



HIGHLIGHTED CHANGES TO 606 CMR 3.00

Effective Date: November 17, 2026

PURPOSE

This guide highlights substantive changes made to 606 CMR 3.00. The information included in this document was intentionally selected to assist EEC residential licensors and licensed providers in identifying significant regulatory changes.

Key Areas of Change

- Updated terminology and definitions
- New licensure submission requirements
- Expanded reporting and documentation requirements
- Enhanced staff training expectations
- Increased focus on trauma-informed care
- Expanded intake, treatment, and discharge planning requirements
- Enhanced family engagement and resident participation requirements
- Strengthened residential staff responsibilities
- New physical plant and safety requirements
- Updated records and confidentiality requirements

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3.02 DEFINITIONS

Updated Terminology

- Residential staff
- Young parents
- Treatment plans
- Behavior support language

Most Notable Changes

- “Child” replaced with “Resident”
- Seclusion
- Addition of “Traum Informed & Responsive Care”

3.03 LICENSURE

New Document Library Submission Requirements

Regulatory Citation	Required Submission
606 CMR 3.04(6)(f)	If the program utilizes volunteers or temporary staffing agency personnel, a plan for their use.
606 CMR 3.04(7)(c)(4)-(5) and 606 CMR 3.07(11)	Policy and procedures related to preventing, identifying, and reporting behavior related to sexual abuse, sexual grooming, and exploitation of children.
606 CMR 3.07(1)	Policy and procedures detailing the supervision of children, including: frequency of bed checks on overnight shifts; levels of increased supervision related to safety; and proper documentation required to verify completed supervision checks.
606 CMR 3.03(7)(e)(12)	For programs using cameras/systems for surveillance or security purposes, policy and procedures related to use must be submitted in accordance with Department policy.



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606 CMR 3.08(5)-(9)	Policy and procedures related to maintenance of the program's physical facility.
606 CMR 3.07(3)(b)	A plan for room assignment, including specific considerations related to gender, including gender identity, and past or active history of trauma and/or abuse.
3.03(7)(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.
606 CMR 3.07(7)	Policies and procedures related to behavior support (including Seclusion). See EEC Policy.

3.04 ADMINISTRATION OF THE PROGRAM

Regulatory Citation	Highlighted Change
606 CMR 3.04(3)(f) and 3.04(5)(d)	Expanded mandated reporter responsibilities — now includes DPPC reporting requirements and coordination with outside investigators before internal investigations begin.
606 CMR 3.04(3)(h)	More detailed incident documentation — staff must now document emotional status before/after incidents, de-escalation attempts, behavior support plan compliance, resident feedback, parent communication efforts, electronic signatures, and injuries/photos.
606 CMR 3.04(7)(c)(10)	Trauma-informed and LGBTQIA+ competency requirements — now specifically required as part of staff training and program preparation.
606 CMR 3.04(7)(c)(4) and (5)	Recognition of sexual grooming behaviors — staff training must now include identifying sexual grooming and abuse indicators.
606 CMR 3.04(7)(c)(3)	Overdose/intoxication response training — staff must be trained on signs/symptoms of overdose, intoxication, and related emergencies.
606 CMR 3.04(6)(b)(4) and 3.04(7)(c)(11)	Professional boundaries and electronic device expectations — programs must train and set expectations regarding professionalism, boundaries, and staff use of phones/electronic devices.
606 CMR 3.04(3)(h)(10)(a)	Behavior support plan compliance during restraints — restraints now require documentation of whether the resident's behavior support plan was followed and why deviations occurred.



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606 CMR 3.04(3)(h)(10)(j)	Resident participation after restraints/incidents — residents must be offered the opportunity to provide written comments following restraints within 24 hours.
606 CMR 3.04(1)(g) and (h)	Advisory board and leadership reporting responsibilities — programs must now track and present data on restraints, investigations, citations, and monitoring visits to advisory bodies.
606 CMR 3.04(5)(a)-(j)	Faster reporting timelines — many reporting requirements now require notification immediately and no later than 24 hours.
606 CMR 3.04(6)(f)	Temporary staff/agency staff onboarding requirements — temporary workers and staffing agency personnel now require documented supervision, safety training, and mandated reporter training before resident contact.
606 CMR 3.04(7)(c)(10)	Expanded cultural responsiveness and family engagement expectations — training must now include cultural awareness, responsiveness, competence, and family engagement.
606 CMR 3.04(7)(d)	Required annual professional development structure — ongoing training hours are now explicitly tied to refresher training, certifications, and role-specific competencies.
606 CMR 3.04(8)(a)	Expanded staff evaluation criteria — annual evaluations must now include misconduct allegations, restraint implementation, treatment plan competency, retention goals, and training compliance.

3.05 INTAKE, TREATMENT, AND DISCHARGE PLANNING

High-Level Themes Across 3.05

Theme	Summary
Terminology modernization	“Service plan” is generally updated to “treatment plan”; “child” is updated to “resident”; “teen parent” is updated to “young parent”; gendered pronouns are replaced with gender-inclusive language.
Greater trauma-informed specificity	Adds or strengthens references to past or active trauma/abuse history, known triggers, stressors, de-escalation strategies, crisis management planning, and contraindications for restraint.



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Expanded intake information requirements	Requires more detailed intake information before admission when possible, including medical, medication, placement, treatment, behavioral health, trauma, and support-system history.
Stronger documentation expectations	Adds repeated requirements to document requests, recommendations, notifications, assessment findings, follow-up efforts, and exceptions.
More individualized planning	Treatment, discharge, and placement plans are framed around individualized needs, resident capacity, permanency, transition planning, and supports after discharge.

3.05(1) Eligibility for Admission

Change Area	Summary of Noted Change
Admission criteria and scope	Clarifies that programs may admit only residents who meet the written eligibility criteria and statement of purpose, and whose needs the program believes it can meet.
Emergency admission provisions	Keeps emergency admission flexibility but requires missing intake information to be requested by the next business day and documented.
Expanded intake information	Adds minimum intake information: current/past treatment and placements, medications, medical status/clearance, behavioral and mental health symptoms/status, trauma or abuse history, and family/community supports.
Qualified evaluations	Requires current evaluations by qualified professionals, except in emergencies, covering behavioral, physical, emotional, social, intellectual, and trauma-related factors.
Prior placement recommendations	Adds requirement to seek and document information from prior placements about effective/ineffective de-escalation, crisis management, antecedent strategies, and known triggers.



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Young parent/independent living language	Updates “teen parents” to “young parents” and clarifies self-referral for mature minors in young-parent or transition-to-independent-living programs.
Residential appropriateness	Requires referral information showing residential placement is appropriate, including preventive services attempted or explanation why placement is warranted without them.
Temporary shelter referral plan	Clarifies referral obligations when a temporary shelter cannot admit a resident due to capacity or appropriateness.

3.05 INTAKE, TREATMENT, AND DISCHARGE PLANNING (Continued)

3.05(2) Placement Preparations

Change Area	Summary of Noted Change
Pre-admission visit	Updates language so residents and parents/guardians have an opportunity to visit the program and likely living unit except in emergencies.
Written materials	Expands and updates the list of materials provided at admission or within 72 hours after emergency admission, including program expectations, grievance procedures, communication policies, search policy, and behavior support information.
Accessible communication	Adds that required information must be provided in the resident’s preferred language and consistent with capacity to understand.
Resident objection	Retains ability to withhold materials from parents/guardians if the resident objects, with written documentation in the file.
Staff preparation	Significantly expands information staff must receive before a new resident arrives, including medical conditions/allergies, behavioral and mental health status, trauma history, stressors/triggers, LGBTQIA+ considerations, strengths/interests, community connections, restrictions, and crisis/behavior support plans.
Placement agreement	Updates agreement content to include individualized responsibilities for payment, services, education, contact/visitation restrictions, transportation, follow-up services, discharge circumstances, and planning conferences.
Young parent agreements	Clarifies how placement agreements may be structured and signed for young parents and their children depending on age, custody/guardianship, and funding/placement agency involvement.



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3.05(3) Intake Services

Change Area	Summary of Noted Change
Orientation and belongings	Retains requirements to designate sleeping space, storage for belongings, and an adult to orient the newly admitted resident.
Immediate emergency assessment	Expands immediate assessment to include medical, mental and behavioral health status, physical well-being, severe psychological disturbance, overdose, alcohol intoxication, and suicide risk that may require a higher level of care.
Basic needs	Clarifies that basic needs include clothing, food, hygiene items, durable medical or life-saving equipment, and medications.
Medication storage	Adds more specific medication security and storage expectations, including refrigerated medication temperature range of 36°F to 46°F.
Restraint contraindications	Requires assessment and documentation of medical, physical, trauma, or abuse history that may contraindicate physical restraint procedures.
24-hour services	Requires documentation within 24 hours of admission regarding family situation, reasons for care, options available, face sheet completion, and explanation of rules/emergency evacuation in an understandable manner.

3.05(4) Treatment Planning

Change Area	Summary of Noted Change
Terminology shift	Changes “service planning” to “treatment planning” and “service plan” to “individualized treatment plan.”
Assessment domains	Adds a comprehensive assessment used to develop treatment and discharge plans, including education, vocation, health, behavioral health/support, trauma/abuse history, recreation, religion/culture, life



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	skills, social services, family work, clinical services, permanency planning, and parenting skills where applicable.
Treatment plan content	Requires the plan to identify needs, services to be provided, and staff responsible for providing or arranging services, based on the assessment.
Team composition	Clarifies that treatment/discharge planning must involve program staff responsible for implementation, at least one qualified advanced-degree/licensed professional, residential staff, case manager, education representative, referral source, and parents/guardians when appropriate.
Resident participation	Requires consultation with the resident consistent with capacity to understand and documentation of consultation.
IEP use	Clarifies that an IEP may satisfy part, but not necessarily all, of the treatment plan requirements.
Communication of plans	Requires plans, reviews, and discharge plans to be explained to implementing staff, family/guardian as appropriate, and the resident in an understandable way; copies must be provided to referral source.
Temporary shelter exceptions	Maintains faster planning timeline for temporary shelter placements over 72 hours, with treatment plans due within seven days and review/discharge planning within 15 days.

3.05(5) Treatment Plan Review

Change Area	Summary of Noted Change
Review frequency	Maintains review requirement as often as necessary and at least every six months.
Reassessment areas	Updates review language to reassess resident progress and needs using treatment-planning assessment domains.
Longer placements	For placements over 45 days, explicitly requires consideration of custody/guardianship status, permanency planning, need for guardianship, and alternatives to residential placement.
Temporary shelter review	Requires service/treatment plan review and discharge planning meetings within 15 days of admission and every 15 days thereafter until discharge,



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	including anticipated discharge date, recommended placement, and implementation responsibilities.
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3.05(6) Temporary Shelter Placement Extensions

Change Area	Summary of Noted Change
Extension standard	Keeps ability to request extensions when unforeseen or extreme circumstances prevent a long-term plan within 45 days.
DYS/court-order exception	Clarifies that extensions are not required for certain Department of Youth Services residents detained, dual-status, with outstanding charges, or placed by court order.
Request process	Requires extension requests from the chief administrative officer or designee before expiration of timelines.
Resident-specific content	Requires extension requests to include date of placement, reasons for extension, current services, planning meeting dates, discharge arrangements, and anticipated discharge date.
Individualized treatment plan basis	Reframes extensions as based on development of an appropriate individualized treatment plan demonstrating the program's ability to meet the resident's needs.
Recordkeeping	Requires documentation of extension requests and whether approved, plus updates to the Department about actual discharge date or discharge progress.

3.05(7) Discharge Planning

Change Area	Summary of Noted Change
Subsection title	Changes "Discharge from Care" to "Discharge Planning," emphasizing proactive planning rather than only exit documentation.
Short-stay discharge summary	For residents in care under 45 days, expands discharge summary content to include services provided, reason for discharge, medical status, progress, baseline status, trauma/abuse history, known stressors, crisis plans, restraint-related plans, discharge location,



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	responsible caregivers, follow-up services, placement suggestions, and medical/dental/behavioral/mental health needs.
Ongoing discharge planning	Requires discharge planning in conjunction with treatment plan reviews and tied to future goals of the resident.
Transition to adult services	Adds requirement that discharge planning for youth transitioning to adult services begin one year before the resident's 22nd birthday or at placement if already 21.
Longer-stay discharge plan	For residents in care over 45 days, requires a discharge plan at least 30 working days before discharge, except emergencies and adult-services transition cases.
Young parent family unit	Allows one discharge plan for the family unit in programs serving young parents.
Transfer consent	Clarifies that non-emergency transfer to another program requires consent of the parent/guardian as applicable.
Unplanned/emergency discharge	Requires a discharge summary explaining the circumstances of any unplanned or emergency discharge.
Follow-up services	Requires documentation of location after discharge, written plan to promote follow-up services, reasonable efforts to contact residents within 30 days if in care over 72 hours, arrangement of ongoing services where possible, and documentation of follow-up contacts or attempts.

Concise Takeaway

The changes to 606 CMR 3.05 generally move the section from a more basic intake/service planning framework toward a more individualized, treatment-oriented, trauma-informed, and documentation-driven framework. The revisions strengthen admission screening, resident preparation, treatment planning, temporary shelter oversight, and discharge/follow-up planning.

3.06 PROGRAMS AND SERVICES

Regulatory Citation	Highlighted Change
3.06(1)(c)	Minor sentence change.



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3.06(2)(a)(7)	Expanded sentence (minor).
3.06(2)	New requirement – notifying the family of significant changes in program operations or services that may impact the resident.
3.06(2)(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. (fathers was removed)
3.06(2)(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. (legal orders was added)
3.06(3)(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. 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. New sentence added.
3.06(4)	Clarifying language to allow young parents to be responsible for their own health needs and their child when appropriate.
3.06(4)(e)	Physical exam requirement changed from 30 days to one year prior to admission.
3.06(4)(f)(2)	Immunizations and TB testing exemption language added for medical or religious exemptions.
3.06(4)(j)(2)	Medication Administration Staff Training section expanded.
3.06(4)(j)(5)	Antipsychotic Medication definition removed.
3.06(4)(j)(5)(f)	Age changed from 12 to 14.
3.06(5)	New language requiring ongoing communication with the resident’s educational setting to ensure continuity and coordination of services.
3.06(6)(d)	Vocational plan and/or summaries related to vocational support shall be recorded in the resident’s file.



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3.06 PROGRAMS AND SERVICES (Continued)

Recreational Services

Regulatory Citation	Highlighted Change
3.06(7)(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 Department of Health regulations at 105 CMR 430.103 and 105 CMR 430.204, when applicable.
105 CMR 430.103	Supervision and Operation of Specialized High Risk Activities requirements added.
105 CMR 430.204	Waterfront and Boating Program Requirements added.

Attendance at Legal Proceedings

Regulatory Citation	Highlighted Change
3.06(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.
3.06(9)	Entire section expanded to include the highlighted language.

Research and Experimentation

Regulatory Citation	Highlighted Change
3.06(10)	Research and Experimentation separated into its own section.



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Fundraising or Publicity

Regulatory Citation	Highlighted Change
3.06(11)	Fundraising or Publicity separated into its own section.

Follow-Up Services

Regulatory Citation	Highlighted Change
3.06(12)	Section removed from 3.06 and moved to 3.05.

3.07 ROLE OF RESIDENTIAL STAFF

3.07(1) Residential Staff Responsibilities

Requirement
Residential staff shall fully implement individualized treatment plans for residents on a daily basis.
Staff shall assist each resident with activities of daily living consistent with developmental or chronological age.
Staff shall supervise residents to protect them from abuse and neglect.
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.
No staff may engage in abuse, neglect, or sexual grooming of residents.
Staff shall promote self-help skills, independence, self-care, social skills, and healthy relationships.
Staff must follow all program policies and maintain professional boundaries.
3.07 (1) (a) 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.

3.07(2) Staffing and Supervision

Requirement



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Programs must maintain 24/7 staffing plans including schedules and on-call coverage.
At least one CPR/First Aid certified staff member must be available at all times.
3.07 2(h) At least (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.
Staffing ratios must reflect resident age, needs, and treatment plans.
Volunteers shall not be included in staffing ratios.
Staffing must support safety, supervision, and clinical needs of residents.
Staffing plans must address coverage during staff absence and include emergency protocols.
Programs serving young parents must ensure adequate supervision and support for parenting education.
3.07 2) (e) The staffing plan must consider gender identity.

3.07(3) Room Assignment and Programming (Complete Revision)

Related Regulations: 3.07(3)(a), 3.07(3)(b), 3.07(3)(d)
Requirement
Room assignments must consider safety, trauma history, developmental needs, and peer compatibility.
Programs must develop policies for emergency room reassignment when safety concerns arise, eg: peer to peer issues, risk for victimization, etc.
Programming must be age-appropriate and clinically appropriate.

3.07(4) Clothing

Related Regulations: 3.07(4)(a), (b), (c), (d). (e)
Requirement
Residents must be provided adequate, clean, seasonal, clothing.
Residents cannot be required to wear identifying uniforms.
Residents must have access to their own clothing and may participate in clothing selection.
Upon discharge, residents must be allowed to take their clothing.
Programs serving young parents must ensure clothing for both parent and child.



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3.07(5) Self-Care and Hygiene

Related Regulations: 3.07(5)(a)(1), 3.07(5)(a)(2), 3.07(5)(a)(3), 3.07(5)(b), 3.07(5)(d)
Requirement
Residents must receive necessary hygiene supplies unless they can provide their own.
Access to hygiene items cannot be contingent on behavior systems.
Residents must have daily access to bathing with privacy and supervision as needed.
Staff must support hygiene, grooming, oral care, and toilet training when appropriate.
Assistance must consider trauma history and gender identity.

3.07(6) Nutrition

Relevant Regulations: 3.07(6)(c), 3.07(6)(d), 3.07(6)(e), 3.07(6)(f), 3.07(6)(g)
<i>**There are language changes throughout this section. Substantive regulation changes have been noted.**</i>
Requirement
Residents must receive three nutritionally adequate meals daily plus snacks.
Dietary needs must be individualized including medical and cultural needs.
Residents cannot be denied meals except by medical order.
Programs must follow USDA guidelines and maintain menus.
Residents may participate in food preparation and budgeting when developmentally appropriate.

3.07(7) Behavior Support

<i>**There are language changes throughout this section. Substantive regulation changes have been noted.**</i>
Requirement
Programs must maintain written behavior support policies emphasizing trauma-informed care.
Physical restraint must be last resort and only for imminent risk of harm.



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Seclusion is prohibited except under strict conditions and last resort.
Corporal punishment and abusive practices are prohibited.
Programs must maintain restraint documentation, review, and training systems.
Parents and residents must be informed of behavior support policies and changes.
Behavior support policies shall include goals for reducing restraint and seclusion by using trauma-informed approaches.

3.07(8) Seclusion and Safety Procedures

<i>**There are language changes throughout this section. Substantive regulation changes have been noted.**</i>
Requirement
Seclusion is prohibited with use restricted to emergency situations with strict oversight.
Seclusion in limited circumstances as a last resort with regulatory safeguards (*See new policy)
Continuous monitoring is required during seclusion.
Rooms used must be safe, non-hazardous, and observable.
Seclusion must end immediately when risk subsides.

3.07(10) Communication and Visitation

Requirement
Residents have rights to communication with family and others unless restricted by court order or safety risk.
Programs must support visitation and communication in a structured manner.
Mail and phone communication cannot be unreasonably restricted.
Legal, medical, and advocacy communications may not be censored.
3.07 (10) New language on electronic devices and communication.

3.07(11) Missing or Absent Residents

<i>**There are language changes throughout this section. Substantive regulation changes have been noted.**</i>
Requirement



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Programs must maintain prevention and response procedures for missing residents.
Law enforcement and guardians must be notified as required.
3.07(10(d) A method for the resident to have a post-visit clinical debrief.
3.07 (11) (g) Procedures for providing law enforcement with essential identifying information about missing or absent residents.
3.07 (11) (h) Procedures for assuring missing or absent residents, upon return, receive screening related to trafficking and exploitation, inclusive of medical clearances when indicated.

3.07(11) Searches

Requirement
Searches must be conducted according to written policy prioritizing safety and trauma sensitivity.
Residents and guardians must receive copies of search policies.
Staff must be trained in appropriate search procedures.

3.07(12) Transportation

Requirement
Transportation must be safe, supervised, and aligned with treatment plans.
Vehicles must be properly licensed, insured, and maintained.
Appropriate restraints must be used for minors.
Only authorized persons may receive transported residents.

Summary of Key Changes

- Standardized terminology: "child care staff" updated to "residential staff".
- Replaced inconsistent gendered language with gender-inclusive terms.
- Clarified supervision and staffing ratio requirements.
- Strengthened trauma-informed care and restraint limitations.
- Reorganized behavior support section for clarity and compliance structure.
- Consolidated overlapping provisions on seclusion and restraint.
- Improved consistency in nutrition and hygiene requirements.



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- Clarified visitation and communication rights protections.
- Streamlined missing resident and search policies for readability.

3.08 PHYSICAL PLANT AND EQUIPMENT

Regulatory Citation	Highlighted Change
3.08(2)(a)	Written plans for potential emergencies should now include: natural disasters, power or heat outage, lockdown, shelter in place orders, active shooter, and health emergencies.
3.08(2)(a)(5)	Individualized plans need to be developed to assist a resident with an evacuation due to a disability or other considerations.
3.08(2)(a)(6)	A plan for emergency generation for medical devices/equipment.
3.08(e)	Evacuation drills remain at 2 per shift, per year, for a total of 6 a year. Two drills per year are specific to fire, severe weather conditions, natural disasters, and shelter-in-place.
3.08(e)(1)	Training for staff on individualized plans for the evacuation of residents with disabilities.
3.08(5)	Building and grounds – Guidance is provided to comply with the Massachusetts Department of Agricultural Resources Pesticide Program, Consumer Product Safety Commission Public Playground Safety Handbook, Massachusetts Standards for Swimming Pools and the federal Virginia Graeme Baker Pool and Spa Safety Act governing drain cover safety. Wells and water sources shall also comply with the Department of Public Health in addition to local board of health.
3.08(7)(d)	Windows shall meet the requirements of the Department of Public Health.
3.08(7)(f)	Natural light and ventilation shall comply with the Department of Public Health.
3.08(7)(g)	Shall provide for a safe and personalized bedroom space.
3.08(7)(k)(2)	Bunk bed minimum spacing requirements.
3.08(7)(m)	Living areas shall meet requirements as defined by the Department of Public Health.
3.08(8)	Bathing and Toilets – Updated frequency of sanitation and ventilation.
3.08(e)(2)	Kitchens and Dining Facilities – Kitchens must implement sharps inventory and lock-up procedures.



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New Policy

Residential Facility Safety and Maintenance

Requirement
Residential Facility Safety and Maintenance Checklist.
Must be completed, signed, and dated monthly by the Program Administrator or designee.
Programs may use their own checklist but must include the corresponding items in the Residential Facility Safety and Maintenance Checklist Template.
Must be included in orientation and annual training for all staff.
Checklist must be accessible for all staff and licensing.

3.09 RECORDS AND CONFIDENTIALITY

Section Number

Previous Requirement	New Requirement
3.10	3.09
Entire regulation located in 3.10	Entire regulation renumbered to 3.09

3.09(1) RESIDENT RECORDS

Face Sheet Information Changes

Topic	Previous Requirement	New Requirement
Resident Identity Information	Included name, citizenship, and primary language "if other than English"	Includes preferred name or nickname and primary language. Citizenship requirement removed.
Parent/Guardian Information	Required father's name, mother's name, and parents' marital status	Requires names of parent(s) and/or guardian(s). Marital status removed.
Emergency Contact Information	Closest relative available in case of emergency	Closest relative available in the event of an emergency



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Attorney Information	No requirement	Attorney name, address, and telephone number required
Gender/Sex Terminology	Sex	Gender, including gender identity
Medical Information	Medical condition significant to the resident's well being	Medical and/or behavioral health condition(s) significant to the resident's well-being
Referring Agency Information	Referring agency, social worker name and phone number	Adds social worker email address
Additional Information	No catch-all provision	Adds "any additional information required by 606 CMR 3.00"

Cross-Reference Updates

Topic	Previous Requirement	New Requirement
Evaluations	References 606 CMR 3.05(1)(f) and (g)	References 606 CMR 3.05(1)(c)
Treatment/Service Plans	Individual service plan	Individualized treatment plan
Follow-Up Services	Reference to 606 CMR 3.06(12)	Reference to 606 CMR 3.05(7)(i)
Physical/Dental Exams	Reference to 606 CMR 3.06(4)	Reference to 606 CMR 3.06(4)(d)

Consent and Guardianship Documents

Previous Requirement	New Requirement
Included Interstate Compact Documents where applicable	Adds guardianship documents and orders
Included "where applicable" language	"Where applicable" removed

Incident Reports

Previous Requirement	New Requirement
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Copies of all incident reports	Copies of all serious incident reports
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Terminology Updates

Previous Requirement	New Requirement
Programs serving teen parents	Programs serving young parents
Service plan	Treatment plan
His or her family unit	Their family unit
Children	Residents

Removed Section

Previous Requirement	New Requirement
Shelter Home Records (Old §3.10(2))	Entire section removed

3.09(2) AUTHENTICATION AND UPDATES

Previous Requirement	New Requirement
Authentication and Updating	Authentication and Updates
Maintain records and logs	Maintain accurate records and logs

3.09(3) MAINTENANCE

Topic	Previous Requirement	New Requirement
DESE Reference	Massachusetts Department of Elementary and Secondary Education	Department of Elementary and Secondary Education
Confidentiality Exceptions	Records could be released with consent	Adds release authority pursuant to court order or otherwise required by statute



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Effective Date: November 17, 2026

3.09(4) ACCESS TO RECORDS

Topic	Previous Requirement	New Requirement
Ownership Language	Residents' records shall be the property of the licensee	Removed
Capacity/Custody Standard	Access based on resident capacity and custody	Adds legal guardianship status
Electronic Records	No provision	Adds provisions for access to electronic records

3.09(5) STORAGE AND PRESERVATION

Topic	Previous Requirement	New Requirement
Confidentiality	Storage/preservation plan required	Plan must include maintaining confidentiality
Record Destruction	No restriction	Records cannot be destroyed without written Department authorization

3.09(6) COMMUNICATION LOGS

Topic	Previous Requirement	New Requirement
Purpose Language	Assure communication	Ensure communication
Daily Log Requirements	Written daily log required	Logs must include date/time, staff on duty, program census, milieu activities, concerns/issues, and significant escalations/notifications

3.09(7) ADMISSIONS REGISTER

Topic	Previous Requirement	New Requirement
Program Terminology	Shelter program	Temporary shelter program



HIGHLIGHTED CHANGES TO 606 CMR 3.00

Effective Date: November 17, 2026

Resident Terminology	Children	Residents
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3.10 APPLICABILITY

3.10(1) Obligation to Comply

Highlighted Change
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.
Only change to this section is minor wordsmithing.