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RESIDENTIAL REGULATIONS

102 CMR 3.00: STANDARDS FOR THE LICENSURE OR APPROVAL OF RESIDENTIAL PROGRAMS SERVING CHILDREN AND TEEN PARENTS

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3.01: Introduction

102 CMR 3.00 is adopted in accordance with M.G.L. c. 28A, particularly §§ 9 through 13, which states the policy of state government to assure every child "a fair and full opportunity to reach his/her full potential." In order to fulfill its mandate as the agency responsible for licensing residential programs, the Office has developed specific standards for residential programs to provide this opportunity to the residents they serve.

The nature and scope of 102 CMR 3.00 are based on the belief that every aspect of a program's operation affects the residents in its care. The philosophy, administrative policies, staff, physical facility and clinical, recreational, and educational services all contribute to a resident's everyday living environment, and should maintain a level of quality that promotes healthy development. While acknowledging the variety of residential program types, including group care, temporary shelter, secure detention, transition to independent living, and programs serving teen parents, 102 CMR 3.00

identifies, to the fullest extent possible, the standards and practices necessary to fulfilling the following general goals:

- (a) to provide a program that is administratively and fiscally sound with clearly conceived policies and practices for the services provided to residents.
- (b) to provide residents with services, which on a short-term basis meet their immediate and emergency needs, and which allow for resolution of the immediate problems or the development of long-term plans;
- (c) to meet each resident's needs relating to health, nutrition, individuality and interaction with peers and adults, before it can begin to satisfy the resident's more complex needs;
- (d) to meet each resident's need for space, comfort, privacy and community while protecting residents from fire, health, and accident hazards.
- (e) to provide each resident with the least intrusive intervention sufficient to insure her/his safety , the safety of others, and promote healthy growth and development;
- (f) to provide residents with services and an environment which, on a long-term basis, meet the special needs their families are unable to fulfill.

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3.02: Definitions

(1) General Definitions: As used in 102 CMR 3.00, the following words shall have the following meanings unless the context otherwise requires:

Child. Any person under the age of 18 for part or all of a calendar year.

Child with special needs. A child who, because of a disability consisting of a developmental delay or an intellectual, sensory, neurological, emotional, communication, physical, specific learning or health impairment or combination thereof, is or would be unable to progress effectively in a regular school program. This may include, but not be limited to, a school age child with special needs as determined by an evaluation conducted pursuant to M.G.L. c. 71B, § 3, and as defined by the Department of Education in 603 CMR 28.00.

Group Care Program. A program or facility that provides care and custody for one or more children by anyone other than a relative by blood, marriage or adoption on a regular 24-hour a day, residential basis. Group care program includes but is not limited to programs serving teen parents under the age of 16 years; transition to independent living programs; private residential schools that provide special services to children with special needs in which children with special needs constitute 30% or more of the school's population; and group residences or group homes. Group care program does not include family foster

care; a recreational or summer camp; a hospital, ward or comprehensive center, including an intensive residential treatment program, licensed under M.G.L. c. 19, § 19 or c. 19B, § 15; a hospital, ward or comprehensive center operated by the Commonwealth; a hospital, institution for unwed mothers, convalescent or nursing home, rest home or infirmary or any program licensed under M.G.L. c. 111; any program licensed under M.G.L. c. 111E, § 5 and 7 unless the program admits children other than drug dependent children or dependency drug using children; or private residential schools except those providing special services to children with special needs as defined above.

Office. The Office of Child Care Services.

Placement agency. A department, agency or institution of the Commonwealth, or any political subdivision thereof, or any organization incorporated under M.G.L. c. 180, one of whose principal purposes is providing custodial care and social services to children, which receives by agreement with a parent or guardian, by contract with a state agency or as a result of referral by a court of competent jurisdiction, any child, for placement in family foster care, a residential program or for adoption.

Referral source. A parent, guardian, Massachusetts or out-of-state public or private agency responsible for the placement and/or funding of the placement of a child.

Resident. A child or other person in the care or custody of a group care, temporary shelter, transition to independent living or transitional housing program serving teen parents.

Residential Program. A group care, temporary shelter, or transition to independent living program, or a transitional housing program serving teen parents.

Secure Detention . A program for children in the custody of or detained by the Department of Youth Services, who are awaiting court appearance or long-term placement, which requires restrictive features including locked doors and windows and a high staff-child ratio to insure security.

Shelter Home. A private residential home which has been approved by a temporary shelter agency to provide temporary shelter care to four or fewer children. In order to place sibling groups together in an emergency situation, this definition shall not prohibit the placement of more than four children in a home which, prior to the placement of the sibling group, contained fewer than four children.

Special Services. Any special services provided to children with special needs by a private residential school that are special education services similar to those referred to at 603 CMR 18.05(3)(a) and (b); or social, psychological or psychiatric services; or occupational or physical therapy; or speech or language therapy; or vocational rehabilitation skills; or regular nursing or medical care

provided on site; or self-help skills or activities of daily living training.

Teen Parent. A lawful father or mother or pregnant adolescent who is at least 13 years of age but not yet 20 years of age.

Temporary Shelter. Care and services (as appropriate to the needs of the child) provided to a child on a regular 24 hour a day basis for a period not to exceed 45 days or in the case of placement in a secure detention facility, not to exceed 90 days. Temporary shelter shall include both temporary shelter facility and shelter home.

Temporary Shelter Program. Any facility which operates to receive children under 18 years of age for temporary shelter care during the day or night when such children request shelter therein, or when such children are placed there by a placement agency, a parent, a law enforcement agency, or a court with authority to make such placement. Temporary shelter facility shall not mean family foster care or a group care facility, a police station or a town lockup.

Transition to Independent Living Program. Any residential program designed to serve adolescents and young adults for whom the service plan and/or treatment goal is independent living. Transition to independent living program shall not include unstaffed independent living programs where residents live in self contained units.

Transitional Housing Program Serving Teen Parents. A facility or program for parents who are at least 16 years of age in which the parents reside in a structured setting that includes educational, psychological and medical services, including counseling and basic life skills toward living independently. The facility or program shall require the parents to reside with their children.

(2) Definitions Pertaining to Restraint: As used in 102 CMR 3.00, the following words shall have the following meanings when used in the context of a restraint:

De-escalation. Strategies used to defuse a volatile situation, to assist a resident to regain behavioral control and to avoid physical intervention.

Monitoring. Observation of the physical, verbal and behavioral responses of a resident for signs of distress while being restrained.

Physical escort. Touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing an acting out resident to walk to a safe location. A physical escort is not a physical restraint.

Physical restraint. A behavior management technique involving the use of physical holding as a means of restricting a resident's freedom of movement. Physical restraint includes holding a resident in a standing, seated or horizontal position.

Physical take down. The act of bringing a resident who is being restrained to a sitting or horizontal position.

Processing. Verbal interactions between staff and a resident who has been restrained, designed to assist the resident in reviewing the behavioral incident and the restraint, with the goal of minimizing the need for future restraint.

Release. Ending the restraint hold on a resident.

Restraint. The use of any physical, mechanical or chemical means to temporarily control behavior.

Restraint Coordinator. Licensee staff member responsible for oversight of all matters related to restraint, including oversight and documentation of training; ensuring that restraints are only employed when necessary and that the restraint method taught is being used correctly; data collection, analysis and reporting, and review, with the restraint safety committee of restraint data and staff/resident safety information.

Restraint follow-up. Review by program management of each restraint with involved staff as part of a feedback and quality assurance process.

3.03: Licensure

(1) Licensure. A person may submit an application for provisional licensure to operate a program which he or she has not previously operated, or may submit an application to renew a license. The Office must determine that the care to be given in the program will protect the health and safety of the residents. The applicant shall have a background which in the judgment of the Office is free of conduct which bears adversely on the applicant's ability to provide for the safety and well being of children.

(a) All applications must be accompanied by the following documents, which shall be reviewed by the Office for completeness and compliance with 102 CMR 3.00 et. seq.:

1. a statement of purpose as required by 102 CMR 3.04(1);
2. a statement of the ownership of the program, including the names and addresses of all owners, or, in the case of corporations, the officers as required by 102 CMR 3.04(2)(a)2;
3. a projected one year operating budget, and documentation of sufficient funds for at least three months. For an operating agency, a current financial report, appropriate fiscal portions of contracts if any, and a statement of the current rate of payment as set by the Commonwealth, if applicable;
4. a description of the intended staffing of the facility or program on a 24 hour per day, seven day per week basis including availability of emergency on-call staff;

5. organizational table, as required by 102 CMR 3.04(2)(c);
6. written policy and procedure for internal investigation of child abuse and neglect as required by 102 CMR 3.04(3)(e);
7. written procedures regarding complaints and grievances, as required by 102 CMR 3.04(3)(i);
8. personnel policies, as required by 102 CMR 3.04(6)(a);
9. job descriptions, as required by 102 CMR 3.04(6)(c);
10. salary ranges, as required by 102 CMR 3.04(6)(d);
11. plan for using volunteers, as required by 102 CMR 3.04(6)(g);
12. a plan for staff orientation and training as required by 102 CMR 3.04(7);
13. written plan for referral services, as required by 102 CMR 3.05(1)(i);
14. written agreement with the placement agency, purchaser of services and parent or guardian, as required by 102 CMR 3.05(2)(d);
15. evidence of ability to comply with 102 CMR 3.05(4)(a), including a copy of the advanced degree person's resume;
16. plan for family work, as required by 102 CMR 3.06(2);
17. plan for social, psychological and psychiatric services, as required by 102 CMR 3.06(3);
18. a plan for meeting the emergency medical needs of children and evidence of access to emergency mental health services for children, as required by 102 CMR 3.06(4)(a) and 3.06(3)(a);
19. plan for health services, as required by 102 CMR 3.06(4);
20. evidence of access to schools for the provision of any necessary educational services;
21. plan for administration of medication, as required by 102 CMR 3.06(4)(k);
22. plan for educational services, as required by 102 CMR 3.06(5);
23. plan for vocational services, as required by 102 CMR 3.06(6);
24. plan for recreational services, as required by 102 CMR 3.06(7);
25. plan for follow-up services, as required by 102 CMR 3.06(12);

26. plan for nutritional services, as required by 102 CMR 3.07(6);
27. description of rules for behavior management, as required by 102 CMR 3.07(7);
28. allowance policy, as required by 102 CMR 3.07(8)(b);
29. visiting, mail and telephone policies, as required by 102 CMR 3.07(9) including procedures required by 102 CMR 3.07(9)(f)1 and 2;
30. runaway procedures, as required by 102 CMR 3.07(10);
31. written policy describing search procedures, as required by 102 CMR 3.07(11);
32. plan for transportation, as required by 102 CMR 3.07(12), including documentation of insurance coverage, as required by 102 CMR 3.07(12)(g);
33. a current Certificate of Inspection or Use and Occupancy Permit issued by the Department of Public Safety or the local building inspector, as required by 102 CMR 3.08(1)(a);
34. a written report from the appropriate health inspector documenting that the facility or program is in compliance with 105 CMR 410.000 (Chapter II of the State Sanitary Code) as required by 102 CMR 3.08(1)(b);
35. documentation that the facility or program has had a fire inspection from the local fire department, as required by 102 CMR 3.08(1)(c);
36. a written plan detailing procedures for meeting potential emergencies as required by 102 CMR 3.08(2)(a);
37. written documentation of lead-free paint inspection if applicable, on the approved form as required by 102 CMR 3.08(4)(b);
38. written plan for monitoring student safety around swimming areas, if applicable, as required by 102 CMR 3.08(5)(g);
39. evidence of compliance with St. 1983, c. 233, Revenue Enforcement and Protection Program (REAP) on a form provided by the Office with the initial application;
40. the applicant's completed CORI affidavit.

(b) In addition, applications for licensure of temporary shelter home programs must include the following:

1. written statement identifying qualifications of shelter home parents as required by 102 CMR 3.09(2);

2. written physical requirements for shelter homes as required by 102 CMR 3.09(3);
3. written plan for orientation of shelter home parents as required by 102 CMR 3.09(4);
4. written procedures for completion of shelter home assessments and approval of shelter homes as required by 102 CMR 3.09(5);
5. written plan for ongoing training of shelter home parents as required by 102 CMR 3.09(8);
6. general shelter home parent agreement and agreement upon placement of an individual child as required by 102 CMR 3.09(9)(a) and (b).

(2) Term of License. A license or approval shall remain in effect beyond its term until a license renewal study is completed and a determination made by the Office on the status of the license, if the licensee has filed with the Office a request for renewal in accordance with M.G.L. c. 30A, § 13. Unless earlier revoked, suspended or made probationary:

- (a) a provisional license or approval shall remain in effect for six months from the date of issuance and may be renewed once for no more than six months;
- (b) a regular license or approval shall remain in effect for two years from the date of issuance.

(3) Variances. The Office in its discretion may upon written request grant a variance of any regulation contained in 102 CMR 3.04 through 3.10.

- a. Any applicant wishing to request a variance shall submit a request for such in a manner and on a form prescribed by the Office. The variance request shall be accompanied by expert opinion, if applicable, written documents, and any other

pertinent information the applicant wishes the Office to consider in reviewing the request. Any variance request must provide clear evidence to the satisfaction of the Office that the applicant's procedure complies with the intent of the specific regulation and the intent of the regulations taken as a whole as set forth in 102 CMR 3.01.

- (b) A variance shall remain in effect for the duration of the license unless the Office receives or finds evidence that the terms of the variance have been violated or the intent of 102 CMR 3.00 has not been met.

(4) Pilot or Demonstration Projects. Proposals for pilot or demonstration projects for the

innovative delivery of services related to facilities or programs will be considered by the

Office upon written request. However, no project shall be implemented without prior

written approval of the Office. The Office may require that specific proposals include an

evaluation component to determine the effectiveness of the project and may also consider

any other evidence relevant to the proposal prior to granting approval. Projects shall be

implemented only on an experimental basis for a specified time period not to exceed the

term of the license unless the Office receives or finds evidence that the conditions of the

approval have been violated.

3.04: Administration of the Program

(1) Statement of Purpose. Each licensee shall maintain a written statement of purpose identifying the program's philosophy, goals and objectives and the characteristics of the residents served, intake procedures and services. The statement shall make clear which services are provided directly by the program and which will be provided in cooperation with community resources. If the licensee administers several programs at different sites, appropriate resources shall be identified for each site. The statement shall be kept current

and shall be available.

(a) The licensee shall identify goals and objectives of the program and shall include generally and specifically, both short term and long term aims; provided, however, that the primary purpose of each program shall be to provide children with services to meet their immediate and basic needs and to foster the optimal growth and individual development of the residents in its care. Each program shall wherever possible work towards reintegration of the residents into the families or communities from which they came or into new families or communities when necessary.

(b) The licensee shall identify the characteristics of residents to be served, as reflected in the program's eligibility criteria, and shall include identification where applicable, by:

1. age range;
2. sex;

3. residency;
4. intellectual ability or grade level;
5. physical development or health;
6. social behavior and clinical profile;
7. custody or guardianship status;
8. family involvement.

(c) The licensee shall provide evidence that it has completed its own annual written evaluation of its overall program which shall include general effectiveness in relation to stated goals and delivery of services.

(2) Organization.

(a) Each licensee shall have documentary evidence of its sources of authority to operate the program.

1. A program operated by the Commonwealth or any political subdivision thereof shall maintain documents that identify the statutory basis of its existence and the administrative framework of the governmental departments in which it operates.

1. A private program shall maintain documents that completely identify its ownership. Corporations, partnerships, or associations or sole proprietorships shall identify their current officers and board members, if any. Where applicable, documents shall include but not be limited to copies of all papers

filed with the Secretary of State of the Commonwealth and/or any political subdivision of the Commonwealth.

(b) Each licensee shall designate one person who is responsible for administrative supervision and is duly authorized to act as an agent for the licensee and to oversee the operation of the program.

(c) Each licensee shall maintain an organizational table showing the administrative structure of the program, including the lines of authority, responsibility, and staff assignment. Each licensee shall familiarize residents with the organization of the

program whenever that may be appropriate.

(d) Each program shall have an advisory board of at least four persons. Such board shall include at least three persons who are not employees, or family members of employees or family members of the licensee; and who are familiar with the population that the program serves and the alternatives to residential care. If the program's board of directors meets these requirements, then the board may function as the program's advisory board.

1. The advisory board shall make recommendations on the program's policy regarding program structure, program evaluation, personnel and human rights, focusing on the quality of resident life. The program shall document the reason for any differences between these recommendations and program activities.
2. The advisory board shall meet at least annually or more often if necessary to meet the above purpose.
3. Copies of the minutes of the advisory board meeting(s) shall be maintained.

(e) Each **residential** program which uses restraint of residents shall participate in a **restraint** safety committee comprised of licensee's child care staff, clinical staff and the restraint coordinator. The restraint safety committee shall regularly review restraint data and resident and staff safety information.

(3) Administration.

(a) The chief administrative person or designee shall be on the premises of the program at all times while it is in operation. All employees on duty shall know who is responsible for administrative supervision of the program at any given time.

(b) Each licensee shall establish a system of business management and staffing to assure that the facility maintains complete and accurate accounts, books and records, including required financial, personnel and resident's records.

(c) Separate financial accounts shall be established for funds belonging to children and complete and accurate records shall be kept of all transactions regarding these funds.

1. These funds shall be used solely for the benefit of the resident to whom the funds belong. The resident, parent, representative, payee, etc., shall be provided an accounting of all expenditures from her/his own funds upon request.
2. These funds shall accompany a resident when he/she is discharged or transferred to another facility.

(d) In programs serving teen parents and transition to independent living programs, where residents are responsible for their own funds and accounting, the program need not maintain financial records as required by 102 CMR 3.04(3)(c).

(e) The licensee shall develop and follow procedures for conducting internal investigations within the program. Such procedures are to be used for any suspected incidents of child abuse or neglect including but not limited to incidents within the program reported to the Department of Social Services

pursuant to M.G.L. c. 119, § 51A and shall be implemented upon request of the Office for any serious incident involving the health or safety of residents within the program. The procedures shall include:

1. time lines for conducting and completing the investigations;
2. the written format for the investigation report;
3. provisions for reporting suspected child abuse and neglect to the chief administrative person and to the Department of Social Services in accordance with M.G.L. c. 119, § 51A, and following the procedure required by 102 CMR 3.04(3)(g) regarding reporting to the Office;
4. the process for designating persons responsible for implementing each step of these procedures including conducting the investigations;
5. a description of the process for reviewing the investigation report and for taking corrective action if necessary.

(f) The licensee shall have a written plan for staff to file a report of abuse or neglect with the Department of Social Services, pursuant to M.G.L. c. 119, § 51A. This plan shall include the following information for staff of programs serving teen parents:

1. guidelines for reporting abuse or neglect of children by their teen parents as well as abuse or neglect of teen parents under 18 years of age by their caregivers; and
2. guidelines for determining whether incidents of neglect are reportable conditions or may be resolved by program intervention.

(g) The licensee shall have a written plan for notification of the Office as well as any other state agency or referral source which requires such notification immediately after learning that a M.G.L. c. 119, § 51A report has been filed alleging abuse or neglect of a child at the program or during program activities, including those alleging parental abuse or neglect of a child who resides at the program together with his or her teen parent.

(h) The licensee shall implement a procedure for documenting unusual and/or serious incidents such as behavioral incidents, runaways, serious injuries or accidents, property destruction, medication errors, medical and other emergencies. The procedure for documenting these incidents shall include a review of the report by the chief administrative person or his/her designee.

(i) Incident reports documenting the use of physical restraint must include at least the following: the name of the resident; the names and positions of staff involved in the restraint; the date and time of the restraint; the behavior of the resident which prompted the restraint and a description of the surrounding activities and environment at the time of the restraint; a description of the efforts by staff to de-escalate the situation and the alternatives to physical

restraint attempted by staff; the justification for the physical restraint; a detailed description of the actual physical restraint, including starting and ending times; notation of what level of restrictiveness the restraint reached (standing, sitting, floor); documentation of the monitoring of the resident during the restraint; documentation of approval for continuation of the restraint longer than 20 minutes, if applicable; documentation of processing and review of the restraint with the resident following the restraint; documentation of any injury to the resident and any medical care provided; signatures of all staff involved in the restraint; and review of the incident report by the chief administrative person or his/her designee and the restraint coordinator. Each resident who has been restrained shall be offered the opportunity to comment in writing on the restraint as soon as possible within 24 hours of its occurrence. Such comment shall be attached to the restraint incident report.

(j) The licensee shall have a written procedure regarding the receipt of, consideration of, and decision on complaints and grievances from staff, parents, and residents regarding the resident's care. The procedure must include a mechanism to inform the complainant of the results of the decision.

1. The licensee shall distribute this written grievance procedure to residents and parents prior to admission and to staff during initial orientation period.

2. The licensee shall maintain written records of all decisions resulting from the grievance procedure.

(k) The licensee shall provide a telephone number and a system of emergency assistance to parents and to residents while they are away from the program. This system shall be in place on a 24 hour per day seven day per week basis.

(l) The licensee may not discriminate in providing services to children and their families on the basis of race, religion, ethnic background, cultural heritage, national origin, marital status, sexual orientation or disability, or in approving shelter home parent applicants on the basis of age, sex, race, religion, ethnic background, cultural heritage, national origin, marital status, sexual orientation or disability.

(m) The licensee shall not permit more than the number of residents as specified on the license to reside in a program at any one time.

(4) Finances. The applicant or licensee shall demonstrate financial capability to carry out

its program for the licensing period, except that programs which have not previously operated shall demonstrate such capacity for at least a three month period.

(a) The licensee shall keep and maintain an accurate record of receipts and expenditures which shall be audited annually.

(b) The licensee shall keep on file an annual budget for the operation of the program.

(c) An applicant for a regular two year license shall submit evidence of the rate approved by the Commonwealth for the provision of services, if applicable.

(5) Required Notifications.

(a) In case of fire or other emergency which requires the evacuation of the facility and results in the need to seek other shelter, the licensee shall notify the Office within 24 hours.

(b) Within ten days of receipt of notice of the initiation of civil, criminal, or administrative action against the licensee or any person employed by the licensee regarding the licensee's care of children and teen parents in its program or which could affect the continued operation of the program, the licensee shall notify the Office in writing.

(c) The licensee shall notify the Office as well as any other state agency or referral source which requires such notification immediately after learning that a 51A report has been filed alleging abuse or neglect of a child at the program or during program activities, including those alleging parental abuse or neglect of a child who resides at the program together with his or her teen parent. A report of abuse or neglect shall initiate an investigation by the Office and may subject the program to further legal action by the Office, DSS and the District Attorney. If a report is filed either:

1. pursuant to M.G.L. c. 119, § 51A or

2. with the Office against a program employee, a member of the child care staff or any other person with unsupervised access to the residents, the licensee shall prohibit the allegedly abusive or neglectful person from having unsupervised contact with children until the Department of Social Services has completed its investigation and has determined that the allegation is unsupported, and that the Office has investigated the allegation and determined that the employee may resume his/her normal duties.

(d) In the event of serious illness the licensee shall notify as soon as reasonably possible, the resident's parent or person other than a parent who has legal custody of the child, the referral source, and the Department of Education, when applicable.

(e) In the event of serious accident or death, the licensee shall immediately notify the resident's parent or person other than the parent who has legal custody, the referral source, the Office, and the Department of Education, when applicable. The licensee shall cooperate in arrangements made for examination,

autopsy and burial.

(f) In the event of unexpected death, the licensee shall also notify the local police.

(g) In the event of a serious injury to a resident resulting in hospitalization, an incident involving firearms or dangerous weapons which results in a report to law enforcement officials, an incident involving fire which results in a response by fire officials, or an incident involving an escape from a secure facility, the licensee shall notify the Office within 24 hours of the injury or incident. The licensee, if requested

by the Office, shall prepare and submit to the Office a written report regarding the injury or incident.

(h) If, during the period of licensure the program is unable to renew its health, building or fire inspection certificates, the licensee shall notify the Office and submit its plan for corrective action.

(i) The licensee shall notify the Office prior to any substantial change in the program, physical facility, staffing, population served, policies, or services offered, and within two weeks of a change in the advanced degree person for treatment planning.

(j) The licensee shall submit, on a form provided by the Office, a quarterly report of all restraints and injuries related to restraints in the program.

(6) Personnel.

(a) The licensee shall describe in writing the program's current personnel policies and practices and shall make them available to all employees. These personnel policies shall

include a description of:

1. Criteria and procedures for hiring, assignment, promotion, probation and suspension or dismissal of an employee;
2. The procedure for handling staff complaints;
3. Provisions for vacations, holidays, and leaves.

(b) A copy of the personnel policies shall be given to each new employee or each employee shall be informed that a copy is available upon his/her request.

(c) The licensee shall make available written job descriptions for all positions, including consultants, part-time employees, interns, volunteers and per diem workers.

(d) The licensee shall establish a written salary range including benefits covering all positions and shall provide each employee with information

regarding the salary range for his/her position or the procedure for determining his/her salary.

(e) The licensee shall obtain evidence that personnel are currently certified, licensed, or registered when applicable laws require certification, licensure, or registration.

(f) The licensee shall maintain a personnel record for each employee which shall include but not be limited to:

1. employee's resume or job application;
2. copies of licenses or certification held;
3. documentation of reference checks by telephone;
4. documentation of a completed CORI evaluation as required by 102 CMR 1.05;
5. documentation of participation in training, including the prevention/restraint training post-tests as required by 3.04(7)(a)1.b.;
6. annual evaluations as required by 102 CMR 3.04(8)(a);
7. documentation of any disciplinary actions or investigations.

(g) If volunteers are used, the licensee shall describe in writing its plan for using volunteer services. Volunteers shall be chosen for their ability to meet the needs of the children. The licensee shall have evidence of each volunteer's compliance with 102 CMR 1.05, and at least one reference check shall be conducted and documented for each volunteer.

1. Volunteers shall possess qualifications in accordance with the services they provide.
2. The licensee shall utilize volunteers only in conjunction with appropriate ongoing, scheduled supervision and training.

(7) Orientation and Training.

(a) The licensee shall provide orientation for all new employees to acquaint them with the program's philosophy, organization, policies and services.

1. Each licensee shall describe in writing the program's plan for staff orientation, which shall include at a minimum, but not be limited to the characteristics of children served; symptoms and behavioral signs of emotional disturbance; symptoms of drug overdose, alcohol intoxication, or possible medical emergency; the program's emergency and evacuation procedures, procedures for reporting suspected incidents of child abuse and neglect, orientation in first aid and C.P.R., training in universal precautions and infection control procedures, and the program's

policies regarding medication, runaway children, behavior management and restraint. .

a. Each new employee (who may work with residents) of a program which utilizes restraint shall receive a minimum of sixteen (16) hours of training in the prevention and use of restraint, which shall address the needs and behaviors of the population served, relationship building, prevention of restraint, de-escalation methods, avoiding power struggles, thresholds for restraints, the physiological impact of restraint, monitoring physical signs of distress and obtaining medical assistance, legal issues, positional asphyxia, escape and evasion techniques, time limits, the process for obtaining approval for continued restraints, procedures to address problematic restraints, documentation, processing with children, and follow-up with staff, and investigation of injuries and complaints.

b. Prevention/restraint training shall include role-playing in de-escalation and

demonstration of proficiency with each hold taught, and written post-training tests.

2. No new employee shall be solely responsible for children in care until s/he has received the minimum orientation described above.

3. No employee shall participate in a restraint until s/he has successfully completed the required prevention/restraint training.

(b) The licensee shall train all child care staff in first aid procedures.

1. The training shall include, but not be limited to, information on: bleeding, bruises, choking, falls, poisoning, objects in the eye, animal and insect bites, and convulsions.

2. Such training shall occur within one month of a new employee's beginning work unless he or she can show evidence of current first aid training.

3. Each staff shall be certified in CPR and First Aid within six months of hire. Such certification shall be kept current.

(c) The licensee shall train all child care and clinical staff in universal precautions and infection control procedures. These procedures shall include, but not be limited to: requirements for isolation, disposal of or separate care of eating utensils and linens, and any specific precautions which may be required on a case-by-case basis.

(d) Child care and clinical staff shall be instructed about the nature of the medications administered to children, documentation procedures, potential side

effects, and any special precautions or requirements that may need to be observed.

(e) The licensee shall provide child care staff with quarterly training on safety procedures, as provided by 102 CMR 3.08(2)(d).

(f) Programs utilizing unusual and extraordinary procedures shall train staff in all aspects of the procedures.

(g) The licensee shall provide on-going staff training programs appropriate to the size and nature of the program and staff involved. Each licensee shall describe in writing the program's plan for staff training, including the curriculum for prevention/restraint training and refresher training, if applicable.

1. In any program which utilizes physical restraint, the plan for staff training shall include a minimum of 8 hours annual refresher training for each staff in effective de-escalation and safe restraint methods, written post-training tests, and regular review of restraints implemented.

2. Full-time child care, professional and supervisory staff shall be required to attend a minimum of 24 hours of training per calendar year.

3. Part-time and weekend staff shall be required to attend a minimum of 12 hours of training per calendar year.

(8) Supervision. The licensee shall make all child care and clinical staff directly responsible to a staff person who has supervisory or administrative responsibility and who has experience suitable to the goals of the program and the responsibilities of the staff supervised. The licensee shall require child care and clinical staff to have regular, scheduled conferences with the assigned supervisor regarding children's needs and methods of meeting those needs.

(a) The supervisor(s) shall conduct and document evaluations at least yearly, of all child care and clinical staff.

(b) Evaluations shall consider the individual's job performance, including implementation of restraints, attendance at trainings and ability to implement residents' service plans.

(c) Copies of evaluations shall be maintained in a staff's personnel record and shall be available to him or her upon request.

3.05: Intake, Service and Discharge Planning

(1) Eligibility for Admission.

(a) Each temporary shelter shall be available at all times for emergency admissions (*i.e.*, 24 hours each day, seven days each week).

(b) Each licensee shall establish written eligibility criteria for admission, as required in 102 CMR 3.04(1)(b) and shall make such criteria available upon

request.

(c) The program shall only admit a resident whose needs it believes can be met by the program.

(d) Programs offering temporary shelter may admit residents on their own request for up to 72 hours. In order to provide services to a child beyond 72 hours, a program must obtain written consent of the parent having custody of the child or a legal guardian, a court order, or a written agreement with a placement agency.

(e) Programs serving teen parents and transition to independent living programs may serve a resident who is under 18 years of age upon a self-referral if the program assesses the resident to be a mature minor.

(f) Whenever possible, the licensee shall not admit a prospective resident to a program without evidence in the referral that placement in a residential program is the

most appropriate plan for the resident. The licensee shall seek information from the referral source which includes evidence of attempts to provide preventive services and an examination of possible alternatives to such placement, or a statement by the referring agency as to why placement is warranted without such attempts being made.

(g) Except in cases of emergency, the licensee shall admit only those prospective residents who have had evaluations by qualified professionals covering physical, emotional, social and intellectual factors relevant to the prospective residents' situations.

(h) The licensee shall seek and document recommendations from any prior placements regarding effective and ineffective behavior de-escalation methods.

(i) For emergency admissions or admissions for purposes of evaluation, the licensee shall make appropriate and adequate provisions to meet the requirements of 102 CMR 3.05(1)(f), (g) and (h) as soon as possible after admission, provided that the licensee shall initiate the admission evaluation within one week after admission.

(j) A Shelter program shall have a written plan for providing referral services to children who cannot be admitted because the program has reached its licensed capacity or because characteristics of the child or the shelter make it inappropriate to admit the child. The plan shall provide for referral to another licensed or approved program, or placement agency.

(2) Placement Preparations.

(a) Except in cases of emergency, the licensee shall, prior to admission, provide the resident and his or her parents or guardian an opportunity to visit the program and the living unit in which the resident is likely to be placed.

(b) The licensee shall, prior to admission, (or in the case of emergency admission, within 72 hours) provide the following written materials to the resident and his or her parents or guardian(s). If the resident objects to his or her parent receiving such information the program shall not be required to provide such materials but shall maintain written documentation of the objection in the resident's file. Information required by 102 CMR 3.05(2)(b)1. through 9. shall be provided to the resident, consistent with his or her capacity to understand.

1. Statement of purpose, as specified in 102 CMR 3.04(1)(a).
2. Eligibility criteria, as specified in 102 CMR 3.04(1)(b).
3. Description of program of unusual or extraordinary treatment, if applicable, as defined in 102 CMR 3.06(11).
4. Emergency assistance system, as specified in 102 CMR 3.04(3)(j).
5. Agency grievance procedure, as specified in 102 CMR 3.04(3)(i).
6. Name of the case manager, as specified in 102 CMR 3.06(1).
7. Rules for behavior management, as specified in 102 CMR 3.07(7).
8. Visiting, mail and telephone policies, as specified in 102 CMR 3.07(9).
9. Search policy, as specified in 102 CMR 3.07(11).

(c) The licensee shall establish procedures to prepare the staff and residents for the new resident's arrival and shall provide staff with appropriate information to receive the new resident and assist in his or her adjustment. This information shall include at a minimum, reason for placement, medical condition and behavior problems and specific instructions related to the individual needs of the resident, including the need for an individualized restraint method, if appropriate.

(d) For residents in care longer than 72 hours, the licensee shall enter into an agreement with the placement agency referring the resident, the purchaser of services and the parent or guardian . The placement agreement shall make clear the following responsibilities:

1. The terms and methods for paying the resident's board as well as other specific items such as personal articles or medically recommended devices outlined in 102 CMR 3.06(4)(h);
2. Provision of direct services including social, medical, psychological

administration of
3.06(4)(k)3.d.;

- and psychiatric and/or counseling to the resident and his or her family;
- 3. Arrangements for the resident's special training or education;
- 4. Arrangements for contacts between the program and other persons and between the resident and other persons;
- 5. Arrangements for family visits and other contacts between the resident and friends, including specific information on any restrictions
- 6. Responsibility for seeking judicial approval if required for antipsychotic medication as required by 102 CMR
- 7. Responsibility for transportation of the resident;
- 8. Responsibility for after-care services;
- 9. Circumstances under which residents may be discharged.
- 10. For children admitted for shelter care, dates of service and discharge planning conferences.

(e) In programs serving teen parents, a placement agreement shall be maintained on file for both the teen parent and her or his child as follows:

- 1. the teen parent and child may be included on one agreement;
- 2. the teen parent may sign the placement agreement for her or his child unless custody or guardianship has been granted to another person;
- 3. if the teen parent is sixteen years old or older, the teen parent may sign her or his own placement agreement;
- 4. if the teen parent is under sixteen years of age, her or his parent or guardian shall sign the placement agreement; and
- 5. if a funding or placement agency is involved, the agency representative shall sign the placement agreement.

(3) Intake Services.

- (a) Upon admission, the licensee shall designate and prepare sleeping quarters and space for the admitted resident's personal belongings.
- (b) The licensee shall assign at least one adult to help orient a newly admitted resident to the program and to the services available to the resident.
- (c) The following intake services shall be provided immediately upon the admission of a child:
 - 1. Assessment of potential emergency needs in the areas of medical, mental health, physical well-being, severe psychological disturbance,

suspected drug overdose, alcohol intoxication and suicide risk. If necessary, the licensee shall assure that the child is transported immediately to a hospital or facility equipped and prepared to handle emergency situations;

2. Identification and provision of basic needs including clothing, food, hygiene and medications which the licensee shall provide or arrange for at the time of intake.

3. Assessment and documentation of any medical condition or physical infirmity which may require an individualized restraint method.

(d) The following services shall be provided within 24 hours of admission:

1. Exploration of the child's family situation, reasons for needing care and options available, as appropriate to the child's situation;

2. Completion of the face sheet form, as required by 102 CMR 3.10(1)(a);

3. Explanation of the program rules and emergency evacuation procedures to the child.

(4) Service Planning. Except as provided in 102 CMR 3.05(4)(g), within six weeks of admission the licensee shall assess the needs of the resident and develop an individual plan for services.

a. All service plans, service plan reviews and discharge plans shall be developed by a

team which includes those personnel of the program responsible for implementing the service plan on a daily basis. At least one member of the team shall have an advanced degree from an accredited school in social work, psychology, psychiatry or a related field, or be a certified Massachusetts school psychologist and experienced in providing direct treatment services to residents. The team shall include at least one child care worker who will be implementing the plan with the resident, the case manager and a person who has knowledge of the resident's educational program. The team shall request a representative from the referral source to participate in the development of the service plan and document notification of such meetings. Consistent with any court order and requirements of the referral source, parents shall be invited to attend service planning meetings. If parents are not invited, the reasons shall be documented.

(b) The team shall consult with the resident in developing his or her service plan, consistent with the resident's capacity to understand.

(c) The plan shall identify the child's needs, the services to be provided and the staff person responsible for providing or arranging for the services while the child is in care. The plan shall include the following areas: educational,

vocational, health (including medical, dental and ancillary services); behavior management (including specific individual modifications of the restraint plan, if necessary), life skills, and social services (including family work, psychological and psychiatric services and counseling). For programs serving teen parents, the team shall include an assessment of the resident's parenting skills.

(d) If a resident has an Individual Education Plan (IEP) developed as a result of a M.G.L. c. 71B, Chapter 766 Team Evaluation, the IEP may be used to meet the requirements of part, but not necessarily all of the resident's service plan.

(e) The licensee shall explain all service plans, reviews and discharge plans to all child care personnel responsible for implementing the service plan on a daily basis, to the child's family or guardian, as appropriate, and to the resident in a manner consistent with her or his maturity and capacity to understand.

(f) The licensee shall provide a copy of all service plans, reviews and discharge plans to the referral source.

(g) Exceptions for Shelter Placement.

1. Service plans for children in shelter placement longer than 72 hours must be completed within seven days of admission.

2. The licensee may not be required to develop a service plan, if a service plan that meets the requirements of 102 CMR 3.05(4)(c) has been developed by the referring or placement agency. The plan shall be reviewed and modified as necessary to meet the needs of the child during his/her placement. The plan shall include planning for discharge from care and the date of the review meeting which shall occur within 15 days after admission.

3. The licensee may substitute review and approval of the service plan by a person with an advanced degree in counseling, social work, psychology or psychiatry, if an advanced degree person has not participated in the development of a child's individual service plan.

(5) Service Plan Review.

(a) The licensee shall review the progress, needs and service plan of each resident as often as necessary, but no less frequently than every six months. The team shall

evaluate the child's progress and shall re-assess the child's needs in the areas required by 102 CMR 3.05(4)(c). For children whose placement extends longer than 45 days, the team shall specifically consider the child's legal status and need for guardianship, if any, and shall make recommendations regarding appropriate alternatives to residential placement.

(b) For children in shelter placement, service plan review and discharge planning meetings shall be held within 15 days of admission, or within a shorter period of time if appropriate, and every 15 days thereafter until discharge from the program. Each service plan review shall include specific recommendations for appropriate discharge planning, including anticipated date of discharge, recommended placement and identification of persons responsible for implementation of the plan.

(6) Procedures for Requesting Extensions of Shelter Placements.

a. The licensee may request an extension of time in placement in a shelter program

when, due to unforeseen or extreme circumstances, a long-term plan for the care of the child cannot be implemented in 45 days. For a child placed in a secure detention facility, an extension need not be requested unless the placement extends longer than 90 days.

(b) Requests for extensions will not be required for any child who is detained, on dual status or with outstanding charges to the Department of Youth Services and who is in care as the result of a specific court order.

(c) Specific requests for extensions shall be made to the Office in the following manner:

1. A request for extension shall be made by the licensee's chief administrative

person or designee;

2. A request shall be made prior to the expiration of the timelines specified above;

3. The request shall include child-specific information such as date of placement, reason(s) for extension request, current services provided by the program, dates of service and discharge planning meetings, arrangements for discharge and anticipated date of discharge;

(d) Except in extenuating circumstances, extensions may be granted for a two week period or less.

(e) The licensee shall inform the Office of the actual discharge date and/or progress toward discharge.

(f) The licensee shall maintain a record of extensions requested through the Office and indicate whether or not these extensions were approved.

(7) Discharge from Care.

(a) For each child in care less than 45 days, a discharge summary shall be developed which includes a summary of services provided, the resident's behaviors which required the use of physical restraint and the individualized

restraint method which the resident required, if applicable, the child's location after discharge and the person(s) responsible for the child's care.

(b) For each child in care longer than 45 days, the licensee shall assess the resident's needs and prepare a discharge plan at least 30 working days prior to the resident's discharge, except in the case of an emergency. In programs serving teen parents, one discharge plan may be completed for the family unit. The discharge plan shall include:

1. information regarding the resident's need for and the use of physical restraint, any special medical concerns related to restraint, and any necessary modifications of the restraint method, as applicable;
2. provisions for follow-up services and shall identify the persons responsible for providing follow-up services in the resident's new environment, as required in 102 CMR 3.06(12).

(c) Except in an emergency, the licensee shall permit transfer of a resident to another facility only with the consent of the parent or the person other than a parent who has legal custody of the child as applicable.

(d) In the case of an unplanned or emergency discharge, the licensee shall prepare a discharge summary which explains the circumstances of the discharge.

(e) The licensee shall identify in the resident's record her or his location immediately after discharge including the name, address, telephone number and relationship of the persons responsible for the resident's care.

3.06: Programs and Services

(1) Case Management. The licensee shall assign to each resident in care more than 72 hours a staff person who shall be responsible for coordinating implementation of the

resident's service plan and other services provided. The licensee shall insure continuity of case management responsibilities in the absence of the case manager for an extended period of time such as vacation or leave. The case manager shall:

- (a) meet with the child on a regular basis to ensure that the child's daily needs are being met;
- (b) attend and participate in the resident's service planning, periodic review, and discharge planning meetings as required by 102 CMR 3.05(4), (5), and (7);
- (c) work with persons involved in the resident's care to assure implementation of the service plan;
- (d) collaborate with other agencies who share responsibilities for the resident's welfare, and utilize appropriate community resources in providing needed

services;

(e) assure that the resident's record is maintained in compliance with 102 CMR 3.10(1);

(f) carry a reasonable caseload which allows for an effective and timely performance of the above tasks.

(2) Family Work.

(a) Each licensee who provides care for residents for more than 72 hours shall have a written plan for family work which shall include establishing a professional relationship and maintaining regular contact with each resident's family for the purposes of:

1. notifying the family of the child's whereabouts and obtaining any necessary parental consent;
2. providing crisis intervention services and assessment as necessary;
3. assisting the family to adjust to the child's placement and separation;
4. developing a visiting plan and encouraging the family's continued interaction with their child in accordance with the child's service plan;
5. providing the family with a description and explanation of the program's method of physical restraint, if applicable, and upon their request, providing the family with a copy of the program's prevention/restraint training curriculum.
6. informing the family of their child's progress;
7. mobilizing parent(s) strengths and resources to help them participate in planning for their child's return home or to another community environment.

(b) In programs serving teen parents, the plan for family work shall include reference to fathers who remain involved with their children. Whenever possible and appropriate, fathers should share responsibilities and decision making with the teen mother and others regarding the child's health and physical care, education, and personal-social-cultural development and support.

(c) If the teen mother does not wish to have her family and/or the child's father involved, the licensee may refrain from engaging in family work provided that written documentation of the teen mother's objection is maintained in her record.

(d) If contact with a resident's family is prohibited by court order or is not clinically appropriate, the licensee may refrain from engaging in family work provided that written documentation of such circumstance is maintained.

(e) The licensee may provide family work services through staff employed directly, or through agreement with another agency.

(3) Social, Psychological and Psychiatric Services.

(a) The licensee shall provide evidence of access to emergency mental health services on a 24 hour per day, seven day per week basis. This evidence may be provided through an agreement with the Department of Mental Health or another mental health service provider responsible for evaluation, crisis intervention and facilitation of admission to an inpatient facility; an agreement with a private psychiatrist who can provide crisis intervention and facilitate inpatient admission if necessary; an agreement with an inpatient mental health facility; or an agreement with a hospital having an inpatient psychiatric unit.

(b) Licensees who provide care for children for more than 72 hours shall establish and describe in writing a plan for providing social, psychological and psychiatric services. The plan shall insure that each resident's needs for such services shall be met and the purpose of the program accomplished.

(c) As appropriate to the needs of the residents, the licensee shall provide or facilitate the provision of a range of social, psychological and psychiatric services which shall include:

1. crisis intervention;
2. evaluation and assessment;
3. therapy and/or counseling for individuals and groups;
4. clinical consultation with residents, parents or guardians and staff;
5. staff development services including specific training geared to address the needs of residents in the program.

(4) Health Services.

(a) The licensee shall have a written plan for meeting the health needs of the residents served and which details the availability of qualified medical care to the program, including medical emergencies on a 24 hour per day, seven day per week basis.

(b) The licensee shall provide or arrange for residents in the facility a range of health services including:

1. evaluation and diagnosis;
2. treatment;
3. consultation;
4. preventive health services.

However, in transition to independent living programs and programs serving teen parents, the resident may be responsible for arranging, obtaining and documenting his or her own medical services and those of his or her child.

(c) At the time of placement, residents shall be provided with emergency medical/dental/ mental health care if needed.

(d) For each child placed on an emergency basis who remains in care more than 14 days, the licensee shall ensure that the child has had a recent medical and dental examination according to Department of Public Health guidelines.

1. If the child has had a current exam, the licensee shall attempt to obtain documentation of it.

2. If such routine medical and dental exams have not occurred, the licensee shall, within one week, schedule an appointment for the exams.

(e) Except for children placed on an emergency basis, the licensee shall insure that at the time of placement each resident has had a medical examination not more than 30 days prior to admission where possible or within two weeks after admission. Such physical examination shall not be required, however, if the licensee obtains documentation of a physical exam conducted less than one year prior to admission and in accordance with Department of Public Health guidelines.

(f) The licensee shall insure that the medical examination at placement includes screening for lead poisoning in accordance with Department of Public Health 105 CMR 460.050(F).

(g) Preventive health services for residents shall include but not be limited to:

1. routine medical and dental examinations in accordance with Department of Public Health guidelines. Routine dental examinations should begin at age three and be scheduled annually thereafter.

- a. Medical examinations may be conducted by a licensed physician, a certified nurse practitioner or a physician's assistant.

- b. Special studies are to be carried out at the direction of a physician in accordance with the child's needs and Department of Public Health guidelines.

- c. Medical examinations shall include annual screening for lead poisoning for each child between the ages of nine months and four years in accordance with Department of Public Health 105 CMR 460.050(F);

2. immunizations and TB testing as required by the Department of Public Health;

3. reporting of communicable diseases and infections to the local Board of Health as required by M.G.L. c. 111, § 111;

4. family planning information, and upon request of the resident (with any required consent of parent or guardian or placement agency), provision of or referral for family planning devices, medication and services. Any licensee whose conscience prohibits the provision of such family planning devices, medication or services, shall notify the resident, parents or referral source that the facility will not provide such services.

(h) The licensee shall insure that medically recommended glasses, hearing aids,

prosthetic devices, corrective physical or dental devices or any equipment recommended or treatments prescribed by the examining physician are provided to the resident

consistent with the terms of the agreement with the placement agency and purchaser of service, 102 CMR 3.05(2)(d).

(i) The licensee may not require any child to receive medical treatment or screening when the parents of such child object on the basis of sincerely held religious beliefs. However, the program may seek a court order for medical treatment of a child if it believes such medical treatment is in the child's best interest.

(j) The licensee shall isolate children in cases of illnesses requiring isolation. Isolation shall include the least restrictive measures which will prevent the spread of disease while also addressing a child's emotional well-being.

(k) The licensee shall have written policies and procedures regarding the prescription and administration of all medication. These policies and procedures shall include the following:

1 Administration Procedures.

a. Administration by Staff. The licensee shall identify on a written list all persons authorized by law, regulation and the licensee to prescribe and/or administer prescription and non-prescription medication to a resident. The licensee shall also develop procedures to:

- i. document the prescription and/or administration of medication;
- ii. provide notification to attending physicians of significant changes in a resident's behavior or health that may result from medication;
- iii. record significant side effects of medication.

- b. Self-Administration. If the licensee allows a resident to self-administer medications or administer medications to his or her child, medication policies shall include the following:
- i. a means to assess a resident's ability to responsibly self-medicate;
 - ii. training for residents concerning medications and side effects, administration procedures, safe storage, and documentation of all medications except well-child medication, such as vitamins;
 - iii. the type of supervision and monitoring provided by staff.
2. Staff Training. All staff shall be provided with copies of and trained in the licensee's policies and procedures regarding administration of medication. Only staff and residents who have been trained shall administer medications.
3. Antipsychotic Medication. Antipsychotic medication shall mean drugs which are used in treating psychoses and alleviating psychotic states. The licensee shall not administer or arrange for the administration of antipsychotic medication except as follows:
- a. Any antipsychotic medication shall be prescribed by a licensed physician for the diagnosis, treatment and care of the resident, and only after review of his or her medical record and observation of the resident.
 - b. If antipsychotic medication is prescribed, the prescribing physician shall submit a written report to the licensee detailing the necessity for the medication; the staff monitoring requirements, if any; potential side effects that may or may not require medical attention; and the next scheduled clinical meeting or series of meetings with the resident.
 - c. No antipsychotic prescription shall be administered for a period longer than is medically necessary, as determined by the prescribing physician after meeting with the resident; reviewing the resident's progress; and examining the resident for potential side effects. All meetings with the resident after the initial meeting shall be on a schedule determined by the physician, as sufficient to monitor the resident while on antipsychotic medication.
 - d. Except in an emergency, when an unforeseen combination of circumstances or the resulting state calls for immediate action, the licensee shall not administer or arrange for prescription and administration of antipsychotic medication unless informed

written consent is obtained from a parent, if available, or unless judicial approval is received. The referral source shall be notified of the need for consent.

e. The licensee shall inform a resident 12 years of age and older, consistent with his or her capacity to understand, about the treatment, risks and any potential side effects of such medication. The licensee shall have procedures to follow if the resident refuses to consent to administration of the medication.

f. In an emergency situation antipsychotic medication may be administered for treatment purposes without parental consent or prior judicial approval if an unforeseen combination of circumstances or the resulting state calls for immediate action and there is no less intrusive alternative to the medication. The treating physician must determine in his or her professional judgment that medication is necessary to prevent the immediate substantial and irreversible deterioration of a serious mental illness. If the treating physician determines that medication should continue informed consent or judicial approval must be obtained.

(5) Educational Services.

(a) The licensee shall describe in writing its plan for identifying and meeting the

educational needs of the residents served. The licensee shall arrange for the education of each resident, in compliance with federal, state and local laws, as appropriate to the needs of each resident and consistent with the I.E.P.

(b) Each shelter program shall describe in writing its plan for obtaining information on the educational status of any child who remains in care more than 72 hours. The plan shall identify the person responsible for obtaining the information and the timeline for obtaining it. Information on educational status may be obtained directly from the child and the parent/guardian, from the school or educational program the child last attended (with the written consent of the child who is at least 14 years old or in the ninth grade, or of the parent/guardian) and from other pertinent individuals. The licensee shall use the educational information obtained while the child is still in its care to assist the responsible school district to provide an appropriate education for the child.

(6) Vocational Preparation Services. The licensee shall describe in writing its plan for meeting the resident's vocational preparation needs. For each child in care more than 45 days, the licensee shall, as appropriate to the child's situation, age and interest, assist the child in assessing his/her vocational needs including locating vocational training or employment.

(a) As appropriate to the needs of the resident the licensee shall provide, arrange or facilitate vocational services which include:

1. vocational evaluation;
2. formulation of vocational goals for the resident;
3. formulation of a plan to achieve vocational goals;
4. implementation of a vocational plan, including vocational counseling, instruction, and training, and vocational placement or referral to appropriate services.

(b) The resident shall be fully involved in his or her vocational evaluation and the development of a vocational plan.

(7) Recreational Services. Licensees who provide care for children for more than 72 hours shall describe in writing their plan for meeting the recreational needs of the residents served, including the use of community resources where appropriate.

(a) The licensee shall provide or arrange for individual and group recreational programs appropriate to the age, interests and needs of each resident.

(b) The licensee shall provide a recreational program which provides for free, unplanned time for a resident to pursue individual interests, with supervision as required for his or her protection.

(c) The licensee shall assign responsibility for the recreation program to a designated staff person or persons.

(d) In programs serving teen parents, if the licensee does not directly provide recreational services, the plan shall describe the means for monitoring the teen parent's provision of appropriate recreational experiences to his or her child.

(8) Religious Services. The licensee shall make religious opportunities available to residents upon request and shall respect their religious preferences.

(9) Attendance at Legal Proceedings. The licensee shall insure that no resident attends a judicial or administrative hearing without a representative of the licensee or the referral source.

(10) Research, Fund Raising, or Publicity. The licensee shall not allow residents to participate in any activities unrelated to the resident's service plan without the written consent of the parents or a person other than the parent with custody of the child and the resident if over 14 years of age. "Activities" shall mean, but not be limited to, the following:

(a) research and experimentation which involves the resident;

(b) fund raising;

(c) publicity, including photographs and/or mass media communications.

(11) Unusual or Extraordinary Treatment. Unless granted a variance by the Office prior to implementation, no licensee shall conduct unusual or

extraordinary treatment. Unusual or extraordinary treatment shall include:

- (a) Any experimental or extraordinary behavior modification treatment or behavior management program;
- (b) Treatment or conditioning that poses known or unknown risks or involves the infliction of physical or mental pain, discomfort, or deprivation.;
- (c) A treatment program for a specific resident, a specific group of residents or for all residents in the facility using a particular extraordinary treatment model, for example aversive treatment or survival training.

(12) Follow-up Services.

- (a) The licensee shall establish and have in writing a plan to promote the delivery of follow-up services. The licensee shall, where possible, contact within one month of discharge each child who was in care for more than 72 hours, to determine whether needed services are being provided.
- (b) The licensee shall, where possible, arrange for on-going services as necessary to facilitate the resident's adjustment to his or her new environment, except where the resident was referred by a placement agency or purchaser of service which is responsible for the resident.
- (c) The licensee must document its follow-up contacts or efforts at follow-up contact with each child not receiving follow-up services from the referring or placement agency.

3.07: Care of Residents

(1) Role of Child Care Staff. The licensee shall employ child care staff to implement service plans on a daily basis. Child care staff shall assist each resident with all activities of daily living, in accordance with her or his developmental level or mental age. The licensee, program employees and all members of the child care staff shall supervise residents in a manner that protects each resident from any form of abuse and neglect. No program employee, member of the child care staff nor any other person with unsupervised access to residents shall inflict any form of physical, emotional or sexual abuse, or neglect upon a resident while in the program's care and custody. Child care staff shall assist each resident in the development of self help and social skills; positive human relationships, including promoting in each resident a sense of security, belonging, and self-worth; and shall provide emotional support and guidance to residents as appropriate. Programs serving teen parents shall prepare a teen parent for the physical, social, and emotional responsibilities of pregnancy, childbirth, parenthood, and, when appropriate, care and protection of the child.

(2) Staff-Child Ratios.

- (a) The licensee shall establish a written description of the staffing of the facility on a 24 hour per day, seven day per week basis. The staffing plan shall include the availability of administrative and/or clinical staff on an on-call basis

for those hours when these staff are not present at the facility. The staffing pattern shall be gender-appropriate. The staffing description must include provisions for the periods of time when assigned staff are absent due to illness or vacation.

(b) The licensee must submit a current staffing schedule.

(c) The licensee shall assure that at all times a staff person certified in C.P.R. and First Aid is available in the facility.

(d) The licensee shall assure a staff-child ratio appropriate to the age, capabilities, needs and service plans of the residents in the facility, and sufficient to carry out the requirements of 102 CMR 3.00. Volunteers shall not be included in the staff-child ratio.

(e) In programs serving teen parents the licensee shall assure that staffing patterns are adequate to meet the needs of teen parents who may need assistance and supervision in learning to care for newborns. The teen parent should be responsible for providing most of the care of his or her child and staff should be available as a resource and support.

(f) In transition to independent living programs and programs serving teen parents,

there may be times when it is appropriate for residents to be in the facility without staff present. The licensee shall evaluate each resident to determine his or her readiness to be unsupervised. The licensee shall have a written plan defining the periods of time residents may be left unsupervised, and the emergency assistance available when staff are not physically present.

(3) Room Assignment and Programming.

(a) The licensee shall assure that all room assignments are appropriate, taking into consideration the ages and needs of residents.

(b) The licensee shall assure that appropriate programming is provided for each age group served.

(4) Clothing. The licensee shall assure that each resident has adequate, clean, and seasonable clothing as required for health, comfort, and physical well being and appropriate to age, sex, and individual needs.

(a) The licensee shall not require any resident to wear a uniform which identifies him or her as a resident of a particular facility.

(b) Each resident shall have his or her own clothing for his or her own use. Any identification on the clothing shall be inconspicuous.

(c) The licensee shall provide residents the opportunity to participate in selecting their own clothing.

(d) The licensee shall permit each resident to take his or her clothing upon discharge from the facility.

(e) In programs serving teen parents, the licensee may lend newborn clothing, provided that it makes clear to teen parents that the clothing must be returned upon discharge. The licensee shall assure that both the teen parent and his or her child have adequate clothing upon discharge.

(5) Grooming and Hygiene.

(a) The licensee shall provide each resident with grooming and hygiene articles necessary to meet his or her needs. In programs serving teen parents and in transition to independent living programs, the licensee may encourage a resident to provide his or her own grooming and hygiene articles. However, if the resident cannot provide his or her own grooming and hygiene articles the licensee shall provide the necessary articles.

1. The provision of such articles shall not be contingent upon behavior and may not be part of a level or privilege system.

2. Such articles may not be sold to residents.

3. Community use of grooming and hygiene articles such as towels, tooth brushes, soap and deodorants is prohibited.

(b) The licensee shall provide each resident with the opportunity to have a daily shower or tub bath, with due regard for privacy. The licensee shall give residents assistance or supervision in bathing when they are unable to perform this function by themselves.

(c) The licensee shall encourage each resident to brush his/her teeth and provide assistance where needed.

(d) The licensee shall assist each resident in learning grooming practices.

For each child in care more than 72 hours, the licensee shall make arrangements

for

hair cutting in accordance with the wishes of the resident and consistent with good health.

f) The licensee shall bathe or clean children upon soiling, and shall change soiled clothing. As necessary, the licensee shall conduct a toilet training program for each child in care more than 72 hours.

(g) In programs serving teen parents, the licensee shall assist the teen parent with a toilet training program for his or her child. The teen parent shall be responsible for bathing or cleaning his or her own child upon soiling and shall change soiled clothing.

(6) Nutrition. Except as provided in 102 CMR 3.04(6)(j):

- (a) The licensee shall provide a nourishing well-balanced diet to all residents. The licensee shall have a written plan for nutritional services including purchase, storage, preparation and serving of food. The plan must identify one person who is responsible for the food program.
1. The licensee shall provide at least three meals daily constituting a nutritionally adequate diet.
 2. The licensee shall prepare and serve meals in a manner and in an amount and at times appropriate to the nutritional needs of each resident, including special dietary needs.
- (b) No resident shall be denied a meal for any reason other than medical prescription. Such prescription shall be in writing and shall be carried out, as required by 102 CMR 3.06(4)(h).
- (c) The licensee shall encourage residents to eat a well-balanced diet, but no resident shall be force-fed or otherwise coerced to eat against his or her will except where medically prescribed.
- (d) The licensee shall serve to residents meals which are substantially the same as those served to staff unless special dietary needs require differences in diet.
- (e) The licensee shall prepare tasteful meals and shall serve meals appetizingly.
- (f) The licensee shall allow residents to eat at a reasonable, leisurely rate, and shall encourage normal conversation during meals.
- (g) Staff shall be present and shall assure that each resident receives adequate amounts and variety of food.
- (h) The licensee shall prepare menus and shall maintain copies of the menus used. Menus shall be prepared or reviewed by a person who has had training in the nutritional needs of children and the U.S.D.A. requirements for a nutritionally adequate diet.
- (i) The licensee shall store, prepare, and serve all food in a manner as to be clean, wholesome, free from spoilage, and safe for human consumption.
- (j) In programs serving teen parents and in transition to independent living programs, the resident may be responsible for nutritional services. If so, the licensee shall submit a written plan which describes training provided to residents regarding nutrition, budgeting, menu planning, shopping, meal preparation, and food storage. Staff shall provide adequate monitoring and supervision regarding nutrition.

(7) Behavior Management.

(a) Each licensee shall maintain a written statement defining rules, policies and procedures for behavior management. This statement shall provide for and include a description of the safeguards for the emotional, physical and psychological well-being of the population served. This statement shall include measures for positive responses to appropriate behavior and shall define and explain the use of behavior management procedures used in the facility including, where applicable:

1. level/point systems of privileges, including procedures for the resident's progress in the program;
2. the type and range of restrictions a staff member can authorize for misbehavior of residents;
3. the form of physical restraint used, the behavioral interventions used as alternatives to restraint, including de-escalation techniques and non-confrontational approaches to angry or aggressive residents, and controls on abuse of such restraints;
4. the circumstances under which the program would restrain a resident;
5. the name of the restraint coordinator;
1. the procedure for regular review of restraint data by a restraint safety committee;
 7. the names and positions of members of the restraint safety committee;
 8. the use of the practice of separating a resident from a group or program activity
 9. any denial or restrictions of on-grounds program services.

(b) In programs serving teen parents, the licensee's policies and procedures for behavior management shall include acceptable behavior management strategies for a teen parent to use with his or her child, and shall include:

1. a process for educating teen parents about behavior management practices;
2. statements and training prohibiting the practices stated in 102 CMR 3.07(7)(g); and

3. rules outlining the expected behavior of teen parents.

(c) When feasible and appropriate, residents shall participate in the establishment of rules, policies and procedures for behavior management.

(d) Except in cases of emergency admission, the licensee shall provide residents, and parents or persons other than a parent with custody of the child

with a copy of the facility's written statement prior to admission.

(e) For children admitted in emergency circumstances who remain in care more than 72 hours, the licensee shall provide to the child's parents or persons other than a parent with custody, a copy of the program's written behavior management statement.

(f) The licensee shall inform parents, persons other than a parent with custody of the child and residents of any significant changes in behavior management procedures.

(g) No resident shall be subjected to abuse or neglect, cruel, unusual, severe or corporal punishment including the following practices:

1. any type of physical hitting inflicted in any manner upon the body;
2. requiring or forcing the resident to take an uncomfortable position such as squatting or bending or requiring or forcing the resident to repeat physical movements, when used as punishment;
3. punishments which subject the resident to verbal abuse, ridicule or humiliation;
4. denial of visitation or communication privileges with family, when used as punishment;
5. denial of sufficient sleep;
6. denial of shelter, bedding, food or bathroom facilities;
7. extensive separation from the group.

(h) The licensee shall direct behavior management to the goal of maximizing the growth and development of the residents and protecting the group and individuals within it.

(i) The licensee shall directly relate consequences to the specific misbehavior and shall apply such consequences without prolonged delay.

(j) Unless the licensee obtains a variance prior to implementation, the use of any form of restraint other than passive physical restraint is prohibited.

1. Restraint of residents may be used only when:

- a. the resident is demonstrating by her/his actions that she/he is dangerous to her/him self or others;
- b. no other intervention has been or is likely to be effective in averting the danger.

2. No resident shall be restrained for purposes of punishment or for the convenience of others.

3. No resident may be restrained solely for non-compliance with a program rule, staff directive or expectation.

4. Only staff trained in physical restraint shall participate in restraining a resident.

5. The administrative designee on the premises shall be notified immediately whenever a physical restraint is initiated. The designee shall have oversight responsibility of every physical restraint at the program.

6. After the first five minutes of each physical restraint, steps must be initiated to contact the on-call administrative or clinical staff .

7. A licensee shall assure that the form of restraint used is the least intrusive means

necessary to protect the resident, other residents and staff. Any restraint

- procedure which includes choke holds, headlocks, full nelsons, half-nelsons, hog-

tying or the use of pressure points to inflict pain is prohibited.

8. If a resident needs to be restrained for a period longer than 20 minutes, the approval of the chief administrative person or his or her designee shall be obtained. Such approval shall be based upon the resident's continued behavior justifying the need for continued restraint.

9. The physical condition of a resident who is being restrained shall be constantly monitored, as defined in 102 CMR 3.02.

10. The licensee shall immediately release a resident who exhibits any sign of significant physical distress during restraint and shall immediately provide the resident with any needed medical assistance.

11. A restrained resident shall be released at the first indication that it is safe to do so.

12. Following the release of a resident from a restraint, the program shall implement its processing and follow-up procedures.

13. Any resident who has been restrained more than five times within any seven day period must receive a review of her/his clinical and behavioral needs by her/his assigned case manager or clinician within three working days of the fifth restraint. If such review results in any change in services, this must be documented in the resident's service plan, as required by 102 CMR 3.05(4) and (5).

14. The licensee shall document all restraints, including any required administrative approval, and its processing and follow-up procedures in a physical restraint incident report and keep such reports in the resident's record.

(k) Any behavior management policy which results in a resident being separated from the group or program activities shall include, but not be limited to the following:

1. guidelines for staff in the utilization of such procedures;
2. persons responsible for implementing such procedures;
3. the duration of such procedures including provisions for approval by the chief administrative person or his or her designee for a period longer than 30 minutes;
4. a requirement that residents shall be observable at all times and that staff shall be in close proximity at all times;
5. a procedure for staff to directly observe the resident at least every 15 minutes;
6. a means of documenting the use of such procedures if used for a period longer than 30 minutes including, at a minimum, length of time, reasons for this intervention, who approved the procedure and who directly observed the resident at least every 15 minutes.

(l) A time out room shall not be locked, except as outlined in 102 CMR 3.07(7)(n)1. through 3.

(m) Any room or space used for the practice of separation must be physically safe and appropriate to the population served by the facility.

(n) If the licensee operates a locked secure detention or treatment program, a clear and precise description of the program must be submitted which includes:

1. A description of the facility's security system including any automatic locks or safety devices on doors or windows;
2. If individual bedroom doors are locked at any time, a statement of the hours the doors will be locked, an explanation of any time doors may be locked other than during sleeping hours, a description of the procedures to insure that locks are released in the event of fire, power failure or any situation which may necessitate evacuation of the room, floor or building.
3. A plan which specifies a description of the population indicating the need for a locked room, alternative interventions to be used prior to a locked room, a physical description of the room, the method for direct observation of the child by staff and the procedure for documenting use of the room. Such plan must be submitted to the Office for approval prior to use of a locked room.
 - a. A locked time out room may be used only when necessary to

protect the

resident, other residents, or staff from immediate danger of physical harm. Locked rooms must meet all applicable state and federal regulations.

- b. Use of the locked room shall not exceed 15 minutes without consultation with and approval from the chief administrative person or his or her

designee.

c. Such approval shall be necessary for each following 60 minute period. A staff person shall be in close proximity to the locked room at all times while a resident is in a locked room, and shall directly observe the resident at least every 15 minutes, and shall take appropriate measures to assure the safety of the resident.

(8) Money.

- (a) The licensee shall provide opportunities for residents in care more than 45 days
- to develop a sense of the value of money through earning, spending, giving and saving.

- (b) The licensee shall have a written policy regarding allowances.

(9) Visiting, Mail and Telephones.

(a) The licensee shall have written policies which encourage and support family visits, mail, telephone calls, and other forms of communication with family, friends, or other persons.

1. Such policies shall be developed with the goal of encouraging healthy family relationships, maximizing the individual resident's growth and development, and protecting the residents, staff and program from unreasonable and unsafe intrusions.

2. Such policies shall be distributed to staff and residents, persons other than a parent with custody of the child, and parents prior to admission, when possible, or within 72 hours after admission.

(b) The licensee shall provide opportunities and encourage residents to visit and otherwise communicate with family and other persons. The licensee shall insure that visits offer reasonable privacy.

(c) No resident shall be restricted in his or her opportunities to visit with family and other persons unless such opportunities are restricted as follows:

1. by court order and in such case only to the extent of the court order;
2. by the resident's individual service plan for therapeutic reasons only.

Such restrictions or denial must be no greater than necessary to achieve the therapeutic purpose. Those persons whose visitation is restricted or denied should receive an explanation from the program as to the reasons therefore.

3. due to a documented safety risk to residents or staff.

(d) In programs serving teen parents, the licensee may not prohibit the other parent of a child from visiting unless there is a court order prohibiting contact, his or her behavior within the program is disruptive and/or inappropriate, or the resident teen parent does not wish to have contact with him or her.

(e) The licensee shall establish visiting hours which meet the needs of the residents and their parents.

(f) The licensee shall formulate procedures for residents visiting outside the facility, when appropriate, including:

1. A method for recording the location, the duration of the visit, and the name, address and telephone number of the person responsible for the resident while absent from the facility;

2. A method for recording the resident's return and a procedure for action if he or she fails to return.

(g) It shall be each resident's right to open and send mail unread by staff except in accordance with the following circumstances:

1. Any restrictions or censorship must be no greater than necessary to achieve the therapeutic purpose described in the individual service plan.

2. Mail restricted or censored must be returned to the sender with reasons therefore.

3. Staff may open and inspect a resident's mail for contraband only in his or her presence.

(h) Telephone communications may not be monitored or unreasonably restricted unless there are specific therapeutic reasons justifying such limitations.

1. Such therapeutic reasons must be developed in the child and/or teen parent's individual service plan and must be no greater than necessary to achieve the therapeutic purpose.

2. If phone conversations are monitored, the parties to the conversations must be informed.

(i) Communication with a resident's social worker, attorney, or clergy person may not be prohibited, restricted or censored.

(10) Runaways. The licensee shall have a written policy for handling runaways and missing residents. The policy shall include:

- (a) procedures for making staff and shelter home parents aware of residents with a
 - history of running or who show potential for being runaways;
- (b) preventive procedures, including interventions used to prevent or retrieve a resident from running, and what dangers a resident would be exposed to if he/she ran or what danger the resident may pose to others if he/she ran. The program shall describe how staff would determine if a danger exists which is sufficient to justify using physical restraint to prevent the resident from running.
- (c) procedures for staff and shelter home parents to follow in the event that a resident is missing including immediately informing the chief administrative person or his or her designee;
- (d) a procedure requiring the program to notify the child's parent, person other than a parent with custody of the child, referral source and the Department of Education, when applicable, and the local police.

(11) Search.

- (a) If the licensee has a practice of searching the resident and/or the resident's personal belongings, the licensee shall maintain a written statement defining the policies, procedures and circumstances for the search of residents and their personal belongings.
- (b) The licensee shall provide children a copy of the written search policy within 24 hours of their admission to the program.
- (c) The licensee shall provide parents or persons other than a parent with custody of the child, a copy of the written search policy within 72 hours of the child's admission.

(12) Transportation of Residents. The licensee shall describe in writing its arrangements for transporting residents. Each resident shall be provided with the transportation necessary for implementing his or her service plan. Each program shall have available means of transporting residents in cases of emergency. Whenever the licensee uses agency owned, leased or contracted vehicles or staff vehicles to transport residents, the following regulations shall apply:

- (a) Appropriate supervision with adequate staff-child ratio for transportation must be maintained.
- (b) The operator of any vehicle shall be licensed in accordance with state laws.
- (c) Any vehicle used for transporting residents shall be registered,

inspected and operated in accordance with state laws.

(d) Vehicles shall be maintained in a safe operating condition and shall be equipped with a standard first aid kit.

(e) The licensee shall not allow the number of residents riding in a vehicle at any time to exceed the number of seats therein, nor shall such vehicle be in motion until all the passengers are seated.

(f) Residents being transported in vehicles other than buses shall be restrained in appropriate child passenger restraints or safety belts.

(g) No vehicle shall be used to transport residents unless the licensee has assured that the following minimum amounts of liability insurance are provided

- injury per person - \$100,000
- injury per accident- 300,000
- property damage - 5,000

(h) The licensee shall ascertain the nature of any need or problem of a resident which may cause difficulties during transportation, such as seizures, a tendency towards motion sickness, and disabilities. The licensee shall communicate such information to the operator of any transport vehicle.

(i) The operator of a vehicle transporting children shall discharge a child only to a person known to the operator as authorized by the licensee to receive the child.

3.08: Physical Plant and Equipment

(1) Required Inspections.

a. The licensee shall have a certificate of inspection or Use and Occupancy Permit from the Department of Public Safety or the appropriate local building inspector certifying that the facility meets the building code applicable to that facility.

(b) The licensee shall obtain a written report from the local health inspector or from

the Department of Public Health certifying that the facility is in compliance with 105 CMR 410.000 (Chapter II of the State Sanitary Code) including the following categories: kitchen areas; bathroom areas; water supply; hot water operations; heating operations; lighting and electrical operations; metering of electricity and gas; installation and maintenance of the physical plant; asbestos material used as insulation or covering; smoke detectors; exits; maintenance of structural elements; control of insects, rodents and skunks; garbage and rubbish storage and disposal; and security.

(c) The licensee shall obtain a written report of an annual fire inspection from

the local fire department. The licensee shall request fire inspections on a quarterly basis

and shall maintain copies of these requests and inspections at the facility.

(2) Safety Program.

(a) The licensee shall establish a written plan detailing procedures for meeting potential emergencies, such as fire, power outage, severe weather conditions and staffing problems. The procedures shall include:

1. plans for the assignment of personnel to specific tasks and responsibilities in emergency situations;
2. instructions relating to the use of alarm systems and signals;
3. systems for notification of appropriate persons;
4. specification of evacuation routes and procedures, with clearly marked diagrams.

(b) One person shall be assigned responsibility for coordination of the planning and procedures for meeting potential emergencies.

(c) The licensee shall post the plans and procedures at suitable locations throughout the facility, and insure that staff are familiar with the procedures.

(d) The licensee shall conduct training on these procedures quarterly in order to:

1. assure that all personnel on all shifts are trained to perform assigned tasks and are familiar with the use of the fire-fighting equipment in the program;
2. evaluate the effectiveness of emergency plans and procedures.

(e) The licensee shall prepare residents for and conduct evacuation drills on each shift at least twice a year under varied conditions.

1. The licensee shall make special provisions for the evacuation of any residents with disabilities.
2. The licensee shall take special care to help residents with emotional or perceptual disabilities understand the nature of such drills.
3. The licensee shall maintain a written log documenting each evacuation drill including the date and time of the drill, and the time required to evacuate.

(f) The licensee shall maintain an active safety program allowing for ongoing assessment of the facility's emergency and safety procedures.

(3) Toxic Substances.

- (a) The licensee shall store poisonous cleaning substances or other toxic substances in areas where they are not accessible to residents.
 - (b) The licensee shall assure that toxic substances and medications are not stored together.
 - (c) The licensee shall store medical equipment and medications under proper conditions for sanitation, preservation, and security.
 - (d) The licensee shall assure that all toxic substances are labeled as to the contents and antidote.
- a. The poison control center number shall be posted conspicuously next to all telephones in the program.
- (f) In transition to independent living programs, the licensee may store toxic substances in areas which are not secured, provided that the licensee has a plan to assure safety at all times.

(4) Paint.

- (a) The licensee shall remove or make inaccessible to children paint or plaster containing lead.
- (b) All buildings, residential or otherwise, utilized by children younger than six or with a mental age younger than six shall be free of lead paint violations in accordance

with 105 CMR 460.000 (Massachusetts Department of Public Health Prevention and Control of Lead Poisoning regulations). Certification shall be obtained from the Massachusetts Department of Public Health or local board of health or private

inspector utilizing an inspection form approved by the Childhood Lead Poisoning Prevention Program of the Massachusetts Department of Public Health.

- (c) A licensee that obtained a letter of compliance from the Massachusetts Department of Public Health, local board of health or private inspector prior to July 1, 1988, will not be required to comply with additional deleading requirements unless so ordered by the local board of health or the Massachusetts Department of Public Health

to remain in compliance with 105 CMR 460.000, or unless expanding to space not previously approved by the Office.

(5) Buildings and Grounds. The facility and its grounds shall be maintained in a sanitary, comfortable and safe condition.

- (a) The facility and grounds shall be maintained free from rodent or insect infestation by qualified persons.
- (b) Porches, elevated walkways and elevated play or recreation areas shall have barriers to prevent falls. Glass barriers shall not be used. Such barriers shall be at least 36" in height if the elevated area is more than 30" off the ground.
- (c) All exits, exit accesses and exit discharge areas shall be maintained continuously free from all obstructions or impediments to immediate use.
- (d) Outdoor recreation areas and equipment shall be safe. Equipment shall be maintained in good repair, of safe design without sharp protrusions and shall be securely anchored to the ground.
 - 1. The outdoor recreation area shall be free from hazards and dangerous machinery.
 - 2. The outside recreation area shall be fenced, if appropriate, for the age and needs of the population served.
- (e) Power tools and equipment shall be stored in a locked area and only used by children under the instruction and appropriate supervision of a staff member, except in transition to independent living programs, where such tools and equipment may be stored in areas which are not secured. The licensee must have a plan to assure safety at all times.
- (f) Swimming areas shall be tested for water quality and be secured from inappropriate entry.
- (g) The licensee shall have a plan for monitoring and insuring safety around swimming areas, including appropriate staff-child ratios and supervision.
- (h) Any private well or water source shall be inspected and approved by the local board of health or health department.
- (i) The program shall be equipped with at least one working smoke detector on each floor and at least one additional smoke detector for each separate sleeping area not connected by a common hallway.
- (j) Each area for cooking and any other areas used for electrical, gas, or other heating equipment shall be equipped with a fire extinguisher which is inspected annually to insure that it is in good working order.
- (k) The licensee shall maintain standard first aid kits that are accessible to each major activity area of the program. These kits shall be checked and restocked regularly.
- a. The licensee shall assure that all areas accessible to infants, toddlers and young children shall be child-proofed appropriately. Electrical outlets shall be covered,

cabinets latched or locked, access to stairs barricaded, and sharp corners protected. Poisonous plants, cosmetics, appliances and small items which could be swallowed shall not be within a child's reach.

(6) Physical Facility/Architectural Barriers.

(a) Requirements for Residents with Limited Mobility. The licensee shall assure that residents with limited mobility have access to those areas of the facility and grounds to which such access is necessary.

a. Building Entrances. A program which enrolls residents requiring wheel chairs shall

have at least one entrance without steps and wide enough for a wheel chair, for each building utilized by such residents.

(7) Living Units.

(a) The licensee shall design the living units to simulate the functional arrangements of a home and to encourage a personalized atmosphere for small groups of residents, unless it has been demonstrated that another arrangement is more effective in maximizing the human qualities of the specific population served. Living units shall be safe, clean and in good repair.

1. There shall be evidence of regular cleaning and maintenance routines in all areas of the facility.
2. All rooms shall be kept safe from fire hazards.
3. Hallways to bedrooms shall be illuminated at night.

(b) The licensee shall provide furniture and furnishings which are safe, appropriate, comfortable, and home-like.

1. Broken furniture and ripped upholstery shall be repaired or discarded.
2. Furniture and furnishings provided to residents shall be substantially the same as those provided to staff.

(c) All windows shall have operable screens in good repair.

(d) All incandescent or fluorescent light fixtures shall be protected with shades or covers.

(e) The licensee shall provide bedrooms which have:

1. direct outside ventilation;
2. at least one operable window;
3. at least 70 square feet of space for single bedrooms, at least 50 square

feet per person in bedrooms for two or more residents. In programs serving teen parents, a teen parent and his or her child may be housed in a single bedroom.

(f) The licensee shall provide a means for residents to mount pictures on bedroom walls, and to have other decorations.

(g) The licensee shall make provisions for safe keeping of each resident's money or valuables.

(h) The licensee shall provide each resident with appropriate individual furniture, and an individual closet or a designated section of a closet with clothes racks and shelves.

(i) The licensee shall provide accessible storage areas for personal possessions.

(j) The licensee shall provide each resident with his or her own bed which shall be of sufficient size to accommodate the resident comfortably. No cots or portable beds shall be used.

1. Each bed shall have a clean, comfortable, non-toxic and fire retardant mattress.

2. Sheets, pillows, pillow cases and blankets shall be provided for each bed.

3. Sheets and pillow cases shall be washed weekly or more frequently if indicated, and before use by another child.

(k) Living rooms for the residents' use shall be provided in each facility. The living area(s) shall have adequate space per resident exclusive of hallways, bathrooms, kitchens, dining areas, closets, offices, storage areas or areas regularly used for other purposes.

(8) Bathing and Toilet Facilities.

(a) Bathing and toilet facilities shall be maintained in good repair and in clean condition.

(b) The licensee shall locate and equip toilet areas so as to facilitate maximum self-help

by residents.

(c) The licensee shall provide toilets, which allow for individual privacy (with partitions and doors), unless inconsistent with a toilet training program.

(d) The licensee shall provide bathing and toileting fixtures which are specially equipped, if used by residents with disabilities.

(e) Except as provided in 102 CMR 3.08(8)(k), the licensee shall provide at

least one toilet for each six residents which is easily accessible to the sleeping quarters.

(f) Except as provided in 102 CMR 3.08(8)(k), the licensee shall provide at least one sink for each six residents.

(g) Except as provided in 102 CMR 3.08(8)(k), the licensee shall provide at least one tub or shower for each six residents. All tubs and showers shall be equipped with a non-slip surface or mat.

(h) The licensee shall have available hot and cold running water for all sinks, tub and showers.

(i) The licensee shall provide mirrors at convenient heights for use by residents.

(j) The licensee shall provide a place for toiletries and for hanging towels and washcloths.

(k) In programs serving teen parents, infants and toddlers shall not be included in the ratio of bathing and toilet facilities required by 102 CMR 3.08(8)(e) through (g).

(9) Kitchens and Dining Facilities.

(a) Kitchens shall be provided with all necessary equipment for the preparation, storage, serving and clean-up of all meals for all of the residents and staff regularly served by the facility. All equipment shall be maintained in a clean and safe working order.

(b) The licensee shall provide dining areas which are sufficiently large to accommodate in an uncrowded manner tables and chairs for all persons eating.

(c) The licensee shall provide dining areas which are clean, well lit and ventilated, and attractively furnished.

(d) The licensee shall provide tables and chairs of the type, size and design appropriate to the ages and needs of the residents.

(e) The licensee shall provide dining utensils and dishes appropriate to the age and needs of the residents.

1. Disposable dinnerware shall not be used on a regular basis unless the facility documents that such dinnerware is necessary to protect the health or safety of the residents in care.

2. Defective or damaged dishes or utensils shall not be used.

3.09: Shelter Homes

(1) Information to be Provided. The licensee shall provide to all prospective shelter home parent applicants and upon request to any person the following information:

- (a) written information regarding the licensee's program, and the children served by the program, as required by 102 CMR 3.04(1);
- (b) written grievance and appeal procedures as required by 102 CMR 3.04(3)(i);
- (c) written statement identifying all qualifications required of shelter home parents, as required by 102 CMR 3.09(2);
- (d) written statement of physical requirements for shelter homes, as required by 102 CMR 3.09(3);
- (e) written policy and procedure for orienting and assessing shelter home parent applicants, as required by 102 CMR 3.09(4) and (5).

(2) Qualifications Required of Shelter Home Parents. The licensee shall maintain a written statement identifying the qualifications required of shelter home parents, clearly identifying criteria by which shelter home parent applicants may or may not be approved.

1. Physical Requirements for Shelter Homes. The licensee shall establish physical requirements for shelter homes, which shall include, but need not be limited to, the following:

- (a) The shelter home shall be clean, safe, free of fire and other hazards, and of sufficient size to accommodate comfortably all members of the household and the approved number of children;
 - (b) The shelter home shall have adequate lighting and ventilation, hot and cold water supply, plumbing, electricity, and heat;
 - (c) The shelter home shall have sufficient furniture to allow each child to sleep in a separate bed and to have adequate storage space for his/her personal belongings;
 - (d) The shelter home shall have bedrooms which provide at least 50 square feet per child and shall accommodate no more than four children per bedroom;
 - a. No child over one year of age shall sleep in the same room with an adult of the opposite sex;
 - (f) No bedroom to be used by children shall be located above the second floor unless any such floor has two means of egress;
 - (g) No bedroom to be used by children shall be located below the first floor unless it contains a ground level, standard door exit and at least one operable window;

(h) Shelter homes shall be furnished and maintained in a safe, appropriate and comfortable manner;

(i) The shelter home shall be equipped with smoke detectors which shall be maintained in working order;

(j) If the shelter home uses well water, it shall be tested and determined safe, and a report of the test furnished to the licensee.

(4) Orientation. The licensee shall provide an orientation to the shelter home parent applicants. The orientation shall include information on the following:

(a) the purpose and nature of shelter care;

(b) the characteristics and needs of children placed in shelter homes;

(c) the role of the shelter agency;

(d) the services provided by the shelter agency;

(e) the role and responsibilities of shelter home parents;

(f) assessment procedures, as described in 102 CMR 3.09(5);

(g) the approximate duration of time a child may be in placement;

(h) the licensee's family contact and visitation policy;

(i) child abuse reporting requirements;

(j) crisis intervention, including restraint, if applicable;

(k) first aid and CPR;

(l) communicable diseases and necessary precautions;

(m) administration of medication and requirements for documentation;

(n) emergency planning including evacuation of the home, posting poison control phone number and appropriate storage of toxic substances;

(o) procedures to follow in the event a child runs away from the home.

(5) Shelter Home Parent Applicant Assessments. The licensee shall, consistent with its current needs, promptly assess each shelter home parent applicant unless at any time during the course of the assessment it is determined that the shelter home parent applicant would not appropriately serve the best interests of children. No child shall be placed in a shelter home until the assessment has been completed and the home approved.

(a) The licensee shall provide each applicant with general information on the purpose and nature of shelter home care, the role and responsibilities of shelter home parents, and the services provided by the licensee.

(b) The licensee shall require each applicant to furnish evidence of a current medical examination and a written statement from a licensed physician regarding the health and any illnesses or disabilities of all household members.

(c) The licensee shall interview each shelter home parent applicant individually.

(d) The licensee shall interview all other members of the applicant's household, as appropriate to the age of the member of the household.

(e) The licensee shall make at least one visit to the applicant's home to determine if physical requirements for shelter homes are met.

a. The licensee shall determine that each shelter home parent applicant and all

household members have a background free of conduct which bears adversely upon

his or her ability to provide for the safety and well-being of children. Such conduct shall include, but not be limited to the conduct described in 102 CMR 1.05(2)(a)1. through 4.

(g) The licensee shall conduct reference checks by telephone.

(h) The assessment shall be summarized in a written report and shall document the following:

1. motivation for providing shelter care;
2. emotional stability and compatibility of the shelter home parent applicants;
3. the social, education and health history of the shelter home parent applicants;
4. the family composition, a description of the home and the adjustment of the applicant's own children, if any;
5. the family's attitude toward accepting children for temporary shelter, including the attitudes of extended family members;
6. parenting ability, including child rearing and discipline;
7. at least three telephone reference checks;
8. the licensee's recommendation as to the age, sex, and characteristics, including special needs, of children best served by the shelter home parent applicants;
9. evidence of each person's compliance with 102 CMR 3.09(5)(f).

(6) Notification of the Results of the Assessment. The licensee shall notify each shelter home parent applicant in writing of the results of the assessment within two

weeks of the last meeting with the applicant.

(7) Disapproval and Appeals. Shelter home parent applicants not approved shall be provided an explanation in writing of the reasons for such disapproval. Such explanation shall also include written procedures for the applicant to appeal the agency decision, in accordance with 102 CMR 3.04(3)(i).

(8) Training of Shelter Home Parents. The licensee shall provide an ongoing training program to develop shelter home parents' skills in meeting the needs of children and in fulfilling their responsibilities as shelter home parents.

(9) Agreements with Shelter Home Parents.

(a) General Shelter Home Parent Agreement. The licensee shall enter into a written agreement with every shelter home parent applicant in his or her native language whom the licensee has assessed and approved to become a shelter home parent. This agreement shall be signed and dated and reviewed annually by the licensee and each shelter home parent and shall include:

1. the name and address of the licensee and the name and address of the shelter home parent;
 2. a statement defining the responsibilities of the shelter home parents;
 3. a statement defining the responsibilities of the licensee for providing services to children and shelter home parents;
 4. a statement describing state law and agency requirements regarding child rearing and discipline practices, including a statement prohibiting shelter home parents from using any physical punishment upon any child;
 5. the range of payments to be made to shelter home parents for board and care of children, and the frequency of such payments, if applicable;
 6. the method for closing a shelter home or for removing a child from the home;
 7. the method for registering complaints and obtaining administrative review of the licensee's decisions affecting shelter home parents and the child, pursuant to the agency grievance procedure required by 102 CMR 3.04(3)(i);
 8. the responsibility of the licensee to provide, and the shelter home parents' responsibility to participate in, ongoing training programs;
 9. the responsibility of the licensee to make shelter home parent's annual review available to them;
1. a statement that no shelter home parent shall give up full-time residential care of any child to anyone other than the licensee or a person designated by the

licensee, unless ordered to do so by a court of competent jurisdiction;

11. a statement which assigns responsibility for payment of liability insurance to protect the shelter home parents from personal liability for certain damages relating to the provision of shelter care, and which advises the shelter home parents to review any insurance policies they personally may have to determine extent of coverage;

12. a statement which assigns responsibility for payment in the event of damage to or loss of the shelter home parents' property by reason of the child, and which advises the shelter home parents to review any insurance policies they personally may have in order to determine the extent of their coverage;

13. a statement requiring the shelter home parents to notify the licensee

in the

following circumstances:

a. in advance of any vacation or trip which would result in the family being away from their usual place of residence overnight when a child is in placement;

b. immediately in the event of a death or serious injury to the child;

c. within 24 hours of any significant changes in the status or health of

household members including, but not limited to: death, divorce, separation, serious illness or hospitalization;

14. a statement outlining the responsibility of the shelter home parent to report any suspected incidents of abuse or neglect to the Department of Social Services and to the licensee;

15. a plan for the care of the child or children during any extended absences of the shelter home parents which shall have as a priority the maintenance of the children's stability;

16. provisions for termination of the agreement.

(b) Required Agreement Upon Placement of an Individual Child. For children in care more than 72 hours, the licensee shall enter into a written agreement with the shelter home parent caring for the child. This agreement shall be in the shelter home parent's native language and shall be signed and dated by the licensee and each shelter home parent. It shall include:

1. the full name and address of the child placed in the shelter home pursuant to the agreement;

2. child's date of birth;
3. child's school grade and school attended;
4. pertinent medical information and any available developmental information;
5. a description of any special abilities or behavioral problems the child may have;
6. a summary of the child's placement history and social history when providing this information is not contrary to the best interests of the child;
7. child's custody or guardianship status;
8. name and address of the child's parents, when appropriate, and parents' or relatives' involvement and arrangements for visiting;
9. religious requirements for the child, when applicable;
10. arrangements for clothing for the child;
11. name, office address and office phone number of the social worker responsible for the child;
12. a phone number to contact the social worker responsible for the child in case of emergencies or the number of the licensee's 24 hour telephone service;
13. a statement authorizing the shelter home parents to obtain routine and emergency medical and dental care for the child;
14. provisions for visits by the social worker with the child and shelter home parents;
15. the conditions under which the agreement may be terminated and the child removed from the home.

(c) Explanation of Agreements. The licensee shall explain every term of the agreements required in 102 CMR 3.09(9)(a) and (b) to each shelter home parent in his or her native language before they are signed and shall provide each shelter home parent with a copy of each agreement.

1. Information Prior to Decision to Accept a Child. The licensee shall provide each shelter home parent prior to or at the time of placement sufficient information about each child each child to be placed to enable the shelter home parent to determine if s/he will

accept the child. This information shall include, when available, but need not be limited to, the age, sex, race, and medical condition of the child, information regarding the reason for placement, and a description of any behavioral

problems the child may have.

(11) Information to Child Prior to Placement in a Shelter Home. The licensee shall provide information to each child prior to or at the time of placement in a shelter home which includes:

- (a) specific rules and expectations of the licensee
- (b) rules which may be specific to the shelter home and emergency procedures for evacuating the home;
- (c) any daily schedule required for the child's participation in the shelter program;
- (d) emergency information including name and phone number of agency worker.

(12) Assignment and Responsibilities of the Shelter Home Case Manager. Each shelter

home shall be assigned a case manager who shall be responsible for providing direct services to the shelter home. The case manager shall assist the shelter home parents with any matters concerning the shelter home parents or their family which may impact on their ability to provide shelter care. Such assistance shall include the obtaining of services provided by the licensee and aid in applying for other services. The case manager shall visit the shelter home at least once a month while there is a child placed in the home.

(13) Requirement for Annual Review. The licensee shall annually review in person with each shelter home parent his or her performance and experiences in providing shelter care during that year, including review of responsibilities outlined in the general shelter home parent agreement, and shall provide each shelter home parent with the results of the review in writing. The shelter home parent may dispute the results of the review in writing. The shelter home parent's statement shall become part of the shelter home parent's record. The review shall include, but not be limited to:

- (a) a review with each shelter home parent of his or her performance and experiences in providing shelter care;
- (b) reference to any services provided to the shelter home on its own behalf;
- (c) a summary of the shelter home parents' participation in orientation and training.

(14) Emergency Removal. The licensee shall develop procedures to ensure that a child(ren) may be removed immediately in cases of emergency when the licensee determines that the health or safety of the child(ren) would be endangered by remaining in the shelter home. The emergency removal procedures may be initiated at the request of the shelter home parent. The licensee shall maintain a written record of such removal which shall be available to the shelter home parents and the Office. The

licensee shall notify the shelter home parents in writing of the specific reasons for the removal and shall provide them with information about the agency grievance procedure.

(15) Closing of Shelter Home. In cases where the licensee determines that the shelter home is unable to meet the needs of children, the licensee shall send a written notice of intent to close the home to the shelter home parents. The notice shall contain an explanation of the specific reasons for the intended closing, and information about the agency grievance procedure. Except in cases of emergency, the home may not be closed nor, consistent with each child's service plan, the children removed until the shelter home parents, if they so desire, have had the opportunity to access the grievance procedure. Upon the closing of a shelter home, all agreements with the shelter home parents shall terminate.

3.10: Records and Confidentiality

(1) Residents' Records. Except as provided in 102 CMR 3.10(1)(k), the licensee shall maintain a written record for each resident which includes:

(a) a face sheet which identifies each resident by the following information, where available:

1. the name, date of admission, date of birth, place of birth, citizenship, and primary language of the resident, if other than English;
 2. father's name, mother's name and parents' marital status;
 3. name, address and telephone number of parents, legal guardian, and closest relative available in case of emergency;
 4. sex, race, height, weight, color of hair, color of eyes, and identifying marks; medical condition significant to the resident's well being, including allergies and current medications;
 5. description of the resident's ability for self-preservation;
 6. referring agency, name of social worker and telephone number;
 7. custody, guardianship and/or commitment status;
 8. date of discharge and resident's location after discharge;
 9. individual or agency responsible for follow-up contact with the resident.
- (b) copy of complete evaluations as required by 102 CMR 3.05(1)(f), (g), and (h);
- (c) documentation of intake services, as required by 3.05(3)(c);
- (d) written assessment of needs and the individual service plan as required by

102 CMR 3.05(4);

(e) written reports of periodic reviews as required by 102 CMR 3.05(5);

(f) written report of the discharge conference and summary as required by 102 CMR 3.05(7);

(g) written summary of any follow-up services provided, as required by 1.02 CMR 3.06(12);

(h) health records may be included in the case record or maintained at a designated health location, such as a nurse's office, provided that coordination of records occurs. Health records indicating resident's health while enrolled in a program shall include:

1. documentation of physical and dental examinations as required by 102 CMR 3.06(4);
2. a record of prescribed medications administered to the residents.

(i) all necessary authorizations and consents, including the placement agreement required by 102 CMR 3.05(2)(d), all consents required for the medical care of the resident and Interstate Compact Documents, where applicable;

(j) copies or originals of all correspondence relating to the placement, treatment, progress and discharge of the resident;

(k) copies of all incident reports as required by 102 CMR 3.04(3)(h) and (i).

(l) Programs serving teen parents shall maintain a written record for each child of a teen parent which includes at the least:

1. written information as specified in 102 CMR 3.10 (1)(a), (g), (i), and (j);
2. service plan information required by 102 CMR 3.10(1)(c) shall include documentation of health care, routine child care, and if relevant, behavior management and education;

If the licensee maintains a separate record for the child(ren) of teen parents, the parent's record and the child's record shall be cross-referenced. One discharge plan and summary of services provided may be completed for the resident and his or her family unit.

(2) Shelter Home Records. The licensee shall maintain a written record for each shelter home which includes:

- (a) shelter home parents' written application;
- (b) summary of shelter home study and assessment of shelter home parents;

- (c) documentation of a completed CORI evaluation on shelter home parent applicants and all adult household members prior to approval as shelter home parents;
 - (d) documentation of telephone reference checks;
 - (e) record of each child placed in the shelter home, including the child's full name, date of placement, and date of discharge;
 - (f) periodic progress reports, at least annually, as required by 102 CMR 3.09(13);
 - (g) copy of the licensee's written agreement or contract with shelter home parents;
 - (h) all correspondence concerning the shelter home;
 - (i) any other information necessary to furnish a basis for review, study, and assessment of the shelter home;
 - (j) at any time when a shelter home is closed, the date and reasons for the closing and a copy of the written notification to the shelter home parents.
- (3) Authentication and Updating. The licensee shall maintain records and logs which shall be legible, dated and signed by the individual making the entry. The licensee shall continually update all information in each resident's record.
- (4) Maintenance. The maintenance, retention, dissemination, duplication, storage and periodic destruction of resident's records shall accord with the following:
- (a) If a licensed program is subject to approval by the Massachusetts Department of Education, the licensee shall maintain, retain, disseminate, duplicate, store and destroy all resident's records in a manner which complies with the Massachusetts Student Records Regulations (MSRR), and shall not be bound by 102 CMR 3.10(4)(b);
 - (b) If a licensed program is not subject to MSRR, the licensee shall maintain its resident's records for a period of seven years in the following manner:
 - 1. Information contained in a resident's record is privileged and confidential.
 - 2. Such information may be distributed or released as necessary to persons directly related to implementing the resident's service plan without written consents.
 - 3. Such information may not be distributed or released to persons not directly related to implementing the resident's service plan unless appropriate consents are obtained.

- (5) Access to Records. Residents' records shall be the property of the licensee who

shall have written procedures which provide for:

- (a) accessing a resident's records by a resident (taking into account his or her capacity to understand), parent(s), person other than the parent who has custody or a person not directly related to the service plan;
- (b) identifying person(s), if any, whose consent(s) is required before information in a resident's records may be released;
- (c) duplicating and costs for duplicating, if any;
- (d) releasing information contained in a resident's record;
- (e) making available summaries of progress reports in lieu of the entire case records;
- (f) securing the information contained in a resident's record against loss, defacement, tampering or unauthorized use;
- (g) storing and preserving a resident's record.

(6) Storage and Preservation. If a program intends to cease operation, it shall submit to the Office a written plan for the storage and preservation of residents' records at least 120 days before ceasing operation.

(7) Communication Logs. Each licensee shall maintain a log or record system to assure communication among staff and continuity of service. The log shall be in writing and kept on a daily basis unless the size or staffing pattern require another frequency.

(8) Admissions Register. Each shelter program shall keep and maintain a current register of all children admitted to and discharged from the program, documenting at a minimum, the child's name, date and time of admission, date and time of discharge, location after discharge and person responsible.

3.11: Applicability and Effective Date of 102 CMR 3.00

(1) Obligation to Comply. 102 CMR 3.00 reflects basic standards for the operation of residential programs serving children and teen parents. Office of Child Care Services licensure shall not relieve facilities of their obligation to comply with any other applicable state or federal statutory or regulatory requirements or requirements set forth in their contracts with the referral sources. Whenever possible, these other statutory regulatory and contractual requirements shall be construed in a manner that is consistent with 102 CMR 3.00.

1. Severability. If any provision contained in 102 CMR 3.00 or the application thereof is held invalid to any person or circumstances the remainder of 102 CMR 3.00 and the application of the provision in question to other persons not similarly situated, or to other circumstances, shall not be affected thereby.

- (3) Effective Date. The effective date of 102 CMR 3.00 the date of publication by the Secretary of State..
- (4) Prior Licenses. Any license or approval in effect immediately prior to the effective date of 102 CMR 3.00 shall, notwithstanding its expiration date, remain in effect, unless suspended or revoked, until a new license or approval is issued or expressly refused or revoked under 102 CMR 3.00.

REGULATORY AUTHORITY

102 CMR 3.00: M.G.L. c. 28A, § 10; St. 1995, c. 5, § 110.