



MASSACHUSETTS
**Department of
Early Education and Care**

Compliance Requirements for Funded Summer Camps

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

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

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

Unless specifically noted in the Compliance Requirements, all health and safety conditions included apply to all Funded Summer Camps. These are entities that operate only in the summer, are regulated by the Department of Public Health, and are licensed as a recreational day camp by the local board of health in the city or town where the camp is located. Funded Summer Camps are required to obtain a Certificate of Eligibility, issued by EEC, in order to receive CCDF subsidy funding.

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Definitions

Board of Health - The appropriate and legally designated health authority of the city or town in which the summer camp operates.

Camper – A school age child between the ages of 5 and 13 (or 16 with a documented special need), enrolled in a summer camp through the EEC subsidy system.

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

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

Counselor – A staff person who is responsible for supervising campers.

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

Department of Public Health Regulations- Used herein to refer to Massachusetts Department of Public Health's Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV, 105 CMR 430.000.

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

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

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

Funded Summer Camp Program – A program that is regulated by the Massachusetts Department of Public Health and licensed by the local board of health in the city or town where the camp is located. A Funded Summer Camp meets the Department of Public Health definition of recreational summer camp, including operating only in the summer in accordance with 105 CMR 430.020. A Funded Summer Camp is not subject to EEC licensure, but is required to obtain a Certificate of Eligibility from EEC to provide subsidized child care services to school age children, pursuant to a voucher or contract. Funded Summer Camp programs are required to comply with CCDBG requirements.

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

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

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

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

Lifeguard - a trained water safety professional who is at least 16 years old and holds current Lifeguard, First Aid, and CPR certifications, as recognized by the Department of Public Health.

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

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

Personal Protective Equipment – Protective gear, clothing, eyewear, helmets, padding, guards, and any other safety equipment intended to protect children from injury when participating in high risk activities.

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

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

Program Staff – All individuals working with children in the early education and care or summer camp program. Staff may include directors, administrators, group leaders, general counselors, specialty counselors, nurses, educators, and other individuals employed by the program; also referred to herein as “Staff” and/or “Provider”.

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

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

Specialized High Risk Activities - activities that present an increased risk to health and safety beyond routine risk. Specialized high risk activities include, but are not limited to, horseback riding, hiking, scuba diving, rock climbing, firearms, archery, challenge courses, climbing walls, and all swimming and watercraft activities.

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

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

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

Compliance Requirements

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

6.01: Prevention and Control of Infectious Diseases

(1) Proper handwashing

- (a) Handwashing Procedures. Staff and Campers shall wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Hands shall be dried with individual or disposable towels or automatic hand blow-dryers. The use of common towels is prohibited.
- (b) Handwashing Frequency. Staff and Campers shall wash their hands at least at the following times:
 - 1. Before eating and/or handling food;
 - 2. After toileting;
 - 3. After coming into contact with bodily fluids (including sneezes and coughs);
 - 4. After handling animals or their equipment;
 - 5. After cleaning or handling garbage;
 - 6. Before and after the administration of any medication (including topical ointments).
- (c) Handwashing Facilities. Facilities used for hand washing after toileting shall be separate from facilities and areas used for food preparation and food service.

(2) Proper storage of personal belongings

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

(3) Policies for the prevention and control of Infectious Diseases

- (a) Illness and Infectious Diseases. The Program shall have written policies for the prevention and control of contagious illnesses and Infectious Diseases.
 - 1. The Program shall follow exclusion policies for serious illnesses, contagious diseases, and reportable diseases in accordance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health;
 - 2. The Program shall notify all Parents in accordance with Department of Public Health Regulations and recommendations, when any Communicable Disease or condition has been introduced into the Program; and

3. The Program shall follow all Department of Public Health recommendations regarding procedures for using insect repellants and conducting tick checks.

(b) Health Precautions. The Program shall follow infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood, bodily fluids or excretions that may spread Infectious Disease. Health precautions include but are not limited to, the use of personal protective equipment, proper disposal containers for contaminated waste, hand washing and proper handling of bodily waste.

1. Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids;
2. Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container; and
3. Contaminated clothing shall be sealed in a plastic container or bag, labeled with the Camper's name, and returned to the Parent at the end of the day.

(c) Required Immunizations. Written documentation shall be required for all Campers and Staff showing evidence of immunizations in accordance with the schedules and recommendations of the Department of Public Health.

6.02: Administration of Medication

(1) Proper labeling of medications

(a) Labeling of Prescription Medications. Prescription medications shall be in the containers in which they were originally dispensed and labeled by the pharmacist, including the date the prescription was filled and clear instructions for administration.

(b) Labeling of Over the Counter Medications. Over the counter medications shall be dated and kept in the original manufacturer's packaging. The container should be labeled by the Parent/guardian, including:

1. The Camper's first and last name;
2. Specific instructions given by the prescribing physician or pharmacist's order for the dosage and administration, if applicable.

(2) Proper storage of medications

(a) Storage of Medications. Medications shall be stored under the proper conditions for sanitation, preservation, security, and safety at all times. All medications shall be:

1. Stored out of the reach of and completely inaccessible to children, unless otherwise specified in a Camper's individual health care plan. All medications that are considered controlled substances shall be kept in a secured and locked place at all times, when not being accessed by an authorized individual;
2. Stored at the proper temperature. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children, in a refrigerator maintained at temperature between 38°F and 42°F; and
3. Stored away from food.

(b) Storage of Emergency Medications. Emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, shall be immediately available for any Camper for whom they have been prescribed.

1. The Program may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan that permits older School Age Campers to carry their own inhalers and epinephrine auto-injectors and use them as needed, without direct Staff supervision. Counselors responsible for supervising said Campers shall be aware of the contents and requirements of the Camper's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other Campers in the Program.
2. Whenever an individual health care plan provides for a Camper to carry his or her own medication, the Program must maintain on-site a back-up supply of the medication for use as needed.

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

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

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

- (a) Health Care Policy. The Program shall have and follow a written health care policy that includes a plan for meeting individual Camper's specific health care needs, including, but not limited to:
 1. procedures for identifying Campers with allergies and protecting Campers from that to which they are allergic, if applicable;
 2. procedures to be followed in case of illness, injury, or emergency, method of transportation, notification of Parents, and procedures for when Parents cannot be reached;

3. a list defining mild symptoms with which ill Campers may remain in care and more severe symptoms that require notification to pick up the Camper; and
 4. a plan to ensure that all appropriate measures will be taken to meet the health requirements of Campers with disabilities, if applicable.
- (b) Allergies and Special Diets. The Program shall follow the directions of the Parents and /or the Camper's physician regarding any allergies, food preparation, and feeding of special diets to Campers. The Program shall ensure that information about allergies and other known medical conditions are easily and readily available at all times, and accompany Campers anytime they leave the facility in the care of Program Staff.
- (c) Caring for Mildly Ill Children. In caring for mildly ill Campers, the Program shall meet the individual needs of each Camper for food, drink, rest, play materials, comfort, supervision, and appropriate indoor and outdoor activity, as indicated by the health condition of the Camper.

6.03: Prevention and Response to Emergencies

(1) Emergency preparedness plans, policies, and procedures

- (a) Emergency Preparedness - Staffing. At least one staff member with current age-appropriate CPR and First Aid Certification shall be present at all times while campers are present, including at least one person in each vehicle transporting campers and at least one person accompanying campers during activities off site. Coursework toward such certification must include basic training in food choking hazards, asthma, and anaphylaxis, and must include hands-on training, in accordance with EEC policy.
- (b) Emergency Preparedness – Program Staff. All Staff shall be informed of the location of Camper records, the first aid kit(s), and all procedures pertaining to the operation of the Program, including, but not limited to, emergency procedures, first aid procedures, and Campers' individual health plans.
1. Staff shall handle all emergency situations in an appropriate manner;
 2. Staff shall be able to communicate basic emergency information to emergency personnel; and
 3. When considering evacuation or sheltering in place, Staff shall follow the directions of the local emergency management authorities.
- (c) Emergency Preparedness Plan. The Program shall have a written plan detailing procedures for meeting potential emergencies including but not limited to missing Camper, lost swimmer, and evacuation from the Premises in the event of a fire, natural disaster, loss of power, heat or hot water or other emergency situation.
1. The plan shall include, but not be limited to:
 - a. a method to obtain information from local authorities to determine whether to evacuate or shelter in place in the event of a natural disaster;
 - b. escape routes from each activity area, floor level, and exit used for camp purposes;
 - c. a designated meeting place outside and away from the immediate area and any buildings;
 - d. a method of contacting the fire department or other appropriate authorities after the immediate area has been evacuated;
 - e. a method of communication with Parents in the event of an emergency evacuation;
 - f. a method for notifying EEC and the Department of Children and Families (DCF), if warranted; and
 - g. a means to assure that no Camper is left on the Premises after evacuation.

2. The plan shall be kept current and shall meet the needs of all Campers in care, including any Campers (including but not limited to those with disabilities) who may need additional assistance during an evacuation.
3. There shall always be a second adult Staff member trained in the Program's health care and emergency procedures immediately available in case of an emergency.

(2) **Emergency information posted**

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

(3) **Exits accessible and safe**

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

(4) **Emergency drills practiced monthly**

- (a) Monthly Emergency Practice Drills. Practice emergency, evacuation, relocation, and lockdown drills shall be held with all groups of Campers and all Staff at least monthly. If the Program operates in sessions that are shorter than one month, drills shall be held within the first 24 hours of every new session, in accordance with Department of Public Health Regulations.
1. Drills shall be held during different times of the Program day, and shall use alternative exits and evacuation routes.
 2. Drill shall be documented in accordance with EEC requirements, including the date, time, exit route used, number of Campers evacuated, and effectiveness of each drill.

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

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

(6) Emergency Communications

- (a) Working Telephone Available. Staff shall have access to a working telephone for the purpose of making and receiving emergency phone calls during all hours of Program operation, whether on or off the Premises, whenever they are responsible for supervising Campers.
- (b) Long-Range Communication System. The Program shall have a mechanism to notify all Campers, Counselors, Program Staff, and visitors in the event of an emergency on the Premises. Appropriate means of communication shall reach all areas of the Premises and may include intercom, alarm, or other long-range communication tool.

6.04: Building and Physical Premises Safety

(1) Certifications and Inspections

- (a) Fire Inspection Certificate. The Program shall be able to provide evidence of compliance with all applicable fire codes, including but not limited to those related to open flames, outdoor fires, smoke alarms and detectors, fire protection systems and permits.
- (b) Building Inspection. In accordance with Department of Public Health Regulations, all buildings and structures used for assembly of children and/or Staff for camp purposes shall have a current certificate issued by the local building inspector certifying that the facility complies with the applicable 780 CMR: *The Massachusetts State Building Code*.
- (c) Water Source Inspection. The Program shall provide evidence that any private well or water source has been inspected and approved by the local board of health, health department, or private laboratory and meets Department of Environmental Protection Requirements, if applicable.
- (d) Local Board of Health Inspection. The Program shall provide evidence that the summer camp has been inspected and approved by the local board of health and meets Department of Public Health regulatory requirements.

(2) Indoor and Outdoor Space

- (a) Indoor Space. All indoor space used by Campers shall be safe, clean, in good repair, and free from hazards including, but not limited to: matches, lighters, toxic materials, sharp objects, plastic bags, Staff personal belongings. Any such hazard shall be removed or made inaccessible to children.
 - 1. Room Temperature. Room temperature in rooms occupied by Campers shall be maintained at a minimum of 65°F. Staff shall take appropriate measures to protect Campers from health risks associated with excessive heat.
 - 2. Pest Management. All indoor spaces used for camp purposes shall be clean and maintained free from vermin. Safe and effective means of eliminating vermin shall be provided. Pesticides may not be used on the Premises during hours of operation.
- (b) Outdoor Space. All outdoor space used by Campers shall be safe, clean, regularly maintained, and free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, dangerously harsh, abrasive, or toxic ground covering, and weather related and environmental

hazards. Any such hazard shall be removed or fenced by a sturdy, permanently installed barrier which is at least four feet high or otherwise protected, as appropriate.

1. The outdoor play space shall provide for both direct sunlight and shade.
2. Staff shall monitor the environment daily to identify and remove or repair any hazards that may cause injury to Campers.
3. The outdoor play space shall be appropriate for each age group and developmental level of Campers served and accessible to Campers with disabilities.

(c) Toxic Substances. Toxic substances shall be stored inaccessible to children and separately from food and medications. All toxic substances shall be labeled as to the contents and antidote.

(d) Pets and Animals. Before introducing an animal to the Program, Staff shall consider the effect on the Campers' health and safety, including possible allergies, and notify Parents in advance, or prior to the Camper's enrollment. Staff shall closely supervise all interactions between Campers and animals, including animals that are owned by the camp, and instruct Campers on safe behavior when in close proximity to animals. If animals are kept in the Program, the Staff shall:

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

(3) Indoor and Outdoor Equipment

(a) Equipment, Materials, and Furnishings. All equipment, materials, furnishings, and toys used by Campers shall be safe, sturdy, easy to clean, and in good repair.

1. All equipment, materials, furnishings, and toys used by Campers shall be free of sharp points on corners, splinters, protruding nails, loose or rusty parts, paint which contains lead or other poisonous materials, or any other hazards which may be dangerous to children.
2. The Program shall not use any equipment, materials, furnishings, toys, or games identified by the U.S. Consumer Product Safety Commission as being hazardous.
3. All equipment shall be used in accordance with manufacturer's guidelines.

(b) Entrapment Hazards. All fences, structures, play equipment, and furnishings used by Campers shall be free of entrapment hazards.

(c) Trampolines. Except for therapeutic equipment, the use of trampolines by Campers, whether indoors or outdoors, is prohibited.

(d) Playground Equipment. All playground equipment shall be securely anchored and located within Use Zones that are covered with an adequate depth of an impact-absorbing material, in accordance with the Consumer Product Safety Commission Public Playground Safety Handbook and EEC policy.

(e) Equipment used for High Risk Activities. Pursuant to Department of Public Health Regulations, all equipment used for High Risk Activities shall be inspected as necessary to ensure that it is in safe and functional condition. Any equipment that is potentially hazardous in nature, including but not limited

to bows and arrows, air rifles, bb guns, rocketry supplies, and sharp or heavy tools shall be stored locked and inaccessible to children when not in use. Safety zones shall be established for all areas used for high risk activities, in accordance with Department of Public Health Regulations, and equipment shall not be used outside of these zones at any time.

1. Personal Protective Equipment shall be provided for all Campers participating in High Risk Activities. All Personal Protective Equipment provided shall meet Consumer Product Safety Commission approval standards.

(4) Pool and Water Safety

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

6.05: Appropriate Supervision, Interactions, Discipline, and Prevention of Maltreatment

(1) Supervision

- (a) Appropriate Supervision. All Staff shall exercise appropriate supervision of the Campers in their care in order to ensure their health and safety at all times. Such supervision shall include, but not be limited to, indoor and outdoor activities, mealtimes, transportation, field trips, and transitions between activities.
 1. Staff shall be aware of Campers' activities at all times and in sufficient proximity to Campers at all times in order to be able to intervene quickly when necessary;
 2. Staff shall be positioned to maximize their ability to see and/or hear Campers in their care; and
 3. Staff shall not engage in any other activities or tasks that could unnecessarily divert their attention from supervising Campers.

(b) Supervision of High Risk Activities. Pursuant to Department of Public Health requirements, any specialized, high risk activities, either on or off-site, shall be conducted only under the supervision of specially qualified Staff who have evidence of appropriate training, certification, and experience in said activity. Specialized high risk activities include but are not limited to hiking, horseback riding, archery, rock climbing, ropes course, boating, swimming, and pool and waterfront activities, climbing walls, challenge course, and riflery.

1. The specially qualified Staff shall be present for the duration of the time whenever Campers participate in and/or have access to the area or equipment used for specialized high risk activities.

(2) Appropriate discipline

(a) Child Guidance. Staff shall provide guidance to Campers in a positive and consistent way based on an understanding of the individual needs and development of children.

(b) Prohibited Practices. The following practices are strictly prohibited:

1. spanking or other corporal punishment of children;
2. subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks;
3. depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence;
4. disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting; and
5. excessive time-out. Time-out may not exceed one minute for each year of the child's age and shall take place within a staff member's view.

(3) Prevention of child maltreatment

(a) Protection from Abuse and Neglect. The Program shall be operated in ways that protect children from abuse or neglect. Any form of abuse or neglect of children while in care is strictly prohibited.

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

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

(c) Mandated Reporting. Every Provider is a mandated reporter under M.G.L. c. 119, § 51A and shall make a report to DCF whenever he/she has reasonable cause to believe a child in the Program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.

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

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

6.06: Transportation

(1) Vehicle Requirements

- (a) Vehicles Maintained and Operated. Any and all motor vehicle used for the transportation of Campers shall be maintained and operated in accordance with the requirements as contained in the pertinent sections of M.G.L. c. 90, in particular §§ 7A, 7B, 7C and 7D, and with all applicable regulations within 540 CMR: Registry of Motor Vehicles.
- (b) Vehicle Registration and Inspection. Any and all vehicles used for the transportation of Campers shall be registered and shall have passed an annual inspection in accordance with the laws of the state.
1. The Program shall maintain documentation of vehicle registration and passed annual inspection for each motor vehicle used to transport Campers.

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

- (a) Written Transportation Plan. The Program shall have a written plan for the safety and supervision of all Campers during transport. The plan shall describe how Campers are transported to and from the Program, in an emergency, and on field trips. The plan shall also address the safety and supervision of Campers who walk and who arrive by public transportation.
1. The plan shall include any special arrangements for Campers with disabilities; and
 2. The plan shall ensure compliance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Section 504. Whenever possible, Campers with disabilities should be transported in the same vehicles used to transport other Campers.
- (b) Parental Consent for Transportation. The Program shall have written Parental consent for each Camper's individual transportation plan.
- (c) Transportation Policies and Procedures. Whenever the Program provides or contracts for transportation for Campers, the Program must establish policies and procedures that are intended to keep children safe during transport. Whenever transportation is provided or contracted by the Program, the Program must ensure that:
1. the operator of any vehicle transporting Campers is licensed in accordance with the laws of the state;
 2. at least one person on each vehicle is currently certified in first aid and CPR;
 3. the driver of the vehicle takes attendance before and after each trip and conducts a complete vehicle inspection after every trip to ensure that Campers are not left alone in a vehicle at any time;
 4. Campers' emergency contact information shall be carried in the vehicle whenever Campers are present; and
 5. the driver of the vehicle shall release Campers only to persons known or identified to the driver and authorized by the Parent(s) in writing to receive the Camper.
- (d) Programs are mandated to ensure that all transportation personnel are subject to a background record check pursuant to 606 CMR 14.00 et seq.

(3) Provisions for transportation safety

- (a) Provisions for Transportation Safety. The Program shall ensure adequate provisions for transportation safety on each vehicle during transport, including but not limited to a first aid kit, a working mechanism to make emergency telephone calls, and a seat belt cutter. Sharp, heavy, or potentially dangerous objects shall be placed in the trunk or cargo area and securely restrained when transporting Campers.
- (b) Car Seats and Restraints. Suitable car seats, safety carriers, restraints or seat belts shall be provided for and used by each Camper, Staff member, driver and attendant in all vehicles containing fewer than 16 passenger seats. All car restraints shall meet the U.S. Department of Transportation Federal Motor Vehicle Safety Requirements guidelines and shall be crash tested and child approved.

6.07: Group Sizes and Adult-Child Ratios

(1) Group sizes and Adult-Child Ratios

- (a) Groups Sizes. The Program shall maintain appropriate group sizes necessary to ensure adequate and safe supervision at all times.
 - 1. All group assignments must be developmentally appropriate for the individual Camper.
 - 2. The group size must be appropriate for the activities planned and for the characteristics of the children assigned to the group.
- (b) Sufficient Staffing. The Program shall maintain sufficient numbers of qualified Staff to promote the health, safety, growth and development of each Camper. Assignment of Staff shall take into account the physical environment, requirements of the activities Campers are engaged in, and the developmental levels and behavioral traits of the children in care. The Program must have the number of Program staff necessary to:
 - 1. ensure adequate supervision of the group at all times;
 - 2. provide individual attention to Campers; and
 - 3. promote each Camper's physical, social, emotional, and cognitive development.
- (c) Adult-Child Ratios. Pursuant to Department of Public Health Regulations, the Program shall maintain the following minimum ratios of Staff to Campers at all times:

There shall be at least one counselor for every ten (10) children ages 7 and older.
There shall be at least one counselor for every five (5) children under the age of 7.
- (d) Ratios and Group Sizes during Specialized High Risk Activities. Ratios and group sizes during Specialized High Risk Activities shall not exceed the ratios identified in Compliance Requirement 6.07(1)(c).

6.08: Notification Policies

(1) Notification policies in place

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

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

6.09: Required Health and Safety Trainings

(1) Required Pre-Service Health and Safety Trainings

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

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

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

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

6.10: Record Keeping

(1) Complete and accurate record keeping- attendance records

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

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

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

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

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

(3) Complete and accurate record keeping – Staff records

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

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

6.11: Background Record Checks

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

(b) Each Designated Administrator shall ensure that employees shall not have unsupervised access to children until the Designated Administrator determines that the requirements identified in 6.11 (a) and 606 CMR 14.00 et seq. are met.

6.12: Applicability and Enforcement

(a) The Compliance Requirements reflect basic standards for the provision of subsidized child care services to children in Funded Summer Camp Programs that are subject to funding approval by the Department. Approvals for funding by the Department shall not relieve Programs of their obligation

to comply with any other applicable state or federal statutory or regulatory requirements or requirements set forth in their contracts with state agencies. Whenever possible, these other statutory, regulatory, and contractual requirements shall be construed in a manner that is consistent with the Compliance Requirements.

- (1) Any employee of the Department may, at any reasonable time, visit and inspect any funded Program or any facility that is operated by a Program subject to funding approval by the Department, in order to determine whether such facility or Program is being operated in compliance with the Compliance Requirements. Any employee of the Department may make oral and/or written inquiries to determine whether a funded Program is being operated in compliance with the designated Compliance Requirements.
 - (2) An employee of the Department may visit and inspect any facility that is operated by a funded Program upon receipt of a complaint or allegations regarding compliance with the Compliance Requirements. Such visits will be conducted at any reasonable time, in order to determine whether any child is in jeopardy and/or whether such Program is being operated in accordance with any Compliance Requirements applicable to such Programs.
 - (3) The Designated Administrator shall make available any information requested by the Department to determine compliance with any requirements applicable to funded Programs, by providing access to the facilities, records, staff and references.
- (b) Whenever the Department finds, upon inspection or through information in its possession, that a funded Program and/or the facilities used to provide subsidized child care is not in compliance with the Compliance Requirements, the Department may require the Designated Administrator to correct any non-compliances, as specified in a Corrective Action Plan.
- (1) The Corrective Action Plan shall include a statement of observations and indicate which Compliance Requirements the Program has not complied with. The correction order shall prescribe the time period for correction, which shall be reasonable, depending on the nature of the non-compliances cited and the time required for corrections.
 - (2) Upon expiration of the time frame prescribed in a correction order, a duly authorized employee of the Department will determine compliance with such order by visiting the facility used to provide subsidized child care, reviewing documents, and/or verifying compliance through whatever other means the Department deems suitable.
 - (3) The Department may revoke the funded Program's eligibility for funding in the event that significant non-compliance with these Compliance Requirements are identified, or the funded Program fails to correct identified non-compliances within the specified time period.
- (c) The Department shall make public the results of monitoring and inspection reports related to provider compliance and/or violations of CCDBG requirements and EEC policies.