total licensed bed capacity and/or change in ownership. The Facility shall review the plan at least annually.

B. The all-hazards emergency operations plan shall include, but not be limited to:

1. A sheltering plan to include:

a. Name, address, and phone number of the sheltering facility(ies) to which patients will be relocated during a disaster; and

b. A letter of agreement signed by an authorized representative of each sheltering facility, which shall include: the number of relocated patients that can be accommodated; sleeping, feeding, and medication plans for the relocated patients; and provisions for accommodating relocated staff members. The letter shall be updated with the sheltering facility at least every three (3) years and whenever significant changes occur. For those facilities located in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper counties, at least one (1) sheltering facility shall be located in a county other than these counties.

2. A transportation plan, to include letter of agreement signed by an authorized representative with each entity for relocating patients, which addresses:

a. The relocation needs of the patients and staff contingent upon the type of disaster/emergency confronted;

b. Procedures for providing appropriate medical support, food, water and medications during relocation based on the needs and number of the patients; and

c. Estimated time to accomplish the relocation during normal conditions.

3. A staffing plan for the relocated patients, to include:

a. How care will be provided to the relocated patients, including facility staff members that will accompany patients who are relocated;

b. Prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility; and

c. Co-signed statement by an authorized representative of the sheltering facility if staffing, bedding, or medical supplies that are to be provided by the sheltering facility.

C. The Facility shall maintain written acknowledgement from the local county emergency management agency of such agency's receipt of the Facility's all-hazards emergency operations plan.

D. Facilities annually, prior to June 1st of each year, shall:

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1. Validate/provide the information required by the Department's Critical Data Sheet (CDS); and
2. Submit a shelter-in-place plan in a format determined by the Department, if the Facility may seek to shelter-in-place during an emergency evacuation.

E. Within 30 days prior to the renewal of its license, the facility shall provide the information required for the Department's Emergency Evacuation Plan Summary. Submission of this information will be in a format determined by the Department.

F. Each Facility shall maintain a means of primary and secondary communication with their local county emergency management agency that is capable of transmitting information and/or data during periods when normal communication systems are inoperable. The Facility shall also maintain a back-up system. Both systems shall be tested periodically.

### 902. Internal Medical Surge.

A. A facility desiring to activate internal medical surge and temporarily admit patients in excess of licensed bed capacity due to an emergency shall provide written notification to the Department upon prescribed forms that include the following information:

1. A description of the emergency situation;
2. An outline of the maximum number of patients to be admitted;
3. An anticipated date of discharge of the patients; and
4. A description of how and where the patients will be housed.

B. The Facility must notify the Department in writing when the Facility has deactivated its internal medical surge and its patient census has returned to within the Facility's licensed bed capacity.

C. If the event occurs after normal business hours, the Department must be contacted promptly during the next business day.

D. Other issues, such as staffing for the care of the temporary patients, physicians' orders, additional food for the temporary patients and handling of medications, shall be resolved ahead of time by memorandum of agreements, internal policies and procedures, and emergency planning documents.

### 903. External Medical Surge.

A. Some emergency situations might overwhelm a Facility's plans for Internal Medical Surge or render the licensed inpatient hospital building(s) unusable. In such situations, a Facility may activate External Medical Surge and operate an Alternate Care Site (ACS) under the authority of its license during an emergency situation such as a mass casualty event or Facility evacuation. To activate an ACS, the Facility's census must be projected to surge beyond its planned Internal Medical Surge capacity or the Facility's main building, or a portion of the building, must be rendered unusable.

B. If a Facility desires to be approved to operate an ACS, the Facility shall:

1. Conduct an assessment of the proposed ACS location utilizing the Department's Alternate Care Site Preliminary Assessment Form. Every ACS shall be planned, designed, and equipped to provide adequate accommodations for the care, safety, and treatment of each patient. Buildings selected for ACS should comply with the local building codes and ordinances applicable to the buildings' original intended use. It is the Facility's

responsibility to use the assessment process to assure that an ACS building is in compliance with local codes and has the structural soundness and capacity to provide patient treatment contemplated by the Facility.

2. Once a location has been identified, the Department will meet with Facility staff to discuss the details of the ACS. When appropriate, the Department will send written confirmation that the location has been approved for future use as an ACS. The location will retain its status as an ACS unless modifications are made to the site. Modifications that might affect the use of an ACS include, but are not limited to, renovations, construction, demolition, or change of ownership. Any modifications to the site should be reported in writing to the Department.

C. Prior to activating an Alternate Care Site, the Facility shall do the following:

1. Have prior approval of the ACS from the Department as described in Section 903.B; and
2. Provide the following information to the Department:
  - a. Describe the emergency situation;
  - b. Explain why activating Internal Medical Surge will not address the situation;
  - c. Identify the ACS;
  - d. Outline the maximum number of patients to be treated at the ACS; and
  - e. Provide an anticipated date for discontinuance of the ACS.

D. After the emergency situation is over, the Facility must notify the Department in writing when the ACS is being deactivated.

E. Other issues such as staffing, food service, equipment requirements, medication management, medical records, and physicians' orders shall be resolved prior to activation by memorandum of agreements, internal policies and procedures, and emergency planning documents.

**904. Emergency Call Data. (I)**

Emergency call information shall be immediately available to personnel on each unit when needed. Emergency call data shall include at least the following information:

- A. Non emergency telephone numbers of fire and police departments;
- B. Name, address, and telephone number of all personnel to be called in case of fire or emergency;
- C. Name, address, and telephone number of physician on call;
- D. Name, address, and telephone number of supervisory personnel when on call; and
- E. Address and telephone number of a poison control center.

***SECTION 1000  
ACCOMMODATIONS FOR PATIENTS (II)***

**1001. Maximum Number of Beds.**

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A. No facility shall have set up or in use at any time more beds than the number stated on the face of the license except in cases of justified emergencies pursuant to the procedures set forth in Section 902 (Internal Medical Surge). The following categories of beds are not chargeable to the licensed number:

1. Labor room;
2. Newborn nursery;
3. Recovery room;
4. Emergency room treatment;
5. Classroom use only.

B. Neonatal special care beds will be shown on the face of the license in addition to the licensed bed capacity.

C. The Facility shall have the capability to set up the number of beds stated on the face of its license.

### **1002. Location of Beds.**

A. In semi-private and multi-bed rooms there shall be curtains or other means of providing privacy that completely shield the patient.

B. Beds, gurneys, recliners, chairs or other similar furniture shall not be placed in corridors, solaria or other locations not designed as patient room areas except in cases of justified emergencies.

## ***SECTION 1100 MEDICAL RECORDS (II)***

### **1101. Physician's Responsibility.**

It shall be the responsibility of each physician to complete and authenticate the medical record within a stipulated time after discharge, not to exceed 30 days after discharge.

### **1102. Organization.**

The responsibility for supervision, filing, indexing, maintenance and storage of medical records shall be assigned to a responsible employee of the hospital who has had training in this field.

### **1103. Indexing.**

Medical records shall be properly indexed, organized, filed and ready for access by members of the staff.

### **1104. Ownership.**

Medical records of patients are the property of the organization and must not be released from the hospital's authority or control except by court order.

### **1105. Contents.**

A. Each entry in the medical records must be legible, dated, timed and signed/authenticated by the clinician or designee that created the entry. A medical record must be created for all patients admitted to the hospital and

newborns delivered in the hospital. Initials will be accepted provided such initials can be readily identified within the medical record. A minimum medical record shall include the following information:

1. An admission record must be prepared for each patient and must contain the following information, when obtainable: Name; address, including county; age; date of birth; sex; marital status; religion; race and ethnicity; health insurance number; provisional diagnosis; case number; days of care; social security number; name and telephone number of person or persons to be notified in the event of emergency; name of referring physician; name of attending physician; date and hour of admission;

2. History and physical within 48 hours after admission;

3. Provisional or working diagnosis;

4. Pre-operative diagnosis;

5. Plan of care;

6. Complete surgical record, if any, including technique of operation and findings, statement of tissue and organs removed and post-operative diagnosis;

7. Report of anesthesia;

8. Nurses' notes;

9. Progress notes;

10. Gross pathological findings and microscopic, if applicable;

11. Vital signs and other measurements appropriate to patient;

12. Medication Administration Record or similar document for recording of medications, treatments and other pertinent data. This record shall be signed/authenticated after each medication administered or treatment is rendered;

13. Final diagnosis and discharge summary, including date and time of discharge;

14. In case of death, cause and autopsy findings, if autopsy is performed, unless the death becomes subject to review by the coroner's office, and;

15. Special examinations, if any, e.g., consultations, clinical laboratory, x-ray and other examinations.

B. Contingent upon the availability of pertinent information in the perinatal records of the mother, newborn records should include the following:

1. History of hereditary conditions in mother's and/or father's family;

2. First day of the last menstrual period (L.M.P.) and estimated day of confinement (E.D.C.);

3. Mother's blood group and RH type - evidence of sensitization and/or immunization (such as, administration of anti-D hyperimmune globulin);

4. Serological test including dates performed for syphilis, HIV, Rubella, and Hepatitis B, results of any other tests performed during pregnancy (e.g., Group B Strep, Chlamydia, Gonorrhea, Herpes);

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5. Maternal disease (e.g., diabetes, hypertension, pre-eclampsia, infections);
6. Drugs taken during pregnancy, labor and delivery;
7. Results of measurements of fetal maturity and well-being (e.g., lung maturity and ultrasonography);
8. Duration of ruptured membranes and labor, including length of second stage;
9. Method of delivery, including indications for operative or instrumental interference;
10. Complications of labor and delivery (e.g., hemorrhage or evidence of fetal distress), including a representative strip of the fetal ECG if recorded;
11. Description of placenta at delivery, including number of umbilical vessels;
12. Estimated amount and description of amniotic fluid;
13. Apgar scores at one and five minutes of age. Description of resuscitations, if required, detailed description of abnormalities and problems occurring from birth until transfer to the special nursery or the referral facility;
14. Results and date specimen was collected for neonatal testing to detect inborn metabolic errors and hemoglobinopathies, including PKU, hypothyroidism and various other metabolic disorders. Exception: Parents may object because of religious grounds only, and in writing using a form promulgated by the Department; and
15. Results and dates of pulse oximetry screening and/or follow up of evaluation for critical congenital heart defects.

Exception: Parents may object only in writing to the screening for reason pertaining to religious beliefs.

C. When restraints are utilized, there must be an order to include length of time to be used and signed/authenticated by the legally authorized healthcare provider approving use of restraint or seclusion either at the time they are applied to a patient, or in case of emergency, within 24 hours after they have been applied. Each procedure manual shall contain information and instructions on the specific types of safety precautions that may or may not be used.

### 1106. Orders for Medication and Treatment.

All medical records shall contain the necessary consent forms for the treatment provided, along with orders for medication and treatment, signed/authenticated and dated by the prescriber or his designee. All orders, including verbal orders, shall be properly recorded in the medical record, dated and signed/authenticated by the prescriber within 30 days.

### 1107. Storage.

A. Provisions shall be made by the hospital for the storage of medical records in an environment which will prevent unauthorized access and deterioration. The records shall be treated as confidential and shall not be disposed of before 10 years. Records may be destroyed after 10 years provided that:

1. Records of minors must be retained until after the expiration of the period of election following achievement of majority as prescribed by statute; and
2. The hospital retains a register, either electronic or paper based.

B. Facilities that store records in a format other than paper, such as, but not limited to, microfilm, before 10 years have expired must include the entire record.

C. In the event of change of ownership, all medical records shall be transferred to the new owners.

D. Prior to the closing of a hospital for any reason, the facility shall arrange for preservation of records to ensure compliance with these regulations. The facility shall notify the Department, in writing, describing these arrangements.

**1108. Information to be Provided to Other Health Care Providers.**

In order to contribute to the continuity of quality of care, procedures must be established and implemented to provide discharge summaries and/or other appropriate information to health care providers to whom patients are discharged, transferred or referred.

**1109. Maintenance and Disposal.**

Records shall be maintained and disposed of as specified in Section 1107.

**1110. Access to Medical Records.**

Only authorized personnel should have access to medical records and a hospital shall have policies and procedures to assure that a patient’s protected health information is private. The patient shall have access to his/her clinical records within a reasonable timeframe and a hospital shall have a process in place to facilitate that access if requested.

***SECTION 1200  
PATIENT CARE AND SERVICES***

**1201. Basic Facility Functions. (I)**

**A. Pharmaceutical Services.**

The Facility must have pharmaceutical services that meet the needs of the patients. The Facility must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the Facility’s organized pharmaceutical service.

1. Pharmacy management and administration. The pharmacy or drug storage area must be administered in accordance with accepted professional principles.

a. A full-time, part-time, or consulting pharmacist must be responsible for developing, supervising, and coordinating all the activities of the pharmacy services.

b. The pharmaceutical service must have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.

c. Current and accurate records must be kept of the receipt and disposition of all drugs.

2. Delivery of services. In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law.

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a. All compounding, packaging, and dispensing of drugs and biologicals must be under the supervision of a pharmacist and performed consistent with State and Federal laws.

b. All drugs and biologicals must be kept in a secure area and locked when appropriate.

c. Drugs listed in Schedules II, III, IV, and V of the State and Federal controlled substances laws must be kept locked within a secure area.

d. Only authorized personnel may have access to locked areas.

e. Outdated, discontinued, mislabeled, or otherwise unusable drugs and biologicals shall not be available for patient use and shall be returned to the pharmacy for proper disposition in accordance with good pharmaceutical practice and facility policy.

f. Multi-dose vials shall be labeled with the date and time when opened or the date and time the vial should expire, as defined by facility policy and/or manufacture guidelines, whichever timeframe is shorter.

g. When a pharmacist is not available, drugs and biologicals must be removed from the pharmacy or storage area only by personnel designated in the policies of the medical staff and pharmaceutical service, in accordance with Federal and State law.

h. Drugs and biologicals not specifically prescribed as to time or number of doses must automatically be stopped after a reasonable time that is predetermined by the medical staff.

i. Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending physician and, if appropriate, to the hospital's quality assessment and performance improvement program.

j. Abuses and losses of controlled substances must be reported, in accordance with applicable Federal and State laws, to the individual responsible for the pharmaceutical service, and to the chief executive officer, as appropriate.

k. Information relating to drug interactions and information of drug therapy, side effects, toxicology, dosage, indications for use, and routes of administration must be available to the professional staff.

3. Student nurses may only administer medications under the direct supervision of a registered nurse who is the student's instructor and/or preceptor. The medical record must be signed/authenticated by both parties.

4. Self-administration of medications by patients may be permitted only when specifically ordered by the legally authorized healthcare provider in writing and the medications have been reviewed by a Registered Pharmacist prior to administration.

5. Medication variances and adverse drug reactions shall be reported immediately to the prescriber, supervising nurse and pharmacist, and recorded in the patient's medical record.

### **B. Radiological Services.**

The Facility must maintain, or have available, diagnostic radiologic services. If therapeutic services are also provided, the therapeutic services and diagnostic services must meet professionally approved standards for safety and personnel qualifications.

1. The Facility must maintain, or have available, radiologic services according to needs of the patients.

2. The radiologic services, particularly ionizing radiology procedures, must be free from hazards for patients and personnel.

a. Proper safety precautions must be maintained against radiation hazards. This includes adequate shielding for patients, personnel, and facilities, as well as appropriate storage, use, and disposal of radioactive materials.

b. Periodic inspection of equipment must be made and hazards identified must be promptly corrected.

c. Radiation workers must be checked periodically, by the use of exposure meters or badge tests, for amount of radiation exposure.

d. Radiologic services must be provided only on the order of practitioners with clinical privileges or, consistent with State law, of other practitioners authorized by the medical staff and the governing body to order the services.

3. Personnel must adhere to the following:

a. A qualified full-time, part-time, or consulting radiologist must supervise the ionizing radiology services. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology.

b. Only personnel designated as qualified by the medical staff may use the radiologic equipment and administer procedures.

4. Records of radiologic services must be maintained.

a. The radiologist or other practitioner who performs radiology services must sign reports of his or her interpretations.

b. The Facility must maintain the following for at least 5 years:

i. Copies of reports and printouts.

ii. Films, scans, and other image records, as appropriate.

**C. Laboratory Services.**

The Facility must maintain, or have available, adequate laboratory services to meet the needs of its patients. The Facility must ensure that all laboratory services are provided in accordance with Clinical Laboratory Improvement Act (CLIA) requirements.

1. The Facility must have laboratory services available, either directly or through a contractual agreement with a CLIA-certified laboratory.

2. Emergency laboratory services must be available 24 hours a day.

3. A written description of services provided must be available to the medical staff.

4. The laboratory must make provision for proper receipt and reporting of tissue specimens.

5. The medical staff and a pathologist must determine which tissue specimens require a macroscopic (gross) examination and which require both macroscopic and microscopic examinations.

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6. The Facility must maintain:

a. Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of disposition in a manner that permits prompt retrieval; and

b. A fully funded plan to transfer these records to another Facility or other entity if such Facility ceases operation for any reason.

### **D. Emergency Services.**

1. No person, regardless of his ability to pay or county of residence, may be denied emergency care if a member of the admitting hospital's medical staff or, in the case of a transfer, a member of the accepting hospital's medical staff determines that the person is in need of emergency care.

2. General Hospitals shall have readily available in the emergency department a precipitous delivery kit to include all necessary equipment as well as equipment and medication to rapidly treat post-partum hemorrhage as recommended by the American College of Obstetricians and Gynecologists.

3. If the care required for any patient is not available at the hospital, arrangements must be made for transfer to a more appropriate hospital. Prior to the transfer of a patient to another hospital, the receiving hospital shall be notified of the impending transfer.

4. General Hospitals must have an emergency department that offers emergency care 24 hours per day, with at least one physician experienced in emergency care on duty in the emergency care area. Specialty consultation must be available within 30 minutes by members of the medical staff or senior-level residents. Consultation may be through telephone or telemedicine. The hospital's scope of services includes in-house capabilities for managing physical and related emotion problems, with provision for patient transfer to another organization when needed.

5. Specialized Hospitals, LTACHs, and an existing General Hospital that was approved and licensed without an emergency department must have emergency services that include offering reasonable care in determining whether an emergency exists, rendering lifesaving first aid, and making appropriate referral to the nearest organization that is capable of providing needed services. These hospitals must not represent or hold themselves out to the public as offering emergency care 24 hours per day. The mechanism for providing physician coverage at all times is defined by the medical staff.

6. A General Hospital licensed in South Carolina may open and operate freestanding emergency services within a 35-mile radius of its hospital campus. This freestanding emergency service shall be an extension of the existing hospital's on-campus emergency service, and shall meet the requirements of Section 1201.D.4.

7. A General Hospital emergency department entrance shall be separated from the main entrance, well-marked and illuminated, easily accessible from the street and sufficiently covered or enclosed to protect ambulance patients from the elements during the unloading process.

8. A General Hospital shall post rosters designating medical staff members on duty or on call for primary coverage and specialty consultation in the emergency care area.

9. Specialized Hospitals, LTACHs, and an existing General Hospital that was approved and licensed without an emergency department shall provide physician and registered nurse coverage 24 hours per day. Nursing and other allied health professionals shall be readily available in the hospital. Staff may have collateral duties elsewhere in the hospital, but must be able to respond when needed without adversely affecting patient care or treatment elsewhere in the hospital. These hospitals shall have trained staff to screen patients, staff, and visitors, to render lifesaving first aid, and transfer to an appropriately licensed facility.

## 10. Diversion Status - Inability to Deliver Emergency Services.

a. General Hospital emergency departments shall develop and implement a diversion policy which describes the process of handling those times when the hospital must temporarily divert ambulances from transporting patients requiring emergency services to the hospital. The policy must include the following: when diversion is authorized to be called; who is authorized to call and discontinue diversion; efforts the hospital will make to minimize the usage of diversion; and how diversion will be monitored and evaluated.

b. General Hospital emergency departments shall notify local ambulance providers and/or other appropriate parties when the hospital is temporarily unable to deliver emergency services and is declaring itself on diversion.

11. As part of its quality assessment and performance improvement program, a General Hospital emergency department shall on at least an annual basis evaluate its emergency service staffing utilizing appropriate emergency services metrics, which may include door to doctor times, patients leaving without being seen, boarding hours, lengths of stay, and patient experience. The hospital must document the findings and recommendations of its evaluation and, when appropriate, implement measures to improve its emergency services staffing.

**E. Central Supply.**

1. The department head shall be qualified for the position by education, training and experience as determined by the Facility policies and procedures. (II)

2. The number of supervisory and other personnel shall be related to the scope of the services provided. (II)

3. There shall be written policies and procedures for the decontamination and sterilization activities performed in central supply and elsewhere in the Facility. These policies and procedures shall address the following:

a. The use of sterilization process monitors, including temperature and pressure recordings, and the use and frequency of appropriate chemical indicator and bacteriological spore tests for all sterilizers.

b. Designation of the shelf life for each hospital-wrapped and hospital-sterilized medical item and, to the maximum degree possible, for each commercially prepared item, by a specific expiration date that sets a limit on the number of days an item will be considered safe for use. When possible, load control numbers shall be used to designate the sterilization equipment used for each item, including the sterilization date and cycle.

4. A recognized method of checking sterilizer performance shall be used. A chemical indicator of some type should be included in the largest package of each load. Biological indicators (live bacterial spores) should be included in all steam and hot air sterilizers at least once per week or more often depending upon the degree of sterilizer usage. Gas sterilizers should employ such indicators on at least a weekly basis and preferably on a daily basis. Further, the gas sterilization of implants, prosthetic devices, etc., should be accompanied by a biological monitor in each load. Monthly checks shall be made to ensure the above, and a written report retained.

5. Adequate precautions shall be taken to ensure that sterile supplies and equipment are not mixed with unsterile material. Suitable space shall be provided for keeping equipment and supplies in a clean, convenient and orderly manner.

6. All packaged supplies and containers for solutions, drugs, medicated supplies, etc., shall be labeled so as to remain plainly legible before and after sterilization. Labels shall include at least the expiration date of the contents.

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7. Outdated medical supplies, solutions, etc., shall be returned to central supply for resterilization or disposal.

### 1202. Optional Hospital Services. (I)

#### A. Surgical Services.

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

1. The organization of the surgical services must be appropriate to the scope of the services offered.

a. The operating rooms must be supervised by an experienced registered nurse or a doctor of medicine or osteopathy.

b. Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as “scrub nurses” under the supervision of a registered nurse.

c. Qualified registered nurses may perform circulating duties in the operating room. In accordance with applicable State laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies.

d. Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner.

2. Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.

a. Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies:

i. A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration, and except as provided under Section 1202.A.2.a.iii.

ii. An updated examination of the patient, including any changes in the patient’s condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical examination are completed within 30 days before admission or registration, and except as provided under Section 1202.A.2.a.iii.

iii. An assessment of the patient must be completed and documented after registration (in lieu of the requirements of Section 1202.A.2.a.i and -ii) when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services.

b. A properly executed informed consent form for the operation must be in the patient’s chart before surgery, except in emergencies.

c. The following equipment must be available to the operating room suites: call-in-system, cardiac monitor, resuscitator, defibrillator, aspirator, and tracheotomy set.

- d. There must be adequate provisions for immediate post-operative care.
- e. The operating room register must be complete and up-to-date.
- f. An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.
- g. Hospitals shall provide surgical equipment and instruments in good repair and free of potentially harmful microorganisms to assure safe and aseptic treatment. Any indication of contamination shall be immediately called to the attention of the nursing supervisor or the physician in charge of the service.

**B. Anesthesia Services.**

1. Anesthesia shall be administered according to the South Carolina Code of Laws and the South Carolina Code of State Regulations by:

- a. A qualified anesthesiologist;
- b. A doctor of medicine or osteopathy other than an anesthesiologist;
- c. A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;
- d. A certified registered nurse anesthetist (CRNA), as defined in S.C. Code Ann. Section 40-33-20(20), is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed; or
- e. An anesthesiologist's assistant, as defined in S.C. Code Ann. Section 40-47-1210(2), who is under the supervision of an anesthesiologist who is immediately available if needed.

2. The organization of anesthesia services must be appropriate to the scope of the services offered.

3. Operations under a general anesthetic shall not be performed nor a general anesthetic given until the patient has had a physical examination except in emergency situations. The results of these examinations shall be entered in the patient's record. The history and physical must be readily available in the patient medical record.

4. Anesthesia apparatus shall be equipped with a device to measure the oxygen concentration of the gas being inhaled by the patient. The device shall emit an audible and/or visual alarm should the proportion of oxygen fall below a safe level.

**C. Nuclear Medicine Services.**

If the hospital provides nuclear medicine services, those services must meet the needs of the patients in accordance with acceptable standards of practice.

1. The organization of the nuclear medicine service must be appropriate to the scope and complexity of the services offered.

- a. There must be a director who is a doctor of medicine or osteopathy qualified in nuclear medicine.
- b. The qualifications, training, functions, and responsibilities of nuclear medicine personnel must be specified by the service director and approved by the medical staff.

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2. Radioactive materials must be prepared, labeled, used, transported, stored, and disposed of in accordance with acceptable standards of practice.

a. In-house preparation of radiopharmaceuticals is by, or under the supervision of, an appropriately trained registered pharmacist or a doctor of medicine or osteopathy.

b. There is proper storage and disposal of radioactive material.

c. If laboratory tests are performed in the nuclear medicine service, the service must meet the applicable requirement for laboratory services.

3. Equipment and supplies must be appropriate for the types of nuclear medicine services offered and must be maintained for safe and efficient performance. The equipment must be:

a. Maintained in safe operating condition; and

b. Inspected, tested, and calibrated at least annually by qualified personnel.

4. The hospital must maintain signed and dated reports of nuclear medicine interpretations, consultations, and procedures.

a. The hospital must maintain copies of nuclear medicine reports for at least 5 years.

b. The practitioner approved by the medical staff to interpret diagnostic procedures must sign and date the interpretation of these tests.

c. The hospital must maintain records of the receipt and disposition of radiopharmaceuticals.

d. Nuclear medicine services must be ordered only by a practitioner whose scope of Federal or State licensure and whose defined staff privileges allow such referrals.

### **D. Outpatient Services.**

If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.

1. Outpatient services must be appropriately organized and integrated with inpatient services.

2. The hospital must:

a. Assign one or more individuals to be responsible for outpatient services.

b. Have appropriate professional and nonprofessional personnel available where outpatient services are offered, based on the scope and complexity of outpatient services.

3. Outpatient services must be ordered by a practitioner who meets the following conditions:

a. Is responsible for the care of the patient.

b. Is licensed in the State where he or she provides care to the patient.

c. Is acting within his or her scope of practice under State law.

d. Is authorized in accordance with State law and policies adopted by the medical staff, and approved by the governing body, to order the applicable outpatient services. This applies to the following:

i. All practitioners who are appointed to the hospital's medical staff and who have been granted privileges to order the applicable outpatient services.

ii. All practitioners not appointed to the medical staff, but who satisfy the above criteria for authorization by the medical staff and the hospital for ordering the applicable outpatient services for their patients.

### **E. Rehabilitation Services.**

If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.

1. The organization of the service must be appropriate to the scope of the services offered.

a. The director of the services must have the necessary knowledge, experience, and capabilities to properly supervise and administer the services.

b. Physical therapy, occupational therapy, speech-language pathology or audiology services, if provided, must be provided by qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists.

2. Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.

a. All rehabilitation services orders must be documented in the patient's medical record.

b. The provision of care and the personnel qualifications must be in accordance with national acceptable standards of practice.

### **F. Psychiatric Services.**

If the hospital provides psychiatric services, the services must be organized and staffed to ensure the health and safety of patients.

1. A physician, preferably a board-certified psychiatrist, shall be designated as physician-in-charge (or chief) of the psychiatric service. A designated physician who is experienced in the practice of psychiatry should be on call at all times.

2. A registered nurse who has had at least two years of training and/or experience in psychiatric nursing shall be responsible for the nursing care of psychiatric patients. At least one registered nurse shall be on duty in each nursing unit at all times.

3. Each patient must receive a psychiatric evaluation that must:

a. Be completed within 60 hours of admission;

b. Include a medical history;

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- c. Contain a record of mental status;
- d. Note the onset of illness and the circumstances leading to admission;
- e. Describe attitudes and behavior;
- f. Estimate intellectual functioning, memory functioning, and orientation; and
- g. Include an inventory of the patient's assets in descriptive, not interpretative, fashion.

### 4. Treatment plan:

a. Each patient must have an individual comprehensive treatment plan that must be based on an inventory of the patient's strengths and disabilities. The written plan must include:

- i. A substantiated diagnosis;
- ii. Short-term and long-range goals;
- iii. The specific treatment modalities utilized;
- iv. The responsibilities of each member of the treatment team; and

v. Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.

b. The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.

5. Progress notes for the patient must be documented, in accordance with applicable State scope-of-practice laws and hospital policies, by the following qualified practitioners: Doctor(s) of medicine or osteopathy, or other licensed practitioner(s), who is responsible for the care of the patient; nurse(s) and social worker(s) (or social service staff) involved in the care of the patient; and, when appropriate, others significantly involved in the patient's active treatment modalities. The frequency of progress notes is determined by the condition of the patient but must be recorded at least weekly for the first 2 months and at least once a month thereafter and must contain recommendations for revisions in the treatment plan as indicated, as well as precise assessment of the patient's progress in accordance with the original or revised treatment plan.

6. The record of each patient who has been discharged must have a discharge summary that includes a recapitulation of the patient's hospitalization and recommendations from appropriate services concerning follow-up or aftercare as well as a brief summary of the patient's condition on discharge.

### **G. Respiratory Care Services.**

If the hospital provides respiratory care services, the services must be organized and staffed to ensure the health and safety of patients.

1. The organization of the respiratory care services must be appropriate to the scope and complexity of the services offered.

a. There must be a director of respiratory care services who is a doctor of medicine or osteopathy with the knowledge, experience, and capabilities to supervise and administer the service properly. The director may serve on either a full-time or part-time basis.

b. There must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualifications specified by the medical staff, consistent with State law.

2. Services must be delivered in accordance with medical staff directives.

a. Personnel qualified to perform specific procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing.

b. If blood gases or other laboratory tests are performed in the respiratory care unit, the unit must meet the applicable requirements for laboratory services.

c. Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.

d. All respiratory care services orders must be documented in the patient's medical record.

**H. Inpatient Dialysis Services.**

If the hospital provides inpatient dialysis services, the services must be organized and staffed to ensure the health and safety of patients.

1. Written policies and procedures shall be developed and maintained by the service provider responsible for the service in consultation with other appropriate health professionals and the administration. Procedures shall be approved by the administration and medical staff where such is appropriate.

2. Renal Dialysis Service Equipment and Supplies

a. Equipment and supplies shall include at least:

i. A dialysis machine or equivalent (with appropriate monitoring equipment) for each bed or station.

ii. Dialysis equipment appropriate for pediatric patients, if treated.

b. Water used for dialysis purposes shall be analyzed for bacteriological quality at least monthly and chemical quality at least quarterly and treated as necessary to maintain a continuous water supply that is biologically and chemically compatible with acceptable dialysis techniques. Water used to prepare a dialysate shall not contain concentrations of elements or organisms in excess of those specified below:

<b>ELEMENTS</b>	<b>LIMIT IN MILLIGRAMS PER LITER</b>
Aluminum	.01
Arsenic	.005
Barium	.100
Cadmium	.001
Calcium	2.0
Chloramines (Tested Daily)	.001
Chlorine (Tested Daily)	.500
Chromium	.014
Copper	.100
Fluorides	.200

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ELEMENTS	LIMIT IN MILLIGRAMS PER LITER
Lead	.005
Magnesium	4.0
Mercury	.0002
Nitrates (Nitrogen)	2.0
Potassium	8.0
Selenium	.090
Silver	.005
Sodium	70.0
Sulfates	100.0
Zinc	.100
Bacteria	200 colonies per milliliter

c. A written preventive maintenance program for all equipment used in dialysis and related procedures including, but not limited to, all patient monitoring equipment, isolated electrical systems, conductive flooring, patient ground systems, and medical gas systems shall be developed and implemented. This equipment shall be checked and/or tested at such intervals to ensure proper operation and a state of good repair. After repairs and/or alterations are made to any equipment or system, the equipment or system shall be thoroughly tested for proper operation before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance.

### **I. Chemical and Substance Abuse Treatment Services.**

If the hospital provides chemical and substance abuse treatment services, the services must be organized and staffed to ensure the health and safety of patients.

1. A physician, who is experienced in the treatment of chemical and substance abuse, shall be designated as physician-in-charge of this service. Such a physician shall also be on call at all times.

2. A registered nurse who has had at least two years training and/or experience in chemical and substance abuse care shall be responsible for the nursing care of this service. At least one registered nurse shall be on duty in each nursing unit at all times who has demonstrable training in chemical and substance abuse treatment. Relevant content of this training shall include physical and psychological assessment, psychopharmacology, basic counseling and intervention techniques, and the role of self-help groups in the recovery process. The training may be received through on-the-job training, specialized workshops, or classroom experience.

### **J. Pediatric Services.**

If the hospital provides pediatric services, the services must be organized and staffed to ensure the health and safety of patients.

1. Organization: Pediatric services, if provided, shall be under the supervision of a registered nurse.

2. Facilities: Pediatric services shall have separate facilities for the care of children. Facilities and procedures shall be provided for isolation of children having contagious infections or communicable diseases.

3. Pediatric Nursery: Pediatric nurseries shall provide at least 40 square feet per bassinet or 80 square feet per crib.

### **K. Cardiovascular Care Services.**

1. Prior to establishing or offering any cardiac catheterization or cardiac surgery services, the hospital must have applied for and be in the process of obtaining accreditation for such services from the American College of Cardiologists, Accreditation for Cardiovascular Excellence, or other nationally recognized accrediting organization approved by the Department with standards at least equal to those of the Accreditation for Cardiovascular Excellence or American College of Cardiologists. To continue offering such services, a hospital must obtain such accreditation within two years from application unless otherwise approved by the Department. Hospitals must maintain documentation evidencing their application for accreditation and accreditation for such services. If a hospital is denied accreditation or has its accreditation revoked, the hospital must immediately notify the Department in writing, cease offering such services, and cannot resume offering such services until the hospital is accredited or re-accredited.

2. Hospitals that offer cardiac catheterization services without onsite cardiac surgery shall have written protocols ensuring immediate, efficient, and safe transfer of patients to the nearest hospital with onsite cardiac surgery in the case of an emergency.

#### **L. Acute Hospital Care at Home.**

If an AHCAH program is offered, the program must be consistent in quality with inpatient care in accordance with the complexity of services offered and must be organized and staffed to ensure the health and safety of patients.

1. A hospital providing an AHCAH program must contract or provide for the following services:

- a. Pharmacy;
- b. Infusion;
- c. Respiratory care, including oxygen delivery;
- d. Diagnostic testing;
- e. Transportation;
- f. Dietary services, including meal availability as needed by the patient;
- g. Durable medical equipment;
- h. Physical, occupational, and speech therapy; and
- i. Social work and care coordination.

2. The hospital must have the following policies and procedures for the AHCAH program:

a. Patient Eligibility and Screening Requirements.

i. Patient Consent: A patient must consent in writing to receive AHCAH and shall have the right to discontinue AHCAH at any time and be transported to the hospital for inpatient services.

ii. Admission Criteria: There must be inpatient admission requirements that ensure only patients requiring acute level care will receive AHCAH care. Patients must be admitted from the emergency department or inpatient bed. There must be an in-person evaluation by a physician prior to admission to the AHCAH program.

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iii. Assessment: Prior to admission to the AHCAH program, an assessment for both medical and non-medical factors must be completed and documented in writing to include the following factors:

(1) Home Environment: The home environment must be assessed for non-medical factors such as physical and environmental barriers. The hospital must ensure the patient's home can accommodate any medical equipment required for the patient's care.

(2) Remote Patient Monitoring: There must be continuous remote patient monitoring and connectivity. There must be a reliable communication system for emergency calls and communication with the hospital. The hospital must ensure the patient's home has reliable internet, working utilities, and backup communication methods. The hospital must ensure the patient's home can accommodate the hospital's audio-visual systems.

(3) Emergency Response: The hospital must plan for managing medical emergencies in the patient's home, including patient stabilization and immediate transfer, if necessary. The hospital must ensure appropriate emergency personnel can arrive to the patient's home within thirty (30) minutes.

b. Diagnoses. The hospital must maintain and update a subset of diagnoses that respond safely and effectively to AHCAH.

c. Exclusions. The hospital shall maintain certain diagnoses as exclusion criteria for AHCAH. Patients that require services that include intensive care, invasive surgical procedures, anesthesia services, perinatal care, or psychiatric care must be excluded from AHCAH.

d. Medication: The hospital must have policies and procedures for medication management.

e. Infection Control: There must be policies and procedures for infection prevention and control and waste management for the AHCAH program.

3. Medical Records. Patients admitted to the AHCAH program must have medical records in accordance with Section 1100.

4. A hospital must ensure the AHCAH program, at a minimum, includes the following:

a. Multidisciplinary Team: The AHCAH program must be staffed by a multidisciplinary team, which must include a physician, advanced practice registered nurse or physician assistant, registered nurse, pharmacist, social work and care coordination teams, and other authorized healthcare providers as required by the patient's plan of care and hospital policy.

b. Emergency Response Training: All AHCAH staff must be trained in emergency response procedures for the AHCAH program, as appropriate to their role. Such training shall be documented and provided prior to the staff member's providing AHCAH services and annually thereafter.

c. Daily Evaluation: There must be a daily evaluation of the patient by a physician, advanced practice registered nurse or physician assistant, or registered nurse. This evaluation can be in-person or remote.

d. Daily In-Person Visits: There must be at least two (2) in-person visits by a legally authorized healthcare provider daily. During these visits, the patient's vital signs must be taken.

e. Transportation: The hospital must provide or arrange for transportation to and from the hospital and the patient's home.

f. Dietary Services: The hospital shall contract or provide for the provision of meal services. All dietary plans shall be administered in accordance with Section 1505.

g. Durable Medical Equipment: The hospital shall provide and deliver durable medical equipment that may be required for the AHCAH program.

h. Remote Patient Monitoring. There must be continuous remote patient monitoring and connectivity. There must be a reliable communication system available twenty-four (24) hours per day, seven (7) days per week for emergency calls and communication between the patient and the AHCAH program.

5. For hospitals offering or providing AHCAH, there shall be an emergency operations plan specifically addressing emergency preparedness and response for AHCAH patients. The plan shall address, at a minimum, the needs of the patients, procedures to be taken for evacuation of patients, and continuity of patient care.

6. The hospital must inform in writing, as evidenced by the signature of the patient or the patient's responsible party and date, its emergency operations plan for the AHCAH patient.

**SECTION 1300**  
**PERINATAL SERVICES**

**1301. Newborn Hearing Screening.**

A. A facility that averages greater than 100 deliveries a year shall conduct a hearing screening on each newborn prior to discharge. In addition, the facility shall provide educational information about the screening procedure, the importance of the screening and the importance of having a complete audiobiological evaluation after discharge if the need is indicated.

B. If a facility averages fewer than 100 deliveries a year, a hearing screening is not required for each newborn, but the facility shall give the parents of each newborn educational information concerning the hearing screening procedure and the importance of having the screening procedure after discharge.

C. Each facility required to conduct newborn hearing screening shall regularly report the results of the screening to the Department in the required format.

**1302. Shaking infant video & infant CPR information for parents and caregivers of newborn infants and adoptive parents.**

A. A facility shall provide to the parents of each newborn baby delivered in the facility a video presentation on the dangers associated with shaking infants and young children. The facility shall also make available information on the importance of parents and caregivers learning infant CPR.

B. The facility shall request that the maternity patient, the father, or the primary caregiver view the video. Those persons whom the facility requests to view the video shall sign a document prescribed by the Department of Public Health stating that they have been offered an opportunity to view the video.

C. The facility shall only use a video approved by the Director, or his/her designee, of the Department of Public Health.

**1303. Providing a Safe Haven for Abandoned Babies.**

Facilities and outpatient facilities shall:

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A. Accept temporary physical custody of an infant not more than sixty (60) days old who is voluntarily left by a person who does not express an intent to return for the infant and the circumstances create a reasonable belief that a person does not intend to return for the infant.

B. Be in full compliance with EMTALA rules and regulations and perform any act necessary to protect the physical health or safety of the infant.

C. Offer the person information concerning the legal effect of leaving the infant by delivering to the person the information brochure supplied by the state DSS. Ask the person to identify any parent other than the person leaving the infant. Attempt to obtain from the person information concerning the infant's background and medical history as specified in the forms provided by DSS and appropriate forms available from facility files.

D. Using the DSS form, an attempt must be made to get information concerning use of controlled substances by the infant's mother and other pertinent health information which might determine medical care required by the infant.

E. If the person does not wish to provide or is unable to provide the information to the facility, the person must be offered the DSS form with a prepaid envelope supplied to the facility by DSS.

F. No later than the close of the first business day, after the date on which the facility takes possession of the infant, the facility must notify DSS that it has taken temporary physical custody of the infant. DSS will have legal custody of the infant upon receipt of this notice and DSS will assume physical custody no later than 24 hours after receiving notice that the infant is ready for discharge.

### **1304. Paternity – In-Hospital Voluntary Paternity Acknowledgement Program.**

A. In accordance with 45 CFR 303, a hospital that provides obstetrical services at a minimum must provide to both the mother and alleged father:

1. Written materials about paternity establishment.
2. Forms as provided by the Department necessary to voluntarily acknowledge.
3. Notice, both orally and in writing of the alternatives to the legal consequences of, and the rights and responsibilities of acknowledging paternity, and
4. The opportunity to speak with staff, either by telephone or in person, who are trained to clarify information and answer questions about paternity establishment.

B. Hospital must forward completed voluntary acknowledgement forms, or copies to the Department Division of Vital Records.

### **1305. Perinatal Organization.**

A. Each hospital providing perinatal services shall request designation as a Level I, II, III, or IV perinatal hospital, or regional perinatal center (RPC) by letter to the Department. Initially, a hospital shall demonstrate capability to comply with requirements of a particular designation by submitting to the Department documentation pertaining to the request for desired designation. For licensure renewals, along with maintaining compliance with the requirements of Section 1306, the hospital shall have birth weight-specific neonatal mortality data readily available for Department review relative to hospitals in the state of the same designation.

B. Each Level I, II, III, and IV hospital shall maintain and document a relationship with its designated RPC for consultation, transport and continuing education. All patients shall be transferred to the appropriate RPC

when medically appropriate, if beds are available. This agreement/relationship shall include the ability to share data, as appropriate, related to these functions.

C. Labor and delivery shall occur in a hospital capable of meeting the expected needs of both the mother and the neonate. Ongoing risk assessment shall occur to determine the appropriate level of care.

### **1306. Designation of Inpatient Perinatal Care Services.**

A. Basic Perinatal Center with Well Newborn Nursery (Level I). Level I hospitals shall provide services for normal uncomplicated pregnancies. Level I hospitals shall identify maternity patients requiring transfer to a facility providing the appropriate level of care for the fetus, consult with the RPC on such matters, and offer a basic level of newborn care to infants at low risk. Level I hospitals shall have personnel who provide care for physiologically stable infants born at or beyond 35 weeks of gestation and stabilize ill newborn infants born at less than 35 weeks of gestation until they can be transferred to a facility where the appropriate level of neonatal care is provided. Level I hospitals shall have personnel and equipment available to provide neonatal resuscitation at every delivery and to evaluate and provide routine postnatal care for healthy term newborn infants. Level I hospitals shall have the capability to begin an emergency cesarean delivery within an interval based on timing that best incorporates maternal and fetal risks and benefits. When it is anticipated or determined that these criteria will not be or have not been met, consultation and a plan of care shall be initiated and mutually agreed upon with the RPC and documented in the medical record, immediately after the patient is stabilized. Level I hospitals shall provide care of postpartum conditions and make provisions of accommodations and policies that allow families, including their other children, to be together in the hospital following birth. Appropriate anesthesia, radiology, and laboratory and blood bank services shall be available on a twenty-four (24) hour basis. Management shall include emergency resuscitation and/or stabilization for both maternal and neonatal patients in preparation for transfer/transport for more specialized services. Hospitals at this level shall not provide care or services which are designated only for higher level hospitals, except under unforeseen, emergent circumstances. In this situation, the Department shall be notified within 24 hours.

B. Specialty Perinatal Center with Special Care Nursery (Level II). In addition to complying with all requirements of Section 1306.A, Level II hospitals shall provide services for both normal and selected high-risk obstetrical and neonatal patients. Level II hospital care shall include management of neonates who are at least 32 weeks of gestation with an anticipated birth weight of at least 1500 grams and problems expected to resolve rapidly (neonates not in need of sub-specialty services on an urgent basis). Level II hospitals shall provide care for infants convalescing after intensive care. Level II hospital shall stabilize infants born before 32 weeks of gestation and weigh less than 1500 grams until transfer to a neonatal intensive care facility. Level II hospitals shall have experienced personnel capable of providing continuous positive pressure airway pressure or mechanical ventilation for a brief period (less than 24 hours) or both until the infant's condition improves or the infant can be transferred to a higher-level facility. Level II hospitals shall have equipment (e.g. portable x-ray equipment, blood gas laboratory) and personnel (e.g. physicians, specialized nurses, respiratory therapists, radiology technicians, and laboratory technicians) available at all times to provide ongoing care and address emergencies. Referral to a higher level of care should occur for all infants when needed, for medical or subspecialty intervention. Support personnel shall include respiratory therapists, radiology technicians, laboratory technicians, and a lactation consultant. A board-certified or board-eligible pediatrician shall be in the hospital or on site within 30 minutes, 24 hours a day. There shall be no limit on the duration of Nasopharyngeal Continuous Positive Airway Pressure (NCPAP) or Nasal Prong Continuous Positive Airway Pressure (NPCPAP) when cared for by a neonatologist. The provision of CPAP or mechanical ventilation beyond the immediate stabilization period requires the immediate availability of respiratory therapists with neonatal training (including intubation of premature infants), nursing support with training to identify and respond to complications of ventilation, and the immediate availability of personnel and equipment to evacuate a pneumothorax. Level II hospitals with a board certified or board eligible neonatologist having responsibilities limited to a single center and in house or within 30 minutes of the unit at all times may provide care for patients requiring mechanical ventilation for up to 24 hours. For shared neonatology coverage, a certified Neonatal Nurse Practitioner having responsibilities limited to a single center and in house may provide coverage for that center. Neonates requiring

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the initiation of mechanical ventilator support beyond 24 hours of age shall be referred to the RPC. Neonates shall not require high-frequency ventilation support. These hospitals shall manage no less than an average of 500 deliveries annually, calculated over the previous three years based on the individual hospital statistics. This calculation shall include the number of maternal transfers made prior to delivery to higher level perinatal hospitals. A Level II hospital shall not admit outborn neonates into its nursery without prior concurrence with the RPC. Level II units shall not transport neonates between hospitals. Hospitals at this level shall not provide care or services which are designated only for higher level hospitals, except under unforeseen, emergent circumstances. In this situation, the Department shall be notified within 24 hours.

C. Subspecialty Perinatal Center with Neonatal Intensive Care Unit (Level III). In addition to complying with all requirements of Sections 1306.A through 1306.B, Level III hospitals shall provide all aspects of perinatal care, including intensive care and a range of continuously available subspecialty consultation as recommended in the most recent edition of the *Guidelines for Perinatal Care* (GPC) by the American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists. Level III hospitals shall provide care for mothers and infants at less than 32 weeks gestation, estimated fetal weight less than 1500 grams, and anticipated complex medical or surgical conditions for mother or infant that may require sub-specialty services. Level III hospitals shall also provide care for infants born at less than 32 weeks of gestation and weigh less than 1500 grams at birth or have actual or anticipated complex medical or surgical conditions regardless of gestational age. Level III hospital care shall include expertise in neonatology and maternal-fetal medicine. Level III neonatal intensive care units (NICUs) shall include continuously available personnel (neonatologists, neonatal nurses, and respiratory therapists) and equipment available to provide life support as long as needed. Level III facilities shall provide ongoing assisted ventilation for periods longer than 24 hours, which may include conventional ventilation, high- frequency ventilation, and inhaled nitric oxide. Level III hospitals shall provide services and care for women and fetuses at high risk, both admitted and transferred to the facility. Level III hospitals shall have advanced respiratory support and physiologic monitoring equipment, laboratory and imaging facilities, nutrition and pharmacy support with pediatric expertise, social services, and pastoral care. Pediatric ophthalmology services and an organized program for the monitoring, treatment, and follow-up of retinopathy of prematurity shall also be readily available in Level III hospitals. Level III hospitals shall have the capability to perform advanced imaging with interpretation on an urgent basis, including computed tomography, magnetic resonance imaging, and echocardiography. Level III hospitals shall also have the capability to perform major surgery on site or at a closely related institution. A board-certified or board-eligible neonatologist shall be in the hospital or on site within 30 minutes, 24 hours a day. A board-certified maternal-fetal medicine specialist (perinatologist) shall be available for supervision and consultation, 24 hours a day. Perinatal consultation requirements may be met via telemedicine arrangements with a RPC. In addition to the Level II capabilities, Level III hospitals shall have the staffing and technical capability to manage high-risk obstetric and complex neonatal patients, including neonates requiring prolonged ventilatory support, surgical intervention, or 24-hour availability of multispecialty management. Hospitals with Level III designation shall manage no less than an average of 1500 deliveries annually, calculated over the previous three years, and at least an average of 100 neonate admissions who weigh less than 1500 grams each, require ventilatory support for over twenty-four (24) hours, or require surgery based on individual hospital statistics. This calculation shall include the number of maternal transfers made prior to delivery to higher level perinatal hospitals. The NICU budget shall include support for outcomes measurement, including data collection and membership in a multi-institutional collaborative quality improvement data base. Level III hospitals shall collect data to assess outcomes within their facility and to compare with other hospitals within their level. Hospitals at this level shall not provide additional care or services designated only for RPC's, or perform neonatal transport, except under unforeseen, emergent circumstances. In this situation, the Department shall be notified within 24 hours.

D. Regional Perinatal Center with Neonatal Intensive Care Units (Level III) (RPC). In addition to complying with all requirements of Sections 1306.A through 1306.C, the RPC shall provide consultative, outreach, and support services to Level I, II, and III hospitals in the region. The RPC shall manage no less than an average of 2000 deliveries annually, calculated over the previous three years. Personnel qualified to manage obstetric or neonatal emergencies shall be in-house. A board- certified maternal-fetal medicine specialist (perinatologist) shall be in the hospital or on site within 30 minutes for supervision and consultation, 24 hours a day. The RPC

shall participate in residency programs for obstetrics, pediatrics, and/or family practice. Physician-to-physician consultation shall be available 24 hours a day for Level I, II, and III hospitals. Regional Perinatal Centers shall coordinate the development and implementation of professional continuing education to maintain competency and provide education to other facilities within the region, facilitate transport from the perinatal centers to the regional perinatal center and back transport when possible, and collect data on long-term outcomes to evaluate the effectiveness of delivery of perinatal care services and the efficacy of new therapies. The RPC shall provide a perinatal transport system that operates 24 hours a day, seven days a week, and return transports neonates to lower level perinatal hospitals when the neonates' condition and care requirements are within the capability of those hospitals.

E. Complex Neonatal Intensive Care Unit (Level IV). In addition to complying with all requirements of Sections 1306.A through 1306.C, Level IV hospitals shall include additional capabilities and considerable experience in the care of the most complex and critically ill newborn infants and have pediatric medical and surgical specialty consultants available 24 hours a day. Level IV hospitals shall have capability to perform surgical repair of complex congenital or acquired conditions (e.g. Congenital malformations that require cardiopulmonary bypass with or without extracorporeal membrane oxygenation). Level IV hospitals shall maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists, and pediatric anesthesiologists at the facility. Not all Level IV hospitals need to act as regional centers. Regional organization of perinatal health care services requires that there be coordination in the development of specialized services, professional continuing education to maintain competency, facilitation of opportunities for transport and return transport, and collection of data on long-term outcomes to evaluate both the effectiveness of delivery of perinatal health care services and the safety and efficacy of new therapies. Level IV hospitals shall collect data to assess outcomes within their facility, and to compare with other hospitals within their level, if applicable.

### 1307. Personnel.

A. Detailed components of support services and medical, nursing and ancillary staffing for each level shall meet the recommendations outlined in the most recent edition of the *Guidelines for Perinatal Care*.

B. The following medical specialists and subspecialists shall have medical staff credentials and/or written consultative agreements as follows:

1. Level I shall include:

a. Membership: Physician designated as physician-in-charge of obstetric services, physician designated for supervision of newborn care, anesthesia personnel with credentials to administer obstetric anesthesia available within 30 minutes, 24-hours a day, one person capable of initiating neonatal resuscitation available at every delivery.

b. Consultation: Obstetrician, pediatrician, general surgeon.

2. Level II, in addition to Level I requirements, shall include:

a. Membership: General surgeon, pathologist, radiologist, obstetrician, pediatrician, and anesthesiologist;

b. Consultation: Maternal-fetal medicine specialist, neonatologist, and pediatric surgeon.

3. Level III and RPC, in addition to Level II requirements, shall include:

a. Membership: Maternal-fetal medicine specialist or effective consultation with Maternal- Fetal medicine specialist, (available 24 hours a day, 7 days a week) via telemedicine, obstetrician or radiologist with special interest and competence in maternal disease and its complications, pediatric radiologist, anesthesiologist

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with perinatal training and/or experience; pathologists with special competence in placental, fetal, and neonatal disease, and pediatric surgeon.

b. Urgent Consultation: Pediatric subspecialists including cardiology, neurology, hematology, genetics, endocrinology, nephrology, gastroenterology-nutrition, infectious diseases, pulmonology, immunology, pathology, metabolism and pharmacology. Pediatric surgical subspecialists, to include cardiovascular, neurosurgery, orthopedics, ophthalmology, urology and otolaryngology. c. For Level III hospitals: Pediatric medical subspecialists, pediatric anesthesiologists, pediatric surgeons, and pediatric ophthalmologists may be at the site or at a closely related institution by prearranged consultative agreement. Prearranged consultative agreements can be performed using, for example, telemedicine technology, or telephone consultation, or both from a distant location.

4. Level IV, in addition to Level III requirements, shall include: Membership and on-site: Maternal-fetal medicine specialist, obstetrician or radiologist with special interest and competence in maternal disease and its complications, pediatric radiologist, anesthesiologist with perinatal training and/or experience; pathologists with special competence in placental, fetal, and neonatal disease, and pediatric surgeon.

#### 1308. Neonatal Intensive Care Nurse Staffing.

Neonatal intensive care nurse staffing is required if any of the following conditions exist:

A. Any advanced support therapy, e.g., extracorporeal membrane oxygenation, nitric oxide, high frequency ventilation, peritoneal dialysis;

B. Acute pre- or post-operative surgical conditions, except for minor surgical procedures such as inguinal hernia repair;

C. Ventilator support (with the exception of do-not-resuscitate situations and chronic ventilator- dependent conditions);

D. Less than 32 weeks of gestation and less than 1500 grams on the first day of life;

E. Chest tubes required;

F. Cardio-pulmonary resuscitation required in the previous 24 hours;

G. Vital signs required every hour or more frequently;

H. Umbilical artery or vein catheterization or three or more intravenous sites required;

I. Pressor agent (excluding initial stabilization) or inotropic support required, e.g., dopamine (doses for renal perfusion maintenance excluded);

J. Complex diagnostic/assessment support required; or

K. Evidence of seizure activity/unstable neurologic status.

#### 1309. General Facility and Care Requirements.

A. Environment, equipment, supplies, and procedures utilized in the care of perinatal patients shall meet the recommendations outlined in the most recent edition of the *Guidelines for Perinatal Care*. The environmental temperature in newborn care areas should be independently adjustable, as to maintain per the GPC.

B. Obstetrical Care: In each hospital providing obstetrical services, written policies and procedures shall be established and implemented through cooperative efforts of the medical and nursing staffs. These policies and procedures shall outline the process, providers, and methods of providing risk-appropriate care to the obstetrical patient, and shall include, but not be limited to:

1. Admission criteria and documentation;
2. Preterm labor;
3. Maternal transfer to another hospital;
4. Induction and augmentation;
5. Analgesia and anesthesia;
6. Labor process;
7. Capability to perform cesarean delivery within 30 minutes of the decision to do so;
8. Immediate neonatal care/resuscitation;
9. Recovery room care; and
10. Postpartum care.

### **1310. Neonatal Care.**

Specific policies and procedures for the care of the neonate shall follow the recommendations outlined in the most recent edition of the GPC.

### **1311. Neonatal Resuscitation.**

A. Personnel, equipment, supplies, and medications as recommended by the most recent edition of the American Heart Association and AAP *Textbook of Neonatal Resuscitation* shall be readily available in every hospital providing perinatal services.

B. In order to meet the potential need for resuscitation of every neonate, at least one person who has a current provider-designation, as defined by completion of the AAP Neonatal Resuscitation Program, shall be on site.

C. Personnel trained and qualified to perform neonatal resuscitation must be immediately available and not responding from an area removed from the delivery or nursery area.

D. Equipment, supplies, and medications for neonatal resuscitation must be immediately available to the delivery and nursery areas at all times.

### **1312. Inter-hospital Care of the Perinatal Patient (Transport).**

A. Each hospital providing perinatal services shall establish and implement a written plan which outlines the process, providers, and methods of providing risk-appropriate stabilization and transport of any high-risk perinatal patient requiring specialized services. This plan shall be updated in conjunction with the designated RPC on an annual basis, and shall include, but not be limited to, procedures outlining:

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1. Communication between referring hospitals and the RPC, transport teams and medical control, and perinatal providers and families;

2. Indications for both acute phase and return transport between perinatal hospitals, to include essential contact persons and telephone numbers for referral and transport; and

3. A list of all medical record copies and additional materials to accompany each patient in transport.

B. Equipment, supplies, and procedures used in preparation and support of transport of maternal patients shall be based upon the most recent edition of the GPC. Equipment, supplies, and procedures used in the transport of a neonate shall be based upon the most recent edition of the AAP *Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients*.

### **1313. Evaluation of Perinatal Care.**

A. Review of maternal and neonate mortality and morbidity shall be conducted at least every three months by the medical staff or designated committee, regardless of the size or designation of the perinatal service. A perinatal mortality and morbidity review committee composed of representatives from the pediatric, obstetrical, and nursing staffs, with additional participation from other professionals, depending upon the cases to be reviewed, shall be established at all perinatal centers.

B. In all perinatal centers, selected case reviews shall include, but not be limited to:

1. Analysis of total perinatal mortality with identification of deaths attributable to various categories of complication;

2. Analysis of perinatal morbidity and related factors.

C. Level I and II hospitals shall review all live births or fetal/neonatal deaths in which the neonate weighed at least 350 grams and less than 1500 grams, utilizing the Department's *Very Low Birthweight Self-monitoring Tool*. Each completed self-monitoring DPH form shall be retained by the facility and a copy made available to the Department as specified in the self-monitoring tool.

D. Each event shall be evaluated for potential opportunities for intervention with the intervention and follow-up described, if applicable. Written minutes of committee meetings shall be maintained and made available to the Department for review.

E. Each Level I, II, and III perinatal center shall annually review and document the findings from these case reviews with its designated RPC. Minutes of these meetings shall be maintained and made available to the Department for review.

## ***SECTION 1400 VITAL STATISTICS***

### **1401. General.**

Hospitals must comply fully with the Regulations of the Department relating to vital statistics.

### **1402. Birth Certificates.**

A. For inpatient newborns a licensee shall be responsible for filing a birth certificate for all live births occurring in the licensed facility (see Regulation 60-19 for definition of live birth). The record should be filed as prescribed within five (5) days of delivery per Regulation 60-19.

B. A licensee shall be responsible for filing a birth certificate for outpatient newborns brought to the emergency room when a live birth was delivered either at home or en route to the hospital. If the live birth is delivered by a licensed midwife or other practitioner, the licensee shall not be responsible for filing a birth certificate.

#### **1403. Death Certificates.**

Filing of a death certificate shall be in accordance with Regulation 60-19 and the S.C. Code of Laws.

### ***SECTION 1500*** ***FOOD AND NUTRITION SERVICE (II)***

#### **1501. Approval.**

All facilities that prepare food on-site shall be approved by the Department, and shall be regulated, inspected, and graded pursuant to Regulation 61-25.

#### **1502. Services.**

All facilities shall provide food and nutrition services to meet the daily nutritional and dietary needs of patients in accordance with written policies and procedures.

#### **1503. Management.**

The nutrition services shall be under the direction of a dietitian or qualified food and nutrition manager/director who has a written agreement for consultation services by a dietitian. These services shall be organized with established lines of accountability and clearly defined job assignments. A qualified food and nutrition manager/director shall be a person who:

- A. Is a graduate of a dietetic technician training program approved by the American Dietetic Association; or
- B. Is a graduate of a course of study meeting the requirements of the American Dietetic Association and approved by the Department; or
- C. Is certified by the Certifying Board for Dietary Managers of the Dietary Managers Association and maintains that credential; or
- D. Has at least three (3) years of training and experience in meal service supervision and management in military service equivalent in content to the programs described in paragraph A, B, or C above.

#### **1504. Personnel.**

A. Dietary services shall be organized with established lines of accountability and clearly defined job assignments for those engaged in food preparation and serving. There shall be trained staff members/volunteers to supervise the preparation and serving of the proper diet to the patients including having sufficient knowledge of food values in order to make appropriate substitutions when necessary.

B. The qualified food and nutrition manager/director shall be responsible for supervising food and nutrition service personnel, the preparation and serving of the food, and the maintenance of proper records. When the qualified food and nutrition service manager/director is not on duty, a responsible person shall be assigned to assume their job responsibilities.

C. Work assignments and duty schedules shall be posted and kept current.

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D. No person, infected with or a carrier of a communicable disease, or while having boils, open or infected skin lesions, or an acute respiratory infection, shall work in any area of food preparation and service.

E. Employees shall wear clean garments, maintain a high degree of cleanliness, and conform to hygienic practices while on duty. Individuals engaged in the preparation and service of food shall wear clean hair restraints, e.g., hair nets, hair wraps, hats, that will properly restrain all hair of the face and head and prevent contamination of food and food contact surfaces. They shall wash their hands thoroughly in an approved hand washing lavatory before starting work, after visiting the bathroom and as often as may be necessary to remove soil and contamination.

#### **1505. Diets.**

Diets shall be prepared in conformance with orders of a physician or, if permitted by the facility's policies, a dietitian. A current diet manual shall be readily available to attending physicians, food and nutrition service personnel, nursing personnel, and dietitians.

A. Diets shall be prescribed, dated and signed or authenticated by the physician or dietitian.

B. Facilities with patients in need of special or therapeutic diets shall provide for such diets.

C. Notations shall be made in the medical record of diet served, counseling or instructions given, as identified by patient and/or nutritional assessment and patient's tolerance of the diet.

D. Diets shall be planned, written, prepared and served with consultation from a dietitian.

E. Persons responsible for diets shall have sufficient knowledge of food values in order to make substitutions when necessary. All substitutions made on the master menu shall be documented.

F. Nothing in this regulation shall be read or interpreted to prohibit a facility's policies from allowing a dietitian to:

1. Order or prescribe patient diets, including therapeutic diets;
2. Order laboratory tests to monitor the effectiveness of dietary plans and orders; and/or
3. Make subsequent modifications to patient diets based on the results of laboratory tests.

#### **1506. Planning of Menus and Food Supplies.**

A. Menus shall be planned and written at least two weeks in advance and dated as served. The current week's menus, including routine and special diets and any substitutions or changes made, shall be posted in one or more conspicuous places in the Food and Nutrition Services area.

B. Records of menus as served shall be filed and maintained for at least 30 days.

C. Food supplies shall be adequate to meet menu and emergency plan requirements.

D. Records of food and supplies purchased shall be kept on file.

#### **1507. Preparation and Serving of Food.**

A. Food shall be prepared by methods that conserve the nutritive value, flavor and appearance. The food shall be palatable, properly prepared, and sufficient in quantity and quality to meet the nutritional needs of the patients.

B. A file of tested recipes, adjusted to appropriate yield, shall correspond to items on the posted menus.

C. Food shall be served with special attention given to preparation and prompt serving in order to maintain correct food temperatures in accordance with Regulation 61-25 and to meet individual needs.

D. Food and Nutrition service personnel will have the responsibility of accompanying the food cart to the patient care area when necessary to complete tray assembly. Facilities with automated food distribution systems in operation are not required to have dietary personnel accompanying the cart. Each facility shall designate who will be responsible for distribution of trays, feeding of patients, and collection of soiled trays.

**1508. Dietary and Food Sanitation.**

A. Sanitary conditions shall be maintained in all aspects of the storage, preparation and distribution of food.

B. The facility shall be in compliance with local health codes and Regulation 61-25.

C. Written procedures for cleaning, disinfecting and sanitizing all equipment and work areas shall be developed and followed.

D. Written reports of inspections by state and local health authorities shall be kept on file in the facility with notations made of actions taken by the facility to comply with recommendations.

E. Drugs shall not be stored in the food and nutrition services area or any refrigerator or storage area utilized by the food and nutrition services area.

F. All walk-in refrigerators and freezers must be equipped with opening devices which will permit opening of the door from the inside at all times.

**1509. Meal Service.**

A minimum of three nutritionally balanced meals in each 24-hour period shall be offered for each patient unless otherwise directed by the patient's physician. Not more than 14 hours shall elapse between the serving of the evening meal and breakfast. As an exception, there may be up to 16 hours between the scheduled serving of the evening meal and breakfast the following day if approved by the patient's attending physician and the patient, and if a nourishing snack is provided after the evening meal.

**1510. Ice and Drinking Water.**

Ice and water that meets the approval of the Department shall be available and precautions shall be taken to prevent contamination. Ice delivered to patient areas in bulk shall be in nonporous, easily cleanable covered containers. The ice scoop shall be stored in a sanitary manner with the handle at no time coming in contact with the ice. Clean, sanitary drinking water shall be available and accessible in adequate amounts at all times.

***SECTION 1600  
MAINTENANCE (II)***

An institutional structure, its component parts, facilities, and all equipment shall be kept in good repair and operating condition.

***SECTION 1700  
HOUSEKEEPING AND REFUSE DISPOSAL (II)***

**1701. Housekeeping.**

## **306 FINAL REGULATIONS**

A. A facility shall be kept neat and clean. Accumulated waste material must be removed daily or more often if necessary. There must be frequent cleaning of floors, walls, ceilings, woodwork, windows and premises. There must be an effective rodent and insect control program for the facility to prevent infestation. Bath and toilet facilities must be maintained in a clean and sanitary condition at all times. Dry dusting and dry sweeping are prohibited.

B. Upon discharge or transfer of a patient, all bedside equipment shall be cleansed and disinfected. Bed linen shall be removed and mattresses turned; if damaged, replaced. Beds shall be made with fresh linens to maintain them in a clean and sanitary condition for each patient.

C. Employee locker rooms shall be maintained in a clean and sanitary condition.

D. Janitor closets, floors, walls, sinks, mops, mop buckets, and all equipment shall be cleaned daily or more often as needed. A supervisory hospital employee shall make frequent inspections to assure compliance.

E. All storage spaces shall be kept clean, orderly and free of trash, papers, old cloths and empty boxes. In areas provided with a sprinkler system, a minimum vertical distance of 18 inches shall be maintained between the top of stored items and the sprinkler heads.

### **1702. Refuse Disposal.**

A. All garbage and refuse storage shall be in accordance with Regulation 61-25.

B. All contaminated dressings, pathological, and/or similar waste shall be properly disposed of in accordance with Regulation 61-105.

C. All radioactive waste shall be disposed of by a method in accordance with Regulation 61-63.

D. All outside areas, grounds and/or adjacent buildings on the premises shall be maintained neat and clean.

## ***SECTION 1800 INFECTIOUS CONTROL (I)***

### **1801. General.**

A. The hospital shall provide a safe and healthy environment that minimizes infection exposure and risk to patients, employees, health care workers, volunteers and visitors. The hospital shall implement and maintain a written, effective, organized, active, hospital-wide program for the surveillance, prevention, control, and investigation of infections, infectious agents and communicable diseases, with the goal of implementing best practices and continuously reducing infections. The infection prevention and control program must be implemented in a manner that minimizes the risk of health care associated infections. The hospital must designate a qualified employee as the hospital's Infection Practitioner, whose function is to administer the infection prevention and control program. The Infection Practitioner must be provided with the resources and assistance necessary to carry out the activities of the infection prevention and control program. Each hospital must assess the time requirement needed for surveillance and infection prevention activities at each of its locations and provide sufficient staffing to meet the organization's assessed needs.

B. Hospital policies and procedures for infection prevention and control shall comply with Federal and State laws and regulations and shall reference guidelines, including but not limited to, the following:

1. Bloodborne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970; 29 CFR 1910 Occupational Safety and Health Standards with emphasis on compliance with 29 CFR 1910-1030 (Bloodborne Pathogens);

2. The Center for Disease Control and Prevention's (CDC) Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPIC);

3. CDC's Guideline for Hand Hygiene in Health-Care Settings and/or the World Health Organization's Moments of Hand Hygiene Guidelines;

4. CDC's Guidelines for Environmental Infection Control in Health-Care Facilities;

5. CDC's Guideline for Disinfection and Sterilization in Healthcare Facilities;

6. CDC's Guidelines for the Management of Multidrug-Resistant Organisms In Healthcare Settings;

7. Regulation 61-105;

8. CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings; and

9. CDC's Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005.

C. The hospital must comply with and demonstrate compliance with this regulation as well as their own policies and procedures.

#### **1802. Infection Control Training.**

A. The hospital shall require annual education regarding infection prevention and control for all employees, students, and volunteers who have contact with patients or who handle or potentially handle blood, body fluids, or tissue. If any of these persons work or perform tasks at more than one hospital, the hospital may accept infection prevention and control education received at another hospital or at an in-person or online seminar to meet this requirement, but only if the education is reported to and documented by the hospital.

B. Infection prevention and control education requirements may be met through in-person or online training, or completion of modules, videos or other training materials designed to convey such education.

C. In addition to general infection prevention education provided during initial orientation, each employee, student, and volunteer who has contact with patients or who handles or potentially handles blood, body fluids or tissue, shall receive infection prevention and control education specific to his/her job classification and work activities to inform him/her about the infection prevention and control policies and procedures of his/her position. Infection prevention and control training should be targeted to the functions of different categories of employees.

#### **1803. Patient/Public Education and Disclosure.**

Prior to or upon admission to the hospital as an inpatient or for outpatient surgery, the hospital must provide to patients materials designed to educate the patient and his/her responsible party about the prevention of healthcare associated infections and the public availability of healthcare associated infection reports through the Hospital Infections Disclosure Act, S.C. Code Ann. Section 44-7-2410, et. seq. The hospital must document provision of this information to the patient or responsible party. The hospital is not required to provide the information to the patient or responsible party if he or she is unable or unwilling to receive the information or if there is no responsible party.

#### **1804. Live Animals.**

## **308 FINAL REGULATIONS**

Service animals may be permitted in the facility in accordance with the Americans with Disability Act and other applicable state or federal statutes or regulations.

### **1805. Laundry and Linens.**

A. Linen includes surgical clothing. An adequate supply of clean, sanitary linen shall be available at all times.

B. The hospital shall have a clean linen storage area and a separate soiled linen storage area. These storage areas shall be used solely for their intended purposes. The soiled linen storage area shall have mechanical ventilation to the outside.

C. In order to prevent contamination of clean linen by dust or other airborne particles or organisms, linen shall be stored and transported in a sanitary manner, i.e., enclosed and covered. Clean linen shall be stored in a dedicated cart, closet, or cabinet which is covered and dedicated only for the use of clean linen. Non-linen items shall not be stored in the same cart as clean linen. Clean non-linen items may be stored in the same closet or cabinet as clean linen, but shall not be stored on the same shelf.

D. The hospital shall have policies addressing the storage, handling, distribution, collection, and reprocessing of linen for the hospital. If the hospital uses an off-site laundry, the hospital must ensure through contract that the linen is handled and cleaned properly to institutional standards. The hospital will assure that laundry services whether operated by the hospital or contracted will exercise necessary precautions to render all linen to be safe for reuse.

E. The hospital shall have policies for collecting, transporting, and storing all soiled linen. Soiled linen shall be kept in closed or covered containers while being collected, transported or stored and shall be stored separately from clean linen and patient areas. These containers shall be cleaned and disinfected weekly at a minimum and immediately if visibly soiled. Hospitals operating laundries within the buildings accommodating patients shall provide proper insulation to prevent transmission of noises to patient areas. The laundry shall be well ventilated and the general air movement shall be from the cleanest areas to the most contaminated areas.

F. All used linen must be handled as if it is infectious. Used linen shall be placed in durable bags which, by color or terminology, identify the contents as contaminated and must be transported in these closed bags to the soiled linen holding area or laundry. All linen from patients with infectious or communicable diseases shall be placed in durable bags identified "contaminated" and transported in these closed bags to the soiled linen holding area or laundry.

G. Soiled linen shall be neither sorted nor rinsed in patient rooms.

H. Laundry operations shall not be carried out in patient rooms or where food is prepared, served, or stored.

I. Soiled linen area floors shall be cleaned daily. The area shall be cleaned and disinfected weekly at a minimum and more frequently if necessary to control odors and bacteria.

J. If linen chutes are used, the linen shall be enclosed in durable bags, identified, by color or terminology, as contaminated, before placing in the chute. Chutes shall be cleaned monthly.

K. Personnel must wear appropriate protective attire in accordance with the hospitals policies and procedures. Personnel must wash their hands thoroughly after handling soiled linen.

### **1806. Waste Management.**

A. The hospital shall be able to demonstrate that it has a comprehensive waste management program for identification, collection, handling, and management, of all medical waste, including nonhazardous and hazardous pharmaceutical waste.

B. The hospital shall provide for a regular review of its policies and procedures to assure compliance of its waste management practices in comparison with federal EPA and state regulatory requirements.

C. Accumulated waste, including all contaminated sharps, dressings, and/or similar infectious waste, shall be disposed of in compliance with the following standards: Bloodborne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970; related regulations at 29 CFR 1910; the Department's *Guidelines for Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings*; Regulation 61-105, and other applicable federal, state and local laws and regulations.

D. The hospital shall inform personnel involved in the handling and disposal of potentially infectious waste of health and safety hazards, and ensure that they are trained in appropriate handling and disposal methods.

E. The hospital shall have policies for the use and disposal of sharps. The hospital shall use sharps containers capable of maintaining their impermeability after waste treatment to avoid subsequent physical injuries during final disposal. Disposable syringes with needles, including sterile sharps that are being discarded, scalpel blades, and other sharp items must be placed into puncture-resistant containers located as close as practical to the point of use.

F. Regulated medical wastes awaiting treatment shall be stored in a properly ventilated area inaccessible to vermin. Waste containers that prevent development of noxious odors must be used. If treatment options are not available at the site where the medical waste is generated, the hospital must ensure transport of the regulated medical wastes in closed, impervious containers to the on-site treatment location or to another facility for treatment as appropriate. Regulated medical wastes must be treated by using a method (e.g., steam sterilization, incineration, interment, or an alternative treatment technology) in accordance with local, state and federal laws and regulations.

#### **1807. Water Requirements.**

A. The hospital shall establish written policies and procedures to prevent waterborne microbial contamination within the water distribution system.

B. The hospital shall ensure the practice of hand hygiene to prevent the hand transfer of pathogens, and the use of barrier precautions (e.g. gloves) in accordance with established guidelines.

C. The hospital shall eliminate contaminated water or fluid from environmental reservoirs (e.g. in equipment or solutions) wherever possible.

D. The hospital shall not place decorative fountains and fish tanks in patient-care areas. If decorative fountains are used in separate public areas, the hospital shall ensure that they are disinfected in accordance with manufacturer's instructions and safely maintained.

E. The hospital plumbing fixtures which require hot water and which are accessible to patients shall be supplied with water which thermostatically controlled to a temperature of at least 100 degrees F. (37.8 degrees C) and not exceeding 125 degrees F. (51.7 degrees C.) at the fixture.

F. The hospital shall have a written plan to respond to disruptions in water supply. The plan must include a contingency plan to estimate water demands for the entire facility in advance of significant water disruptions (i.e., those expected to result in extensive and heavy microbial or chemical contamination of the potable water), sewage intrusion, or flooding.

## **310 FINAL REGULATIONS**

G. When a significant water disruption or an emergency occurs, the hospital shall:

1. Adhere to any advisory to boil water issued by the municipal water utility;
2. Alert patients, families, employees, volunteers, students and visitors not to consume water from drinking fountains, ice, or drinks made from municipal tap water, while the advisory is in effect, unless the water has been disinfected;
3. After the advisory is lifted, run faucets and drinking fountains at full flow for greater than 5 minutes, or use high-temperature water flushing or chlorination;
4. All ice and drinks that may have been contaminated must be disposed and storage containers cleaned; and
5. Decontaminate the hot water system as necessary after a disruption in service or a cross-connection with sewer lines has occurred.

H. The hospital shall adhere to Association for the Advancement of Medical Instrumentation (AAMI) standards for quality assurance performance of devices and equipment used to treat, store and distribute water in hemodialysis units and for the preparation of concentrates and dialysate.

I. The hospital shall follow appropriate recommendations to prevent cross connection and other sources of contamination of ice for human consumption, and to prevent contamination of hydrotherapy equipment and medical equipment connected to water systems (e.g. automated endoscope reprocessors).

J. The hospital shall maintain and implement policies and procedures addressing the management of failure of waste water systems.

### ***SECTION 1900 DESIGN, CONSTRUCTION, REPAIRS, ALTERATIONS, AND ADDITIONS***

#### **1901. General. (II)**

The Facility shall be planned, designed, and equipped to provide for and promote the care, safety, and well-being of each patient. The Facility design shall be such that all patients shall have access to required services.

#### **1902. Codes and Standards. (II)**

A. Facility design and construction shall comply with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal. Further, the design and construction shall comply with the provisions of the Facility Guidelines Institute's (FGI) *Guidelines for Design and Construction of Hospitals* and *Guidelines for Design and Construction of Outpatient Facilities*. When conflict exists for compliance with the FGI *Guidelines* and officially adopted codes or this regulation, the Facility shall comply with the strictest provision.

B. Unless specifically required otherwise by the Department, all facilities shall comply with the codes and regulations applicable at the time of final plan approval by the Department.

#### **1903. Submission of Plans. (II)**

A. Plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina. Unless directed otherwise by the Department, the architect and/or engineer shall submit plans at the schematic, design development, and final stages. All plans shall be drawn to scale. Any construction changes from the

approved documents shall be approved by the Department. Construction work shall not commence until a plan approval has been received from the Department. During construction, the Facility shall employ a registered architect and/or engineer for construction administration. Upon approval of the Department, construction administration may be performed by an entity other than the architect. The Department shall conduct periodic inspections throughout each project.

B. Plans and specifications shall be submitted to the Department for a project that has an effect on:

1. The function of a space;
2. The accessibility to or of an area;
3. The structural integrity of the facility;
4. The active and/or passive fire safety systems (including kitchen equipment such as exhaust hoods or equipment required to be under an exhaust hood);
5. Doors;
6. Walls;
7. Ceiling system assemblies;
8. Exit corridors;
9. Life safety systems; or
10. Increases the occupant load or licensed capacity of the facility.

C. The Facility shall submit all subsequent addenda, change orders, field orders, and documents altering the Department’s review. Any substantial deviation from the accepted documents shall require written notification, review, and approval from the Department.

D. The licensee shall pay the following inspection fees during the construction phase of the project. The plan inspection fee is based on the total estimated cost of the project whether new construction, an addition, or a renovation. The fees are detailed in the table below.

<b>Construction Inspection Fees</b>	
<b>Plan Inspection</b>	
<b>Total Project Cost</b>	<b>Fee</b>
< \$10,001.00	\$750
\$10,001 - \$100,000	\$1,500
\$100,001 - \$500,000	\$2,000
> \$500,000	\$2,500 plus \$100 for each additional \$100,000 in project cost
<b>Site Inspection</b>	
50% Inspection	\$500
80% Inspection	\$500
100% Inspection	\$500

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E. Cosmetic changes utilizing paint, wall covering, floor covering, etc., that are required to have a flame-spread rating, smoke development, or other safety criteria shall be documented with copies of the documentation and certifications kept on file at the facility and made available to the Department.

F. Any construction work which violates codes or standards will be required to be brought into compliance.

### **1904. Construction Permits. (II)**

The Facility shall obtain all required permits (i.e., zoning and building) from the locality having jurisdiction for all projects. Construction without proper permitting shall not be inspected by Department.

### **1905. Patient Rooms.**

A. The Facility shall ensure that all curtains are flame proof (including cubicle curtains).

B. The Facility shall ensure patient beds are placed with at least three feet of clearance on three sides of the bed.

C. The Facility shall ensure at least one private room is provided in each nursing unit for purposes of medical isolation, incompatibility, personality conflicts, etc.

### **1906. Signal System. (II)**

A signal system shall be provided for each patient. The system shall consist of a call button for each bed, bath, toilet and treatment/examination room; a light at or over each patient room door visible from the corridor; a control panel in utility rooms, treatment/examination rooms, medication rooms, nurses' lounges and floor kitchens. Indicators and control panels shall employ both an audible and visual signal.

### **1907. Nurses Station.**

The Facility shall ensure each nurses' station serves no more than forty-four (44) beds, unless additional services and facilities are provided. In order for a nurses' station to be permitted to serve more than forty-four (44) beds, the Facility shall provide the Department, in writing, justification showing how the additional beds served will not adversely affect the care provided to each patient.

### **1908. Utility Rooms.**

A. Soiled Utility Room. The Facility shall ensure at least one soiled utility room per main/central nurses' station is provided, which contains a clinical sink, work counter, hand wash sink, waste receptacle, and soiled linen receptacle. This requirement is not applicable to satellite/remote nurses' stations.

B. Clean Utility Room. The Facility shall ensure at least one clean utility room per main/central nurses' station is provided, which contains a counter with hand wash sink, space for the storage, and space assembly of supplies for nursing procedures. If the Facility provides individually sealed, one-time-use packaged items for patient care, a hand wash sink is not required. This requirement is not applicable to satellite/remote nurses' stations.

C. Nourishment Room. The Facility shall ensure there is at least one nourishment room per main/central nurses' station which contains a counter with hand wash sink, refrigerator, ice machine, space for storage, and space for the assembly of packaged food and drink for patient use. This requirement is not applicable to satellite/remote nurses' stations.

## **SECTION 2000 FIRE PROTECTION, PREVENTION AND LIFE SAFETY (I)**

**2001. Alarms.**

A. A partial, manual, automatic, supervised fire alarm system shall be provided. The system shall be arranged to transmit an alarm automatically to a third party by an approved method. The alarm system shall notify by audible and visual alarm all areas and floors of the building. The alarm system shall shut down central recirculating systems and outside air units that serve the area(s) of alarm origination as a minimum.

B. There must be a fire alarm pull station in or near each nurses station.

C. All fire, smoke, heat, sprinkler flow, or manual fire alarming devices or systems must be connected to the main fire alarm system and trigger the system when they are activated.

**2002. Emergency Generator Service.**

A. Facilities shall provide certification that construction and installation of emergency generator service complies with requirements of all adopted State, Federal, or local codes, ordinances, and regulations.

B. An emergency generator shall be provided to deliver emergency electrical service during interruption of the normal electrical service and shall be provided to the distribution system as follows:

1. Exit lights and exit directional signs;
2. Exit access corridor lighting;
3. Lighting of means of egress and staff work areas;
4. Fire detection and alarm systems;
5. In patient care areas;
6. Signal system;
7. Equipment necessary for maintaining telephone service;
8. Elevator service that will reach every patient floor when rooms are located on other than the ground floor;
9. Fire pump;
10. Equipment for heating patient rooms;
11. Public restrooms;
12. Essential mechanical equipment rooms;
13. Battery-operated lighting and a receptacle in the vicinity of the emergency generator;
14. Alarm systems, water flow alarm devices, and alarms required for medical gas systems;
15. Patient records when solely electronically based.

**2003. Fire Reports. (II)**

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The Facility shall immediately notify the Department by email to [firewatch@dph.sc.gov](mailto:firewatch@dph.sc.gov) or other email address prescribed by the Department regarding any fire, regardless of size or damage that occurs in the facility, and followed by a complete written report to include fire department reports, if any, to be submitted within a time period determined by the facility, but not to exceed 7 business days.

### **2004. Fire Safety. (II)**

The facility shall comply with the provisions of the codes officially adopted by the South Carolina Building Codes Council, and the South Carolina State Fire Marshal.

### **2005. Plans and Training for Fires. (II)**

A. Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fires. All employees shall be made familiar with these plans and instructed as to required actions.

B. Each employee shall receive fire protection training.

C. A fire drill shall be conducted for each shift at least quarterly. Records of drills shall be maintained to report the date, time, shift and a description and evaluation of the drill.

D. Drills shall be designed and conducted to:

1. Assure that all personnel are capable of performing assigned tasks or duties;
2. Assure that all personnel know the location, use and how to operate firefighting equipment;
3. Assure that all personnel are thoroughly familiar with the fire plan; and
4. Evaluate the effectiveness of plans and personnel.

### **2006. Tests and Inspections. (II)**

The Facility shall maintain and test all fire protection and suppression systems in accordance with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the Facility.

### **2007. Gases.**

The Facility shall take safety precautions against fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place.

### **2008. Furnishings and Equipment. (II)**

A. The Facility shall maintain the physical plant free of fire hazards or impediments to fire prevention.

B. The Facility shall not permit portable electric or unvented fuel heaters.

C. The Facility shall require all wastebaskets, window dressings, portable partitions, cubicle curtains, mattresses, and pillows to be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant.

**SECTION 2100**  
**PREVENTIVE MAINTENANCE OF LIFE SUPPORT EQUIPMENT**

A written preventive maintenance program for all life support equipment including, but not limited to, all patient monitoring equipment, isolated electrical systems, conductive flooring, patient grounding systems, and medical gas systems shall be developed and implemented. This equipment shall be checked and/or tested at such intervals to ensure proper operation and a state of good repair. After repairs and/or alterations are made to any equipment or system, the equipment or system shall be thoroughly tested for proper operation before returning it to service. Records shall be maintained on each piece of life support equipment to indicate its history of testing and maintenance.

**Fiscal Impact Statement:**

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

**Statement of Rationale:**

This revised regulation is updated to ensure alignment with current state laws. In developing the proposed amendments, the Department has engaged stakeholders for input. Moreover, the Department has performed extensive research of the various subjects of the proposed amendments including review of federal reports and other states' statutes and regulations.

Document No. 5407  
**DEPARTMENT OF PUBLIC HEALTH**  
CHAPTER 60  
Statutory Authority: 1976 Code Sections 44-70-10 et seq.

60-122. Standards for Licensing In-Home Care Providers.

**Synopsis:**

Pursuant to R.60-122, *Standards for Licensing In-Home Care Providers*, the Department of Public Health (Department) establishes and enforces the standards for the licensure, maintenance, and operation of in-home care providers (IHCPs). The Department proposes amending the regulation to update and revise provisions regarding licensure, to include application procedures, criminal record checks and drug testing of applicants, the manner and method of fee payments, care and services, requirements for reporting and record keeping, emergency procedures and disaster preparedness, and standards for appropriate insurance coverage.

The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

The Department had a Notice of Drafting published in the April 25, 2025, South Carolina State Register.

Changes made at the request of the House Regulations, Admin. Procedures, Artificial Intelligence and  
Cybersecurity Committee by letter dated March 17, 2026:

Section 205.F – Amended proposed revision to Violation Classifications to clarify that the Department will use the monetary penalty schedule set in regulation when the decision has been made to impose monetary penalties.

Section-by-Section Discussion:

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<b>Section</b>	<b>Type of Change</b>	<b>Purpose</b>
<b>Table of Contents</b>	Revision/Reorganization/Technical Correction	Amended language and sections to reflect technical corrections and reorganization proposed in regulation text.
<b>102</b>	Technical Correction	Amended each instance of “these regulations” to “this regulation” for clarity and consistency.
<b>New 102.B</b>	Addition/Deletion	Added definition to clarify the meaning of abuse in the context of this regulation. Deleted definition for blood assay as no longer needed in former 102.B.
<b>102.B.1</b>	Addition	Added definition to clarify the meaning of physical abuse in the context of this regulation.
<b>102B.2</b>	Addition	Added definition to clarify the meaning of psychological abuse in the context of this regulation.
<b>102.C</b>	Addition	Added definition to clarify the meaning of authorized healthcare provider in the context of this regulation.
<b>102.D – 102.E</b>	Reorganization/Deletion	Recodified due to the addition of 102.B and 102.C and to the deletion of former 102.F.
<b>102.F</b>	Addition	Added definition to clarify the meaning of consultation in the context of this regulation.
<b>102.G</b>	Revision/Reorganization	Recodified due to the addition of 102.F. Amended to correct state agency reference.
<b>102.H</b>	Addition	Added definition to clarify the meaning of exploitation in the context of this regulation.
<b>102.I</b>	Addition	Added definition to clarify the meaning of incident in the context of this regulation.
<b>102.J</b>	Addition	Added definition to clarify the meaning of in-home care in the context of this regulation.
<b>102.K</b>	Addition	Added definition to clarify the meaning of in-home care provider (or provider) in the context of this regulation.
<b>102.L</b>	Addition	Added definition to clarify the meaning of inspection in the context of this regulation.
<b>102.M</b>	Addition	Added definition to clarify the meaning of investigation in the context of this regulation.

<b>102.N</b>	Addition	Added definition to clarify the meaning of license in the context of this regulation.
<b>102.O</b>	Addition	Added definition to clarify the meaning of licensee in the context of this regulation.
<b>102.P</b>	Addition	Added definition to clarify the meaning of medication in the context of this regulation.
<b>102.Q</b>	Addition	Added definition to clarify the meaning of multiple location in the context of this regulation.
<b>102.R</b>	Addition	Added definition to clarify the meaning of neglect in the context of this regulation.
<b>102.S</b>	Addition	Added definition to clarify the meaning of primary office in the context of this regulation.
<b>102.T – 102.U</b>	Reorganization	Recodified due to the addition of 102.H – 102.S.
<b>102.V</b>	Addition	Added definition to clarify the meaning of skilled care in the context of this regulation.
<b>102.W</b>	Reorganization	Recodified due to the addition of 102.V.
<b>102.X</b>	Addition	Added definition to clarify the meaning of variance in the context of this regulation.
<b>103.A</b>	Revision	Amended to clarify violation classification.
<b>103.B</b>	Addition	Added language to clarify compliance requirements for licensure.
<b>103.C</b>	Reorganization	Recodified due to the addition of 103.B.
<b>103.C.4</b>	Revision	Amended to clarify specified locations for licensure requirements.
<b>103.C.6</b>	Addition	Added language to clarify separate lines of business.
<b>103.D</b>	Addition	Added language to clarify primary office and multiple location(s) of provider.
<b>103.E</b>	Reorganization	Recodified due to the addition of 103.D.
<b>103.F</b>	Revision/Reorganization	Amended to clarify license application requirements. Recodified due to the addition of 103.D.
<b>103.F.4</b>	Revision	Amended to clarify license application requirements

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		regarding criminal record checks and drug test results.
<b>103.F.5</b>	Revision	Amended language for clarity and consistency with S.C. Code Section 44-70-70.
<b>103.G</b>	Addition	Added to clarify language regarding criminal record checks and reporting requirements for applicants and prospective licensees.
<b>103.H</b>	Addition	Added language to clarify drug testing requirements for applicants and prospective licensees.
<b>103.I</b>	Revision/Reorganization	Amended to clarify language regarding licensing fees. Recodified due to the addition of 103.G and 103.H.
<b>103.J</b>	Revision/Reorganization	Amended to clarify language regarding late fees. Recodified due to the addition of 103.G and 103.H.
<b>103.K</b>	Revision/Reorganization	Amended to clarify language regarding license renewals. Recodified due to the addition of 103.G and 103.H.
<b>103.L, 103.L.1, 103.L.2</b>	Revision/Reorganization/Deletion	Amended to clarify language regarding amended licenses. Renumbered and amended items to clarify prerequisites for amended licenses.
<b>103.M, 103.M.1, 103.M.2</b>	Addition	Added a section to clarify language regarding a change of licensee.
<b>103.N</b>	Revision/Reorganization/Deletion	Amended to clarify language regarding variances to licensing standards. Recodified due to the addition of 103.M and deletion of former 103.J.
<b>202</b>	Addition	Added section to clarify language regarding inspections and investigations.
<b>203</b>	Addition/Deletion	Added section to clarify language regarding consultations. Deleted former 203 and moved language to 205.
<b>204</b>	Revision/Reorganization	Amended language regarding enforcements. Recodified due to the addition of 202 and 203.
<b>205</b>	Addition/Revision	Added section to clarify language regarding violation

		classifications and amended language regarding monetary penalties for clarity and consistency.
<b>300, 301, 302</b>	Addition	Added sections to clarify language regarding policies and procedures and insurance for clarity and consistency.
<b>400</b>	Reorganization	Recodified section due to the addition of 300.
<b>401</b>	Addition	Added definition to clarify language regarding administrator for clarity and consistency.
<b>402</b>	Addition/Revision/Reorganization	Amended section to clarify language regarding background checks and drug testing. Recodified due to the addition of 400. Corrected spacing in regulation text.
<b>403</b>	Addition/Revision/Reorganization	Amended language to clarify requirements for staff records. Recodified due to the addition of 400.
<b>404.A – 404.H</b>	Addition/Revision/Reorganization	Amended language to clarify requirements for in-service training of caregivers. Recodified due to the addition of 400.
<b>405.A – 405.G</b>	Addition/Revision/Reorganization	Amended language to clarify requirements for minimum qualifications of caregivers. Recodified due to the addition of 400.
<b>406</b>	Revision/Reorganization	Amended language to clarify health status requirements for staff members and caregivers. Recodified due to the addition of 400.
<b>501</b>	Technical Correction	Amended for correct punctuation.
<b>501.A – 501.C</b>	Revision	Amended language to clarify requirements for incident reporting.
<b>New 501.D</b>	Deletion/Reorganization	Former 501.D deleted. Contents of five-day report now described in 501.C.
<b>Former 501.E</b>	Reorganization	Renumbered to 501.D as a result of deletion.
<b>502.A – 502.B</b>	Revision	Amended language to clarify requirement for provider

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		closure. Amended to correct state agency reference.
<b>502.C</b>	Addition	Added language to clarify notice requirements regarding closures.
<b>600</b>	Addition	Added section to clarify language regarding client records.
<b>601</b>	Addition	Added language to clarify requirements regarding content of client records.
<b>602</b>	Addition	Added language to clarify requirements regarding record maintenance.
<b>New 700</b>	Addition/Deletion	Added section to clarify language regarding requirements for client care services. Recodified due to the deletion of former 700.
<b>800</b>	Addition	Added section to establish requirements regarding infection control.
<b>900</b>	Addition	Added section to clarify language regarding rights and assurances of clients.
<b>1000</b>	Addition	Added section to clarify language regarding disaster preparedness.
<b>1001</b>	Addition	Added language to clarify requirements for disaster preparedness.
<b>1002</b>	Addition	Added language to clarify requirements for emergency call numbers.
<b>1100</b>	Revision/Reorganization/Technical Correction	Amended each instance of “these regulations” to “this regulation” for clarity and consistency. Amended to correct spacing. Recodified due to the addition of 800 to 1002.
<b>Appendix</b>	Deletion	Deleted section as no longer needed.

### Instructions:

Replace R.60-122 in its entirety with this amendment.

### Text:

60-122. Standards for Licensing In-Home Care Providers.

Statutory Authority: 1976 Code Sections 44-70-10 et seq.

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**SECTION 100. PURPOSE AND SCOPE, DEFINITIONS, AND REQUIREMENTS FOR LICENSURE.**

**101. Purpose and Scope.**

This regulation implements the provisions of the South Carolina In-Home Care Providers Act codified at Section 44-70-10 et seq., S.C. Code of Laws, 1976, as amended. This regulation will apply to all in-home care providers in South Carolina.

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### 102. Definitions.

For the purposes of this regulation the following definitions apply:

A. Administrator. The individual designated by the licensee to have the authority and responsibility to manage the in-home care provider and is in charge of all functions and activities of the provider.

B. Abuse. Physical Abuse or Psychological Abuse.

1. Physical Abuse. Intentionally inflicting or allowing to be inflicted physical injury on a client by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment.

2. Psychological Abuse. Deliberately subjecting a client to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

C. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina to provide specific treatments, care, or services to clients. Examples of individuals that may be authorized by law to provide the aforementioned treatment or care or services may include, but are not limited to, physicians, advanced practice registered nurses, and physician assistants.

D. Caregiver. Individual employed by, contracted by, referred by, or agent of the in-home care provider who provides services to clients.

E. Client. A person that receives services or care from an in-home care provider licensed by the Department.

F. Consultation. A visit to a licensed provider by individuals authorized by the Department to provide information to providers to enable and encourage providers to better comply with Department regulations.

G. Department. The South Carolina Department of Public Health.

H. Exploitation. 1) Causing or requiring a client to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the client; 2) An improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a client by a person for the profit or advantage of that person or another person; or 3) Causing a client to purchase goods or services for the profit or advantage of the seller or another person through: undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the client through cunning arts or devices that delude the client and cause him to lose money or other property.

I. Incident. An unusual, unexpected adverse event that causes harm, injury, or death to clients.

J. In-Home Care. In-home care means care:

1. Primarily intended to assist an individual with an activity of daily living or in meeting a personal rather than a medical need, but not including skilled care or a specific therapy for an illness or injury;

2. Given to assist an individual in an activity of daily living such as walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparing special diets, and supervising self-administered medications; and

3. Personal in nature, but not mandating the continuing attention or supervision from trained and licensed medical personnel.

K. In-Home Care Provider (or Provider). A business entity, corporation, or association, whether operated for profit or not for profit, that for compensation directly provides or makes provision for in-home care services through its own employees or agents or through contractual arrangements with independent contractors or through referral of other persons to render in-home care services when the individual making the referral has a financial interest in the delivery of those services by those other persons who would deliver those services. An in-home care provider does not include:

1. A home health agency or hospice or an entity licensed pursuant to S.C. Code Section 44-7-260; or
2. An individual or agency who provides only a house cleaning service; or
3. A direct care entity defined by S.C. Code Section 44-7-2910(B)(1)(e), a direct caregiver or caregiver defined by S.C. Code Section 44-7-2910(B)(2)(e), or an individual who provides a service or services defined by S.C. Code Section 44-21-60; or
4. An individual hired directly by the person receiving care or hired by his or her family; or
5. A church or another religious institution recognized pursuant to 26 U.S.C. 501(c)(3) by the U.S. Internal Revenue Service that provides in-home care services without compensation or for a nominal fee collected to cover incidental expenses directly related to such care.

L. Inspection. A visit by individuals authorized by the Department to a proposed or licensed in-home care provider for the purpose of determining compliance with this regulation.

M. Investigation. A visit by individuals authorized by the Department to a licensed or unlicensed in-home care provider for the purpose of determining the validity of allegations received by the Department relating to statutory and regulatory compliance.

N. License. The authorization to operate as an in-home care provider, as defined in this regulation, and as evidenced by a current certificate issued by the Department to the provider.

O. Licensee. The individual, corporation, organization, or public entity that has received a license to provide in-home care and with whom rests the ultimate responsibility for compliance with this regulation.

P. Medication. A substance that has therapeutic effect including, but not limited to, legend, non-legend, herbal products, over-the-counter, nonprescription, vitamins, and nutritional supplements.

Q. Multiple Location. A properly registered additional site, other than the licensed primary office, from which an in-home care provider provides in-home care services.

R. Neglect. The failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a client pursuant to the service agreement and the failure or omission has caused, or presents a substantial risk of causing, physical, or mental injury to the client.

S. Primary Office. The main office of an in-home care provider where all records are kept, secured, and accessible, and from which a provider performs oversight, administrative, and coordination of services for any multiple location.

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T. **Responsible Party.** A person who is authorized by law to make decisions on behalf of a client. This includes, but is not limited to, a court-appointed guardian, conservator, or any individual with health care or other durable power of attorney.

U. **Revocation of License.** An action by the Department to cancel or annul a provider's license by recalling, withdrawing, or rescinding the provider's authority to operate.

V. **Skilled Care.** A service that:

1. Is ordered by a physician or other authorized healthcare provider;
2. Requires the skills of technical or professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, and speech pathologists or audiologists; and
3. Is furnished directly by, or under, the supervision of such personnel.

W. **Suspension of License.** An action by the Department requiring a provider to cease operations for a period of time or requiring a provider to cease admitting clients until such time as the Department rescinds the restriction.

X. **Variance.** An alternative method that ensures the equivalent level of compliance with the standards in this regulation.

### 103. Requirements for Licensure.

A. **License.** No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise and/or market) as an in-home care provider in South Carolina without first obtaining a license from the Department. When it has been determined by the Department that services are being provided and the owner has not been issued a license from the Department to provide such care services, the owner shall cease operation immediately and ensure the safety, health, and well-being of its clients. Current and/or previous violations of the S.C. Code and/or Department regulations may jeopardize the issuance of a license for the provider or the licensing of any other provider or addition to an existing provider which is owned and/or operated by the licensee. (I)

B. **Compliance.** An initial license shall not be issued to a proposed provider until the applicant has demonstrated to the Department that the proposed provider is in substantial compliance with the licensing standards. In the event a licensee who already has a facility, activity, or provider licensed by the Department makes application for another provider, the currently licensed facility, activity, or provider shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed provider or amended license to the provider. A copy of the licensing standards shall be maintained at the provider and accessible to all caregivers. Providers shall comply with applicable local, State, and Federal laws, codes, and regulations.

C. **Issuance and Terms of License.**

1. The license issued by the Department shall be posted in a conspicuous place in a public area of the provider's business office or readily available to the public.

2. The issuance of a license does not guarantee adequacy or quality of individual services, personal safety, fire safety, or the well-being of any client of the provider.

3. A license is not assignable or transferable and is subject to suspension or revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this State.

4. A license shall be effective for a specified provider at specific locations, to include the primary office and multiple location(s), if applicable. A license shall be valid for a period of time specified by the Department.

5. The issuance of a license under this chapter does not guarantee provision of care by the licensee that meets or exceeds applicable standards of care. The Department is not liable to any party for acts or omissions of a licensee involving or relating to provision of care.

6. If the provider provides services or care other than in-home care services, the provider must maintain separate lines of business regarding such other services or care. This includes, but is not limited to, maintenance of separate representations to the public regarding these businesses, separate maintenance of caregiver records, and separate maintenance of client records.

#### D. Primary Office and Multiple Location(s).

1. An applicant or licensee must maintain at least one in-state office location that is its primary office. The primary office must be in an office that is in a commercially zoned or unzoned area. For the primary office, the applicant must obtain a county or municipal zoning permit to operate the provider. If the primary office is located in an unzoned area, the applicant must obtain a letter from the county or municipality indicating that a provider may be operated from the location.

2. A provider shall not establish, operate, or maintain a multiple location or represent itself as such without first registering the multiple location by application to the Department and receiving approval of the registration from the Department.

3. A provider desiring to obtain approval for the registration of a multiple location shall file with the Department an application on a form prescribed, prepared, and furnished by the Department.

4. A multiple location registration shall be effective until the expiration of the license of the provider in effect at the time of the initial approval of the multiple location.

E. Provider Name. No proposed provider shall be named, nor shall any existing provider have its name changed to, the same or similar name as any other provider licensed in South Carolina. The Department shall determine if names are similar. If a provider is part of a franchise with multiple locations, the provider must include the geographic area in which it is located as part of its name.

F. Application. Applicants for a license shall submit to the Department a complete and accurate application on a form or by electronic means, as prescribed by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application includes both the applicant's oath assuring that the contents of the application are accurate and true and the applicant will comply with this regulation. The application shall be signed by the owner(s) if an individual or partnership; in the case of a corporation, by two of its officers. The application shall set forth the full name and address of the provider for which the license is sought, the owner in the event the owner's name and address is different from that of the provider, and the names of the persons in control of the provider. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with these regulations. Applicants shall make payment of all outstanding fees (initial licensure fees, annual licensure fees, and inspection fees) and finally assessed monetary penalties prior to the Department's issuance of a license. When submitting an application for an initial license, the provider shall include evidence of:

1. Either liability insurance coverage or, in lieu of liability insurance coverage, a surety bond. The provider shall maintain such coverage for the duration of the license period. The minimum amount of coverage is one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) aggregate;

2. Indemnity coverage to compensate clients for injuries and losses resulting from services provided;

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and

3. Workers compensation insurance in accordance with S.C. Code Section 42-5-10 et seq.;

4. Criminal record checks and drug test results for the prospective licensee as described in Sections 103.G and 103.H, respectively; and

5. The policies and procedures for the provider's random drug testing program, pursuant to S.C. Code Section 44-70-70.

G. Criminal record checks for applicant/prospective licensee. To obtain an initial license to operate an in-home care provider, the person, or persons, required to sign the licensure application pursuant to Section 103.F shall undergo a State Law Enforcement Division (SLED) name-based criminal records check. Evidence of this records check must be submitted to the Department by the applicant and the record check must not be older than ninety (90) calendar days upon receipt by the Department.

1. An in-home care provider license must not be issued to the applicant, and if issued, may be revoked, if the person(s) is required to register under the sex offender registry pursuant to S.C. Code Section 23-3-430 or has been convicted of or pled guilty or pled no contest (*nolo contendere*) to:

a. Abuse, neglect, or exploitation of a vulnerable adult, as defined in the Omnibus Adult Protection Act;

b. Unlawful conduct toward a child or cruelty to children, as defined in the South Carolina Children's Code;

c. Any violent crime, as defined in S.C. Code Section 16-1-60;

d. Any other drug related felony; or

e. Forgery, embezzlement or breach of trust with fraudulent intent, as classified in S.C. Code Section 16-1-90(E).

2. Person(s) signing the licensure application must immediately report to the Department any convictions for the above-referenced offenses.

H. Drug testing of applicant/prospective licensee. To obtain an initial license to operate an in-home care provider, the person, or persons, required to sign the licensure application pursuant to Section 103.F shall undergo a five (5) panel urine, hair, saliva, or blood drug screen that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine and provide documentation of such. Test results shall be received and reviewed by a person other than the person being tested and who is not related to the person being tested by blood or marriage. Applicants with a positive test shall be denied, unless accompanied by a statement from a physician indicating the positive test was a result of a prescribed medication. The test must be taken not earlier than thirty (30) days before the Department's receipt of the licensure application. If taken by an external or third-party laboratory, documentation shall include the test results from the laboratory. If taken internally by the provider, documentation shall include:

1. Name, date, time, and signature of the individual being tested;

2. Name, date, time, and signature of person attesting to contemporaneously receiving and reviewing the test results with the performance of the test and attesting that he/she is not related to the person being tested by blood or marriage;

3. The type of the drug screening performed, including the manufacturer and model of the screening kit;

4. Date, time, and results of the screening; and
5. Lot number and expiration date, as displayed on the original screening kit.

I. **Licensing Fees.** The initial license fee shall be one thousand dollars (\$1,000). The fee for annual license renewal shall be eight hundred dollars (\$800). All fees, including late fees, shall be made payable to the Department via a secured portal or specific website and are not refundable. If the application is denied, a portion of the fee may be refunded based upon the remaining months of the licensure year.

J. **Late Fee.** Failure to submit a renewal application or fee by the license expiration date shall result in a late fee of two hundred dollars (\$200), in addition to the licensing fee. Failure to submit the renewal application, licensing fee, and late fee within thirty (30) days of the license expiration date shall render the provider unlicensed.

K. **License Renewal.** For a license to be renewed, applicants shall file an application with the Department, including any required documentation to evidence compliance with the regulation and pay a license fee of eight hundred dollars (\$800).

1. Prior to reinstatement of a suspended license, the licensee shall submit a reinstatement fee of four hundred dollars (\$400).

2. Prior to reinstatement of a revoked license, the licensee must apply for a license as provided for in Section 103 of this regulation along with the initial licensing fee. Any time remaining from the revoked license is forfeited.

L. **Amended License.** A provider shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

1. Change of provider location from one geographic site to another; or
2. Changes in provider name or address (as notified by the post office).
3. An amendment fee of fifty dollars (\$50) is required for each amendment.

M. **Change of Licensee.** A provider shall request issuance of a new license by application to the Department prior to any of the following circumstances:

1. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name; or
2. A change of the legal entity, for example, sole proprietorship to or from a corporation, partnership to or from a corporation, even if the controlling interest does not change.

N. **Variance.** The provider may request a variance to this regulation in a format as determined by the Department. Variances will be considered on a case-by-case basis by the Department. The Department may revoke issued variances as it determines appropriate.

## **SECTION 200. ENFORCEMENT.**

### **201. General.**

The Department shall utilize inspections, investigations, applications, and other pertinent documentation regarding a proposed or licensed provider in order to enforce this regulation.

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### **202. Inspections and Investigations. (I)**

A. All providers are subject to inspection and/or investigation without prior notice. When staff members are not present, the provider shall provide information as to the expected return of staff.

B. Individuals authorized by South Carolina law shall be granted access to all properties and areas, objects, and records in a timely manner in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identify of individuals in enforcement action proceedings.

C. When there is noncompliance with licensing standards, the provider shall submit an acceptable written plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of inspection or investigation. The provider shall describe the following in the plan of correction: (II)

1. The actions taken to correct each cited deficiency;
2. The actions taken to prevent recurrences (actual and similar); and
3. The actual or expected completion dates of those actions.

### **203. Consultations.**

Consultations may be provided by the Department as requested by the provider or as deemed appropriate by the Department.

### **204. Enforcement.**

When the Department determines that an in-home care provider is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such provider, the Department, upon proper notice to the licensee, may impose a monetary penalty, deny, suspend, or revoke licenses.

### **205. Violation Classifications.**

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the clients of the provider or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods, or operations in use by a provider may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety, or well-being of the clients of the provider. The citation of a Class II violation shall specify the time within which the violation is required to be corrected.

C. Class III violations are those that are not classified as Class I or II in this regulation or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected.

D. The notations "(I)" or "(II)", placed within sections of this regulation, indicate those standards are considered Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are considered Class III violations.

E. In determining an enforcement action, the Department shall consider the following factors:

1. Specific conditions and their impact or potential impact on the health, safety or well-being of the client(s) including, but not limited to: evidence that services contracted for are not provided; or direct evidence of abuse, neglect, or exploitation;
2. Efforts by the provider to correct cited violations;
3. History of compliance; and
4. Any other pertinent conditions that may be applicable to current statutes or regulations.

F. Monetary penalties assessed by the Department must be not less than one hundred dollars (\$100) nor more than five thousand dollars (\$5,000) for each violation of any of the provisions of this regulation. When a decision is made to impose monetary penalties, the following schedule will be used to determine the amount:

<b>FREQUENCY</b>	<b>CLASS I</b>	<b>CLASS II</b>	<b>CLASS III</b>
1 <sup>st</sup>	\$500-1,500	\$300-800	\$100-300
2 <sup>nd</sup>	1,000-3,000	500-1,500	300-800
3 <sup>rd</sup>	2,000-5,000	1,000-3,000	500-1,500
4 <sup>th</sup>	5,000	2,000-5,000	1,000-3,000
5 <sup>th</sup>	5,000	5,000	2,000-5,000
6 <sup>th</sup>	5,000	5,000	5,000

**SECTION 300. POLICIES AND PROCEDURES, AND INSURANCE.**

**301. Policies and Procedures. (II)**

A. Written policies and procedures addressing each section of this regulation regarding client care and operation of the provider shall be developed. The provider shall be in compliance with these policies and procedures. These policies and procedures shall be accessible to provider staff, in print or electronically, at all times.

B. The provider shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the administrator.

**302. Insurance. (II)**

A. The provider shall maintain either liability insurance coverage or, in lieu of liability insurance coverage, a surety bond. The minimum amount of coverage is one hundred thousand dollars (\$100,000) per occurrence and three hundred thousand dollars (\$300,000) aggregate.

B. The provider shall maintain indemnity coverage to compensate clients for injuries and losses resulting from services provided.

C. The provider shall maintain workers compensation insurance in accordance with S.C. Code Sections 42-5-10, et seq.

**SECTION 400. STAFF, CAREGIVERS, AND TRAINING REQUIREMENTS.**

**401. Administrator. (II)**

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Each provider shall have an administrator who is responsible for the overall management and operation of the provider.

#### 402. Background Checks and Drug Testing.

A. Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall undergo a criminal background check as provided by S.C. Code Sections 44-70-60(B) and 44-7-2910.

B. Pre-employment caregiver drug screening. Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall submit to a drug test pursuant to S.C. Code Section 44-70-60(B). The drug screening shall be a five (5) panel urine, hair, saliva, or blood drug screen that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine. Test results shall be received and reviewed by a nurse, the administrator, or human resources/hiring personnel. Persons shall not be eligible for employment as a caregiver unless and until they have a negative test. Persons with a positive test shall not be eligible for employment, unless accompanied by a statement from a physician indicating the positive test was a result of a prescribed medication. The test must not be taken earlier than thirty (30) days before the provider's offer of employment as a caregiver to the person. If taken by an external or third-party laboratory, the provider shall maintain documentation from the laboratory of the test results. If taken internally by the provider, the following documentation concerning the pre-employment drug screening shall be maintained: (I)

1. Name, date, time, and signature of the individual being tested;
2. Name, date, time, and signature of the nurse, administrator, or human resources/hiring personnel attesting to contemporaneously receiving and reviewing the test results with the performance of the test;
3. The type of drug screening performed, including the manufacturer and model of the screening kit;
4. Date, time, and results of the screening; and
5. Lot number and expiration date, as displayed on the original screening kit.

C. Random Drug Screening. Person(s) signing the licensure applications on behalf of the provider and individuals employed as in-home caregivers by licensed in-home care providers are subject to random drug testing as provided for in S.C. Code Section 44-70-70. The provider may choose the method of random testing that most suitably meets the provider's needs. The provider's policies and procedures must address random drug testing and describe the procedure chosen. At a minimum, a five (5) panel urine, hair, saliva, or blood drug screen will be utilized that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine. Test results shall be received and reviewed by a nurse, the administrator, or human resources/hiring personnel. Positive tests of caregivers as a result of the random drug testing shall be not be eligible for caregiver responsibilities unless accompanied by a statement from a physician indicating the positive test was a result of a prescribed medication or until the person obtains a subsequent negative test. If taken by an external or third-party laboratory, the provider shall maintain documentation from the laboratory of the test results. If taken internally by the provider, the following documentation concerning any random drug screening shall be maintained:

1. Name, date, time, and signature of the individual being tested;
2. Name, date, time, and signature of the nurse, administrator, or human resources/hiring personnel attesting to contemporaneously receiving and reviewing the test results with the performance of the test;
3. The type of drug screening performed, including the manufacturer and model of the screening kit;
4. Date, time, and results of the screening; and

5. Lot number and expiration date, as displayed on the original screening kit.

#### **403. Staff Records.**

The provider shall maintain accurate information on all staff members including, but not limited to, current address, phone number, training, all drug test results, criminal background checks, and self-assessments.

#### **404. Training. (I)**

Caregivers shall receive or independently obtain necessary training to perform the duties for which they are responsible. Documentation of all in-service training shall be signed and dated by both the individual providing the training and the individual receiving the training. A signature for the individual providing the training may be omitted for computer-based training. The following training shall be provided by appropriate resources (e.g., licensed/registered/certified persons, books, electronic media, etc.) prior to client contact and at least annually thereafter unless otherwise specified by certificate:

- A. Basic first aid;
- B. Depending on the type of clients, care services for persons specific to the physical and/or mental condition of the individual, for example, Alzheimer's disease, other dementias, cognitive disabilities, or similar disabilities;
- C. Confidentiality of client information and records;
- D. Documentation and recordkeeping procedures;
- E. Ethics and interpersonal relationships;
- F. Proper lifting and transfer techniques, if applicable;
- G. Infection control techniques; and
- H. Prevention of client abuse, neglect, and exploitation.

#### **405. Caregiver Minimum Qualifications. (II)**

A caregiver must:

- A. Be able to read, write, and communicate effectively with client and supervisor;
- B. Be capable of completing assigned job duties;
- C. Be capable of providing care as provided in the care services plan with minimal supervision, if applicable;
- D. Have a valid driver's license and proof of insurance if transportation is a part of the caregiver's duties. The provider must ensure the caregiver's license is valid while transporting any client of the provider by verifying the official highway department driving record of the employed individual. A copy of the driving record must be maintained in the caregiver's file;
- E. Be at least eighteen (18) years of age, as evidenced by a government-issued identification card or other valid documentation;
- F. Not have adverse findings on the Sex Offender Registry or Nurse Aide Registry; and (I)

## 332 FINAL REGULATIONS

G. Not have prior convictions or have pled no contest (*nolo contendere*) to: (I)

1. Criminal offenses involving forgery, larceny, embezzlement, false pretenses and cheats, as described in Title 16, Chapter 13 of the S.C. Code of Laws, within ten (10) years of providing in-home care to clients;

2. Criminal offenses involving drugs within ten (10) years of providing in-home care to clients;

3. Abuse, neglect, or exploitation of a vulnerable adult, as defined in the Omnibus Adult Protection Act, S.C. Code Ann. Sections 43-35-5, et seq.; and

4. Any violent crime, as defined in S.C. Code Ann. Section 16-1-60.

### 406. Health Status. (I)

A. All staff members and caregivers who have contact with clients shall complete a self-assessment prior to initial client contact. The self-assessment shall be reviewed and signed by a nurse, the administrator, or human resources/hiring personnel prior to the staff member or caregiver's initial client contact.

B. The self-assessment shall, at a minimum, include the disclosure of communicable diseases such as, but not limited to, influenza, measles, mumps, chicken pox, strep throat, tuberculosis (TB), HIV/AIDs, and hepatitis.

C. The provider shall develop policies and procedures for caregivers' reporting to the administrator information about their health and activities as they relate to diseases that are communicable while providing care and services. The policies and procedures shall further include provisions for excluding and/or restricting caregivers with communicable diseases or symptoms of such diseases.

## SECTION 500. REPORTING.

### 501. Incidents.

A. The provider shall document every incident, and include an incident review, investigation, and evaluation as well as a corrective action taken, if any. The provider shall retain all documented incidents reported pursuant to this section for five (5) years after the client stops receiving services from the provider.

B. The provider shall report the following types of incidents to the client's responsible party within twenty-four (24) hours or the next business day from the incident. The provider shall also notify the Department within twenty-four (24) hours or the next business day from the incident, via the Department's electronic reporting system or as otherwise determined by the Department. The initial report is intended to collect basic information as may be known at the time about the incident to include, at a minimum, the type of incident and a brief description of it, the date the incident is believed to have occurred, any witnesses, and the contact information for the individual making the report. Incidents requiring reporting include, but are not limited to:

1. Bone or joint fracture while in the care of a caregiver;

2. Hospital admission or death resulting from an incident while in the care of a caregiver;

3. Confirmed or suspected crimes against a client by a caregiver; and/or

4. Confirmed or suspected client abuse, neglect, or exploitation by a caregiver.

C. The provider shall submit a separate written investigation report within five (5) calendar days of every incident required to be reported to the Department pursuant to Section 501 via the Department's electronic reporting system or as otherwise determined by the Department. The provider shall ensure investigation reports

submitted to the Department contain: the provider name, license number, the date the incident occurred, the client age and sex, witness names, extent and type of injury and how treated, cause of incident, internal investigation results, the identity of other agencies notified, and the contact information for the individual making the report.

D. The provider shall report any allegation of abuse, neglect, or exploitation of clients to the Adult Protective Services Program in the Department of Social Services in accordance with S.C. Code Section 43-35-25, or Child Protective Services, as appropriate.

## **502. Provider Closure.**

A. Prior to the temporary closure of a provider, the Department shall be notified, in writing, of the intent to close and the effective closure date. Within ten (10) business days prior to the closure, the provider shall notify the Department of provisions for the maintenance of records, identification of clients that will require transfer to another provider, and date of anticipated reopening. If the provider closes for a period longer than one year and there is a desire to reopen, the provider shall contact the Department which will determine the necessity of an inspection prior to the provider's re-opening.

B. Prior to permanent closure of a provider, the Department shall be notified, in writing, of the intent to close and effective closure date. Within ten (10) business days prior to the closure, the provider shall notify the Department of provisions for maintenance of the records, identification of clients that will require transfer to another provider, and dates and amounts of client refunds. On the date of closure, the provider shall return the license to the Department.

C. Prior to permanent or temporary closure, the provider shall provide all clients written notice of the closure at least ten (10) business days prior to the closure.

## **SECTION 600. CLIENT RECORDS.**

### **601. Content. (II)**

A. The provider shall initiate and maintain an organized record for each client. The record shall contain sufficient documented information to identify the client and the provider and/or person responsible for the client's care services.

1. Records may be maintained on paper or electronically. All entries must be legible and complete. Records shall be separately signed and dated promptly by the individual responsible for providing the care service furnished. Records may be signed electronically. If an entry is signed on a date other than the date it was made, the date of the signature shall be entered.

2. All records must be readily accessible, in a timely manner, for inspections and investigations by the Department.

3. Providers that use electronic systems must provide for data backup and retrieval in the event of a system shutdown or power outage.

B. Specific entries and documentation shall include at a minimum:

1. Documentation of care services provided. Each visit by a caregiver to a client's residence shall be documented. Documentation of visits shall include what care services were provided, any significant changes to the client's physical or behavioral condition as observed by the caregiver, the name of the caregiver providing the care services, the caregiver's signature or electronic signature/verification, and date of care services provided. Documentation shall be maintained or updated on a weekly basis.

### **334 FINAL REGULATIONS**

2. A service agreement to include:

- a. The care services for which the provider has agreed to provide to the client;
- b. Disclosure of fees for all care services provided to include advance notice requirements to changes in fee amounts;
- c. Refund policy to include when monies are to be forwarded to client upon termination of care services; and
- d. Provisions regarding termination of the service agreement to include conditions under which the client may be refused further care services.

The service agreement shall be signed and dated by the provider and the client and/or the client's responsible party prior to the provider's provision of in-home care. Subsequent revisions to the initial service agreement may be handled by the provider documenting in the client's record the specific changes in care services that will occur and that the change was discussed with and agreed to by the client and/or responsible party, as appropriate, who signed the initial agreement prior to the change in care services occurring.

For clients receiving care services pursuant to a Medicaid program, a service agreement is not required.

3. A care services plan to include:

- a. Types of care services provided;
- b. Expected times and frequency of care services delivery in the client's residence;
- c. Expected duration of care services that will be provided; and
- d. Goals and objectives of the care services.

The care services plan shall be completed by the provider within seven business days after care services are initially provided. The plan shall be revised whenever there are changes listed in Section 601.C.3.a through d.

#### **602. Record Maintenance.**

A. The licensee shall provide accommodations, space, supplies, and equipment adequate for the protection and storage of client records.

B. Upon termination of care services to a client, the record shall be completed within thirty (30) calendar days, and filed in an active or closed file maintained by the licensee. Prior to closing of a provider for any reason, the licensee shall arrange for preservation of records to ensure compliance with this regulation. The licensee shall notify the Department, in writing, describing these arrangements and the location of records.

C. Records of clients shall be maintained for at least five (5) years following the cessation of services to the client.

#### **SECTION 700. CLIENT CARE SERVICES. (I)**

A. Care services shall be rendered effectively and safely in accordance with provider policies and procedures. Assistance shall be provided to clients, as needed. Each provider is required to provide at a minimum those services that are designated in the service agreement or care services plan.

B. Care services provided by caregivers are strictly limited to non-medical tasks. Care services may include the following:

1. Meal planning, preparation, and limited assistance in eating.
2. Bathing, grooming, and personal hygiene, including toileting.
3. Dressing.
4. Assisting clients in and out of bed, chairs, or vehicles, and repositioning them when required.
5. Assistance with walking, including the use of walkers, rollators, canes, and crutches.
6. Cleaning the client's home.
7. Laundry care.
8. Shopping for the client. For any shopping on behalf of a client, receipts must be provided to the client and client funds for such shopping must be accounted for in writing.
9. Running errands.
10. Providing transportation to appointments, shopping, etc.
11. Addressing safety hazards found in clients' homes.
12. Assisting with communication.
13. Medication reminders.

C. In the event of the closure of a provider for any reason, the provider shall ensure continuity of care services by promptly notifying the client and/or the client's responsible party and providing a listing of licensed providers for continued care.

**SECTION 800. INFECTION CONTROL. (I)**

The provider shall maintain and implement staff practices that prevent the spread of infectious, contagious, and communicable diseases, including but not limited to, screening, standard precautions, and transmission-based precautions.

**SECTION 900. RIGHTS AND ASSURANCES. (I)**

- A. The provider shall ensure all clients of the following rights and assurances:
1. The care services to be provided pursuant to the service agreement or care services plan;
  2. Respect for the client's property;
  3. Freedom from abuse, neglect, and exploitation;
  4. Respect and dignity in receiving care services; and
  5. Confidentiality of client records, to include privacy and disclosure requirements.

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B. The provider shall inform clients in writing of the rights and assurances in Section 900.A prior to the provider's provision of in-home care. The documentation of informed rights and assurances shall be signed and dated by the provider and the client and/or client's responsible party.

### **SECTION 1000. DISASTER PREPAREDNESS.**

#### **1001. Disaster Preparedness. (II)**

The provider shall develop a disaster plan that identifies the care services obligations, if any, of the provider to be provided to the client during a disaster event. The disaster plan will outline the processes for notifying clients and/or responsible parties, in the event provider staff cannot provide care services to the client due to a disaster event. In the event of a disaster where a provider cannot provide services, the provider's notification (or attempted notification) to the client and/or responsible party shall be documented. The provider shall provide its disaster plan to the client and/or responsible party.

#### **1002. Emergency Call Numbers.**

Emergency call data, including telephone numbers of fire and police departments, ambulance service, and poison control center, shall be readily available to the caregiver. Other emergency call information to be available to the caregiver shall include the names and telephone numbers of staff members to be notified in case of an emergency.

### **SECTION 1100. SEVERABILITY.**

In the event that any portion of this regulation is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of this regulation, and they shall remain in effect as if such invalid portions were not originally a part of this regulation.

#### **Fiscal Impact Statement:**

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

#### **Statement of Rationale:**

The proposed amendments are necessary to update provisions in accordance with current practices and to enforce the standards for the licensure, maintenance, and operation of in-home care providers (IHCPs) to better ensure the safety and wellbeing of clients of IHCPs.

Document No. 5450  
**DEPARTMENT OF TRANSPORTATION**  
CHAPTER 63  
Statutory Authority: 1976 Code Section 57-3-110

63-390 through 63-397. Tandem Trailer Combination and Other Larger Vehicle Access Control Act.  
63-700 through 63-718. Disadvantaged Business Enterprise Program.

#### **Synopsis:**

These regulations are being promulgated to modernize, clarify and update existing regulations which govern, to the extent authorized by S. C. Code, Title 57. The regulations concern tandem trailer combinations and disadvantage business enterprise program, guidelines for selection of set aside projects,

## Section-by-Section Discussion:

63-390 through 63-397. Tandem Trailer Combination and Other Larger Vehicle Access Control Act. The South Carolina Department of Transportation proposes to amend Chapter 63, Article 4, Subarticle 7 entitled “Tandem Trailer Combination and Other Larger Vehicle Access Control Act”. This subarticle sets forth the regulations governing the operation of tandem trailer combination and other large vehicles within the State. In consultation with SC State Transport Police (STP), a Law Enforcement Division of South Carolina Department of Public Safety, STP has confirmed that they do not currently use these regulations. The South Carolina Department of Transportation proposes to retain Regulation 63-390 and strike the remaining provisions. The Department will comply with the National Network criteria as specified in the U.S. Code of Federal Regulations (23 CFR 658).

63-700 through 63-718. Disadvantaged Business Enterprise Program. The South Carolina Department of Transportation proposes to repeal Chapter 63, Article 8 entitled “Disadvantaged Business Enterprises Program”. This article was promulgated to carry out the disadvantaged business enterprise program mandated by Section 12-28-2930 of the Code of Laws (1976) as amended, (hereinafter “State DBE Program”) and to comply with 49 CFR Part 26 (hereinafter Federal DBE Program). The program requires participation by ethnic minority and female/women owned businesses. The federal program requires removal of minority and sex-based certification. The department, as recipient of federal-aid highway and transit funds, is required and intends to implement DBE Program in accordance with 49 CFR part 26 criteria.

The Notice of Drafting was published in the *State Register* on December 26, 2025.

**Instructions:**

Print the regulation as shown below.

**Text:**

## SUBARTICLE 7

## TANDEM TRAILER COMBINATION AND OTHER LARGER VEHICLE ACCESS CONTROL ACT

63-390. Purpose, Scope and Policy.

(1) This subarticle sets forth the regulations governing the operation of tandem trailer combinations and other larger vehicles within the State of South Carolina. These regulations are promulgated pursuant to the authority of Section 56-5-4075 of the South Carolina Code.

(2) Tandem trailer combinations and other larger vehicles in compliance with this article and Sections 56-5-4030 and 56-5-4070 of the South Carolina Code may operate within the State of South Carolina only on those highways identified as the “National Truck Network” and other roads specifically designated by the Department. The Department will comply with the National Network criteria as specified in the U.S. Code of Federal Regulations (23 CFR 658).

63-391. Repealed.

63-392. Repealed.

63-393. Repealed.

63-394. Repealed.

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63-395. Repealed.

63-396. Repealed.

63-397. Repealed.

### ARTICLE 8 DISADVANTAGED BUSINESS ENTERPRISES PROGRAM

63-700. Repealed.

63-701. Repealed.

63-702. Repealed.

63-703. Repealed.

63-704. Repealed.

63-705. Repealed.

63-706. Repealed.

63-707. Repealed.

63-708. Repealed.

63-709. Repealed.

63-710. Repealed.

63-711. Repealed.

63-712. Repealed.

63-713. Repealed.

63-714. Repealed.

63-715. Repealed.

63-716. Repealed.

63-717. Repealed.

63-718. Repealed.

#### **Fiscal Impact Statement:**

No additional state funding is requested.

#### **Statement of Rationale:**

These regulations are being promulgated to modernize, clarify and update existing regulations which govern, to the extent authorized by S. C. Code, Title 57, tandem trailer combinations and disadvantage business enterprise program, guidelines for selection of set aside projects.

Document No. 5412  
**UNIVERSITY OF SOUTH CAROLINA**  
CHAPTER 119  
Statutory Authority: 1976 Code Sections 56-21-10 et seq.

Chapter 119. University of South Carolina.

**Synopsis:**

The University of South Carolina Parking and Transportation Services proposes to amend Chapter 119 to update the current regulations, so they reflect current university practices and make minor, technical updates.

The Notice of Drafting was published in the *State Register* on September 26, 2025.

The proposed amendment will require legislative review.

**Instructions:**

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

**Text:**

ARTICLE 1  
GENERAL REGULATIONS

119-1. Definitions.

The definitions and meaning of terms shall be as follows:

- A. Academic Year. From opening date of one school calendar year to same date of the ensuing calendar year.
- B. University. All property which is owned, leased, supervised or otherwise controlled by the University of South Carolina.
- C. Campus. Unless otherwise provided, the following campuses of the University of South Carolina System: USC-Aiken; USC-Beaufort; USC-Columbia; USC-Lancaster; USC-Salkehatchie; USC-Sumter; USC-Union; USC-Upstate; and Palmetto Colleges.

119-2. To Whom Regulations Apply.

These regulations apply to the drivers of all vehicles, whether public or private, and are in force twenty-four (24) hours a day unless otherwise provided. It is unlawful for any driver to violate any of the provisions of these regulations, except as otherwise permitted by these regulations, by the laws of the State of South Carolina, or by the respective campus parking policies.

119-3. Traffic Signs.

(a) The driver of any vehicle shall obey the lawful instruction of any campus public safety officer, and of any official traffic sign properly placed in accordance with the provisions of these regulations except when otherwise directed by a safety officer. Whenever a particular section of these regulations does not state that signs are required, such section is effective without signs being provided.

(b) The appropriate campus official responsible for law enforcement and public safety as appointed by the President, Chancellors or Deans of the respective campuses, shall have the authority to cause the signs, signals, and markings necessary to implement these regulations to be erected, established, and maintained.

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### 119-4. Altering or Defacing of Traffic Signs.

No person shall, without lawful authority, attempt to or in fact alter, deface, injure, knock down, or remove any official traffic sign or device, or any inscription, shield or insignia thereon, or any other part thereof.

### 119-5. Authority of President.

The President, Chancellors, or Deans of Palmetto Colleges, acting pursuant to the authority vested in them by these regulations, shall exercise their discretion and authority in such a manner as to insure the proper conduct of the necessary business of the University and effective utilization and control of the available parking areas and facilities on the campuses of the University for the benefit and maximum convenience of students, faculty, staff members, and visitors.

### 119-6. Liability for Protection of Motor Vehicles.

The University shall assume no responsibility for the care and/or protection of any vehicle or its contents at any time when it is operated or parked on the University.

## ARTICLE 2 UNIVERSITY MOTOR VEHICLE REGISTRATION

### 119-7. Motor Vehicle Registration.

The appropriate campus office for motor vehicle registration as designated by the President, Chancellors, or Deans of Palmetto Colleges, is hereby authorized to be responsible for registration records, keeping registration cards, issuance of permits, and recording and reporting violations.

### 119-8. Registration of Student Vehicles and Parking Permits.

Any student who shall regularly or occasionally drive, operate or control, park, let stand, or otherwise use or maintain a motor vehicle on the land (owned or leased) or properties of the University is required to register the vehicle with the appropriate campus office for motor vehicle registration. This registration shall be equally applicable to the spouse or husband of a student. A permit will be issued to the student upon proper registration and fee. Parking permissions, such as parking permits or license plates, shall be displayed according to the affiliated campus rules and regulations.

### 119-9. Registration of Faculty and Staff Vehicles and Parking Permits.

Any faculty and staff who shall regularly or occasionally drive, operate or control, park, let stand, or otherwise use or maintain a motor vehicle on the land (owned or leased) or properties of the University is required to register the vehicle with the appropriate campus office for motor vehicle registration. A parking permit will be issued to the faculty or staff upon proper registration and fee. Parking permissions, such as parking permits or license plates, shall be displayed according to the affiliated campus rules and regulations.

### 119-10. Registration Fees.

Parking and registration fees are established by the appropriate campus officials for the University of South Carolina System, subject to the approval of the President and/or the University of South Carolina System Board of Trustees.

### 119-11. Accessible Parking for Persons with Disabilities.

To legally use ADA-accessible parking spaces on campus, students, faculty, and staff must register their state-issued ADA placard or license plate with Parking and Transportation Services by submitting required documentation. Both the ADA credential and a parking permit are required to be visible in the vehicle at all times while parked on campus.

### 119-12. Loading Zones.

(a) Service and delivery vehicles displaying a valid parking permit may park in designated loading zones for the duration specified on posted signage or listed on the official campus websites.

(b) Persons who wish to park near a University building to load or unload a motor vehicle may obtain temporary permission from Parking and Transportation Services or from the University Police Department if the Parking and Transportation Services office is not open. Permission will not be granted or will be rescinded, if the motor vehicle is parked in a manner which obstructs a fire lane, impedes vehicular or pedestrian traffic, or is parked in any other unsafe manner.

ARTICLE 3  
PARKING AREAS

119-13. Traffic and Parking Instructions.

University of South Carolina traffic and parking instructions are indicated by (a) printed policies and guides, (b) campus maps, (c) signs, street or curb markings and (d) official campus websites.

119-14. Visitor and Hourly Parking Fees and Charges.

Visitor and hourly parking fees and charges are established by the appropriate campus officials for the University of South Carolina System, subject to the approval of the President and/or the University of South Carolina System Board of Trustees. Neither registration nor decals are required for use of identified hourly parking spaces.

119-15. Parking Garages and Fees.

Faculty, Staff and Students may obtain parking space in available parking garages on University of South Carolina System campuses from the appropriate campus office for motor vehicle registration. Garage fees are established by the appropriate campus officials for the University of South Carolina System, subject to the approval of the President and/or the University of South Carolina System Board of Trustees.

ARTICLE 4  
VIOLATIONS, PENALTIES AND BONDS

119-16. Responsibility for Violations.

(a) The permit holder, driver, and owner or person in whose name a vehicle is registered shall be responsible for all violations incurred by the vehicles.

(b) Violation notices may be issued and delivered by the University through one or more of the following methods: (a) physically affixed to the vehicle (e.g., windshield), (b) via electronic mail (email), or (c) through the United States Postal System (USPS). The University reserves the sole discretion to determine the method of delivery deemed most appropriate under the circumstances.

119-17. Payment of Penalties and Bonds.

(a) Penalties and/or bonds are payable in person, by mail, or online at the appropriate campus office for motor vehicle registration or an official University website in accordance with Sections 119-17 and 119-19 below.

(b) Any person who knowingly provides false information to obtain parking privileges shall be subject to a penalty not to exceed five hundred dollars. In addition, parking privileges may be suspended for a period of up to four years.

119-18. Traffic, Parking and the Registration of Motor Vehicles for the University of South Carolina.

University of South Carolina traffic and parking violation fees are indicated by (a) printed policies and guides, (b) signage, (c) official campus websites, and (d) state guidelines.

119-19. Delinquent Violations—Increase in Bonds.

University of South Carolina System campuses reserve the right to pursue collections for unpaid fees. Fees associated with violation may be subject to increase; however, such increases shall not exceed twice the amount of the original campus websites, and (d) state guidelines and are subject to the approval of the President, Chancellors, or Deans of Palmetto Colleges.

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### ARTICLE 5 SPEED LIMITS

#### 119-20. Campus Speed Limit.

Unless otherwise posted, the campus speed limit is 15 miles per hour. The speed limit is 10 miles per hour in all parking and garages.

### ARTICLE 6 VEHICLE TOWING AND IMPOUNDING

#### 119-21. When Vehicle May Be Towed or Impounded.

The appropriate campus official responsible for law enforcement and public safety or his designate shall have the power to have a vehicle impounded, towed and stored at the owner's expense and risk under the following conditions:

- A. If the motor vehicle is parked in a fire lane.
- B. If the motor vehicle is parked in a handicapped space without benefit of a handicapped permit or is parked in such a way as to block a curb cut for the handicapped.
- C. If the motor vehicle is parked in such a way as to block a driveway, to block a service entrance, parked on yellow curb or to create a hazard to safety.
- D. If the motor vehicle is parked in a parking-by-permit-only space without benefit of a permit.
- E. If three or more unpaid traffic violations have been issued against said vehicle.

### ARTICLE 7 BOARDS, COMMITTEES AND COURTS

#### 119-22. Appointment of Boards, Committees and Courts.

The President or Chancellors of each University of South Carolina System campus shall have the authority to appoint such persons, Boards, Committees and Administrative Bodies as he/she deems necessary to hear appeals and to assist in the administration of the rules and regulations contained herein.

### ARTICLE 8 SUMMONS

#### 119-23. Who May Issue Summons or Citations.

The appropriate campus official responsible for law enforcement and safety or his designate is authorized to issue summons and/or other traffic citations pursuant to authority contained in Sections 56-21-10 to 56-21-60 of the 1976 Code.

#### **Fiscal Impact Statement:**

University of South Carolina Parking and Transportation Services does not anticipate costs to the state or its political subdivisions as a result of the amendment of Chapter 119.

#### **Statement of Rationale:**

Chapter 119 contains outdated information regarding University of South Carolina System campus parking rules and regulations and requires minor, technical updates to make the regulation easier to understand.