



MASSACHUSETTS  
**Department of  
Early Education and Care**

## Compliance Requirements for Center-Based Funded Programs

The Massachusetts Department of Early Education and Care (EEC) is responsible for the regulation of early education and care programs and for providing financial assistance for child care services to low-income families, information and referral services, parenting support for all families, and professional development opportunities for staff in the early education and care field. The mission of the EEC is to provide the foundation that supports all children in their development as lifelong learners and contributing members of the community and to support families in their essential work as parents and caregivers.

Pursuant to Federal law and regulations at 45 CFR Part 98.11(b)(2) and (8), EEC is the Lead Agency responsible for administering the Child Care Development Fund (CCDF) in Massachusetts. In November of 2014, Congress reauthorized the Child Care Development Block Grant (CCDBG), which is the federal law that authorizes CCDF. The purpose of the law is to better promote the health and safety of children in early education and child care settings, including those that are exempt from licensing or who are permitted to legally operate without a license and receive CCDF funding. In accordance with CCDBG, early education and care programs that receive CCDF funding for subsidized child care that operate outside of licensure will now be subject to additional health, safety, and monitoring requirements.

This document contains the **Compliance Requirements for Center-Based Funded Programs** (“Compliance Requirements”), including those that will be reviewed by EEC staff during annual on-site visits and used to ensure that all funded programs are in compliance with CCDBG requirements. These Compliance Requirements are not applicable to licensed EEC programs that are subject to 606 CMR 7.00 et seq. In developing these Compliance Requirements, EEC has sought to build on the strengths of the existing systems of licensing and program quality, put children and families first, and be flexible, transparent, and accountable.

**Unless specifically noted in the Compliance Requirements, all health and safety conditions included apply to all funded center-based program types. Funded center-based programs are entities that have received an exemption and are not required to obtain an EEC license under federal or state law. These programs are required to obtain a Certificate of Eligibility, issued by EEC, in order to receive CCDF subsidy funding.**

**Types of funded center-based programs include:**

- **Early Education and Care Programs operated by public schools that are not subject to EEC licensure and receive CCDF funding to care for one or more subsidized children.**
- **Early Education and Care Programs operated by private schools that are not subject to EEC licensure and receive CCDF funding to care for one or more subsidized children.**
- **Early Education and Care Programs operated by religious institutions that are not subject to EEC licensure and receive CCDF funding to care for one or more subsidized children.**
- **Early Education and Care Programs operated by other public entities, such as military institutions, that are not subject to EEC licensure and receive CCDF funding to care for one or more subsidized children.**

## Table of Contents

|  |    |
|--|----|
| Definitions.....   | 4  |
| Compliance Requirements.....   | 5  |
| 8.01: Prevention and Control of Infectious Diseases.....   | 5  |
| (1) Proper handwashing.....  | 5  |
| (2) Proper cleaning, Sanitizing, and Disinfecting .....  | 6  |
| (3) Proper storage of personal belongings .....  | 6  |
| (4) Policies for the prevention and control of Infectious Diseases .....   | 7  |
| 8.02: Safe Sleep Practices.....  | 7  |
| (1) Safe sleep policies and practices .....  | 7  |
| 8.03: Administration of Medication.....  | 8  |
| (1) Proper labeling of medications.....  | 8  |
| (2) Proper storage of medications.....   | 8  |
| (3) Policies for the documentation, administration, handling, and disposal of all medications .                              | 9  |
| (4) Policies and protocols regarding allergies, chronic medical conditions, and individual children’s health care needs..... | 9  |
| 8.04: Prevention and Response to Emergencies.....  | 10 |
| (1) Emergency preparedness plans, policies, and procedures.....  | 10 |
| (2) Emergency information posted .....   | 11 |
| (3) Exits accessible and safe .....  | 11 |
| (4) Emergency drills practiced monthly .....   | 11 |
| (5) First Aid kit properly assembled and easily accessible .....   | 11 |
| (6) Working phone available.....   | 12 |
| 8.05: Fire Safety .....  | 12 |
| (1) Fire safety compliance.....  | 12 |
| 8.06: Building and Physical Premises Safety .....  | 12 |
| (1) Certifications and Inspections.....  | 12 |
| (2) Indoor space .....   | 13 |
| (3) Indoor Materials and Equipment .....   | 14 |
| (4) Outdoor Space.....   | 14 |
| (5) Outdoor Materials and Equipment.....   | 15 |
| (6) Pool and Water Safety.....   | 15 |
| 8.07: Appropriate Supervision, Interactions, Discipline, and Prevention of Maltreatment .....                                | 16 |
| (1) Suspension/Expulsion Policy .....  | 16 |

|       |   |    |
|-------|---|----|
| (2)   | Supervision.....  | 16 |
| (3)   | Appropriate discipline .....  | 16 |
| (4)   | Prevention of child maltreatment .....                                      | 17 |
| 8.08: | Transportation .....  | 17 |
| (1)   | Vehicle Requirements.....   | 17 |
| (2)   | Transportation plan, policies, and procedures in place .....                | 18 |
| (3)   | Provisions for transportation safety .....                                  | 18 |
| 8.09: | Group Sizes and Adult-Child Ratios .....                                    | 19 |
| (1)   | Group sizes and Adult-Child Ratios.....                                     | 19 |
| 8.10: | Toileting & Diapering .....   | 20 |
| (1)   | Adequate, appropriate, and safe provisions for toileting and diapering..... | 20 |
| 8.11: | Notification Policies.....  | 20 |
| (1)   | Notification policies in place.....   | 20 |
| 8.12: | Required Health and Safety Trainings .....                                  | 21 |
| (1)   | Required Pre-Service Health and Safety Trainings .....                      | 21 |
| 8.13: | Record Keeping .....  | 22 |
| (1)   | Complete and accurate record keeping- attendance records .....              | 22 |
| (2)   | Complete and accurate record keeping- children’s records.....               | 22 |
| (3)   | Complete and accurate record keeping – staff records .....                  | 23 |
| 8.14: | Background Record Checks .....  | 23 |
| 8.15: | Applicability and Enforcement .....   | 23 |

## Definitions

**Child** – Any person younger than 14 years old, or 16 years old with special needs.

**Communicable Disease** – A disease that is spread from one person to another in a variety of ways, including travel through the air, contact with bodily fluids, contact with a contaminated surface, object, food or water, and certain animal or insect bites.

**Department** – When used alone, shall mean the Department of Early Education and Care.

**Designated Administrator** – The individual who has overall responsibility for the operation of the Program and is authorized to act as an agent of the Program. Designated Administrator responsibilities may include planning, coordinating and directing both academic and non-academic activities, and may cover both leadership and management tasks. The role of Designated Administrator is functionally equivalent to the role of Licensee for a licensed early education and care Program.

**Disinfect** - Disinfecting (after cleaning with soap and water) is the proper treatment for surfaces or equipment where safe contact requires that germs are destroyed. Disinfecting is the proper treatment for equipment and surfaces that are involved with toileting/diapering and the cleaning of blood and other bodily fluids.

**EEC** – The Massachusetts Department of Early Education and Care; also referred to herein as “Department”

**Entrapment** – Any opening that is greater than 3½ inches but less than 9 inches that can entrap a child’s head, creating a risk for serious injury or death.

**Center-Based Funded Program** – A Program that is not subject to EEC licensure and otherwise authorized to provide subsidized child care services in a nonresidential setting. This may include public schools, religious schools, and any organized educational system that has been approved by the local education authority (school committee, school superintendent or designee) as an alternative to public school, in accordance with M.G.L. Ch.76. in which the services of such a system *are not* primarily limited to kindergarten, nursery or related pre-school services. All Center-Based Funded Programs are required to comply with CCDBG requirements.

**Health Care Consultant** – A Massachusetts licensed physician, registered nurse, nurse practitioner, or physician’s assistant with pediatric or family health training and/or experience.

**Health Care Practitioner** – A physician, physician’s assistant or nurse practitioner.

**Infant** - A child who is younger than 15 months old.

**Infectious Disease** - A disease caused by an organism (such as a bacterium, virus, fungus, or parasite) that can be spread from person to person through bodily fluids or respiratory spray, with or without a carrier agent (such as a louse, mosquito) or exposure to organisms in the environment (such as a table surface, faucet handle, or contaminated food or water).

**Kindergarten Child** – A child who is five years old or who will attend first grade the following year in a public or private school.

**Not Subject to EEC Licensure** – A Program that provides child care to unrelated children on a regular basis; however, is specifically excluded from EEC requirements under state or federal law. *See* c. 15D, §§1A, 6, and 7.

**Parent**- Father or mother, guardian, or person or agency legally authorized to act on behalf of the children in place of, or in conjunction with, the father, mother, or guardian.

**Premises** – The facility or private residence that is used for the early care and education of children and the outdoor space on which the facility or private residence is located.

**Preschooler/Preschool Child** - Any child that is at least two years and nine months old, but not yet attending kindergarten.

**Program** – An organization or individual that provides early education and care services. Programs may include family child care, small group and school age or large group and school age child care, funded informal care, funded center-based care, and funded summer camp Programs.

**Providers** – All staff and adults working with children in the early education and child care Program. Providers may include educators, administrators, group leaders, camp counselors, volunteers, substitutes, and informal home-based child care Providers.

**Sanitize** – Sanitizing (after cleaning with soap and water) is the proper treatment for most equipment and surfaces in early education and care Programs. Sanitizing surfaces reduces enough germs to reduce the risk of becoming ill from contact with those surfaces.

**School Age Child** - A kindergarten child, or a child who is attending a public or approved private elementary school.

**Subsidized Child Care** - Child care that is at least partially funded by public or charitable resources to decrease the cost to families.

**Toddler** - A child who is at least 15 months of age, but younger than 33 months old.

**Use Zone** – The surface under and around a piece of equipment onto which a child falling from or exiting from the equipment would be expected to land.

**51A** – A report made to the Department of Children and Families whenever there is suspected abuse or neglect of a child under the age of 18.

## Compliance Requirements

All Center-Based Funded Programs shall demonstrate compliance with these Compliance Requirements in order to continue to receive CCDF funding to provide subsidized child care. EEC will determine compliance through the use of announced and unannounced monitoring visits.

### 8.01: Prevention and Control of Infectious Diseases

#### (1) Proper handwashing

- (a) **Handwashing Procedures**. Adults and children shall wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Hands shall be dried with individual or disposable towels or automatic hand blow-dryers. The use of common towels is prohibited.
- (b) **Handwashing Frequency**. Adults and children shall wash their hands at least at the following times:

1. Before and after water play;
2. Before eating and/or handling food;
3. After toileting/diapering;
4. After coming into contact with bodily fluids (including sneezes and coughs);
5. After handling animals or their equipment;
6. After playing in sand;
7. After playing outside;
8. After cleaning or handling garbage;
9. Before and after the administration of any medication (including topical ointments).

(2) **Proper cleaning, Sanitizing, and Disinfecting**

- (a) Sanitizing and Disinfecting Procedures. All equipment, materials, items, and surfaces (including floors, walls and clothing used for dramatic play) shall be monitored for cleanliness, washed with soap and water, and Disinfected or Sanitized as needed to maintain a sanitary environment, in accordance with EEC policy.
- (b) Sanitizer and Disinfectant Preparation. The solution used to Sanitize or Disinfect equipment, materials, items, or surfaces shall be either a bleach solution prepared in accordance with EEC guidelines or a commercially prepared solution that has been registered as either a Sanitizer or a Disinfectant (as appropriate) by the Environmental Protection Agency.
- (c) Sanitizer and Disinfectant Use. All solutions used to Sanitize or Disinfect equipment, materials, items, and surfaces shall be used in a way that protects the health and safety of children, and in accordance with EEC guidelines and/or manufacturer's directions.
  1. Cleaning, Sanitizing, and Disinfecting products shall not be used in close proximity to children;  
and
  2. Adequate ventilation shall be maintained during use of all cleaning, Sanitizing, and Disinfecting products.
- (d) Sanitizer and Disinfectant Storage. All cleaning, Disinfecting, and Sanitizing products shall be stored in a secure place, inaccessible to children.

(3) **Proper storage of personal belongings**

- (a) Storage for Children's Personal Belongings. The Program shall provide sufficient space, accessible to children, for each child to store clothing, coats, bedding, and other personal items in a safe, sanitary manner.
  1. Personal items intended for individual use by children, including but not limited to bottles and cups, pacifiers, toothbrushes, and sleeping materials, shall be labeled with the name of the child for whom they are intended; and
  2. Personal items shall be stored so that they do not touch.
- (b) Storage for Adults' Personal Belongings. The Program shall provide sufficient space, not accessible to children, for adults to store personal items in a safe, sanitary manner.

(4) **Policies for the prevention and control of Infectious Diseases**

- (a) Illness and Infectious Diseases. The Program shall have written policies for the prevention and control of contagious illnesses and Infectious Diseases.
1. The Program shall follow exclusion policies for serious illnesses, contagious diseases, and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health; and
  2. The Program shall notify all Parents in accordance with Department of Public Health recommendations, when any Communicable Disease or condition has been introduced into the Program.
- (b) Use of Insect Repellants. The Program shall follow the recommendations of the Department of Public Health regarding the use of insect repellants.
- (c) Health Precautions. The Program shall follow infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood, bodily fluids or excretions that may spread Infectious Disease. Health precautions include, but are not limited to, the use of personal protective equipment, proper disposal containers for contaminated waste, hand washing and proper handling of bodily waste.
1. Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids;
  2. Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container; and
  3. Contaminated clothing shall be sealed in a plastic container or bag, labeled with the child's name, and returned to the Parent at the end of the day.
- (d) Required Immunizations. Written documentation shall be required for all children and Providers showing evidence of immunizations in accordance with the schedules and recommendations of the Department of Public Health.

**8.02: Safe Sleep Practices**

(1) **Safe sleep policies and practices**

- (a) Safe Sleep Practices. All adults caring for Infants must follow safe sleep practices as recommended by the American Academy of Pediatrics and EEC Safe Sleep Policy.
1. At least one Provider trained in safe sleep practices and approved to care for Infants shall be present in each room at all times where there is an Infant;
  2. Infants shall be placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing;
  3. Infants who are younger than six months of age at the time of enrollment shall be under direct visual supervision at all times, including while napping, during the first six weeks they are in care; and
  4. Infants shall be placed to nap in an individual crib, port-a-crib, or bassinet.
- (b) Safe Sleeping Spaces. All cribs, port-o-cribs, playpens, toddler beds, or bassinets used for sleeping shall meet current Consumer Product Safety Commission and American Society for Testing and Materials safety requirements.

1. Crib slats shall be no more than  $2\frac{3}{8}$  inches apart;
  2. Cribs shall have a firm, properly fitted mattresses with a clean fitted sheet;
  3. Cribs used for sleeping Infants younger than 12 months of age shall not contain any potential head entrapment areas;
  4. Cribs, port-a-crisbs, playpens or bassinets used for sleeping Infants younger than 12 months of age shall not contain pillows, comforters, blankets, bumper pads, stuffed animals, or any other soft, padded materials; and
  5. Car seats, swings, and other sitting devices shall not be used for Infant sleep.
- (c) Arrangement of Sleeping Spaces. There shall be a distance of at least two feet between each crib or cot, or a distance of at least three feet between children's faces while resting or napping.
- (d) Emergency access during sleep time. During sleep, rest or quiet activities, Providers shall ensure that children are easily accessible during an emergency. Programs that use cribs for evacuation shall assure that such cribs are safe for the intended purpose, easily movable and small enough to fit through exit doors to the outside.

### 8.03: Administration of Medication

#### (1) Proper labeling of medications

- (a) Labeling of Prescription Medications. Prescription medications shall be in the containers in which they were originally dispensed and labeled by the pharmacist, including the date the prescription was filled and clear instructions for administration.
- (b) Labeling of Over the Counter Medications. Over the counter medications shall be dated and kept in the original manufacturer's packaging. The container should be labeled by the Parent/guardian, including:
1. The child's first and last name;
  2. Specific instructions given by the prescribing physician or pharmacist's order for the dosage and administration, if applicable.

#### (2) Proper storage of medications

- (a) Storage of Medications. Medications shall be stored under the proper conditions for sanitation, preservation, security, and safety at all times. All medications shall be:
1. Stored out of the reach of and completely inaccessible to children, unless otherwise specified in a child's individual health care plan. All medications that are considered controlled substances shall be kept in a secured and locked place at all times, when not being accessed by an authorized individual.
  2. Stored at the proper temperature. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children, in a refrigerator maintained at temperature between 38°F and 42°F.
  3. Stored away from food.
- (b) Storage of Emergency Medications. Emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, shall be immediately available for any children for whom they have been prescribed.



(3) Policies for the documentation, administration, handling, and disposal of all medications

- (a) Medication Policies. The Program shall have clear, written policies for the documentation, administration, handling, and disposal of all medications, in accordance with EEC requirements.
- (b) Parental Consent. All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, shall be provided by the child's Parent. No medication shall be administered without written Parental consent.
- (c) Administration of Routine Medications. Providers may administer routine, scheduled medication or treatment to a child with a chronic medical condition in accordance with written Parental consent and licensed Health Care Practitioner authorization. Providers administering routine, scheduled medication or treatment to the child with a chronic medical condition shall have successfully completed training, given by the child's Health Care Practitioner, or, with his/her written consent, given by the child's Parent or the Program's Health Care Consultant that specifically addresses the child's medical condition, medication, and other treatment needs.
- (d) Documentation of Medicine Administration. Each time a medication is administered, Providers shall document in the child's record the name of the medication, the dosage, the time and the method of administration, and who administered the medication. Missed doses shall also be documented, along with the reason(s) why the dose was missed.
- (e) Staff Training – Medication Administration. The Program shall ensure that at least one adult with training in medication administration is present at any and all times when children are in care.
- (f) Medication Disposal. Medications shall not be used beyond their date of expiration. Unused medication shall be returned to the Parent/guardian for disposal. If medication cannot be returned to the Parent/guardian, the Program shall have a written policy on medication disposal in accordance with the recommendations of the Department of Public Health, Drug Control Program.

(4) Policies and protocols regarding allergies, chronic medical conditions, and individual children's health care needs

- (a) Health Care Policy. The Program shall have and follow a written health care policy that includes a plan for meeting individual children's specific health care needs, including, but not limited to:
  - 1. procedures for identifying children with allergies and protecting children from that to which they are allergic, if applicable;
  - 2. procedures to be followed in case of illness, injury, or emergency, method of transportation, notification of Parents, and procedures for when Parents cannot be reached;
  - 3. a list defining mild symptoms with which ill children may remain in care and more severe symptoms that require notification to pick up the child; and
  - 4. a plan to ensure that all appropriate measures will be taken to meet the health requirements of children with disabilities, if applicable.
- (b) Allergies and Special Diets. The Program shall follow the directions of the Parents and /or the child's physician regarding any allergies, food preparation, and feeding of special diets to children. The Program shall ensure that information about allergies and other known medical conditions are easily and readily available at all times, and accompany the children anytime they leave the facility in the care of staff.

- (c) Caring for Mildly Ill Children. In caring for mildly ill children, the Program shall meet the individual needs of each child for food, drink, rest, play materials, comfort, supervision, and appropriate indoor and outdoor activity, as indicated by the health condition of the child.

8.04: Prevention and Response to Emergencies

(1) Emergency preparedness plans, policies, and procedures

- (a) Emergency Preparedness - Staffing. At least one staff member with current age-appropriate CPR and First Aid Certification shall be present at all times while children are in care, including at least one person in each vehicle transporting children and at least one person accompanying children during activities off site. Coursework toward such certification must include basic training in food choking hazards, asthma, and anaphylaxis, and must include hands-on training, in accordance with EEC policy.
- (b) Emergency Preparedness – Providers. All Providers shall be informed of the location of the children’s records, the first aid kit, and all procedures pertaining to the operation of the Program, including, but not limited to, emergency procedures, first aid procedures, and children’s individual health plans, including Infant sleeping positions.
1. Providers shall handle all emergency situations in an appropriate manner;
  2. Providers shall be able to communicate basic emergency information to emergency personnel; and
  3. When considering evacuation or sheltering in place, Providers shall follow the directions of the local emergency management authorities.
- (c) Emergency Preparedness Plan. The Program shall have a written plan detailing procedures for meeting potential emergencies including but not limited to missing children, the evacuation of children from the Program in the event of a fire, natural disaster, loss of power, heat or hot water or other emergency situation.
1. The plan shall include, but not be limited to:
    - a. a method to obtain information from local authorities to determine whether to evacuate or shelter in place in the event of a natural disaster;
    - b. escape routes from each floor level used for child care;
    - c. a designated meeting place outside and away from the child care home or facility;
    - d. a method of contacting the fire department or other appropriate authorities after the home or facility has been evacuated;
    - e. a method of communication with Parents in the event of an emergency evacuation;
    - f. a method for notifying EEC and the Department of Children and Families (DCF), if warranted; and
    - g. a means to assure that no child is left in the home or facility after evacuation.
  2. The plan shall be kept current and shall meet the needs of all children in care, including Infants, toddlers and any children (including but not limited to those with disabilities) who may need additional assistance during an evacuation.
  3. There shall always be a second adult trained in the Program's health care and emergency procedures immediately available in case of an emergency.

(2) **Emergency information posted**

- (a) Emergency Postings. The Program shall post the following information in an area easily visible to Parents, Providers, and visitors:
1. "Call 911" reminder;
  2. the telephone number and address of the Program, including the location of the Program in the facility;
  3. the telephone number of the Poison Control Center;
  4. in a manner that protects the privacy of each child:
    - (a) a list of all emergency or life-saving medications, including but not limited to epinephrine auto-injectors, inhalers, and anti-seizure medications, that specifies to which children they belong; and
    - (b) a list of allergies and/or other emergency medical information provided by the Parent for each child;
  5. the location of the health care policy;
  6. the name, address and telephone number of the Health Care Consultant; and
  7. the location of the first aid kit.

(3) **Exits accessible and safe**

- (a) Exits Safe and Accessible to Children and Adults. Exits and evacuation routes shall be accessible, safe, and easily identified.
1. Exit signs shall be posted in rooms that have direct access to the outdoors;
  2. Emergency and evacuation procedures shall be posted next to each exit; and
  3. Exits and evacuation routes shall be kept clear of obstructions.

(4) **Emergency drills practiced monthly**

- (a) Monthly Emergency Practice Drills. Practice emergency, evacuation, relocation, and lockdown drills shall be held with all groups of children and all Providers from each floor level of the space, at least monthly.
1. Drills shall be held during different times of the Program day, and shall use alternative exits.
  2. Drill shall be documented in accordance with EEC requirements, including the date, time, exit route used, number of children evacuated, and effectiveness of each drill.

(5) **First Aid kit properly assembled and easily accessible**

- (a) First Aid Kits Properly Assembled. The Program shall maintain adequate first aid supplies, including, but not limited to: adhesive tape, band aids, gauze pads, gauze roller bandage, disposable non-latex gloves, instant cold pack, scissors, tweezers, thermometer, and CPR mouth guard.
- (b) First Aid Kits Accessible. First aid kits shall be portable, easily and readily available at all times, and accompany the children anytime they leave the facility in the care of staff.

(6) Working phone available

(a) Working Telephone Available. The Program shall provide to Providers a working telephone for the purpose of making and receiving emergency phone calls during all hours of Program operation, whether on or off the Premises, whenever they are responsible for supervising children.

8.05: Fire Safety

(1) Fire safety compliance

(a) Fire Inspection Certificate. The Program shall be able to provide evidence of compliance with all applicable fire codes.

(b) Smoke Detectors. Smoke detectors shall be maintained in operable condition and located in accordance with fire codes.

1. The Program shall maintain a safety log of tests made monthly. If the smoke detector is battery operated, the batteries shall be replaced at least annually, or more often as necessary, and noted in the safety log.

(c) Carbon Monoxide Detectors. Approved carbon monoxide detectors shall be located and maintained in the Program in accordance with the provisions of the state fire safety code and guidelines.

(d) Heating System Safety. The heating system shall be operated and maintained in a manner that ensures the safety of all children, in accordance with health and safety inspection requirements.

1. All steam and hot water pipes and radiators shall be protected by permanent screens, guards, insulation or another suitable device that prevents children from coming in contact with them.

2. The use of portable heaters and portable radiators is prohibited during child care hours.

3. All heaters and stoves, including but not limited to wood, coal, pellet, or gas, when used during child care, must be maintained in a manner that ensures the safety of all children.

4. All working fireplaces in space used by children must have a secure child proof barrier in place at all times. The Provider must be in room with the children whenever a fireplace is in use.

8.06: Building and Physical Premises Safety

(1) Certifications and Inspections

(a) Building Inspection. Every Program that is not located in a residence and every Program that serves more than ten children shall provide a certificate of inspection from the Department of Public Safety or the local building inspector certifying that the facility complies with the applicable 780 CMR: *The State Building Code*.

(b) Lead Inspection. If a Program serves any child younger than five years old, the Program shall provide evidence of a lead paint inspection from the local board of health, or the Massachusetts Department of Public Health, or a private lead paint inspection service and compliance with The Department of Public Health regulations at 105 CMR 460.000: *Lead Poisoning Prevention and Control*.

1. The Program must disclose the results of the lead inspection and any necessary remediation plan to enrolled or prospective families.

(c) Water Source Inspection. The Program must provide evidence that any private well or water source has been inspected and approved by the local board of health, health department, or private laboratory and meets Department of Environmental Protection Requirements, if applicable.

(2) **Indoor space<sup>1</sup>**

(a) Arrangement of Indoor Space. There shall be a minimum of 35 square feet of activity space per child. The indoor space shall be arranged to provide clear pathways for movement from one area to another and to allow visual supervision of all areas by Providers. The Program shall arrange furnishings and fixtures safely, with sharp edges protected, and in such a way as to not present hazards to children.

(b) Safe and Clean Indoor Space. The indoor space shall be safe, clean, in good repair, and free from hazards and clutter. Providers shall monitor the environment daily to identify and remove or repair any hazards that may cause injury to children.

1. All hazardous objects, including but not limited to matches, lighters, toxic materials, sharp objects, plastic bags and purses shall be locked and/or inaccessible to children;
2. Toxic substances shall be stored inaccessible to children and separately from food and medications;
3. All toxic substances shall be labeled as to the contents and antidote;
4. Strings and cords longer than six inches that are not part of recreational or educational materials, including, but not limited to cords on window blinds, curtains or shades, shall be kept out of children's reach;
5. All electrical outlets within the reach of children younger than school age shall be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings; and
6. All electrical cords shall be arranged so they are not a hazard to children. Electrical cords shall not be frayed or damaged.

(c) Windows. All windows used for ventilation shall include screens in good repair. Windows and glass doors shall be constructed, adapted, or adjusted through the use of window guards or other means to prevent injury to children.

(d) Room Temperature. Room temperature in rooms occupied by children shall be maintained at a minimum of 65°F. Providers shall take appropriate measures to protect children from health risks associated with excessive heat.

(e) Pest Management. The interior of the child care Program shall be clean and maintained free from vermin. Safe and effective means of eliminating vermin shall be provided.

1. Pesticides may not be used on the child care Premises during child care hours.

(f) Stairways. Stairways shall be equipped with handrails.

1. In Programs serving children younger than 2.9 years old, barriers shall be placed at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Barriers shall be permanently installed at the top of stairways. Pressure gates may not be used at the top of stairs; and
2. Open stairways used by children younger than school age shall have railings or banisters installed along the open or unprotected side(s).

(g) Animals. Before introducing an animal to the Program, Providers shall consider the effect on the children's health and safety, including possible allergies, and notify Parents in advance, or prior to the

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<sup>1</sup> Indoor space requirements apply only to indoor areas that are accessible to child care children.

child's enrollment. Providers shall closely supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. If animals are kept in the Program, the Provider shall:

1. ensure that animals, regardless of ownership, are free from disease and parasites and are licensed and/or vaccinated as prescribed by law;
2. not allow children to take part in the cleaning of the animal's cage;
3. keep litter boxes inaccessible to children;
4. ensure that animals are kept in a safe and sanitary manner; and
5. ensure that children do not come into physical contact with reptiles. Reptiles in the Program shall be kept in accordance with Department of Public Health Guidelines.

(3) **Indoor Materials and Equipment**

(a) Safe and Clean Indoor Materials. All indoor equipment, materials, furnishing, and toys shall be safe, clean, and in good repair. All equipment, materials, furnishings, toys, and games shall be kept clean and in a safe, secure, and workable condition.

1. The Program shall not use any equipment, materials, furnishings, toys, or games identified by the U.S. Consumer Product Safety Commission as being hazardous;
2. All indoor equipment, materials, and furnishings shall be sturdy, safely constructed and installed, non-tippable and/or anchored securely, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children;
3. All play equipment and furnishings shall be free of entrapment hazards;
4. Riding toys shall not be used in any room where there is access to falling hazards; and
5. Electric fans, if used, shall not be accessible to children.

(b) Developmentally Appropriate Indoor Materials. The Program shall only use indoor equipment, materials, furnishings, toys, and games that are appropriate to the ages, needs and developmental level of the children enrolled.

(4) **Outdoor Space**

(a) Arrangement of Outdoor Space. The Program shall maintain or have access to an outdoor play area of at least 75 square feet per child who is outside at any one time. All outdoor equipment shall be arranged safely, with sharp edges protected, and in such a way as to not present hazards to children.

1. All playground equipment shall be securely anchored and located within Use Zones that are covered with an adequate depth of an impact-absorbing material, in accordance with the Consumer Product Safety Commission Public Playground Safety Handbook and EEC policy. Pea gravel and wood chip nuggets must not be used in areas used by Infants and toddlers.

(b) Safe Outdoor Space. The outdoor space shall be safe, adequately maintained, and free from hazards and immediate health risks.

1. The outdoor play area shall be free from hazards including, but not limited to: entrapment hazards, a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather related and environmental hazards or small objects that could present a choking hazard to young children. Any such hazard shall be removed or fenced by a sturdy, permanently installed barrier which is at least four feet high or otherwise protected or removed, as appropriate;

2. The outdoor play space shall not be covered with a dangerously harsh, abrasive, or toxic material, and
  3. The outdoor play space shall provide for both direct sunlight and shade.
- (c) Developmentally Appropriate and Accessible Outdoor Space. The outdoor play space shall be appropriate for each age group and developmental level of children served and accessible to children with disabilities.

(5) **Outdoor Materials and Equipment**

- (a) Safe and Clean Outdoor Materials and Equipment. All outdoor equipment, materials, furnishing, and toys shall be safe, clean, and in good repair. They shall be sturdy, safely constructed and installed, non-tippable, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children.
1. The Program shall not use any outdoor equipment, materials, toys, or games identified by the U.S. Consumer Product Safety Commission as being hazardous;
  2. The Program shall keep all outdoor equipment, materials, toys, and games clean and in a safe, secure, and workable condition;
  3. All outdoor play equipment, fences and structures shall be free of entrapment hazards;
  4. The Program shall ensure that the outdoor space is routinely checked and cleared of all hazardous objects, including but not limited to hazardous debris, matches, lighters, toxic materials, sharp objects, plastic bags; and
  5. Except for therapeutic equipment, the use of trampolines by child care children, whether indoors or outdoors, is prohibited.
- (b) Developmentally Appropriate Outdoor Materials. The Program shall only use outdoor equipment, materials, toys, and games that are appropriate to the ages, needs and developmental level of the children enrolled.

(6) **Pool and Water Safety**

- (a) Pool Inspection. The Program shall be able to provide copies of current pool and pool roof inspections as required by applicable law or statute.
- (b) Pool and Water Safety. Whenever pools are not in use, they shall be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access.
1. All hot tubs, whether indoors or outdoors, shall be inaccessible to children; and
  2. All swimming and wading pools used by children shall be treated, cleaned, maintained, and supervised according to sound health and safety practices and state and local guidelines and regulations. Wading pools shall be emptied immediately after use and Sanitized between uses and whenever contaminated.
- (c) Pool and Water Supervision. Children shall be directly and actively supervised at all times during activities involving water, including tubs, pools, showers, or standing water.
1. Provider/child ratios shall be sufficient to maintain the safety of children in or near water;
  2. When children are swimming in a swimming pool, an adult shall be present who is aware of the pump location and is able to turn the pump off in the event of an emergency;
  3. Whenever children are swimming (not including the use of wading pools) a second adult shall be on the Premises available to assist in case of emergency; and



4. Whenever children participate in on-site or off-site swimming or water activities at least one person supervising the activity shall be currently certified as a lifeguard and currently certified in CPR and first aid.

#### 8.07: Appropriate Supervision, Interactions, Discipline, and Prevention of Maltreatment

##### (1) Suspension/Expulsion Policy

- (a) Written Suspension/Expulsion Policy. The Program shall describe in writing their procedures for avoiding the suspension or termination of a child from the Program due to challenging behavior. The procedures to avoid suspension and termination shall include:
  1. providing an opportunity to meet with Parents to discuss options other than suspension or termination;
  2. offering referrals to Parents for evaluation, diagnostic or therapeutic services;
  3. pursuing options for supportive services to the Program, including consultation and Provider training; and
  4. developing a plan for behavioral intervention at home and in the Program.
- (b) Suspension/Expulsion Process. If a Program chooses to suspend or terminate a child for any reason the Program must provide written documentation to the Parents of the specific reasons for the proposed suspension or termination of the child, and the circumstances under which the child may return, if any.

##### (2) Supervision

- (a) Appropriate Supervision. All Providers shall exercise appropriate supervision of the children in their care in order to ensure their health and safety at all times. Such supervision shall include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities.
  1. Children younger than six months of age at the time of enrollment shall be under direct visual supervision at all times;
  2. Providers shall not leave a child unattended in an Infant seat, on a changing table, or any other surface that could result in a fall;
  3. Providers shall be aware of children's activities at all times and in sufficient proximity to children at all times in order to be able to intervene quickly when necessary;
  4. Providers shall be positioned to maximize their ability to see and/or hear children in their care; and
  5. Providers shall not engage in any other activities or tasks that could unnecessarily divert their attention from supervising the children.

##### (3) Appropriate discipline

- (a) Child Guidance. Providers shall provide guidance to children in a positive and consistent way based on an understanding of the individual needs and development of children.
- (b) Prohibited Practices. The following practices are strictly prohibited:
  1. spanking or other corporal punishment of children;
  2. subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks;



3. depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence;
4. disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting;
5. confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in *lieu* of supervision; and
6. excessive time-out. Time-out may not exceed one minute for each year of the child's age and shall take place within a Provider's view.

(4) **Prevention of child maltreatment**

- (a) Protection from Abuse and Neglect. The Program shall be operated in ways that protect children from abuse or neglect. Any form of abuse or neglect of children while in care is strictly prohibited.
- (b) Mandated Reporting. Every Provider is a mandated reporter under M.G.L. c. 119, § 51A and shall make a report to the Department of Children and Families (DCF) whenever he/she has reasonable cause to believe a child in the Program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.

(c) Written Policies for the Prevention of Abuse and Neglect. The Program shall develop and follow written procedures for protecting children from abuse and neglect. The plan shall include:

1. Protocols for handling allegations of abuse and neglect against a staff member, including plans to ensure that allegedly abusive or neglectful staff members shall not have unsupervised contact with children until the investigation into such allegations has been completed ;
2. Plans for notifying the Department and DCF, in accordance with EEC policy; and
3. The Program's mandated reporter policy, including how it is shared with new staff and families.

(d) Notifications to the Department. The Program shall notify the Department immediately after filing or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the Program or during a Program related activity and immediately upon learning that a report has been filed naming a Provider or person regularly on the child care Premises (including household members in home-based child care) an alleged perpetrator of abuse or neglect of any child.

(e) Information for Families. Written information shall be provided to families regarding the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

(f) Investigation of Abuse or Neglect Allegations. Upon receipt of allegations of abuse or neglect, the Program will be subject to investigation of the allegations by the Department.

**8.08: Transportation**

(1) **Vehicle Requirements**

- (a) Vehicles Maintained and Operated. Any and all motor vehicle used for the transportation of children shall be maintained and operated in accordance with the requirements as contained in the pertinent sections of M.G.L. c. 90, in particular §§ 7A, 7B, 7C and 7D, and with all applicable regulations within 540 CMR: Registry of Motor Vehicles.

(b) Vehicle Registration and Inspection. Any and all vehicles used for the transportation of children shall be registered and shall have passed an annual inspection in accordance with the laws of the state.

1. The Program shall maintain documentation of vehicle registration and passed annual inspection for each motor vehicle used to transport children.

(2) **Transportation plan, policies, and procedures in place**

(a) Written Transportation Plan. The Program shall have a written plan for the safety and supervision of all children during transport. The plan shall describe how children are transported to and from the Program, in an emergency, and on field trips. The plan shall also address the safety and supervision of children who walk and who arrive by public transportation.

1. The plan shall include any special arrangements for children with disabilities; and  
2. The plan shall ensure compliance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Section 504. Whenever possible, children with disabilities should be transported in the same vehicles used to transport other children.

(b) Parental Consent for Transportation. The Program shall have written Parental consent for each child's individual transportation plan.

(c) Transportation Policies and Procedures. Whenever the Program provides or contracts for transportation for children, the Program must establish policies and procedures that are intended to keep children safe during transport. Whenever transportation is provided or contracted by the Program, the Program must ensure that:

1. the operator of any vehicle transporting children is licensed in accordance with the laws of the state;  
2. at least one person on each vehicle is currently certified in first aid and CPR;  
3. the driver of the vehicle takes attendance before and after each trip and conducts a complete vehicle inspection after every trip to ensure that children are not left alone in a vehicle at any time;  
4. children's emergency contact information shall be carried in the vehicle whenever children are present; and  
5. the driver of the vehicle shall release children only to persons known or identified to the driver and authorized by the Parent(s) in writing to receive the child.

(d) Programs are mandated to ensure that all transportation personnel are subject to a background record check pursuant to 606 CMR 14.00 et seq.

(3) **Provisions for transportation safety**

(a) Provisions for Transportation Safety. The Program shall ensure adequate provisions for transportation safety on each vehicle during transport, including but not limited to a first aid kit, a working mechanism to make emergency telephone calls, and a seat belt cutter. Sharp, heavy, or potentially dangerous objects shall be placed in the trunk or cargo area and securely restrained when transporting children.

(b) Car Seats and Restraints. Suitable car seats, safety carriers, restraints or seat belts shall be provided for and used by each child, driver and attendant in all vehicles containing fewer than 16 passenger seats. All car restraints shall meet the U.S. Department of Transportation Federal Motor Vehicle Safety Requirements guidelines and shall be crash tested and child approved.

**8.09: Group Sizes and Adult-Child Ratios**

**(1) Group sizes and Adult-Child Ratios**

(a) **Groups Sizes.** The Program shall maintain appropriate group sizes necessary to ensure adequate and safe supervision at all times.

1. All group assignments must be developmentally appropriate for the individual child.
2. The group size must be appropriate for the activities planned and for the characteristics of children assigned to the group.
3. Each child must be assigned to a consistent group with consistent staffing.

(b) **Sufficient Staffing.** The Program shall maintain sufficient numbers of qualified staff to promote the health, safety, growth and development of each child. Assignment of staff shall take into account the physical environment, requirements of the activities children are engaged in, and the developmental levels and behavioral traits of children in care. The Program must have the number of Program staff necessary to:

1. ensure adequate supervision of the group at all times;
2. provide individual attention to children; and
3. promote children’s physical, social, emotional, and cognitive development.

(c) **Fixed Age Groups.** The fixed age group ratios and groupings below shall be used for all groups of children within the same age range:

|                       | <b>Age Group</b>   | <b>Maximum Group Size</b> | <b>Adult/Child Ratio</b>                             |
|-----------------------|--|---------------------------|--|
| <b>8.09.1 (c) (1)</b> | <b>Infants (Birth up to 15 months)</b>                         | <b>7 Infants</b>          | <b>1:3, one additional adult for 4 to 7 Infants</b>  |
| <b>8.09.1 (c) 2</b>   | <b>Toddlers ( 15 to 33 months)</b>                             | <b>9 toddlers</b>         | <b>1:4, one additional adult for 5 to 9 toddlers</b> |
| <b>8.09.1 (c) 3</b>   | <b>Preschoolers (33 months to school age)</b>                  | <b>20</b>                 | <b>1:10</b>  |
| <b>8.09.1 (c) 4</b>   | <b>Kindergarten (attending first grade the following year)</b> | <b>25</b>                 | <b>1:12</b>  |
| <b>8.09.1 (c) 5</b>   | <b>School Age</b>  | <b>26</b>                 | <b>1:13</b>  |

(d) **Mixed Age Groups.** The mixed age group ratios and grouping below shall be used for groups of children within two consecutive age groups:

|                     | <b>Age Group</b>            | <b>Maximum Group Size</b>        | <b>Educator/Child Ratio</b>                          |
|---------------------|-----------------------------|----------------------------------|--|
| <b>8.09.1 (d) 1</b> | <b>Infant/Toddler Group</b> | <b>9; no more than 3 Infants</b> | <b>1:3; one additional adult for 4 to 9 children</b> |

|                     |                                      |                                   |  |
|---------------------|--------------------------------------|-----------------------------------|--|
| <b>8.09.1 (d) 2</b> | <b>Toddler/Preschool Group</b>       | <b>9</b>                          | <b>1:5; one additional adult for 6 to 9 children</b> |
| <b>8.09.1 (d) 3</b> | <b>Preschool/School Age Group</b>    | <b>20; maximum age is 8 years</b> | <b>1:10</b>  |
| <b>8.09.1 (d) 4</b> | <b>Kindergarten/School Age Group</b> | <b>25</b>                         | <b>1:12</b>  |

**8.10: Toileting & Diapering**

**(1) Adequate, appropriate, and safe provisions for toileting and diapering**

(a) Toileting. The Program shall provide enough adequate, appropriate, and safe facilities and supplies for the toileting of all toilet-trained children. Bathrooms shall be:

1. in close proximity to children’s activity space; and
2. readily accessible to all children, including children with disabilities.

(b) Diapering. In Programs serving children who are under two years and nine months of age and/or not toilet trained, the Provider shall ensure that:

1. diapering areas are separate from facilities and areas used for food preparation and food service;
2. a common changing table or diapering surface is not used for any other purpose;
3. the changing surface is smooth, intact, impervious to water and easily cleaned;
4. soiled disposable diapers are placed in a closed container that is lined with a leak-proof disposable lining, and removed from the Program daily, or more frequently as necessary;
5. soiled non-disposable diapers are placed in a sealed plastic container labeled with the child’s name and returned to the child’s Parents at the end of the day; and
6. there shall be running water or an approved alternative adjacent to each diapering area.

(c) Handwashing After Diapering and Toileting. Facilities used for hand washing after diapering or toileting shall be separate from facilities and areas used for food preparation and food service.

**8.11: Notification Policies**

**(1) Notification policies in place**

(a) Notifications to Parents. The Program shall have policies in place to notify Parents immediately of any injury, allegation of abuse or neglect, minor first aid administered, identification of a Communicable Disease or condition, introduction of pets, unanticipated child absence (where the Parent/guardian has not already contacted the Program in regard to the absence), or use of any herbicide or pesticide (prior to use, whenever possible).

(b) Open door policy in Place. The Program has a written policy in place permitting Parents to visit the Program at any time while their child is present. The Program shall be able to provide evidence of documentation that Parents have been notified regarding his/her right to visit the Program unannounced at any time while his/her child is in care.

(c) Notifications to EEC. The Program shall have policies in place to notify the Department of Early Education and Care, in accordance with EEC requirements.

1. The Program shall have policies in place to notify the Department immediately of the death of any child which occurs while such child is in care, or resulting from an injury or event that occurred while the child was in care; any injury to any child which occurs during the hours while such child is in care and which requires hospitalization or emergency medical treatment; the contagious illness of a child that is a reportable condition as set by the Division of Communicable Disease Control, Department of Public Health; and any medication error which occurred while the child was in care.
2. The Program shall report to the Department, in writing, within five days of the initiation of any legal proceedings brought against the Program or any person employed by the Program if such proceeding arises out of circumstances related to the care of children in the Program or may impact the continued operation of the Program.
3. In the event of an incident on the child care Premises that results in a report to law enforcement officials or a response by the fire department (other than a false alarm) and that could impact the health, safety, and/or wellbeing of children in care, or in the event of the arrest of a Provider or person regularly on the child care Premises, the Program shall notify the Department by telephone within 24 hours of the incident. The Program, if requested by the Department, shall prepare and submit to the Department a written report regarding the incident.
4. The Program shall notify the Department immediately of any accident involving the transportation of children when such transportation is provided or contracted by the Program.
5. The Program shall notify the Department whenever non-compliance with applicable codes and regulations prevents renewal of required inspection certificates.

#### 8.12: Required Health and Safety Trainings

##### (1) Required Pre-Service Health and Safety Trainings

(a) Completion of EEC Essentials. All Program Staff shall be trained in the following twelve health and safety topics, in accordance with EEC policy:

1. Child Abuse and Neglect;
2. Emergency Response Planning;
3. First Aid and Cardiopulmonary Resuscitation (CPR) Overview;
4. Food Related Risk and Response;
5. Hazardous Materials;
6. Infant Safe Sleeping Practices;
7. Infectious Diseases and Immunizations;
8. Introduction to Child Development;
9. Medication Administration;
10. Physical Premises Safety;
11. Shaken Baby Syndrome; and
12. Transporting Children.

(b) Cardiopulmonary Resuscitation (CPR) Training and Certification. There shall be at least one staff member currently trained and certified in age-appropriate CPR at all times when children are present. All CPR training shall meet EEC requirements, in accordance with EEC policy.

(c) First Aid Training and Certification. There shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present. All first aid training shall meet EEC requirements, in accordance with EEC policy.

### 8.13: Record Keeping

#### (1) Complete and accurate record keeping- attendance records

(a) Attendance Records. The Program shall maintain complete and accurate accounts of child and staff attendance, including arrival and departure times.

(b) Visitor Records. The Program shall have a method of knowing exactly who is on the premises at any given time by maintaining complete and accurate accounts of all visitors, including arrival and departure times.

#### (2) Complete and accurate record keeping- children's records

(a) Children's Records. The Program shall maintain a complete, accurate, and confidential file for each child, in one central location on-site, that should be immediately available to the child's caregivers/Providers (who should have Parental/guardian consent for access to records), the child's Parents/guardians, and EEC staff upon request. The individual file for each child shall include:

1. A face sheet or sheets, which identifies the child by the following information:
  - a. The name, date of admission, date of birth, age at admission, and primary language of the child and Parent(s), if other than English;
  - b. The Parent's (or Parents') home address(es), and telephone number(s);
  - c. The Parent's (or Parents') business address(es) and telephone number(s);
  - d. The name, address, and telephone number of the person(s) to contact in case of emergency when the Parent is unavailable;
  - e. A physical description or a current photograph of the child;
  - f. The name, address, and phone number of the child's physician or other source of health care;
  - g. Information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and the possible side effects of those medications; and
  - h. The child's anticipated days and times of attendance at the Program.
2. Copies of any custody agreements, court orders, and restraining orders pertaining to the child, when provided by the Parent;
3. Consent for the child's transportation plan, in accordance with EEC policies;
4. Permission to transport the child to a medical facility and for the child to receive emergency medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the Parent cannot be reached and when delay would be dangerous to the health of the child;
5. Permission to administer basic first aid and/or CPR;
6. A list of any person(s) authorized in writing by the Parent to take the child from the Program or receive the child at the end of the day;
7. Written Parental consent for the child to participate in off-site activities, leave the Program for any reason, use an on-site swimming pool, and use unanticipated, non-prescription and topical medications, as applicable; and
8. Medical records, including
  - a. a physician's, nurse practitioner's, or physician's assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules;

- b. a written statement signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has had a complete physical examination within one year prior to admission;
- c. a statement signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has been screened for lead poisoning, pursuant to Department of Public Health requirements; and
- d. an individual health care plan (IHCP) for each child with a chronic medical condition, which has been diagnosed by a licensed Health Care Practitioner. The plan shall describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.

(3) **Complete and accurate record keeping – staff records**

(a) Staff Records. The Program shall maintain a complete, accurate, and confidential personnel record for each staff member that should be readily available to the Program administrator and EEC staff, upon request. The record for each staff member shall include:

- 1. evidence that the Provider has had a physical examination within one year prior to employment;
- 2. evidence that the Provider has been immunized in accordance with the recommendations of the Department of Public Health;
- 3. a statement of any limitations on the Provider in working with children;
- 4. evidence of completed background record checks for all employees, interns, volunteers with unsupervised access to children, and affiliated individuals with unsupervised access to children, as required under 606 CMR 14.00 et seq.;
- 5. evidence of current Pediatric First Aid and Pediatric CPR certifications;
- 6. evidence of current lifeguard certification, if applicable;
- 7. documentation of completion of all required preservice and ongoing health and safety trainings; and
- 8. documentation of any disciplinary actions or investigations.

8.14: Background Record Checks

(a) Each person employed by the funded Program, including employees and interns, volunteers and affiliated individuals (non-staff) with unsupervised access to children, shall have a background free of conduct which bears adversely upon his or her ability to provide for the safety and wellbeing of a child, pursuant to Department policy. Such individuals must complete and be found suitable after an EEC background record check required under 606 CMR 14.00 et seq.

(b) Each Designated Administrator shall ensure that employees shall not have unsupervised access to children until the Designated Administrator determines that the requirements identified in 8.14(a) and 606 CMR 14.00 et seq. are met.

8.15: Applicability and Enforcement

(a) The Compliance Requirements reflect basic standards for the provision of subsidized child care services to children in center-based facilities that are subject to funding approval by the Department. Approvals for funding by the Department shall not relieve Programs of their obligation to comply with any other applicable state or federal statutory or regulatory requirements or requirements set forth in their contracts with state



agencies. Whenever possible, these other statutory, regulatory, and contractual requirements shall be construed in a manner that is consistent with the Compliance Requirements.

(1) Any employee of the Department may, at any reasonable time, visit and inspect any funded Program or any facility that is operated by a Program subject to funding approval by the Department, in order to determine whether such facility or Program is being operated in compliance with the Compliance Requirements. Any employee of the Department may make oral and/or written inquiries to determine whether a funded Program is being operated in compliance with the designated Compliance Requirements.

(2) An employee of the Department may visit and inspect any facility that is operated by a funded Program upon receipt of a complaint or allegations regarding compliance with the Compliance Requirements. Such visits will be conducted at any reasonable time, in order to determine whether any child is in jeopardy and/or whether such Program is being operated in accordance with any Compliance Requirements applicable to such Programs.

(3) The Designated Administrator shall make available any information requested by the Department to determine compliance with any requirements applicable to funded Programs, by providing access to the facilities, records, staff and references.

(b) Whenever the Department finds, upon inspection or through information in its possession, that a funded Program and/or the facilities used to provide subsidized child care is not in compliance with the Compliance Requirements, the Department may require the Designated Administrator to correct any non-compliances, as specified in a Corrective Action Plan.

(1) The Corrective Action Plan shall include a statement of observations and indicate which Compliance Requirements the Program has not complied with. The correction order shall prescribe the time period for correction, which shall be reasonable, depending on the nature of the non-compliances cited and the time required for corrections.

(2) Upon expiration of the time frame prescribed in a correction order, a duly authorized employee of the Department will determine compliance with such order by visiting the facility used to provide subsidized child care, reviewing documents, and/or verifying compliance through whatever other means the Department deems suitable.

(3) The Department may revoke the funded Program's eligibility for funding in the event that significant non-compliance with these Compliance Requirements are identified, or the funded Program fails to correct identified non-compliances within the specified time period.

(c) The Department shall make public the results of monitoring and inspection reports related to provider compliance and/or violations of CCDBG requirements and EEC policies.