606 CMR 3.00: STANDARDS FOR THE LICENSURE OF RESIDENTIAL PROGRAMS SERVING RESIDENTS AND YOUNG PARENTS

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3.01: Introduction

606 CMR 3.00 is adopted in accordance with M.G.L. c. 15D, which declares it to be the policy of state government to assure every child a fair and full opportunity to reach their full potential. In order to fulfill its mandate as the agency responsible for licensing residential programs that serve children, the Department of Early Education and Care has developed specific standards for these residential programs to provide this opportunity to the residents they serve.

The nature and scope of 606 CMR 3.00 are based on the belief that every aspect of a program's operation affects both the residents in its care and their families. The philosophy, administrative policies, staff, training and professional development, physical facility, and clinical, recreational, and educational services, all contribute to a resident's everyday living environment and thus shall maintain a level of quality that promotes healthy development. While acknowledging the variety of residential program types, including group care, temporary shelter, Hardware Secure Settings, transition to independent living, and programs serving young parents, 606 CMR 3.00 identifies, to the fullest extent possible, the standards and practices necessary to fulfill the following general goals:

(1) to ensure that a residential program does not discriminate in providing services to residents and their families on account of race, color, sex, gender, including gender identity, religion, national origin, immigration or citizenship status, disability, sexual orientation, or any other protected category under Massachusetts or federal law.

(2) to provide each resident with services that meet their immediate, short-term needs, including those related to emotional and physical health, nutrition, individuality, and interactions with peers and adults, in addition to services that meet the resident's long-term needs;

(3) to meet each resident's needs for safety, space, comfort, privacy, dignity, and community;

(4) to provide each resident with the least restrictive, individualized supports necessary to promote their safety and the safety of others, and their optimal well-being, growth, and development;

(5) to assist the placement agency or referral source in ensuring that a permanency plan for each resident is identified and remains an important component of treatment in all settings;

(6) to provide each resident with services, educational opportunities, independent living skills, where applicable, and supports in a safe, nurturing environment, including on a long-term basis when there is no reunification with family;

(7) to support the removal of barriers to health, safety, and well-being;

(8) to support staff professional development, career advancement, and retention through orientation, education and training, and ongoing supervision; and

(9) to ensure that all persons successfully complete and maintain a current background record check, as required by federal and state laws and 606 CMR 14.00.

3.02: Definitions:

(1) General Definitions. As used in 606 CMR 3.00, the following words shall have the following meanings unless the context plainly indicates otherwise.

Age-appropriate. Consistent with a resident's age and age-related stage of physical, intellectual, and emotional growth and development.

Chief Administrative Officer. The program manager designated by the licensee who is responsible for the day-to-day functions of the program, administrative supervision, oversight, and operation of the program, alignment with program goals, the protection of the health and safety of residents in the program's care, and who is duly authorized to act as an agent of the licensee.

Consent. An agreement by a parent or guardian, who has been fully informed of the information relevant to the activity for which agreement is sought, in their preferred language or other mode of communication, that the parent or guardian understands and agrees in writing to the program's carrying out of the activity, and understands that the granting of consent is voluntary and may be revoked at any time. The consent describes the activity and lists the records (if any) which will be released and to whom. In seeking parental or guardian consent to the proposed use of any specific behavior support practice, including restraint or seclusion, a licensee shall not condition admission or continued enrollment in any residential program licensed by the Department upon such consent.

Culturally Responsive. The ability to understand and be responsive to the diverse cultural backgrounds of the residents and families being served.

De-escalation. Non-intrusive, supportive methods of intervention used in a potential crisis situation to prevent an increase in a significant behavioral event, reduce the intensity of a potentially volatile situation, restore baseline behavior, and decrease the need for more restrictive methods to maintain safety.

Department. When unmodified, the Department of Early Education and Care.

Developmentally Appropriate. Consistent with a resident's physical, emotional, social, cultural, and cognitive development, based on the resident's age and family background and the resident's personality, learning style, and pattern and timing of growth.

Disability. As defined by the Department of Elementary and Secondary Education in 603 CMR 28.02: *Special Education*.

Group Care Program. A program that provides care and custody for one (1) or more residents by anyone other than a relative by blood, marriage or adoption on a regular twenty-four (24)-hour a day, residential basis. Group care program includes but is not limited to programs serving young parents thirteen (13) years of age and older; transition to independent living programs; private residential schools that provide services to residents with disabilities, as defined by the Department of Elementary and Secondary Education in 603 CMR 28.02, in which residents with disabilities 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 camp for children, as defined by 105 CMR 430.020; a hospital, ward or comprehensive center, including an intensive residential treatment program, licensed under M.G.L. c. 19, § 19 or M.G.L. c. 19B, § 15; a hospital, ward or comprehensive center operated by the Commonwealth; a hospital, 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 residents other than drug dependent residents and residents in need of immediate assistance due to the use of a dependency related drug; or private residential schools except those providing services to residents with disabilities.

Hardware Secure Settings. A Department of Youth Services or provider-operated facility characterized by locked entrances and exits and other physically restrictive construction that typically includes locked bedrooms as well as procedures that are intended to prevent a youth from departing without the approval of the Department of Youth Services.

3.02: continued

Licensee. Any person holding a license issued by the Department.

Mechanical Restraint. The use of any physical device or equipment to restrict a resident's freedom of movement. Mechanical restraint does not include devices implemented by trained program personnel or utilized by a resident that have been prescribed by an appropriate medical professional or related professional services and are used for the specific and approved positioning or protective purposes for which such devices were designed. Examples of devices that do not constitute mechanical restraints include: adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; vehicle safety restraints when used as intended during the transport of a resident in a moving vehicle; restraints for medical immobilization; or orthopedically prescribed devices that permit a resident to participate in activities without risk of harm.

Medication Restraint. The administration of medication for the purpose of temporarily controlling behavior. Medication prescribed by a licensed physician or practitioner and authorized by the parent or guardian or a court of competent jurisdiction for administration in the program setting is not considered medication restraint.

Parent or Guardian. A resident's parent(s), legal guardian(s), or person(s) or agency authorized to act on behalf of the resident in place of or in conjunction with the parent(s) or legal guardian(s).

Permanency. A resident achieving a safe, stable, and permanent family. Priority shall be reunification with the resident's parent or guardian. If such reunification is not possible, the preferred permanency plans for a resident are (1) adoption, (2) guardianship, (3) care with kin, or (4) an alternative planned permanent living arrangement. The goal is to ensure every resident has a lifelong, caring adult connection and a stable permanent family in the least restrictive setting possible.

Physical Escort. A temporary touching or holding, without the use of force, of the hand, wrist, arm, shoulder, or back for the purpose of inducing a resident who is agitated to move to a safe location.

Physical Restraint. The use of direct physical contact that prevents, or significantly restricts, a resident's freedom of movement. Physical Restraint does not include providing brief physical contact, without force, to promote resident safety or limit self-injurious behavior, providing physical guidance or prompting when teaching a skill, redirecting attention, providing comfort, or a physical escort.

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 to provide custodial care and social services to residents, which receives by agreement with a parent or guardian, by contract with a state agency, or as a result of court order or referral by a court of competent jurisdiction, any resident for placement in family foster care, a residential program, or for adoption.

Prone Restraint. A physical restraint in which a resident is placed face down on the floor or on another surface, with physical pressure applied to the resident's body to keep the resident in the face down position. Prone Restraint does not include temporary prone positioning used by the Department of Youth Services, as a secondary tactic for handcuffing a resident.

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

Release. Ending a physical restraint hold on a resident.

Resident. Any person residing in a residential program who is younger than eighteen (18) years of age for part or all of a calendar year or younger than twenty-two (22) years of age if that person has a disability.

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

3.02: continued

Restraint. The use of any force, physical device, or medication as a means to temporarily control behavior.

Restraint Coordinator. Licensee or staff member responsible for oversight of all matters related to restraint, including but not limited to, documentation of training; ensuring that restraint is only employed when necessary; and data collection, analysis, reporting, and review.

Restraint Debriefing. Interactions between staff and a resident after a resident has been restrained, designed to assist the staff and resident in reviewing the behavioral incident, with the goal of minimizing the need for future restraint.

Restraint Monitoring. In-person direct observation of the physical, verbal, and behavioral responses of a resident while being restrained for signs of distress or signs of return to baseline behavior.

Seclusion. The involuntary confinement of a resident alone in a room or area, with or without adult supervision, from which the resident is not permitted to leave as detailed in 606 CMR 3.07(8). The term does not include: any environment where, as a general rule, all residents need permission to leave the room or area; a behavior support technique that is part of the program's designated procedures for behavior support which involves the monitored separation of a resident in an unlocked setting, from which the resident is allowed to leave and has been implemented for the purpose of calming; the resident's voluntary decision to separate themself from the group; or permissible actions used by the Department of Youth Services as described in 606 CMR 3.07(8)(d).

Statement of Purpose. A written description submitted by a licensee subject to approval by the Department that clearly outlines the program's mission, intended service population, treatment model, and scope of services.

Temporary Shelter Program. Any program which operates to receive residents for non-permanent shelter care during the day or night, if such residents request shelter therein or when such residents are placed there by a placement agency, parent or guardian, law enforcement agency, or court with authority to make such placement. A placement that exceeds 45 days or, in the case of placement in a Hardware Secure Settings facility, 90 days, no longer meets the definition of a temporary shelter program. Temporary shelter programs shall not include family foster care settings, group care facilities, police stations, or regional or town lockups.

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

Transitional Housing Program Serving Young Parents. A program for young parents thirteen (13) years of age or older who reside in a structured setting that includes educational, social-emotional, and health services, including clinical care and life skill development, that promotes dignity and successful transitions to independent living and parenting. The program shall require a young parent to reside with their children.

Trauma-Informed and Responsive Care. A comprehensive approach to care and service delivery that recognizes the prevalence and impact of trauma on residents and families and integrates this understanding into all aspects of care, programming, and organizational culture. Trauma-informed and responsive care is grounded in principles of safety, trust, collaboration, empowerment, healthy relationships, and respect for diversity. For the purposes of these regulations, trauma-informed and responsive care is not a specific clinical treatment, but a universal framework that guides how all services and supports are delivered, including the training and development of the workforce.

3.03: Licensure

(1) Licensure. Licensure is the process by which a program obtains a license from the Department to operate a residential program. The requirements in 606 CMR 3.03 apply to all residential programs. In order to provide all residents a fair and full opportunity to reach their full potential, the Department has developed specific requirements for residential programs to be licensed.

(2) An applicant to be a licensee must submit an application for a provisional license to operate a program.

(a) A new licensee who successfully holds a provisional license for six (6) months from the date of issuance may apply to renew the provisional license for six (6) months.

(b) A new licensee who successfully holds the renewed provisional license for six (6) months from issuance, may apply for a license.

(3) Existing or previous licensees must submit an application for license renewal.

(a) An existing or previous licensee opening a new program site who successfully holds a provisional license for six (6) months from the date of issuance, may apply for a license. The Department, in its discretion, may require the previous licensee to apply to renew the provisional license for six (6) months prior to applying for a license.

(4) Term of License.

(a) A provisional license shall remain in effect for six (6) months from the date of issuance and may be renewed once for no more than six (6) months, unless earlier revoked, suspended, or made probationary.

(b) A license shall remain in effect for two (2) years from the date of issuance, unless earlier revoked, suspended, or made probationary, except that a license shall remain in effect beyond its term until a license renewal study is completed and a determination is made by the Department on the status of the license where the licensee has filed a timely and sufficient application for renewal in accordance with M.G.L. c. 30A, § 13.

(5) The Department will review and evaluate the application materials for compliance with 606 CMR 3.00 to ensure that the care to be given in the program will protect the health and safety of the residents it serves.

(6) An applicant to be a licensee must demonstrate that they have a background, which in the judgment of the Department, is free of conduct which bears adversely on the applicant's ability to provide for the safety and well-being of residents.

(7) All applications shall be accompanied by the following documents, if applicable, which shall be reviewed by the Department for completeness and compliance with 606 CMR 3.00. All documents must be kept current, with any updates submitted to the Department for review in a format determined by the Department throughout the term of the license:

(a) Administration

1. a statement of purpose, as required by 606 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 606 CMR 3.04(2)(a)(2);
3. a projected one-year operating budget, and documentation of sufficient funds for at least three (3) months, as required by 606 CMR 3.04(4). 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. any agreements with the placement agency, purchaser of services, and parent or guardian, as required by 606 CMR 3.05(2)(d);
5. a plan regarding the confidentiality, storage, maintenance, portability, and preservation of resident records, in accordance with 606 CMR 3.09(1).

(b) Staffing

1. a description of the intended program staffing plan on a twenty-four (24) hours per day, seven (7) days per week basis, including the availability of administrative and/or clinical staff on an on-call basis, and four (4) weeks of projected staff schedules, as required by 606 CMR 3.07(2)(a)-(b);
2. an organizational table, as required by 606 CMR 3.04(2)(c);

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3. written job descriptions and staff qualifications, as required by 606 CMR 3.04(6)(c);
4. if the program utilizes volunteers, temporary, or staffing agency personnel, a plan for the use of such staffing, as required by 606 CMR 3.04(6)(f);
5. a plan for staff orientation and professional development as required by 606 CMR 3.04(7), including the required components of the plan.

(c) Investigations and Complaints

1. policies and procedures for internal investigation of abuse and neglect of residents served at the program, as required by 606 CMR 3.04(3)(f);
2. policies and procedures related to preventing, identifying, and reporting behavior related to sexual abuse, sexual grooming, and exploitation of residents, as required by 606 CMR 3.04(7)(c)(4)-(5) and 606 CMR 3.07(11);
3. policies and procedures regarding complaints and grievances, as required by 606 CMR 3.04(3)(i).

(d) Services

1. a plan for referral services, as required by 606 CMR 3.05(1)(j);
2. evidence of ability to comply with treatment planning, as required by 606 CMR 3.05(4)(c), including a copy of the resume of the individual holding the advanced degree;
3. a plan for family engagement, as required by 606 CMR 3.06(2)(a);
4. a plan for social, psychological, and psychiatric services, as required by 606 CMR 3.06(3);
5. a plan for meeting the emergency medical needs of residents and evidence of access to emergency mental health services for residents, as required by 606 CMR 3.06(3)(a) and 3.06(4)(a);
6. a plan for health services, as required by 606 CMR 3.06(4);
7. a plan for administration of medication, as required by 606 CMR 3.06(4)(j)(1);
8. a plan for educational services, as required by 606 CMR 3.06(5);
9. a plan for vocational preparation services, as required by 606 CMR 3.06(6);
10. a plan for recreational services, as required by 606 CMR 3.06(7);
11. a plan for follow-up/post-discharge services, as required by 606 CMR 3.05(7)(i);
12. a plan for nutritional services, as required by 606 CMR 3.07(6)(a);
13. policies and procedures related to behavior support, as required by 606 CMR 3.07(7);
14. policies and procedures for visitations, mail, telephones, and other forms of communication, as required by 606 CMR 3.07(10)(a).

(e) Health and Safety

1. policies and procedures related to missing and absent residents, as required by 606 CMR 3.07(11);
2. policies and procedures related to searches of residents and their rooms and belongings, including provisions for maintaining dignity during such procedures, as required by 606 CMR 3.07(12);
3. a plan for transportation, including documentation of insurance coverage, as required by 606 CMR 3.07(13);
4. a current Certificate of Inspection or Use and Occupancy Permit issued by the Office of Public Safety and Inspections (OPSI) or the local building inspector, as required by 606 CMR 3.08(1)(a);
5. documentation that the program is in compliance with Department of Public Health regulations at 105 CMR 410.000: *Minimum Standards of Fitness for Human Habitation (State Sanitary Code, Chapter II)*, as required by 606 CMR 3.08(1)(b);
6. documentation that the program has had a fire inspection from the local fire department, as required by 606 CMR 3.08(1)(c);
7. a plan detailing procedures for meeting potential emergencies as required by 606 CMR 3.08(2)(a);
8. documentation, if applicable, that the program is in compliance with Department of Public Health regulations at 105 CMR 460.100: *Lead Poisoning Prevention and Control*, as required by 606 CMR 3.08(4)(b);
9. a plan for monitoring resident safety around swimming areas, if applicable, as required by 606 CMR 3.08(5)(g);

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10. the applicant to be a licensee's completed Background Record Check (BRC) Consent Form or other evidence that demonstrates that the applicant's BRC is in process, pursuant to 606 CMR 14.00;
11. policies and procedures detailing the supervision of residents, including: the frequency of bed checks on overnight shifts; levels of increased supervision related to safety; and proper documentation required to verify completed supervision checks, as required by 606 CMR 3.07(1);
12. for programs using cameras/systems for surveillance or security purposes, policies and procedures related to use must be submitted in accordance with Department policy;
13. policies and procedures related to maintenance of the program's physical facility, in accordance with Department policy and consistent with the requirements of 606 CMR 3.08; and
14. a plan for roommate relations, risk of victimization, and other indicators for proper room placement, and procedures for emergency room changes for safety and well-being, in accordance with 606 CMR 3.07(3)(d).

(f) The applicant to be a licensee and the licensee must produce copies of other relevant documents, policies, and procedures, for review and approval, upon the Department's request.

(8) Variances. The Department, in its discretion, upon written request may grant a variance to the regulations contained in 606 CMR 3.04 through 3.10.

(a) An applicant to be a licensee or a licensee seeking a variance must submit to the Department any pertinent information for the Department to consider in reviewing the request. An applicant to be a licensee or a licensee must provide clear evidence to the satisfaction of the Department that the proposed procedure complies with the intent of the specific regulation and the intent of the regulations taken as a whole as set forth in 606 CMR 3.00.

(b) A variance shall remain in effect for a duration of the license term, unless the Department receives or finds evidence that the terms of the variance have been violated.

(9) Pilot or Demonstration Projects. Proposals for pilot or demonstration projects for the innovative delivery of services related to programs will be considered by the Department upon written request. No project shall be implemented without prior written approval of the Department. The Department may require that specific proposals include an evaluation component to determine the effectiveness, appropriateness, ethical components, and overall safety 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. Approval can be revoked at any time if the Department finds that the conditions of the approval have been violated or if the Department believes that the pilot/project should cease due to concerns regarding efficacy, appropriateness, ethical contraindications, or overall safety.

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, as well as the characteristics of the residents served, approach to staff professional development and training, intake procedures, support services offered, and discharge procedures. 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, services shall be identified by site. The statement shall be kept current and publicly posted at each site in a conspicuous location and on any program website.

(a) The licensee shall identify goals and objectives of the program, including general and specific short and long-term program goals, which set forth that the primary purpose of each program shall be to provide residents with services to meet their immediate and basic needs and to foster the optimal growth, well-being, and individual development of the residents in its care.

(b) The licensee shall identify goals and objectives for the training, support, professional development, and retention of staff as appropriate to its workforce and to the population of residents served.

(c) The licensee shall identify and define how it will facilitate, whenever possible, the reintegration of the residents in its program into the families or communities from which they came, or when necessary, into appropriate long-term placements in new families or communities.

(d) The licensee shall identify the characteristics of residents to be served, as reflected in the program's eligibility criteria, and must be consistent with the funding agency contractual obligations, and shall include identification where applicable, by:

1. age range;
2. gender, including gender identity;
3. LGBTQIA+ status;
4. residency;
5. developmental ability and/or grade level;
6. physical development and/or health status;
7. social-emotional behavior and clinical profile;
8. custody or guardianship status;
9. level of family involvement;
10. significant past and/or active history of behavior challenges; and
11. past or active history of trauma and/or abuse.

(e) The licensee shall provide evidence that it has evaluated its overall program related to the stated goals and service delivery. Subsequent written evaluations shall be required annually for review by Department and include specific data related to the program's general effectiveness.

(f) The Department, in its discretion, may request additional information or data related to a program.

(g) The licensee shall have a process in place for providing the overseeing body and/or advisory board, which may include a Board of Directors, with a summary that includes, at a minimum, on an annual basis, the following information:

1. licensing renewal visits, including any citations;
2. monitoring visits, including any citations;
3. investigations, including any citations;
4. restraint and seclusion data; and
5. data or additional information that the Department, in its discretion, requires to be shared with the overseeing body and/or advisory board.

(h) Annual written evaluations, as required by 606 CMR 3.04(1)(e), must be submitted annually to the overseeing body and/or advisory board and made available to the Department upon request.

(2) Organization.

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

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.

3.04: continued

2. A private program shall maintain documents that identify its ownership and business structure (e.g., corporation, partnership, association, or sole proprietorship) and name 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 the Commonwealth or any political subdivision of the Commonwealth.

(b) Each licensee shall designate one person as its chief administrative officer.

(c) Each licensee shall maintain an organizational table showing the administrative structure of the program, including lines of authority, responsibilities, and staff qualifications and assignments. Each licensee upon admission and whenever requested shall familiarize residents and families served with the organization of the program.

(d) Multiple licenses for the same space are not permitted; nor can the licensee combine licensed and unlicensed programs within licensed space.

(e) Each program, unless directly operated by the Department of Youth Services, shall have an overseeing body and/or advisory board, which may include a Board of Directors, of at least four (4) persons familiar with the population that the program serves and the alternatives to residential care. The advisory board shall include at least three (3) persons who are not employees, family members of employees, or family members of the licensee, and at least one (1) person who: has a minimum of one (1) year of direct experience working with the population served, has received services in a residential program, or is or has been a parent or guardian of a resident who has received services in a residential program. If the program's Board of Directors meets these requirements, the Board may function as the program's advisory board.

1. The advisory board shall make recommendations on the program's policies regarding program structure, program evaluation, personnel, workforce development and support, and human rights, with a central focus on quality of resident life and outcomes. The program shall document the reason for any differences between the advisory board recommendations and program activities.

2. The advisory board shall meet at least annually, or as often as necessary to meet the above purpose.

3. Copies of the minutes of the advisory board meeting shall be maintained for a minimum of four (4) years and shall be provided upon request to the Department.

(f) Each residential program which utilizes restraint shall have a restraint safety committee comprised of a licensee's residential staff, clinical staff, and the designated restraint coordinator. The restraint safety committee shall meet at least monthly to review restraint data and resident and staff safety information.

(3) Administration

(a) The chief administrative officer shall be identified to all staff and all employees on duty shall know who on the premises is responsible for administrative supervision of the program at all times.

(b) The chief administrative officer, in conjunction with the advisory board, shall establish clear policies and procedures for the services provided to residents; ensure employees are notified of, trained in, and follow such policies and procedures; and ensure that employees receive adequate supervision and support.

(c) Each licensee shall establish a system of business management and staffing to ensure that the program maintains complete and accurate accounts, books, and records, including required financial, personnel, and records of residents served.

(d) Separate financial accounts shall be established for funds belonging to residents 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.

2. At the time of the resident's discharge or transfer, unspent funds shall be returned to the resident or dispersed in accordance with applicable state or federal laws and instructions from the placement agency or referral source.

3. Documentation related to proper administration of funds belonging to residents served at the program, including the accounting of all expenditures, shall be provided upon request to the resident, parent or guardian, representative, representative payee, or the Department.

4. Records shall be maintained for a period of seven (7) years after a resident has left a program.

3.04: continued

(e) In programs serving young 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 606 CMR 3.04(3)(d).

(f) The licensee shall develop and follow procedures for conducting internal investigations within the program. Such procedures are to be used when there are any suspected incidents of abuse or neglect including, but not limited to, incidents within the program reported to the Department of Children and Families pursuant to M.G.L. c. 119, § 51A or to the Disabled Persons Protection Commission pursuant to M.G.L c. 19C, or upon request of the Department. The procedures shall include:

1. timelines for conducting and completing the investigations;
2. the standard format to be used for investigation reports;
3. provisions for communicating and coordinating with the Department, the Department of Children and Families, the Disabled Persons Protection Commission, and other external entities authorized to conduct investigations prior to initiating any internal investigations;
4. the process for designating persons responsible for conducting the investigation; and
5. the process for reviewing the investigation report and for taking corrective action if necessary.
6. The licensee shall have a written plan for staff to file a report of abuse or neglect with the Department of Children and Families, pursuant to M.G.L. c. 119, § 51A, or the Disabled Persons Protection Commission, pursuant to M.G.L. c. 19C. 19C. Additionally, for staff of programs serving young parents, the plan shall include guidelines for reporting abuse or neglect of children by young parents and abuse or neglect of young parents younger than eighteen (18) years of age by their caregivers.

(g) The licensee shall have a written plan for notification of the Department, as well as any other state agency or referral source that requires such notification, immediately and no later than twenty-four (24) hours after learning that a M.G.L. c. 119, § 51A or M.G.L. c. 19C report has been filed alleging abuse or neglect of a resident at the program or during program activities, including those alleging parental abuse or neglect of a child who resides at the program together with their young parent.

(h) The licensee shall implement a procedure for documenting and reporting serious incidents including, but not limited to, significant behavioral events, missing or absent residents, serious injuries or accidents, property destruction, medication errors, and medical and other emergencies. The procedure for documenting these incidents shall include a review of the report by the chief administrative officer or designee. The report shall include:

1. the name of the resident;
2. the names and positions of staff involved;
3. the date and time of the incident;
4. the location of the incident;
5. the observed emotional status and/or general behavior of the resident at the time of the incident just prior to the incident and immediately following the incident;
6. a description of the circumstances at the time of the incident, including events immediately preceding the incident;
7. a detailed description of the response to the incident, including the outcome and any method of intervention;
8. signed statements or acknowledgment of review and agreement of statements of others, including by electronic signature, by all staff who witnessed or were involved in the incident;
9. signed verification, including by electronic signature, that the report and supporting documents and information, were reviewed by the chief administrative officer or designee;
10. serious incidents involving the use of physical restraint, consistent with the requirements of 606 CMR 3.04(3)(h) shall also include:
    a. a description of the resident's behavior support plan and whether or not it was followed in response to the incident, and if not, why not;
    b. a description of the procedures and interventions implemented by staff to de-escalate the situation and any attempted alternatives to physical restraint;
    c. the justification for the use of physical restraint;
    d. a description of the type of physical restraint procedures implemented, including a notation of what level of restrictiveness the restraint reached (standing, sitting, floor);

3.04: continued

e. documentation that restraint monitoring of the resident occurred during the restraint, in accordance with 606 CMR 3.07(7)(h)(18);
f. documentation of approval for continuation of the restraint lasting longer than 20 minutes, if applicable, in accordance with 606 CMR 3.07(7)(h)(17);
g. documentation of review of the restraint with the resident following the restraint;
h. documentation of any injury, including photographs, to the resident and any medical care provided;
i. documentation of opportunities for the resident's parent or guardian to discuss the administration of the restraint, unintended consequences resulting from the event, and/or any changes to the behavior support plan,
j. documentation that a resident that was physically restrained was offered the opportunity to comment in writing regarding the incident as soon as possible, but no later than twenty-four (24) hours from its occurrence, which shall be attached to the incident report.

(i) The licensee shall have written grievance policies and procedures regarding the receipt of, consideration of, and response to all complaints and grievances, from staff, parents or guardians, residents, or others, regarding the resident's care. The procedures must include a mechanism to inform the complainant of the results of the response.

1. The licensee shall distribute the written grievance policies and procedures to residents and parents or guardians prior to admission and upon request while the resident is residing at the program, and to staff during the initial orientation period.
2. The licensee shall maintain written records of all responses resulting from the grievance policies and procedures.

(j) The licensee shall provide a telephone number and a system for emergency assistance to parents or guardians and to current residents while they are away from the program. This system shall be in place on a twenty-four (24) hours per day, seven (7) days per week basis.

(k) The licensee may not discriminate in providing services to residents and their families on account of race, color, sex, gender, including gender identity, religion, national origin, immigration or citizenship status, disability or sexual orientation, or any other protected category under Massachusetts or federal law.

(l) 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 licensee shall demonstrate sustainable financial viability to carry out the program for the licensing period, except that programs which have not previously operated shall demonstrate such viability for at least a three (3)-month period.

(a) The licensee shall keep and maintain an accurate record of receipts and expenditures which shall be audited annually. The licensee shall provide a copy of the completed annual audit to the Department upon request.

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

(c) An applicant to be a licensee for a regular two (2)-year license shall submit evidence of the rate approved by the Commonwealth for the provision of services, if applicable.

(5) Required Notifications.

(a) The licensee shall immediately and no later than twenty-four (24) hours after the event notify the Department of any fire or other emergency which requires the evacuation of the program and results in the need to seek other shelter.

(b) The licensee shall immediately and no later than twenty-four (24) hours after notice notify the Department of any intent to change or any change in ownership, corporate officers, the designated person holding an advanced degree overseeing treatment planning, or the chief administrative officer.

(c) The licensee shall immediately and no later than twenty-four (24) hours after notice notify the Department in writing upon receipt or notice of the initiation of civil, criminal, or administrative action against the licensee or any person employed by the licensee regarding the care of residents and young parents in the program.

3.04: continued

(d) The licensee shall immediately and no later than twenty-four (24) hours after notice notify the Department, and any other state agency or referral source, if applicable, upon learning that a report has been filed pursuant to M.G.L. c. 119, § 51A or M.G.L. c. 19C alleging abuse or neglect of a resident at the program or during program activities, including those alleging parental abuse or neglect of a child who resides at the program together with their young parent.

1. A report of abuse or neglect shall initiate an investigation by the Department and may subject the program to further action by the Department, other state agencies or referral sources, and the District Attorney.
2. If a report is filed pursuant to M.G.L. c. 119, § 51A with the Department of Children and Families, naming a program employee, a member of the residential staff, or any other person with unsupervised access to the residents, as the alleged perpetrator of abuse and/or neglect, the licensee shall prohibit this individual from having unsupervised contact with residents in the program until the Department of Children and Families has completed its investigation and has determined that the allegations are unsupported and the Department has determined that the individual against which the allegations were filed may resume their normal duties.
3. If a report is filed pursuant to M.G.L. c. 19C with the Disabled Persons Protection Commission, naming a program employee, a member of the residential staff, or any other person with unsupervised access to residents, as the alleged perpetrator of abuse, the licensee shall prohibit the individual from having unsupervised contact with residents until the Department has determined that the individual against which the allegations were filed may resume their normal duties.
4. The licensee shall cooperate in all official investigations of abuse or neglect, including identifying parents or guardians of residents currently or previously enrolled in the program who may have information regarding the subject of the investigation.
5. As a result of regulatory violations involving health and safety, the Department may in its discretion require a program to use or modify their video surveillance.

(e) The licensee shall immediately and no later than twenty-four (24) hours after notice notify the Department of a missing or absent resident from a Hardware Secure Settings facility.

(f) In the event of serious illness or injury, the licensee shall notify, as soon as reasonably possible, the Department, the resident's parent or guardian, the referral source, and the Department of Elementary and Secondary Education, when applicable.

(g) In the event of a communicable disease listed as reportable under Department of Public Health regulation 105 CMR 300.000: *Reportable Diseases, Surveillance and Isolation and Quarantine Requirements*, the licensee shall immediately and no later than twenty-four (24) hours after notice notify the Board of Health, the Department of Public Health, and the Department.

(h) In the event of a serious injury to a resident resulting in hospitalization, an incident involving a police response, fire, or emergency services personnel, or an incident involving firearms or dangerous weapons, the licensee shall immediately, or as soon as reasonably possible, notify the Department, the resident's parent or guardian, the referral source, and the Department of Elementary and Secondary Education, when applicable. The licensee shall prepare and submit a written report regarding the incident upon request by the Department.

(i) In the event of a resident's death, the licensee shall immediately and no later than twenty-four (24) hours after the death notify the resident's parent or guardian, the referral source, the Department, and the Department of Elementary and Secondary Education, when applicable. The licensee shall cooperate with arrangements for examination, autopsy, and burial or cremation. In the event of an unexpected death, the licensee shall immediately and no later than twenty-four (24) hours after the death notify the local police before completing other notifications. The licensee shall cooperate in all official investigations involving the death of a resident and shall otherwise follow the requirements of M.G.L. c. 119 § 51A or M.G. L. c. 19C, when applicable, and all other state or federal laws.

(j) The licensee shall immediately and no later than twenty-four (24) hours of notice notify the Department and submit a plan for corrective action if, during the period of licensure, the program is unable to renew its health, building, or fire inspection certificates.

3.04: continued

(k) The licensee shall submit to the Department any substantial change in the program, its statement of purpose, physical facility, staffing plan, population served services offered, or policies for review prior to implementation.

(l) The licensee shall submit to the Department a quarterly report in a Department approved format setting forth data related to:

1. The use of restraints and any injuries related to their use in the program; and
2. The use of seclusion as provided in 606 CMR 3.07(8)(a)-(c).

(6) Personnel.

(a) The licensee shall ensure and have written documentation that all persons working in the program have satisfactorily completed all background record checks required by state and federal law, in accordance with 606 CMR 14.05: *Candidate Categories and Applicable Background Checks*.

(b) The licensee shall have written personnel policies and procedures, which shall include a description of:

1. criteria and procedures for hiring, orientation, and professional development;
2. training, assignment, promotion, probation, suspension, or dismissal of an employee;
3. the procedure for handling staff complaints; and
4. expectations about the use of mobile phones or other electronic devices by staff when interacting with residents.

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

(d) The licensee shall obtain evidence that personnel are currently certified, licensed, or registered, when required by applicable laws.

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

1. a resume or completed job application;
2. copies of degrees, certifications, licenses, and/or registrations where applicable;
3. documentation of the performance of reference checks, including signature and name of person attesting to the performance of reference checks, provided by former employers or other persons who have knowledge of the individual's work experience and/or education;
4. documentation of a successfully completed background record check as required by 102 CMR 1.05: *Disqualifying Background Information* and 606 CMR 14.00: *Criminal Offender and Other Background Record Checks*;
5. documentation of completion of required trainings, including physical restraint training, as required by 606 CMR 3.04(7)(e);
6. annual written evaluations as required by 606 CMR 3.04(8)(a); and
7. documentation of any past or current disciplinary actions or investigations.

(f) If volunteers, temporary, or staffing agency personnel are utilized, the licensee shall describe in writing its plan for how such persons will be utilized in the program. The licensee shall have evidence of each volunteer, temporary, or staffing agency personnel's compliance with 102 CMR 1.05: *Disqualifying Background Information* and 606 CMR 14.00: *Criminal Offender and Other Background Record Checks*, and at least one (1) reference check shall be conducted and documented for each volunteer, temporary, or staffing agency personnel.

1. Volunteers, temporary, or staffing agency personnel shall be chosen for their qualifications and ability to meet the service needs of the residents in the program.
2. The licensee shall utilize volunteers, temporary, or staffing agency personnel only in conjunction with a documented supervision and training plan. Prior to any contact with residents in the program, each volunteer, temporary, or staffing agency personnel must receive training that includes training appropriate for maintaining their own safety and the safety and well-being of the residents they will be working with and documented completion of training curricula regarding their mandated reporter status and the laws and regulations associated with being a mandated reporter.

3.04: continued

(7) Orientation and Professional Development.

(a) The licensee shall develop and implement a comprehensive employee orientation and professional development program appropriate for the services provided by the program to meet the individual and collective needs of the residents served. Orientation elements may be combined with initial trainings but shall not be counted towards the ongoing training requirements. The professional development program shall support the program's statement of purpose and promote the individual development and advancement of staff knowledge, skills, and competencies necessary for staff to perform their assigned duties in accordance with 606 CMR 3.00, 102 CMR 1.00, and M.G.L. c. 119, §§ 10 and 51A, and, where applicable, M.G.L. c. 19C.

(b) Training Curriculum. The licensee shall develop a written training curriculum that reflects the program's statement of purpose, the commitment to staff ongoing professional development, and the needs of the residents served. The curriculum shall support the initial and ongoing development of staff knowledge, skills, and competencies necessary for staff to perform their duties in accordance with 606 CMR 3.00, 102 CMR 1.00, and M.G.L. c. 119, §§ 10 and 51A, and, where applicable, M.G.L. c. 19C.

1. The training curriculum shall include all Department-required training content.
2. The licensee shall make available to the Department upon request, the program's training curriculum for all topics required by 606 CMR 3.00 or Department policy.

(c) Initial Training Requirements. Initial training shall include support for the ongoing development of the knowledge, skills, and competencies necessary for staff to perform their duties in accordance with 606 CMR 3.00, 102 CMR 1.00, and M.G.L. c. 119, §§ 10 and 51A, and, where applicable, M.G.L. c. 19C. Prior to unsupervised contact with residents, initial training must include:

1. an overview of the population(s) served, including familiarization with the program's statement of purpose;
2. signs and symptoms of emotional and/or behavioral disturbance or distress, including suicidal ideation;
3. signs and symptoms of drug use and/or overdose, alcohol use and/or intoxication, and associated medical emergencies;
4. indicators of sexual abuse or sexual grooming behavior;
5. procedures for preventing, identifying, and reporting incidents of abuse and neglect, including suspected sexual grooming behavior or sexual abuse;
6. the program's emergency and/or evacuation procedures;
7. training in universal precautions and infection control procedures;
8. policies and procedures regarding missing or absent residents;
9. policies and procedures related to behavior support;
10. training specific to the needs of the population(s) served, including but not limited to: trauma informed and responsive care, information related to serving the LGBTQIA+ community, cultural awareness, responsiveness, competence, and family engagement; and
11. professionalism and boundary awareness.

(d) Ongoing Training Requirements. The licensee shall ensure that all staff complete a minimum number of hours of ongoing training and professional development per year: twenty-four (24) hours for full-time staff and twelve (12) hours for part-time staff. Ongoing training and professional development shall:

1. Be relevant to the populations served, the size and scope of the program, and the staff's roles and responsibilities;
2. Include refreshers in all required training topics under 606 CMR 3.00 and applicable law;
3. Include updates necessary to maintain current certifications in CPR, First Aid, and other required areas; and
4. Be documented in the personnel record of each staff member.

(e) Physical Restraint Training.

1. No employee shall conduct a physical restraint until they have successfully completed the required behavior support/restraint training.
2. In any program that utilizes physical restraint, the licensee shall provide ongoing staff training of a minimum of eight (8) hours per year of refresher training on the topic.

3.04: continued

(f) Medication Administration Training. No employee may participate in any medication administration procedures prior to receiving training and/or certification where required.

(g) Additional Trainings.

1. Each residential staff person shall be certified in CPR and First Aid within three (3) months of hire prior to participating in any CPR/First Aid procedures.

2. The licensee shall provide residential staff with quarterly training on safety procedures, as provided by 606 CMR 3.08(2)(d).

(8) Supervision. The licensee shall ensure that all residential and clinical staff are supervised by a staff person with experience appropriate for the goals of the program and the responsibilities of the staff supervised. The licensee shall require residential and clinical staff to have regular, scheduled conferences with the assigned supervisor regarding needs of the residents and methods of meeting those needs. Supervision shall include written evaluations, at least annually, of all residential and clinical staff.

(a) Annual written evaluations shall consider the individual's job performance, including any complaints or allegations of misconduct, implementation of restraints if applicable, attendance, and compliance with ongoing training and professional development, goals, and objectives, related to opportunities for advancement and retention, and the individual’s ability to show competency in implementing resident’s treatment plans.

(b) Copies of evaluations shall be maintained in a staff’s personnel record and shall be available to them upon request.

3.05: Intake, Treatment and Discharge Planning

(1) Eligibility for Admission.

(a) Each licensee shall establish written eligibility criteria for admission to the program and shall make such criteria available upon request. The program shall only admit residents who meet the criteria outlined in its statement of purpose.

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

(c) With exceptions for emergency admissions, the licensee shall only admit residents who have required intake information, including, at minimum: current and past treatments, current and past placements, current medications, medical status and clearance, any information related to past and current mental and behavioral health symptoms and status, past or active history of trauma and/or abuse, and current familial and community supports in place. If, in the case of emergency, information is not received at intake from the referral source, the information must be requested by the program by the next business day, and the request must be documented in writing. With exceptions for emergency admissions, the licensee shall only consider residents for admission who have current evaluations completed by a qualified professional covering behavioral, physical, emotional, social, and intellectual factors, as well as any known history of trauma and/or abuse, and provide enough information for the licensee to determine if the resident's needs are within the scope of the licensee's ability to serve and support the resident.

(d) Temporary shelter programs may admit residents on their own request for up to seventy-two (72) hours. In order to provide services to a resident beyond seventy-two (72) hours, a program must obtain written consent of the parent or guardian, a court order, or a written agreement with a placement agency.

(e) Prior to or as soon as possible after admission, the licensee shall seek and document recommendations for a resident from any prior placements regarding effective and ineffective behavior de-escalation and crisis management strategies, antecedent management strategies, and identified or known triggers to crisis behavior.

(f) Programs serving young parents or transition to an independent living program may serve a resident who is younger than eighteen (18) years of age upon a self-referral of the resident.

(g) 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.

(h) Each temporary shelter program shall be available for emergency admissions on a twenty-four (24) hours per day, seven (7) days per week basis.

(i) For emergency admissions or admissions for purposes of evaluation, the licensee shall make appropriate and adequate provisions to meet the requirements of 606 CMR 3.05(1)(e), (f), and (g) as soon as possible after admission, provided that the licensee shall initiate the admission evaluation within one (1) week after admission.

(j) A temporary shelter program shall have a written plan for providing referral services to residents who cannot be admitted because the program has reached its licensed capacity or because characteristics of the resident or the temporary shelter program make it inappropriate to admit the resident. 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 their parent 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 seventy-two (72) hours, make the following written materials available to the resident and their parent or guardian, in their preferred language, and consistent with the resident's capacity to understand.

1. Statement of purpose, as specified in 606 CMR 3.04(1);
2. Eligibility criteria, as specified in 606 CMR 3.05(1)(a);
3. Emergency assistance system, as specified in 606 CMR 3.04(3)(j);
4. Program grievance procedures, as specified in 606 CMR 3.04(3)(i);
5. Name of the case manager, as specified in 606 CMR 3.06(1);
6. Program expectations for behavior support, as specified in 606 CMR 3.07(7)(a);

3.05: continued

7. Policies on visitation, mail, telephone, including mobile phone, and other electronic communications, as specified in 606 CMR 3.07(10)(a); and
8. Search policy, as specified in 606 CMR 3.07(12).

(c) The licensee shall establish procedures to prepare the staff and residents for the newly admitted resident's arrival and shall provide staff with appropriate information to receive the resident and assist with their adjustment. This information shall include, at a minimum: reason for placement; current medical conditions, including known allergies; current behavioral and mental health status, including any past or active history of trauma and/or abuse and any known stressors or stimuli that may evoke a strong emotional response; any known LGBTQIA+ status and related considerations; information related to the resident's strengths, skills, interests, and hobbies; any known community connections and/or resources and those that should be restricted for safety; and specific instructions related to the individual needs of the resident, including a need for an individualized behavior support and/or crisis management plan.

(d) For residents in care longer than seventy-two (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 be individualized and make clear the following responsibilities:

1. The terms and methods for paying the resident's board and other specific necessary items, such as personal articles or medically recommended devices outlined in 606 CMR 3.06(4)(g);
2. The details related to the provision of direct services, including social, medical, psychological and psychiatric and/or counseling services to be provided to the resident and their 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 as indicated in the placement agreement and outlined in 606 CMR 3.05(2)(d)(4);
5. Arrangements for family visits and other contacts between the resident and their friends, including specific information on any restrictions;
6. Responsibility for seeking judicial approval if required for administration of antipsychotic medication as required by 606 CMR 3.06(4)(j)(5)(d);
7. Responsibility for transportation of the resident;
8. Responsibility for follow-up services;
9. Circumstances under which the resident may be discharged; and
10. For residents admitted into a temporary shelter program, the dates of any service and discharge planning conferences.

(e) In programs serving young parents, a placement agreement shall be maintained on file for both the young parent and their child and adhere to the following guidelines:

1. the young parent and their child may be included in one (1) agreement;
2. the young parent may sign the placement agreement for their child unless custody or guardianship has been granted to another person;
3. if the young parent is sixteen (16) years of age or older, the young parent may sign their own placement agreement;
4. if the young parent is younger than sixteen (16) years of age, their 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 (1) 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 resident:

1. Assessment of resident's status related to medical, mental and behavioral health, physical well-being, severe psychological disturbance, suspected drug overdose, alcohol intoxication, and suicide risk that may require a higher level of care. If necessary, the licensee shall ensure that the resident is transported immediately to a hospital or facility equipped and prepared to handle that particular emergency situation;

3.05: continued

2. Identification and provision of basic needs including clothing, food, hygiene items, needs-specific durable medical or life-saving equipment, and medications which the licensee shall provide or arrange for at the time of intake.

3. The licensee shall store medical equipment and medications under proper conditions for sanitation, preservation, and security. All medications shall be kept in a secure manner (e.g., locked storage or in the controlled possession of the individual responsible for administering them). Medications requiring refrigeration shall be stored at temperatures of 36°F to 46°F in accordance with Massachusetts Board of Registration in Pharmacy guidance regarding proper storage of refrigerated and frozen medications.

4. Assessment and documentation of any medical condition, physical infirmity, or past or active history of trauma and/or abuse which may be contraindicative for the use of physical restraint procedures.

(d) The following services shall be provided and documented in the resident's record to have occurred within twenty-four (24) hours of admission:

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

2. Completion of the face sheet form, as required by 606 CMR 3.09(1)(a); and

3. Explanation of the program rules and emergency evacuation procedures to the resident in a manner in which the resident can understand to the best of their ability.

(4) Treatment Planning. Except as provided in 606 CMR 3.05(4)(i), within six (6) weeks of admission the licensee shall assess the needs of the resident and develop an individualized treatment plan for the resident.

(a) An assessment shall be used to develop the resident's treatment plan and discharge plan and documented in the resident's record. The assessment shall include the following domains: educational; vocational; health, including medical, dental and ancillary services; behavioral health and support, including specific individual modifications of the restraint plan, if necessary; past or active history of trauma and/or abuse; recreational interests; religious and cultural considerations; life skills; and social services, including family work and psychological, psychiatric, and counseling services; and, if relevant, permanency planning. For programs serving young parents, the assessment shall also include the domain of the young parent's parenting skills.

(b) The plan shall identify the resident's needs, the services to be provided and the staff responsible for providing or arranging for the services while the resident is in care. The plan shall include and address needs based on the assessment conducted, as required by 606 CMR 3.05(3)(c)(1).

(c) All treatment and discharge plans shall be developed by a team which includes those personnel of the program responsible for implementing the treatment plan on a daily basis. At least one (1) member of the team shall hold an advanced degree from an accredited college or university in social work, psychology, psychiatry, applied behavior analysis, or a related field, or be a licensed Massachusetts school psychologist and experienced in providing direct treatment services to residents. The team shall include at least one (1) residential staff 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 treatment plan and document notification of such meetings in the resident's record. Consistent with any court order and requirements of the referral source, parents or guardians shall be invited to attend treatment planning meetings. If parents or guardians are not invited, the reasons shall be documented in the resident's record.

(d) The team shall consult with the resident in developing their treatment plan, consistent with the resident's capacity to understand. Such consultation shall be documented.

(e) The treatment plan shall address the needs identified in the assessment, detail the services to be provided, and identify the staff person responsible for providing or arranging for the services while the resident is in care.

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

3.05: continued

(g) The licensee shall explain all treatment plans, reviews, and discharge plans to all residential staff responsible for implementing the treatment plan on a daily basis, to the resident's family or guardian, as appropriate, and to the resident in a manner consistent with their level of maturity and capacity to understand.

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

(i) Exceptions for Temporary Shelter Program Placement.

1. Treatment plans for residents in temporary shelter program placement for longer than seventy-two (72) hours must be completed within seven (7) days of admission.

2. The licensee may not be required to develop a treatment plan, if a treatment plan that meets the requirements of 606 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 resident during their placement. The plan shall include planning for discharge from care and the date of the review meeting which shall occur within (fifteen) 15 days after admission.

3. The licensee may permit review and approval of the treatment plan by a person holding an advanced degree and/or license in counseling, applied behavior analysis, social work, psychology, or psychiatry, if an individual holding an advanced degree or relevant license has not participated in the development of a resident's individual treatment plan.

(5) Treatment Plan Review.

(a) The licensee shall review the progress, needs, and treatment plan of each resident as often as necessary, but no less than every six (6) months. The team shall evaluate the resident's progress and shall reassess the resident's needs in the areas required by 606 CMR 3.05(4). For residents whose placement extends longer than forty-five (45) days, the team shall specifically consider the resident's custody or guardianship status, permanency planning, and need for guardianship, if any, and shall make recommendations regarding appropriate alternatives to residential placement.

(b) For residents in temporary shelter program placement, treatment plan review and discharge planning meetings shall be held within fifteen (15) days of admission, or within a shorter period of time if appropriate, and every fifteen (15) days thereafter until discharge from the program. Each treatment 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 Placement Extensions of Temporary Shelter Program Placements.

(a) The licensee may request an extension of time in placement in a temporary shelter program when, due to unforeseen or extreme circumstances, a long-term plan for the care of the resident cannot be implemented in forty-five (45) days.

(b) Requests for extensions will not be required for any resident 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 Department in the following manner:

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

2. A request shall be made prior to the expiration of the timelines specified in 606 CMR 3.05(6)(a);

3. The request shall include resident-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 based on the development of an appropriate, individualized treatment plan for the resident that demonstrates the program's ability to meet the needs of the resident.

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

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

3.05: continued

(7) Discharge Planning

(a) For each resident in care, a discharge plan shall be developed which includes a summary of services provided, behavior which required the use of physical restraint and the individualized restraint method which the resident required, if applicable, the resident's location after discharge and the person(s) responsible for the resident's care, provisions for follow up services, suggestions for future placement, permanency planning and goals, and medical, dental or mental health needs.

(b) Discharge planning shall be done in conjunction with the treatment plan reviews, as required by 606 CMR 3.05(7), and shall relate to the future goals of the resident.

(c) For youth transitioning into adult services, discharge planning shall begin one (1) year prior to resident's twenty-second (22nd) birthday or upon placement if already twenty-one (21).

(d) For each resident in care less than forty-five (45) days, a discharge summary shall be developed which includes an overview of services provided, reason for discharge, current medical status, progress and development while in the program, baseline behavior and status of the resident, past or active history of trauma and/or abuse, any known stressors or situations that might evoke an adverse reaction or trauma response in the resident, and any crisis management plans in place, including any specialized plans that involve the use of physical restraint as an intervention, the resident's location after discharge and the person(s) responsible for the resident's care, provisions for follow up services, suggestions for future placement, and medical, dental, behavioral and mental health needs.

(e) For each resident in care longer than forty-five (45) days, the licensee shall assess the resident's needs and prepare a discharge plan at least thirty (30) working days prior to the resident's discharge, except in the case of an emergency and in the case of a resident transitioning into adult services under 606 CMR 3.05(7)(c). In programs serving young parents, one (1) 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; and
2. provisions for follow-up services, including the identification of the persons responsible for providing follow-up services in the resident's new environment, as required in 606 CMR 3.05(7)(i).

(f) Except in an emergency, the licensee shall permit transfer of a resident to another program only with the consent of the parent or guardian.

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

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

(i) The licensee shall establish and have in writing a plan to promote the delivery of follow-up services. The licensee shall make all reasonable efforts to contact within thirty (30) days of discharge each resident who was in care for more than seventy-two (72) hours, to determine whether needed services are being provided.

(j) The licensee shall, where possible, arrange for ongoing services as necessary to facilitate the resident's adjustment to their new environment, except where the resident was referred by a placement agency or purchaser of service which is responsible for the resident.

(k) The licensee must document its follow-up contacts or efforts at follow-up contact with each resident not receiving follow-up services from the referring or placement agency.

3.06: Programs and Services

(1) Case Management. The licensee shall assign each resident in care more than seventy-two (72) hours a staff person who shall be responsible for coordinating implementation of the resident's treatment plan and other services provided. The licensee shall ensure 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 resident on a regular basis to ensure that the resident's daily needs are being met, and that the resident's views are being considered;

(b) attend and participate in the resident's treatment planning, periodic review, and discharge planning meetings as required by 606 CMR 3.05(4), (5), and (7);

(c) ensure implementation of the treatment plan and assist the placement agency or referral source with implementation of permanency goals by working with persons involved in the resident's care;

(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 606 CMR 3.09(1); and

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

(2) Family Engagement.

(a) Each licensee who provides care for residents for more than seventy-two (72) hours shall have a written plan, developed with the placement authority and resident, for family engagement 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 resident's whereabouts and obtaining any necessary parental or guardian consent;
2. providing crisis intervention services and assessment, as necessary;
3. facilitating the adjustment process for the resident and their family;
4. developing a visitation plan and encouraging the family's continued interaction with their resident in accordance with the resident's treatment plan;
5. providing the family with a description and explanation of the program's guidelines regarding use of physical restraint, if applicable, and providing the family with a copy of the program's restraint training policies;
6. informing the family of their resident's progress; and
7. mobilizing parent or guardian strengths and resources to help them participate in planning for their resident's return home or to another community environment with the goal of encouraging healthy family relationships; maximizing the individual resident's growth, well-being and development, and protecting the resident; and
8. notifying the family of significant changes in program operations or services that may impact the resident.

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

(c) Subject to any applicable legal orders, if the young parent does not wish to have family and/or the other parent involved, the licensee may refrain from engaging in family work provided that written documentation of the young parent's objection is maintained in their 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 directly through employed staff or indirectly 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 twenty-four (24) hours per day, seven (7) days 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

3.06: continued

having an inpatient psychiatric unit.

(b) Licensees who provide care for residents for more than seventy-two (72) hours shall establish, and describe in writing, a plan for providing social, psychological, and psychiatric services, in accordance with 606 CMR 3.06(3)(c). The plan shall ensure that each resident's needs for such services shall be met and the purpose of the program accomplished. The plan shall take into consideration demographics, such as gender, including gender identity, culture, and race, as appropriate, to ensure services are tailored to each resident.

(c) As appropriate to the needs of the residents served, 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; and
5. staff development services, including training specific to the needs of residents served 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 twenty-four (24) hours per day, seven (7) days per week basis.

(b) In the transition to independent living programs and programs serving young parents, the resident or young parent may be responsible for arranging, obtaining, and documenting their own health services, and, where applicable, those of their child. The program shall support the resident or young parent in obtaining such services. In all other cases, the licensee shall provide or arrange for residents in the program health services including:

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

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

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

1. If the resident 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 schedule an appointment for the exam(s), within one (1) week of admission.

(e) With the exception of residents placed on an emergency basis, the licensee shall obtain documentation of a physical exam conducted less than one (1) year prior to admission and in accordance with Department of Public Health guidelines. If such physical examination has not occurred with the prior year, the licensee must schedule an appointment for an exam within two (2) weeks of admission.

(f) Preventive health services for residents shall include, but are not limited to:

1. routine medical and dental examinations in accordance with Department of Public Health guidelines.
    a. Routine dental examinations shall begin at three (3) years of age and scheduled annually thereafter.
    b. Medical examinations may be conducted by a licensed physician or practitioner.
    c. Medical examinations shall include screening for lead poisoning in accordance with Department of Public Health regulations at 105 CMR 460.050: *Mandatory Lead Poisoning Screening and Follow-up Schedule*;
2. immunizations and TB testing as required by the most current Department of Public Health immunization schedules for all residents unless a parent or guardian provides written documentation that the resident meets the standards for medical or religious exemption as set forth in M.G.L. c. 76, § 15;

3.06: continued

3. immediately and no later than twenty-four (24) hours after notice reporting each case of communicable disease listed as reportable under Department of Health regulations at 105 CMR 300.000: *Reportable Diseases, Surveillance and Isolation and Quarantine Requirement* by the licensee to the Board of Health and the Department of Public Health, and as required by M.G.L. c. 111, § 111;

4. family planning and sexual and reproductive health information, and upon request of the resident, with any required consent of the parent or guardian or the placement agency, provision of or referral for family planning devices, medication and services. Any licensee whose beliefs prohibit the provision of such family planning devices, medication, or services, shall notify the resident, parent or guardian, or referral source that the program will not provide such services at the time of admission and when applicable.

(g) The licensee shall ensure that medically recommended glasses, hearing aids, prosthetic devices, adaptive, corrective physical, dental devices, or any other medically necessary and/ or lifesaving equipment recommended or treatments prescribed by a licensed physician or practitioner, are provided to the resident, consistent with the terms of the agreement with the placement agency and purchaser of service in accordance with 606 CMR 3.05(2)(d). The licensee shall ensure all said devices and equipment are kept to industry standards relative to functionality and cleanliness and that staff are trained on the use of such equipment.

(h) The licensee may not require any resident to receive medical treatment when the parent or guardian of such resident objects on the basis of sincerely held religious beliefs, as provided in M.G.L. c. 15D, § 8(e). However, the program may seek a court order for medical treatment of a resident if it believes such medical treatment is in the resident's best interest.

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

(j) The licensee shall have written policies and procedures regarding the prescription, storage, administration, and clinical oversight of all medication. These policies and procedures shall include the following:

1. Medication 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, maintain, and follow procedures to:

i. document the prescription and/or administration of medication;

ii. provide notification to the attending licensed physician or practitioner of significant changes in a resident's behavior or health that may be attributed to medication;

iii. record and/or report to the attending licensed physician or practitioner significant and/or suspected side effects of medication.

b. Self-administration. If the licensee allows a resident to self-administer medications or for a young parent to administer medications to their child, medication policies shall include the following:

i. a means to assess the resident's ability to responsibly self-administer medication or administer medication to their child;

ii. relevant training and education for the resident concerning medications and side effects, administration procedures, safe storage, and documentation of all medications; and

iii. the type of supervision and monitoring provided by staff.

2. Medication Administration Staff Training. All staff shall be provided with copies of and receive training regarding the licensee's policies and procedures regarding administration and clinical oversight of the medication program, pursuant to an individual health care professional license or in accordance with 105 CMR 700.003 and associated guidance.

3. Only staff who have been trained as provided in 606 CMR 3.06(4)(j)(2) shall administer medications to residents and only residents who have been adequately trained to self-administer and safely store medications shall self-administer medications.

4. Programs serving young parents shall provide training, education, and supervision to young parents learning to administer medications, including well-child vitamins, to their children.

3.06: continued

5. Antipsychotic Medication. 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 or practitioner for the diagnosis, treatment, and care of the resident, and only after review of their medical record and observation of the resident.

b. If antipsychotic medication is prescribed, the licensed physician or practitioner 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 with clear instructions on how to report any adverse reaction or suspected side effects; and the dates of the next scheduled clinical meeting or series of meetings with the resident.

c. No antipsychotic medications shall be administered for a period longer than is medically necessary, as determined by the licensed physician or practitioner 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 licensed physician or practitioner, as sufficient to effectively monitor the resident while on antipsychotic medication.

d. With the exception of an emergency, the licensee shall not administer or arrange for prescription and administration of antipsychotic medication unless it obtains informed written consent from a parent or guardian, if available, or judicial approval. The referral source shall be notified of the need for consent or judicial approval.

e. A licensee may administer or arrange for prescription and administration of antipsychotic medication in an emergency, which is an unforeseen combination of potentially dangerous or harmful circumstances, or a crisis situation that calls for immediate action.

f. The licensee shall inform a resident fourteen (14) years of age and older, consistent with their capacity to understand, about the treatment, risks and any potential side effects of such medication. The licensee shall have procedures in place to follow in the event the resident refuses to consent to administration of the medication.

(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 any IEP, a plan under Section 504 of the Rehabilitation Act of 1973, or similar plan. The licensee shall maintain ongoing communication with the resident's educational setting to ensure the timely exchange of relevant information and the continuity and coordination of services being provided.

(b) Each temporary shelter program shall describe in writing and follow its plan for obtaining information on the educational status of any resident who remains in care more than seventy-two (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 resident and the parent or guardian, from the school or educational program the resident last attended, with the written consent of the resident who is fourteen (14) years of age or older or in the ninth grade or of the parent or guardian, and from other pertinent individuals. The licensee shall use the educational information obtained while the resident is still in its care to assist the responsible school district to provide an appropriate education for the resident.

(6) Vocational Preparation Services.

(a) The licensee shall describe in writing its plan for meeting the resident's vocational preparation needs. For each resident in care more than forty-five (45) days, the licensee shall, as appropriate to the resident's situation, age and interest, assist the resident in assessing their vocational needs, including locating vocational training or employment.

(b) 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.

3.06: continued

(c) The resident shall be fully involved in their vocational evaluation and the development of a vocational plan.

(d) The vocational plan and/or summaries related to the vocational support provided to the resident shall be recorded in the resident's file.

(7) Recreational Services.

(a) If the licensee provides care for residents for more than seventy-two (72) hours, the licensee shall describe in writing its plan for meeting the recreational needs of the residents served, including the use of community resources where appropriate.

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

(c) The licensee shall provide a recreational program that provides for free, unplanned time for a resident to pursue individual interests, with appropriate supervision as required for their health and safety.

(d) The licensee shall assign responsibility for the recreation program to a designated staff person(s).

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

(f) Recreational services, including swimming, on site or offsite, shall not include specialized high risk activities, as defined by Department of Health regulations, 105 CMR 430.020, unless such activities comply with the Department of Health regulations at 105 CMR 430.103 and 105 CMR 430.204, when applicable.

(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 ensure that no resident attends a judicial or administrative hearing without a representative of the licensee, the referral source, or a parent or guardian. The licensee shall not consent to questioning or interviews of a resident by a law enforcement agency (including but not limited to local, federal, or state police or the District Attorney's Office). The licensee shall contact a resident's parent or guardian or the placement agency immediately if a law enforcement agency seeks to question or interview a resident.

(10) Research and Experimentation. The licensee shall follow all applicable state and federal laws related to any research and experimentation which involves a resident.

(11) Fundraising or Publicity. The licensee shall not allow the use of the resident or the resident's image for fundraising or publicity purposes, including photographs, mass media communications, and/or social media activities, without the written consent of the parent or guardian and, if the resident is fourteen (14) years of age or older, the written consent of the resident.

(12) Unusual or Extraordinary Treatment. No licensee shall conduct unusual or extraordinary treatment. Unusual or extraordinary treatment shall include:

(a) Any experimental or extraordinary behavior modification treatment or behavior support program;

(b) Treatment that poses known or unknown risks or involves the infliction of physical or mental pain, discomfort, or deprivation; or

(c) A treatment program for a specific resident, a specific group of residents, or for all residents in the program using a particular extraordinary treatment model, for example aversive treatment or survival training.

3.07: Supervision, Staffing, and Care Requirements

(1) Role of Residential Staff.

(a) The licensee shall ensure that:

1. Residential staff fully implement individualized treatment plans for residents in their care.
2. Residential staff assist each resident with all activities of daily living, in accordance with each resident's individual developmental and/or chronological age.
3. Program employees and all members of the residential staff supervise residents in a manner that protects each resident from any form of abuse and neglect.
4. Residential staff understand and adhere to their roles and obligations as mandated reporters, in accordance with M.G.L. c. 119, § 51A and M.G.L. c. 19C.
5. No program employee, member of the residential staff, or any person with access to residents, inflicts any form of physical, emotional, sexual abuse, or neglect upon a resident in care, nor engages in any form of sexual grooming behaviors.
6. Residential staff work to promote a safe and nurturing environment and assist each resident with the development of the skills each individual resident needs to develop to their full potential and live their most autonomous life, including, but not limited to, self-care and social skills, maintaining positive human relationships, and a sense of security, belonging, and self-worth.
7. Residential staff adhere to all program policies and procedures.

(b) Supervision of residents shall occur in accordance with program policy and in consideration of each resident's medical, emotional, physical, and behavioral needs.

(c) Programs serving young parents shall prepare a young parent for the physical, social, and emotional responsibilities of pregnancy, childbirth, parenthood, and, when appropriate, care and protection of their child.

(d) The licensee shall ensure the supervision of residents including overnight supervision in accordance with the program's policy.

(e) Residential staff shall maintain a level of professionalism that includes proper boundaries with residents being served and the maintenance of skills and training necessary to perform duties with awareness and understanding of the program's policies and procedures related to the care of the residents being served.

(2) Staffing.

(a) The licensee shall establish a written description of the staffing plan for the program on a twenty-four (24) hours per day, seven (7) days per week basis, including four (4) weeks of projected staff schedules.

(b) 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 program.

(c) The staffing plan shall include the name and contact information of the chief administrative officer and any designee.

(d) The staffing patterns, as determined by the Department and the placement agency or referral source, must be appropriate for the clinical needs of the population served.

(e) The staffing plan shall be gender, including gender identity, appropriate.

(f) The staffing plan must include provisions for the periods of time when assigned staff are absent due to illness or vacation.

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

(h) The licensee shall ensure that at least one (l) staff person certified in CPR and First Aid, and at least one (1) staff person trained in medication administration, in accordance with Department of Public Health regulation 105 CMR 430.160(I), is available at all times in each of the program's facilities.

(i) The licensee shall ensure a staff-resident ratio appropriate to the ages, capabilities, needs, and treatment plans of the residents in the program and sufficient to carry out the requirements of 606 CMR 3.00.

(j) Volunteers shall not be included in the staff-resident ratio.

(k) In programs serving young parents, the licensee shall ensure that staffing patterns are adequate to meet the needs of young parents who may need assistance and supervision in learning to care for newborns. The young parent shall be responsible for providing most of the care for their child; however, staff shall be available as a resource and support.

(l) In transition to independent living programs and programs serving young parents, there may be times when it is appropriate for residents or young parents to be in the facility or building without staff present. The licensee shall evaluate each resident or young parent to determine their readiness to be unsupervised by staff, provided that this shall not include overnight time periods. The licensee shall have a written plan defining the periods of time residents or young parents may be left unsupervised by staff, and the emergency assistance available when staff are not physically present.

3.07: continued

(3) Room Assignment and Programming.

(a) The licensee shall ensure that all room assignments are appropriate, taking into consideration the ages and needs of each individual resident, by collaborating with the resident, parent or guardian, clinical team, and referral source, and shall make a demonstrated effort to match residents with peers the team believes will be most beneficial for the resident.

(b) The licensee shall develop, maintain, and follow policies and procedures related to ensuring appropriate room assignments of the residents it serves including, but not limited to, policies and procedures that align with and respect a resident's: age, gender, including gender identity, cultural and religious beliefs and history, past or active history of trauma and/or abuse, known sleep patterns and behavior disturbances, and other factors that may impact the ability for residents to share sleep and personal space.

(c) The licensee shall ensure that appropriate programming and training related to room assignments is provided for each age group served.

(d) The licensee shall develop, maintain, and follow policies and procedures related to emergency room reassignment, including but not limited to emergent response to peer to peer altercations, indications of peer to peer victimization, and other emergent factors impacting safety and well-being.

(4) Clothing. The licensee shall ensure that each resident and young parent and their children have adequate, clean, and seasonable clothing as required for health, comfort, dignity, and physical well-being.

(a) The licensee shall not require any resident to wear a uniform which identifies them as a resident of a particular program.

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

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

(d) The licensee shall permit each resident to take their clothing upon discharge from the program.

(e) The licensee shall ensure that both the young parent and their child have adequate clothing upon discharge.

(5) Self-Care and Hygiene.

(a) The licensee shall provide each resident with self-care and hygiene articles necessary to meet their hygiene needs. In programs serving young parents and in transition to independent living programs, the licensee may encourage a young parent or resident to provide their own self-care and hygiene articles; however, if the young parent or resident cannot provide their own self-care and hygiene articles, the licensee shall provide the necessary articles.

1. Unless there are documented safety concerns, 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 self-care and hygiene articles such as towels, toothbrushes, toothpaste, soap, and deodorant is prohibited.

(b) The licensee shall provide each resident with the opportunity to have a daily shower or tub bath, with regard for privacy and consideration for any documented safety risk(s).

(c) The licensee shall provide residents with assistance or supervision with bathing when they are unable to perform this function, or any part of it, by themselves.

(d) If assistance with bathing and/or showering is required, the licensee will ensure that staff and resident gender, including gender identity, and any past or active history of trauma and/or abuse are considered and that staff are appropriately trained on how to conduct such assistance.

(e) The licensee shall promote oral health via the provision of oral hygiene products, encouraging each resident to brush and floss their teeth, and will provide staff assistance when needed.

(f) The licensee shall assist each resident with the development and mastery of healthy hygiene and self-care practices.

(g) For each resident in care for more than seventy-two (72) hours, the licensee shall obtain and document the permission from the parent or guardian for hair cutting, in accordance with the wishes of the resident and consistent with healthy hygiene practices.

(h) If assistance is required, the licensee shall bathe or clean residents upon soiling and shall change soiled clothing.

3.07: continued

(i) As necessary, the licensee shall conduct a toilet training program for each resident in care for more than seventy-two (72) hours.

(j) In programs serving young parents, the licensee shall assist the young parent with education regarding proper bathing and hygiene for their child, including a toilet training program for their child, when applicable. The young parent shall be responsible for bathing or cleaning their child upon soiling and shall change soiled clothing.

(6) Nutrition. Except as provided in 606 CMR 3.07(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 (1) person who is responsible for the food program.

1. The licensee shall provide at least three (3) meals daily, constituting a nutritionally adequate diet.
2. The licensee shall prepare and serve meals in a manner appropriate to the nutritional needs of each resident, including special dietary needs, and with consideration for proper nutritional content, food amounts, mealtimes, and choking hazards for younger age groups and/or individuals with medical conditions.
3. The licensee shall offer opportunities in between meal times for snack options.
4. In the event a resident misses a meal due to a crisis event, conflicting family appointment, or other reason, the licensee will make every effort to accommodate the resident as soon as they are able to eat their meal.

(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 606 CMR 3.06(4)(j).

(c) The licensee shall follow medical orders for any resident being treated for a disorder that affects feeding or eating (e.g., chewing disorder, swallowing disorder, eating disorder).

(d) The licensee shall serve meals to residents which are substantially the same as those served to staff unless special dietary needs require differences in diet.

(e) The licensee shall prepare appetizing and desirable meals that are culturally responsive, nutritionally appropriate, and in adherence with specific dietary plans.

(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 ensure that each resident receives adequate amounts and variety of food.

(h) The licensee shall prepare menus in accordance with the USDA requirements for meals 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 residents and the USDA requirements for a nutritionally adequate diet.

(i) The licensee shall store, prepare, and serve all food in a manner to be clean, wholesome, free from spoilage, and safe for human consumption.

(j) In programs serving young parents, transition to independent living programs, or programs serving adolescents and young adults who are developmentally capable managing their own nutrition, the resident or young parent may be responsible for nutritional services. If so, the licensee shall submit a written plan which describes education and support provided to residents and young parents regarding nutrition, budgeting, menu planning, shopping, meal preparation, food storage, and lactation consultation and/or infant nutrition, as needed. Staff shall provide adequate monitoring and supervision regarding nutrition.

(7) Behavior Support.

(a) Each licensee shall maintain a written statement defining the program's guidelines, policies, and procedures for behavior support, which shall include goals for reducing and/or eliminating the use of all physical restraint and seclusion procedures. 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, approach to crisis avoidance and management, evidence of a trauma-informed and responsive care approach, and shall define and explain the use of behavior support procedures used in the program including, where applicable:

1. methods and procedures for assessing, monitoring, and measuring a resident's progress in the program;
2. the types of therapeutic interventions a staff member can implement to effectively address dysregulated and/or maladaptive behavior;

3.07: continued

3. any policies or procedures that involve denial or restrictions of on-grounds program services as a consequence for behavior; and

4. in programs serving young parents, the licensee's policies and procedures for behavior support shall also include acceptable behavior support strategies for a young parent to use with their child, including a process for educating young parents about behavior support practices and guidelines outlining the expected behavior of young parents.

(b) When feasible and appropriate, residents shall participate in the establishment of guidelines, policies, and procedures related to behavior support.

(c) The licensee shall ensure that 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, fear, intimidation, or humiliation;

4. denial of visitation or communication privileges with family or support network, when used as a method or means of punishment;

5. denial of sufficient sleep;

6. denial of shelter, bedding, food, water, or bathroom facilities; or

7. seclusion, as provided by 606 CMR 3.02(1) and 606 CMR 3.07(8).

(d) The licensee shall direct behavior support to the goal of maximizing the healthy growth and development of each resident and protecting the group and individuals within it.

(e) When implementing behavior change procedures linked to a consequence, the licensee shall directly relate the consequence to the specific behavior the consequences are being used as an intervention for and shall apply the consequence without prolonged delay, or as outlined in the individualized behavior support plan.

(f) Except in cases of emergency admission, the licensee shall provide residents and parents or guardians with a copy of the program's behavior support statement prior to admission. In the case of an emergency admission, the statement shall be provided as soon as possible after admission.

(g) The licensee shall inform the Department and the residents and parents or guardians of any significant changes to behavior support policies and procedures prior to implementation.

(h) Restraint Policies.

1. The licensee shall ensure that physical restraint is an intervention of last resort.

2. Physical restraint is prohibited in residential programs except when a resident's behavior poses a serious risk of imminent harm to self or others and the requirements of 606 CMR 3.07(7)(h) are met.

3. The use of medication restraint is prohibited in programs licensed by the Department.

4. The use of mechanical restraint is prohibited, except in Department of Youth Services operated and contracted facilities, as it relates to the use of handcuffs.

5. Prone restraint shall be prohibited in a residential program except when implemented as a last resort and on an individualized basis, and only when a resident's behavior poses an imminent threat of serious physical harm to self or others, and when:

a. The licensee obtained consent, as defined in 606 CMR 3.02(1), following procedures set by the placement agency or referral source, which has been approved in writing by the agency's chief administrative officer;

b. There is psychological or behavioral justification for its use, with no contraindications, including past or active history of trauma and/or abuse, as documented by a licensed mental health professional;

c. There are no medical contraindications, as documented by a licensed physician or practitioner;

d. The resident has a documented history of repeatedly causing serious self-injuries and/or injuries to other residents or staff;

e. The resident has exhibited past behavior resulting in the risk of immediate harm to self or others that would indicate a potential need for the use of prone restraint to maintain that safety of themselves and others; and

f. All other forms of less restrictive interventions, including de-escalation techniques, and physical restraint have failed to ensure the safety of the resident and/or safety of others.

3.07: continued

6. The behavior statement required under 606 CMR 3.07(7)(a) shall include:
   a. acknowledgement of the specific types of physical restraint procedures authorized to be used in the program, the range of interventions used as alternatives to restraint (e.g., antecedent management, de-escalation strategies, non-violent crisis intervention, or teaching of socially appropriate replacement behaviors), and controls on misuse and abuse of restraint;
   b. specific details related to the use of emergency restraint procedures, including the types of restraint that may be used to safeguard residents during an emergency;
   c. the name of the program's restraint coordinator;
   d. the names and positions of the members of the program's restraint safety committee;
   e. systems of reporting and recording data related to the use of physical restraint, evidence of programs/processes that seek to decrease or eliminate the use of physical restraint, evidence of adequate training related to therapeutic implementation of restraint, methods of addressing abuse and/or misuse of physical restraint; and
   f. the procedure for regular review of restraint data by a restraint safety committee. At a minimum, on a quarterly basis, each licensee shall analyze restraint data and implementation of corrective measures, including supplementary training.

7. Except in an emergency admission, to ensure safety of the resident and others, prior to implementing any restraint, the licensee shall ensure that residents are screened for any medical or psychological contraindications, including past or active history of trauma and/or abuse.

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

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

10. Only staff trained in physical restraint, as provided in 606 CMR 3.04(7)(e), shall participate in the physical restraint of a resident.

11. If any form of physical restraint is implemented, the resident shall be placed and maintained in positions approved for use by the program that allows unrestricted airway access and does not compromise respiration.

12. The chief administrative officer or designee on the premises shall be notified immediately and no later than twenty-four (24) hours after an event whenever a physical restraint is initiated. The chief administrative officer or designee shall have oversight responsibility for every physical restraint implemented at the program.

13. Steps must be initiated to contact the on-call administrative or clinical staff as soon as possible, but no later than five (5) minutes after the restraint is initiated.

14. The licensee shall ensure that the form of restraint used is the least restrictive intervention necessary to maintain the safety of the resident being restrained, other residents, and staff.

15. Any restraint procedure not previously approved by the chief administrative officer, as outlined in the behavior support statement pursuant to section (a), or specifically clinically provided in the resident's behavior support plan shall not be used under any circumstances.

16. The licensee is required to ensure that staff implementing approved techniques have received adequate initial and ongoing training on the use of program approved physical restraint as required by 606 CMR 3.04(7)(e).

17. If a resident is restrained for a period longer than twenty (20) minutes, the approval of the chief administrative officer or designee shall be obtained. Any approval shall be based upon the current behavior of the resident, the resident's response to intervention, and need for continued restraint in order to maintain safety of the resident or others and further de-escalate the resident.

18. Restraint monitoring, as defined in 606 CMR 3.02(1), shall be constant, including the assessment of the physical condition of a resident.

19. 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.

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

21. Within forty-eight (48) hours, following the release of a resident from a restraint, the program shall implement its restraint debriefing and follow-up procedures.

3.07: continued

22. The licensee shall document all incidents in which restraint was used including any required administrative approval, and its restraint debriefing and follow-up procedures in a physical restraint incident report and keep such reports in the resident's record.

23. The chief administrative officer or designee or the restraint safety committee shall conduct a weekly review of restraint data to identify any resident that has been physically restrained multiple times. Any resident who has been restrained multiple times or who has not previously been physically restrained or identified as having behavior that would indicate a need to be physically restrained and has been subjected to an unprogrammed emergency restraint procedure during the previous week must receive a review of their clinical and behavioral needs by their case manager or clinician. Placement agency, referral source, and parents or guardians shall be invited to this review. The licensee must document parental or guardian consent to any changes made as a result of this review in the resident's treatment plan, as required by 606 CMR 3.05(4)-(5).

(8) Seclusion.

(a) Seclusion shall be prohibited in a residential program except when implemented as a last resort and on an individualized basis when a resident's behavior poses an imminent threat of serious physical harm to self or others, and when:

1. The resident has a documented history of repeatedly engaging in serious self-injurious behavior and/or causing injuries to other residents or staff;
2. The resident is not responsive to less restrictive behavior interventions, such interventions are deemed to be inappropriate under the circumstances, or have failed to ensure the safety of the resident and/or safety of others;
3. There are no medical contraindications, as documented by a licensed physician or practitioner;
4. There is psychological or behavioral justification for the use of seclusion, with no contraindications, including past or active history of trauma and/or abuse, as documented by a licensed mental health professional;
5. The program has obtained consent, as defined in 606 CMR 3.02(1), to use seclusion from the parent or guardian, the placement agency or referral source following its procedures, and the resident, if appropriate, and such use has been approved in writing by the program's chief administrative officer or designee;
6. Prior to the use of seclusion, the chief administrative officer or designee on the premises shall be consulted for approval and kept informed through completion of the event;
7. Program staff participating in use of seclusion have received training inclusive of alternative less restrictive behavior interventions and management techniques;
8. The program has documented compliance with 603 CMR 3.07(8)(a)(1) through (7) in advance of its use and maintains the documentation;
9. At all times, a staff member is continuously and actively monitoring and observing the resident and is immediately available to the resident;
10. The resident is observable in all parts of the room or area being used;
11. The staff member is continuing to implement de-escalation and calming strategies with the resident unless it is unsafe or counterproductive to do so;
12. Seclusion is not used as a means of discipline, punishment, or as a standard response for any individual resident's actions that do not constitute an imminent threat of serious physical harm to self or others;
13. Seclusion is used as a last resort and its use ceases as soon as the resident's behavior no longer poses an imminent threat of serious physical harm to the resident or others, or if the resident is observed to be in severe distress.

(b) Any room or space used for the purposes of seclusion must be:

1. Clean, safe, and sanitary;
2. Appropriate for the purpose of calming the resident served, including but not limited to being of appropriate size for the age and the needs of the resident;
3. Appropriately lit, ventilated, heated or cooled, consistent with the remainder of the building;
4. Free of objects or fixtures that are inherently dangerous to the resident;
5. In compliance with any applicable local fire and building code requirements;
6. Inspected by program administration for compliance with such requirements at a minimum of one (1) time per week during which the room or area is used; and
7. In compliance with any other Department policies.

3.07: continued

(c) Any room or space used for the purposes of seclusion must also:

1. Provide for and require full line of sight between the monitoring staff member and the resident at all times; and
2. Provide for and require full monitoring for sound and be conducive to listening to and communicating with the resident in the seclusion area at all times.

(d) Department of Youth Services operated and contracted facilities, including Hardware Secure Settings, must operate in compliance with all applicable regulations, including 109 CMR 5.00: *Involuntary Room Confinement of Youth Detained by or Committed to the Department of Youth Services*.

(9) Money. The licensee shall provide opportunities for residents in care more than forty-five (45) days to develop financial literacy skills in a developmentally appropriate way through earning, spending, budgeting, giving and saving.

(10) Visitation, Mail, Telephones, and Other Forms of Communication.

(a) The licensee shall have written policies which encourage and support family visits, mail, telephone calls, and other forms of communication, including mobile phone and electronic device use, texting, and social media, with family, friends, other persons, and lifelong connections.

1. Such policies shall be developed with the goal of encouraging healthy relationships, maximizing the individual resident's growth and development, and protecting the residents.
2. Such policies shall be distributed to staff, residents, and parents or guardians prior to admission, when possible, or within seventy-two (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 ensure that visits offer reasonable privacy.

1. No resident shall be restricted in their opportunities to visit with family and other persons unless such opportunities are restricted as follows:
   a. by court order and in such case only to the extent of the court order;
   b. by the resident's individual treatment plan for therapeutic reasons only; or
   c. due to a documented safety risk to residents or staff.
2. In programs serving young parents, no young parent shall be restricted in their opportunities to visit with family and other persons, including the other parent of a child, unless such opportunities are restricted as follows:
   a. by court order and in such case only to the extent of the court order;
   b. by the young parent's individual treatment plan for therapeutic reasons only; or
   c. due to a documented safety risk to young parents in the program or staff.
3. Such restrictions or denial must be no greater than necessary to achieve the therapeutic purpose. Those persons whose visitation is restricted or denied shall receive an explanation from the program as to the reasons.

(c) The licensee shall establish visitation hours which meet the needs of the residents and their parents or guardians.

(d) The licensee shall develop and follow policies and procedures for when residents temporarily leave the program, such as for visits and appointments, 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 program;
2. A method for recording the resident's return and a procedure for action if they fail to return.
3. Methods for the resident to debrief, post-visit, with their clinician or a staff member when their clinician is not available and until their clinician is available, and methods to report any concerns with the resident's behavior or affect post-visit.

(e) It shall be each resident's right to open and send hard copy and electronic 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 treatment plan.
2. Mail restricted or censored must be returned to the sender as to the reasons.

3.07: continued

3. Staff may open and inspect a resident's mail for unapproved items only in their presence.

(f) Communications, including via telephones, mobile phones, or electronic messaging, 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 resident and/or young parent's individual treatment plan and must be no greater than necessary to achieve the therapeutic purpose.

2. If phone conversations, including electronic messaging, are monitored, the parties to the conversations must be informed, orally and in writing, in advance of any monitoring.

(g) Communication with a resident's licensed medical or mental health professional, including a psychologist or psychiatrist, social worker, attorney, or clergy person may not be monitored, prohibited, restricted, or censored.

(11) Missing or Absent Residents. The licensee shall develop, maintain, and follow written policies and procedures for handling missing and absent residents. The policy shall include:

(a) procedures to prevent the abduction, exploitation, sale, or trafficking of residents;

(b) procedures for making staff aware of residents with a history of becoming missing or absent, who show potential for being missing or absent, or who are at risk of victimization;

(c) preventive procedures, including interventions used to prevent or retrieve a resident from becoming missing or absent, what dangers a resident would be exposed to if they became missing or absent, or what danger the resident may pose to others if they became missing or absent;

(d) a description of how staff would determine if a danger exists that is sufficient to justify using physical restraint;

(e) procedures for staff to follow in the event that a resident is missing, including procedures for immediately informing the chief administrative officer or designee;

(f) procedures requiring the program to notify the resident's parent or guardian, referral source, and the Department of Elementary and Secondary Education when applicable, and for a missing or absent resident in immediate danger, the local police;

(g) procedures for providing local law enforcement with essential identifying information about the missing or absent resident to enhance location of the resident, e.g., photographs, visual description, and frequented places; and

(h) procedures for assuring missing or absent residents, upon return, receive screening related to trafficking and exploitation inclusive of medical clearances when indicated.

(12) Search. The licensee shall describe in a written statement its policies, procedures, and circumstances for searching a resident and/or a resident's personal belongings. The written statement shall include the circumstances for searching the resident's personal belongings to maintain the safety of the resident and others in the program; include the considerations for searching a resident with a past or active history of trauma and/or abuse; the training that staff conducting the searches will receive; and the oversight that the licensee will conduct to ensure that searches occur follow the written statement.

(13) 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 their treatment 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 the required staff-resident ratio 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 age-appropriate passenger restraints or safety belts.

3.07: continued

(g) No vehicle shall be used to transport residents unless the licensee has ensured that the minimum amounts of liability insurance required in Massachusetts are maintained.

(h) The licensee shall ascertain the nature of any need or challenging situations a resident presents which creates safety concerns during transportation, such as seizures, a tendency towards motion sickness, disabilities, or challenging behavior. The licensee shall communicate in advance such information to the operator of any transport vehicle.

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

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 Office of Public Safety and Inspections (OPSI) or the appropriate local building inspector, certifying that the program facility meets the applicable building code applicable to that facility.

(b) The licensee shall maintain, and keep on site, a written report from the local health inspector or from the Department of Public Health certifying that the program facility is in compliance with 105 CMR 410.000: *Minimum Standards of Fitness for Human Habitation* (State Sanitary Code: Chapter II).

(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 develop, maintain, and follow written policies, plans, and procedures for handling potential emergencies, such as fire, severe weather conditions, natural disaster, power or heat outage, lockdowns, shelter in place orders, active shooter, health emergencies, 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;
5. if a resident requires assistance evacuating due to disability, past or active history of trauma and/or abuse, behavioral challenges, or other considerations, individualized plans for the safe evacuation of such residents, which shall be updated as a resident's needs change; and
6. plans for emergency power generation for necessary medical devices or equipment.

(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 program and ensure that staff are familiar with the procedures.

(d) The licensee shall conduct and document the occurrence of training on these procedures quarterly in order to:

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

(e) The licensee shall prepare residents for and conduct evacuation drills on each shift at least two (2) times a year under varied physical or environmental conditions for a total of six (6) drills per year, with twice annual drills specific to: fire, severe weather conditions, natural disasters, and shelter in place.

1. The licensee shall train staff to properly execute individualized plans for the safe evacuation of any residents with disabilities, past or active history of trauma and/or abuse, behavioral challenges, or other considerations.
2. The licensee shall further take special care to help residents with disabilities, past or active history of trauma and/or abuse, behavioral challenges, or other considerations, to understand and process the nature of such drills.

(f) The licensee must keep written documentation of all emergency drills, including:

1. Date and time of the drill;
2. Type of drill;
3. Duration of the evacuation or drill;
4. Number of staff and residents who participated;
5. Any issues encountered or areas identified for improvement prior to next drill; and
6. Signature of the staff member who conducted the drill.

3.08: continued

(3) Toxic Substances.

(a) The licensee shall store toxic substances, including poisonous cleaning products, in locked areas where they are not accessible to residents. All toxic substances shall be plainly marked and include the corresponding antidote. All such substances shall be used only under proper supervision. The licensee shall store all containers for gasoline, kerosene, explosive and flammable materials in a locked building not occupied by residents and located at a safe distance from other buildings. Residents shall not have access to such locked buildings.

(b) The licensee shall ensure that toxic substances are kept in a locked area separate from medications and food storage areas.

(c) The poison control center number shall be posted conspicuously next to all telephones in the program, in the kitchen, and at the designated safe storage location of these items.

(d) 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 ensure safety at all times.

(4) Paint.

(a) All buildings, residential or otherwise, utilized by residents younger than six (6) years of age or with a mental age younger than six (6) years of age, shall be free of lead paint violations in accordance with Department of Public Health regulations at 105 CMR 460.000: *Lead Poisoning Prevention and Control*. Certification shall be obtained from the 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 Department of Public Health.

(b) A licensee shall comply with Department of Public Health regulation 105 CMR 460.000: *Lead Poisoning Prevention and Control*, including obtaining a Letter of Full Compliance or a Letter of Interim Control, demonstrating that the premises are free of lead paint violations.

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

(a) The licensee shall maintain the premises free from rodent or insect infestation and shall be responsible for pest elimination in accordance with Department of Health regulation 105 CMR 410.550. Extermination shall be carried out in compliance with the Massachusetts Department of Agricultural Resources Pesticide Program and 333 CMR 13.00: *Standards for Application*.

(b) Porches, elevated walkways, and elevated play or recreation areas shall have barriers to prevent falls. Glass barriers shall not be used.

(c) All exits, exit accesses, and exit discharge areas shall be maintained free from all obstructions or impediments to immediate use.

(d) Outdoor recreation areas, playgrounds, and recreational equipment shall be safe.

1. Playgrounds and recreational equipment shall: (1) be maintained in good repair and of safe design in accordance with the Consumer Product Safety Commission Public Playground Safety Handbook. Safe design includes being free of rough edges, protruding bolts and possibility of entrapment of extremities; (2) be securely anchored to a concrete or other suitable footing; (3) not have an asphalt or concrete surface under or around it; and (4) have canvas of other pliable seats on swings.

2. The outdoor recreation area shall be free from hazards and dangerous machinery.

3. 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 residents under the instruction and appropriate supervision of a staff member, except in transition to independent living programs, where they may be stored in areas which are not secured. The licensee must have a plan to ensure safety at all times.

(f) Swimming areas shall be tested for water quality, secured from unsupervised entry, and otherwise in compliance with 105 CMR 435.00 *Minimum Standards for Swimming Pools*, M.G. L. c. 140, § 206, and 780 CMR: *Massachusetts State Building Code*, and the federal Virginia Graeme Baker Pool and Spa Safety Act governing drain cover safety.

(g) The licensee shall have a plan for monitoring and ensuring safety around swimming areas, including appropriate staff-resident ratios and supervision in accordance with any requirements related to the residents served.

3.08: continued

(h) Any private well or water source shall be inspected and approved by the local board of health or health department and in compliance with the Department of Public Health regulation 105 CMR 410.000.
(i) 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 ensure that it is in good working order.
(j) First aid kits shall be maintained and shall be accessible to each major activity area of the program. These kits shall be checked and restocked regularly.
(k) The licensee shall ensure that all areas accessible to infants, toddlers, and young residents shall be safety-proofed as appropriate by age. 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 resident's reach.

(6) Physical Facility/Architectural Barriers.
(a) Requirements for Programs serving Residents with Limited Mobility. The licensee shall ensure that residents with limited mobility have access to those areas of the program facility and grounds to which such access is necessary.
(b) Building Entrances. A program which serves residents requiring wheelchairs or other mobility assistive devices incompatible with stairs shall have at least one (1) entrance for each building utilized by such residents without steps and wide enough for a wheelchair or mobility assistive device.

(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 equality of life of the specific population served. Living units shall be clean, safe, sanitary, and in good repair.
1. There shall be evidence of regular cleaning and maintenance routines in all areas of the program 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 clean.
1. Broken furniture and ripped upholstery shall be repaired or discarded.
2. Furniture and furnishings provided for residents shall be substantially the same as those provided for staff.
(c) Ventilation shall be provided in compliance with 780 CMR: *The Massachusetts State Building Code.*
(d) Window screens shall meet the requirements of the Department of Public Health regulation, 105 CMR 410.540, where applicable, or not contraindicated by security requirements.
(e) All incandescent or fluorescent light fixtures shall be protected with shades or covers.
(f) The licensee shall provide bedrooms that meet the following requirements:
1. Bedrooms rooms that comply with the requirements of natural light as defined by 105 CMR 410.430 and ventilation as defined by 105 CMR 410.220. Natural light shall equal at least 8% of the floor area, and windows shall provide a combined opening equal to at least 4% of the floor area or be supplemented by mechanical ventilation exhausting to the outdoors.
2. at least seventy (70) square feet of space for single bedrooms or at least fifty (50) square feet per person in bedrooms for two (2) or more residents. In programs serving young parents, a young parent and their children may be housed in a single bedroom.
3. Safe sleep space for each child of a young parent
4. Square footage calculations for bedrooms shall not include areas with less than five (5) feet of ceiling height, consistent with 105 CMR 410.420.

(g) The licensee shall provide each resident with the opportunity to personalize their bedroom space by displaying pictures and decorations that reflect their individual preferences, identity, and cultural background. The licensee must consider safety, appropriateness, and the potential impact on peers of such personalization to support a respectful, inclusive environment.

3.08: continued

(h) The licensee shall make provisions for the safe keeping and accounting of each resident's money or valuables.
(i) The licensee shall provide each resident with appropriate individual furniture and/or an individual closet or a designated section of a closet with sufficient space for clothes.
(j) The licensee shall provide accessible storage areas for personal possessions.
(k) The licensee shall provide each resident with their 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 in good condition with no visible damage or staining.
2. If bunk beds are utilized, there shall be a minimum spacing of three (3) feet between beds if single-decked and four and a half (4.5) feet if double-decked. Triple-decked beds are prohibited. There must be a minimum distance of six (6) feet between the heads of sleepers.
3. A pillow, fitted and flat sheets, and a blanket shall be provided for each bed. Bedding shall be in good condition with no visible tears or staining.
4. Pillowcases, sheets, and blankets shall be washed weekly or, if indicated, more frequently, and prior to reassignment to another resident.
5. Pillows, pillowcases, sheets, and blankets shall be replaced, as needed, to maintain comfort, hygiene, and dignity.

(l) Living rooms for the use of the residents shall be provided in each program facility.
(m) The living area(s) shall have adequate space per resident and shall be in compliance with 105 CMR 410.424(D), which requires at least one hundred fifty (150) square feet of habitable floor space for its first occupant, and at least one hundred (100) square feet of habitable floor space for each additional occupant.

(8) Bathing and Toilet Facilities.
(a) Bathing and toilet facilities shall be maintained in a clean and sanitary condition and:

1. The fixtures shall be sanitized at least once every twenty-four (24) hours and more often if necessary;
2. Surface materials shall be durable, cleanable, mold-resistant, and free from mold and mildew;
3. Such facilities shall be equipped with hand drying supplies; and
4. Such facilities shall be equipped with operational and sufficient ventilation, in compliance with Department of Public Health regulations 105 CMR 410.220 and 780 CMR 1203.1.

(b) The licensee shall locate and equip toilet areas so as to facilitate maximum autonomy and self-care by residents.
(c) The licensee shall provide toilets, which allow for individual privacy, with partitions and doors, in compliance with the Department of Public Health regulation 105 CMR 4.110(B), unless inconsistent with a toilet training program.
(d) The licensee shall provide bathing and toileting fixtures which are specially modified and/or designed to comfortably accommodate and promote maximum autonomy and self-care, if used by residents with disabilities.
(e) Except as provided in 606 CMR 3.08(8)(k), the licensee shall provide at least one (1) toilet for each six (6) residents which is easily accessible to their sleeping quarters.
(f) Except as provided in 606 CMR 3.08(8)(k), the licensee shall provide at least one (1) sink and one (1) tub or shower for each six (6) residents.
(g) 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, tubs, and showers, with hot water temperatures in compliance with Department of Public Health regulation 105 CMR 410.150.
(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 for each resident.
(k) In programs serving young parents, infants and toddlers shall not be included in the ratio of bathing and toilet facilities required by 606 CMR 3.08(8)(e)-(f).

(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 program. All equipment shall be clean, safe, sanitary, and in good repair.

3.08: continued

1. Kitchens shall be equipped with adequate cabinets, pantry, shelving, sinks, ovens/cooktops, refrigerators, and freezers.
2. Surfaces (including walls above countertops and flooring) shall be smooth, impervious, non-absorbent, durable, and easily cleanable
3. All fixtures and finishes shall be free from defects that impair cleanability or create hazards.

(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, ventilated, and appropriately furnished.

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

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

1. Disposable dinnerware shall not be used on a regular basis unless the program documents that such dinnerware is necessary to protect the health or safety of the residents in its care. Defective or damaged dishes or utensils shall not be used.
2. All food shall be stored in sealed containers and kept off the floor, with expiration dates monitored and expired items discarded promptly.

(f) All sharps—including, but not limited to, knives, pizza cutters, and meat slicers—shall be securely stored in a locked cabinet or drawer when not in use.

3.09: Records and Confidentiality

(1) Resident Records. 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, preferred name or nickname, date of admission, date of birth, place of birth, and primary language of the resident;
2. names of parent(s) and/or guardian(s);
3. name, address, and telephone number of parents or guardian, and closest relative available in the event of an emergency;
4. name, address, and telephone number of any attorney for the resident;
5. gender, including gender identity, race, height, weight, color of hair, color of eyes, and identifying marks;
6. medical and/or behavioral health condition(s) significant to the resident's well-being, including allergies and current medications;
7. description of the resident's ability for self-preservation;
8. referring agency and name, telephone number, and email address of social worker;
9. custody, guardianship and/or commitment status;
10. date of discharge and resident's location after discharge;
11. individual or agency responsible for follow-up contact with the resident; and
12. any additional information required by 606 CMR 3.00.

(b) copy of complete evaluations as required by 606 CMR 3.05(1)(c);

(c) documentation of intake services, as required by 606 CMR 3.05(3)(c);

(d) written assessment of needs and the individualized treatment plan as required by 606 CMR 3.05(4);

(e) written reports of periodic reviews as required by 606 CMR 3.05(5);

(f) written report of the discharge conference and summary as required by 606 CMR 3.05(7);

(g) written summary of any follow-up services provided, as required by 606 CMR 3.05(7)(i);

(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 606 CMR 3.06(4)(d); and
2. a record of prescribed medications administered to the residents.

(i) all necessary authorizations and consents, including the placement agreement required by 606 CMR 3.05(2)(d), all consents required for the medical care of the resident and Interstate Compact Documents, and guardianship documents and orders;

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

(k) copies of all serious incident reports as required by 606 CMR 3.04(3)(h);

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

1. written information as specified in 606 CMR 3.09(1);
2. treatment plan information required by 606 CMR 3.05(4)(a) shall include documentation of health care, routine child care, and if relevant, behavior support and education; and
3. If the licensee maintains a separate record for each child of a young parent, the parent's record and the child's record shall be cross-referenced. One (1) discharge plan and summary of services provided may be completed for the young parent and their family unit.

(2) Authentication and Updates. The licensee shall maintain accurate 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.

(3) Maintenance. The maintenance, retention, dissemination, duplication, storage and periodic destruction of resident records shall comply with the following:

(a) If a licensed program is subject to approval by the Department of Elementary and Secondary Education, the licensee shall maintain, retain, disseminate, duplicate, store and destroy all resident records in a manner which complies with the Massachusetts Student Records Regulations (MSRR) 603 CMR 23.00: *Student Records*, and shall not be bound by 606 CMR 3.09(3)(b).

3.09: continued

(b) If a licensed program is not subject to MSRR, the licensee shall maintain resident records for a period of seven (7) years in the following manner:

1. Information contained in a resident's records is privileged and confidential.
2. Such information may be distributed or released as necessary to persons directly related to implementing the resident's treatment plan without written consents.
3. Such information may not be distributed or released to persons not directly related to implementing the resident's treatment plan unless appropriate consents are obtained, pursuant to a court order, or otherwise required by statute.

(4) Access to Records. The licensee shall maintain and follow written procedures for access to resident records which provide for:

(a) requests for access made by the resident, taking into account the resident's capacity to understand and legal guardianship status, parent(s) or guardian(s),and person(s) not directly related to the treatment 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; and
(h) provisions for access to electronic records

(5) Storage and Preservation. If a program intends to cease operation, it shall submit to the Department a written plan for the storage and preservation of resident records, including for maintaining their confidentiality, at least one hundred and twenty (120) days before ceasing operation. A program intending to cease operation shall not destroy any resident records without written authorization from the Department.

(6) Communication Logs. Each licensee shall maintain a log or record system to ensure communication among staff and continuity of service. The log shall be utilized on a daily basis, unless the size of the program or staffing pattern requires an alternative frequency. The log shall include date and time of log entry, staff on duty, program census, narrative of milieu activities, concerns, issues to note, and any significant events that required escalation to or notification of the chief administrative officer or designee.

(7) Admissions Register. Each temporary shelter program shall keep and maintain a current register of all residents admitted to and discharged from the program. The register shall document, at a minimum, the resident's name, date, and time of admission, date and time of discharge, location after discharge, and person responsible.

3.10: Applicability

(1) Obligation to Comply. 606 CMR 3.00 reflects basic standards for the operation of residential programs serving residents or young parents. The Department mandates that all residential programs licensed by the Department comply with all applicable federal and state laws.

(2) Severability. If any provision contained in 606 CMR 3.00 or the application of such provision to any person or circumstance is held invalid or unconstitutional, the remainder of 606 CMR 3.00 or the application of such provisions to any person or circumstance other than the one held invalid shall not be affected.

(3) Prior Licenses. Any license issued under the provisions of 606 CMR 3.00 in effect prior to the latest effective date of 606 CMR 3.00 shall remain in effect, unless expired, suspended or revoked.

REGULATORY AUTHORITY

606 CMR 3.00: M.G.L. c. 15D, §§ 6-8.