

606 CMR 3.00: ~~STANDARDS FOR THE LICENSURE OR APPROVAL OF~~
~~RESIDENTIAL PROGRAMS SERVING CHILDREN AND TEENYOUNG~~
~~PARENTS~~

Section

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3.01: Introduction

606 CMR 3.00 is adopted in accordance with M.G.L. c.- 15D, which ~~states declares it to be~~ the policy of state government to assure every child "a fair and full opportunity to reach ~~his or her~~ 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~~ children 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~~ children 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~~ child's everyday living environment; and ~~should 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 detention, transition to independent living, and programs serving ~~teeny young~~ parents, 606 CMR 3.00 identifies, to the fullest extent possible, the standards and practices necessary to ~~fulfilling~~ fulfill the following general goals:

- ~~(a) to provide a program that is administratively and fiscally sound with clearly conceived policies and practices for the services provided to residents;~~
- (1) ~~(b) to ensure that a residential program does not discriminate in providing services to children 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,~~
to provide ~~residents~~ each child with services, ~~which on a short term basis, that~~ meet their immediate and emergency needs, and which allow for resolution of the immediate problems or the development of long-term plans;
- (2) ~~(c) to meet each resident's needs relating to emotional and physical health, nutrition, individuality, and interaction~~ interactions with peers and adults, ~~before it can begin in addition to satisfy~~ meeting the ~~resident's~~ child's more complex long-term needs;
- (3) ~~(d) to meet each resident's need~~ child's needs for safety, space, comfort, privacy, dignity, and community while, including protecting ~~residents~~ them from fire, health risks, fire, and ~~accident~~ other accidents and hazards;
- (4) ~~(e) to provide each resident~~ child with the least intrusive intervention ~~sufficient~~ restrictive, individualized supports necessary to ~~insure her or his~~ promote their safety, and the safety of others, and ~~promote healthy~~ their optimal well-being, growth and development;
- (5) ~~(f) to assist the placement agency or referral source in ensuring that a permanency plan for each child is identified and remains the focus of treatment in all appropriate settings;~~
- (6) to provide ~~residents~~ each child with services ~~and an~~, educational opportunities, independent living skills, where applicable, and supports in a safe, nurturing environment ~~which, including on a long-term basis, meet the special needs their~~

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- ~~families are unable~~ when there is no reunification with family;
- (7) ~~to fulfill 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 required by federal and state laws have successfully completed and maintain a current background record check.~~

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3.02: Definitions:

~~(1) (4) General Definitions. As used in 606 CMR 3.00, the following words shall have the following meanings unless the context plainly indicates otherwise requires.~~

~~Age-appropriate. Consistent with a child’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 children in the program’s care, and who is duly authorized to act as agent of the licensee.~~

~~Child. Any person residing in a residential program who is younger than 18 years old for part or all of a calendar year.~~

~~Child with Special Needs. A child who, because of a disability consisting of a developmental delay or an intellectual, sensory, neurological, emotional, communication, physical, specific learning or health impairment or combination thereof, is or would be unable to progress effectively in a regular school program. This may include, but not be limited to, younger than 22 years old if that person has a school age child with special needs as determined by an evaluation conducted pursuant to M.G.L. c. 71B, § 3, and as defined by the Department of Elementary and Secondary Education in 603 CMR 28.00: Special Education disability.~~

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Consent. -An agreement by a parent or guardian, who has been fully informed of ~~all~~the information relevant to the activity for which agreement is sought, in ~~his or her native~~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, a licensee shall not condition admission or continued enrollment upon agreement by the parent or guardian to the proposed use of any specific behavior support practice, including restraint or seclusion.

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

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

Department. -When ~~used alone shall mean~~this term is unmodified, it refers to the Department of Early Education and Care.

Developmentally Appropriate. Consistent with a child's physical, emotional, social, cultural, and cognitive development, based on the child's age and family background and the child'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 or facility~~ that provides care and custody for one or more children by anyone other than a relative by blood, marriage or adoption on a regular 24-hour a day, residential basis. ~~Group care program includes but is not limited to programs serving teen~~young parents ~~younger than 16~~13 years ~~old of age and older~~; transition to independent living programs; private residential schools that provide ~~special~~ services to children with ~~special needs~~disabilities as defined by the Department of Elementary and Secondary Education in 603 CMR 28.02, in which children with ~~special needs~~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 or summer camp~~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, ~~institution for unwed mothers, convalescent or nursing home, rest home or infirmary or any program licensed under M.G.L. c. 111; any program licensed under M.G.L. c. 111E, §§ 5 and 7, unless the program admits children other than drug dependent children or~~and children in need of immediate assistance due to the use of a dependency related drug-using children; or private residential schools except those providing ~~special~~ services to children with ~~special needs as defined in 606 CMR 3.02~~disabilities.

Hardware Secure Detention. 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

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

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Mechanical Restraint. The use of any physical device or equipment to restrict a child’s freedom of movement. Mechanical restraint does not include devices implemented by trained program personnel or utilized by a child 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 child in a moving vehicle; restraints for medical immobilization; or orthopedically prescribed devices that permit a child 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 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 child’s parent(s), legal guardian(s), or person(s) or agency authorized to act on behalf of the child in place of or in conjunction with the parent(s) or legal guardian(s).

Permanency. A child achieving a safe, stable, and permanent family. Priority shall be reunification with the child’s parent or guardian. If such reunification is not possible, the preferred permanency plans for a child are (1) adoption, (2) guardianship, (3) care with kin, or (4) an alternative planned permanent living arrangement. The goal is to ensure every child 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 child who is agitated to walk to a safe location.

Physical Restraint. Parent. A resident's father, mother or legal guardian or person with the custody of the resident.

Direct physical contact that prevents, or significantly restricts, a child’s freedom of movement. Physical Restraint does not include providing brief physical contact, without force, to promote child 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 providing custodial care and social services to children, which receives by agreement with a parent or guardian, by contract with a state agency or as a result of court order or referral by a court of competent jurisdiction, any child, for placement in family foster care, a residential program or for adoption.

Prone Restraint. A restrictive physical restraint in which a child is placed face down on the floor, or on another surface, with physical pressure applied to the child’s body to keep the child 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 child

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 child.

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

Ending a physical restraint hold on a child.

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

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Restraint Coordinator. Secure Detention. A program-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.

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

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

Seclusion. The involuntary confinement of a child alone in a room or area, with or without adult supervision, from which the child 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 children in the custody of or detained 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 child in an unlocked setting, from which the child is allowed to leave and has been implemented for the purpose of calming; the child's voluntary decision to separate themselves from the group; permissible group separation as detailed in 606 CMR 3.07(9); or permissible separation used by the Department of Youth Services as described in 606 CMR 3.07(9)(c).

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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.

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Temporary Shelter Program. Any program which operates to receive children for non-permanent shelter care during the day or night, if such children request shelter therein or when such children are awaiting court appearance or long-term placement there by a placement, which requires restrictive features including locked doors and windows and a high staff-child ratio to insure security.

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

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

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nursing or medical care provided on site; or self help skills or activities of daily living training.

Teen Parent. A lawful father or mother or pregnant adolescent who is at least 13 years old but younger than 21 years old.

Temporary Shelter. Care and services (as appropriate to the needs of the child) provided to a child on a regular 24 hour a day basis for a period not to exceed 45 days or, in the case of placement in a hardware secure detention facility, not to exceed 90 days-90 days, no longer meets the definition of a temporary shelter program. Temporary shelter shall include both temporary shelter facility and shelter home programs shall not include.

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Temporary Shelter Program. Any facility which operates to receive children under 18 years of age for temporary shelter care during the day or night when such children request shelter therein, or when such children are placed there by a placement agency, a parent, a law

~~enforcement agency, or a court with authority to make such placement. Temporary shelter facility shall not mean family foster care or a settings, group care facility, a facilities, police stationstations, or regional or a town lockuplockups.~~

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

~~Transitional Housing Program Serving TeenYoung Parents.~~ -A ~~facility or program for young~~ parents ~~who are 1613~~ years of age or older in which the ~~parentswho~~ reside in a structured setting that includes educational, ~~psychologicalsocial-emotional~~, and ~~medicalhealth~~ services, including ~~counselingclinical care~~ and ~~basic-life skills~~ toward living independently. ~~The facility or skill development, that promotes dignity and successful transitions to independent living and parenting. The program shall require the parentsa young parent to reside with their children.~~

~~(2) Definitions Pertaining to Restraint.~~ As used in 606 CMR 3.00, the following words shall have the following meanings when used in the context of a restraint:

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

~~Mechanical Restraint.~~ The use of any device or equipment to restrict the movement of a resident or the movement or normal function of a portion of his or her body. ~~Mechanical Restraint does not include an adaptive or protective device recommended by a physician and consented to by the parent, when used as recommended by the physician for protection of a resident from serious self injury, or to promote normative body positioning and physical functioning.~~

~~Medication Restraint.~~ The administration of medication for the purpose of temporarily controlling behavior.

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

~~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 walk to a safe location.

~~Physical Restraint.~~ 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.~~

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

~~Prone Restraint.~~ A restraint in which a resident is placed face down on the floor or on another surface, and physical pressure is applied to the resident's body to keep the resident in the prone

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~~position.~~ ~~Prone Restraint does not include temporary prone positioning used by the Department of Youth Services, as a secondary tactic for handcuffing a resident.~~

~~Release.~~ Ending the restraint hold on a resident.

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

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

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606 CMR: DEPARTMENT OF EARLY EDUCATION AND CARE

information.

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

~~Seclusion. The involuntary confinement of a resident alone in a room or area from which the resident is physically prevented from leaving. Seclusion does not include permissible group separation as detailed in 606 CMR 3.07(7)(k), nor does it include permissible separation used by the Department of Youth Services for purposes of room confinement related to population control, during shift changes and investigation as described in 606 CMR 3.07(7)(n).~~

Trauma-Informed and Responsive Care. A comprehensive approach to care and service delivery that recognizes the prevalence and impact of trauma on children 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.

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3.03:— Licensure

(1) ~~Licensure.~~ ~~(1). Licensure.~~ A person may 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 children 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 licensure license to operate a program which he or she has not previously operated, or,

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

(b) A new licensee who successfully holds the renewed provisional license for six 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 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 months prior to applying for a license.

(4) Term of License.

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

(b) A license shall remain in effect for two 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, a license.

(5) The Department must determinewill 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. Thechildren it serves.

(6) An applicant shallto 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 children.

(7) All applications mustshall 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) 1.— Administration

1. a statement of purpose, as required by 606 CMR 3.04(1);

2. 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. 3.— a projected one-year operating budget, and documentation of sufficient funds for at least three 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. 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 children's records, in accordance with 606 CMR 3.09(1).

(b) Staffing

1. a description of the intended program staffing of the facility or program plan on a 24 hour hours per day, seven daydays per week basis, including the availability of emergency administrative and/or clinical staff on- an on-call staff basis, and four weeks of projected staff schedules, as required by 606 CMR 3.07(2)(a)-(b);

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~~2. 5. ~~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);~~

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~~4. if the program utilizes external temporary staffing, a plan for the use of temporary staffing, as defined by Department policy and procedure; 606 CMR 3.04(6)(f);~~

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~~5. a plan for, including required components of, staff orientation and professional development as required by 606 CMR 3.04(7).~~

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~~(c) Investigations and Complaints~~

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~~1. policy and procedures for internal investigation of child abuse and neglect of children served at program as required by 606 CMR 3.04(3)(e);(f);~~

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~~2. 7. written policy and procedures related to identifying and reporting behavior related to sexual abuse, sexual grooming, and exploitation of children as required by 606 CMR 3.04(7)(c)(4)-(5) and 606 CMR 3.07(11);~~

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~~3. policy and procedures regarding complaints and grievances, as required by 606 CMR 3.04(3)(i);~~

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~~(d) Services ~~8. personnel policies, as required by 606 CMR 3.04(6)(~~~~

~~a);~~
~~9. job descriptions, as required by 606 CMR 3.04(6)(e);~~

~~10. salary ranges, as required by 606 CMR 3.04(6)(d);~~

~~11. plan for using volunteers, as required by 606 CMR 3.04(6)(g);~~

~~12. a plan for staff orientation and training as required by 606 CMR 3.04(7);~~

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~~1. 13. written plan for referral services, as required by 606 CMR 3.05(1)(i);~~

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~~14. written agreement with the placement agency, purchaser of services and parent or guardian, as required by 606 CMR 3.05(2)(d);~~

~~2. 15. evidence of ability to comply with treatment planning as required by 606 CMR 3.05(4)(a), including a copy of the resume of the individual holding the advanced degree person's resume;;~~

~~3. 16. a plan for family work engagement, as required by 606 CMR 3.06(2)(a);~~

~~4. 17. a plan for social, psychological, and psychiatric services, as required by 606 CMR 3.06(3);~~

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~~18. a plan for meeting the emergency medical needs of children and evidence of~~

~~5. access to emergency mental health services for children, as required by 606 CMR 3.06(4)(a) and 3.06(3)(a);~~

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~~6. 19. a plan for health services, as required by 606 CMR 3.06(4);~~

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~~20. evidence of access to schools for the provision of any necessary educational services;~~

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~~7. 21. a plan for administration of medication, as required by 606 CMR 3.06(4)(k)(1);~~

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~~8. 22. a plan for educational services, as required by 606 CMR 3.06(5);~~

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~~9. 23. a plan for vocational services, as required by 606 CMR 3.06(6);~~

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~~10. 24. a plan for recreational services, as required by 606 CMR 3.06(7);~~

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~~11. 25. a plan for follow-up/post-discharge services, as required by 606 CMR 3.06(1205(7)(i);~~

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~~12. 26. a plan for nutritional services, as required by 606 CMR 3.07(6)(a);~~

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~~13. 27. description of rules for policy and procedures related to behavior support, as required by 606 CMR 3.07(7)(a);~~

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~~28. allowance policy, as required by 606 CMR 3.07(8)(b);~~

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~~14. 29. visiting policy and procedures for visitations, mail and telephone policies, and telephones, including educating children about responsible and safe use of mobile phones and social media, as required by 606 CMR 3.07(11)(a);~~

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~~(e) Health and Safety~~

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~~1. policy and procedures related to missing and absent children, as required by 606 CMR 3.07(9) including procedures required by 606 CMR 3.07(9)(f)1. and 2.;(12);~~

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~~2. 30. runaway policy and procedures related to searches of children and their rooms and belongings, including provisions for maintaining dignity during such procedures, as required by 606 CMR 3.07(4013);~~

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~~31. written policy describing search procedures, as required by 606 CMR 3.07(11);~~

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~~3. 32. a plan for transportation, as required by 606 CMR 3.07(12), including documentation of insurance coverage, as required by 606 CMR~~

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- 3.07(12)(g14);
4. 33. a current Certificate of Inspection or Use and Occupancy Permit issued by the ~~Department~~Office of Public Safety and Inspections (OPSI) or the local building inspector, as required by 606 CMR 3.08(1)(a);
5. 34. a written report from the appropriate health inspector documenting that the facility or 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. 35. documentation that the facility or program has had a fire inspection from the local fire department, as required by 606 CMR 3.08(1)(c);
7. 36. a written plan detailing procedures for meeting potential emergencies as required by 606 CMR 3.08(2)(a);
8. 37. written documentation of lead free paint inspection, if applicable, on that the approved form 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. 38. written a plan for monitoring student child 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. policy and procedures detailing the supervision of compliance children, 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, policy and procedures related to use must be submitted in accordance with St. 1983, c. 233, Revenue Enforcement and Protection Program (REAP) on a form provided by the Department with the initial application policy;
40. policy and procedures related to maintenance of the applicant’s completed CORI affidavit.
- (b) In addition, applications for licensure of temporary shelter home programs must include the following:
1. written statement identifying qualifications of shelter home parents as required by 606 CMR 3.09(2);
13. 2. written program’s physical facility, in accordance with Department policy and consistent with the requirements for shelter homes as required by of 606 CMR 3.09(308(5)-(9);
3. written a plan for orientation of shelter home parents as required by 606 CMR 3.09(4);
4. written procedures for completion of shelter home assessments and approval room assignment, including specific considerations to be used, related to gender, including gender identity, past or active history of shelter homes as required by 606 CMR 3.09(5);
14. 5. written plan for ongoing training of shelter home parents trauma and/or abuse, as required by 606 CMR 3.09(8);07(3)(b); and
6. general shelter home parent agreement and agreement upon placement of an individual child as required by 606 CMR 3.09(9)(a) and (b).
15. (2) 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.

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- (8) Term of License.
- A Term of License. A license or approval shall remain in effect beyond its term until a license renewal study is completed and a determination made by the Department on the status of the license, if the licensee has filed with the Department a request for renewal in accordance with M.G.L. c. 304, § 13. Unless earlier revoked, suspended or made probationary;
- (a) (a) a provisional license or approval shall remain in effect for six months from the date of issuance and may be renewed once for no more than six months; unless

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~~earlier revoked, suspended, or made probationary;~~
(b) ~~(b) a regular~~ A license or approval shall remain in effect for two 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.~~

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(9) ~~(3) Variances.~~ The Department, in its discretion, may upon written request grant a variance ~~of any regulation to the regulations contained in 606 CMR 3.04 through 3.10, provided however, that any exception~~ to the ban on prone restraint shall be governed by 606 CMR 3.07(7)(j). ~~Any~~ An applicant wishing to request be a licensee or a licensee seeking a variance shall ~~must~~ submit a request for such in a manner and on a form prescribed by the Department. The variance request shall be accompanied by expert opinion, if applicable, written documents, and any other:

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(a) ~~(a) to the Department any~~ pertinent information the applicant wishes for the Department to consider in reviewing the request. ~~Any variance request~~ An applicant to be a licensee or a licensee must provide clear evidence to the satisfaction of the Department that the applicant's 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 3.04-00.

(b) ~~(b) Any variation to the ban on prone restraint or the use of seclusion shall not be permitted.~~

(c) A variance shall remain in effect for ~~the~~ a duration of the license term, unless the Department receives or finds evidence that the terms of the variance have been violated ~~or the intent of 606 CMR 3.00 has not been met.~~

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(10) ~~(4) Pilot or Demonstration Projects.~~ Proposals for pilot or demonstration projects for the innovative delivery of services related to ~~facilities or programs~~ will be considered by the Department upon written request. ~~However, no~~ 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 ~~unless~~. Approval can be revoked at any time, if the Department ~~receives or finds evidence 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.~~

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3.04: Administration of the Program

(1) ~~(1) Statement of Purpose.~~ Each licensee shall maintain a written statement of purpose identifying the program's philosophy, goals, and objectives ~~and, as well as, the characteristics of the residents/children served, approach to staff professional development and training, intake procedures and, 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, appropriate resources/services shall be identified for each site. The statement shall be kept current and shall be available publicly posted at each site in a conspicuous location and on any program website.~~

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

~~(b) (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 children served.~~

~~(c) The licensee shall identify and define how it will facilitate, whenever possible, the reintegration of the children 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/children 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. sex;~~
- ~~2. 3. gender, including gender identity;~~
- ~~3. LGBTQIA+ status;~~
- ~~4. residency;~~
- ~~5. 4. intellectual/developmental ability and/or grade level;~~
- ~~6. 5. physical development and/or health status;~~
- ~~7. 6. social-emotional behavior and clinical profile;~~
- ~~8. 7. custody or guardianship status;~~
- ~~9. 8. level of family involvement;~~
- ~~10. (e) 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 completed its own annual written evaluation of evaluated its overall program which shall 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 in relation to stated goals and delivery of services.~~

~~(f) (2) 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 with a summary that includes, on an annual basis, the following information at a minimum:~~

- ~~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 an overseeing body and/or advisory board.~~

~~(h) Annual written evaluations, as required by 606 CMR 3.04(8)(a), must be submitted annually to the overseeing body and/or advisory board and made available to the Department upon request.~~

(2) Organization

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

- ~~1. 1. A program operated by the Commonwealth, or any political subdivision~~

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thereof, shall maintain documents that identify the statutory basis of its existence and the administrative framework of the governmental departments in which it operates.

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A private program shall maintain documents that ~~completely~~ identify its ownership. ~~Corporations, partnerships and business structure (e.g., corporation, partnership, association, or associations or sole proprietorships shall proprietorship) and name~~

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identify their current officers and board members, if any. -Where applicable, documents shall include, but not be limited to, copies of all papers filed with the

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

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

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

(d) (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 advisory board of at least four persons. Such familiar with the population that the program serves and the alternatives to residential care. The advisory board shall include at least three persons who are not employees, family members of employees, or family members of employees or family members of the licensee; and at least one person who are familiar with the population that the program serves and the alternatives to residential care. has a minimum of one 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 child who has received services in a residential program. If the program's program's board of directors meets these requirements, then the board may function as the program's advisory board.

1. 1. The advisory board shall make recommendations on the program's policy policies

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

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

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

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

(3) (3) Administration.

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

(b) (b) The chief administrative officer, in conjunction with the advisory board, shall establish clear policies and procedures for the services provided to children; 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

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~~assure~~ensure that the ~~facility~~program maintains complete and accurate accounts, books, and records, including required financial, personnel, ~~and resident's records of children served.~~

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

1. ~~1.~~ These funds shall be used solely for the benefit of the ~~resident~~child to whom the funds belong. ~~The resident, parent, representative, payee, etc., shall be provided an~~

2. ~~At the time of the child's discharge or transfer, unspent funds shall be returned to the child or dispersed following instructions from the placement agency or referral source.~~

3. ~~Documentation related to proper administration of funds belonging to children served at the program, including the accounting of all expenditures from her/his own funds, shall be provided upon request to the child, parent or guardian, representative, representative payee, or the Department.~~

2. ~~These funds shall accompany a resident when he/she is discharged or transferred to another facility.~~

4. ~~(d)~~ ~~Records shall be maintained for a period of seven years after a child has left a program.~~

~~(c)~~ ~~In programs serving teenyoung parents and transition to independent living programs, where residentschildren are responsible for their own funds and accounting, the program need not maintain financial records as required by 606 CMR 3.04(3)(ed).~~

~~(f)~~ The licensee shall develop and follow procedures for conducting internal investigations within the program. ~~Such procedures are to be used forwhen there are any suspected incidents of child 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 and shall be implemented, suspected abuse or neglect relative to the Disabled Persons Protection Commission in accordance with M.G.L. c. 19C, or upon request of the Department for any serious incident involving the health or safety of residents within the program.~~ The procedures shall ~~include:~~

- ~~1. 1. time lines~~timelines for conducting and completing the investigations;
- ~~2. 2. the written~~standard format to be used for the investigation ~~report~~reports;
- ~~3. 3. provisions for reporting suspected child abusecommunicating and neglect to the chief administrative person and to coordinating with the Department, the Department of Children and Families in accordance with M.G.L. c. 119, § 51A, and following the procedure required by 606 CMR 3.04(3)(g) regarding reporting to the Department, the Disabled Persons Protection Commission, and other external entities authorized to conduct investigations prior to initiating any internal investigations;~~
- ~~4. 4. the process for designating persons responsible for implementing each step of these procedures including conducting the investigations;investigation; and~~
- ~~5. a description of the process for reviewing the investigation report and for taking~~

5. ~~corrective action if necessary.~~
~~(+)~~ 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. ~~This plan shall include, or the following informationDisabled Persons Protection Commission, pursuant to M.G.L. c. 19C. 19C. Additionally, for staff of programs serving teenyoung parents:~~

- ~~6. 4., the plan shall include guidelines for reporting abuse or neglect of children by their teenyoung parents as well asand abuse or neglect of teenyoung parents younger than 18 years old by their caregivers; and,~~
- ~~2. guidelines for determining whether incidents of neglect are reportable conditions or may be resolved by program intervention.~~

~~(g)~~ ~~(g)~~ The licensee shall have a written plan ~~for notification of the Department, as well as any other state agency or referral source whichthat requires such notification, immediately 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 child at the program or during program activities, including those alleging parental abuse or neglect of a child who resides at the program together with his or her teentheir young parent.~~

~~(h)~~ ~~(h)~~ The licensee shall implement a procedure for documenting ~~and reporting~~

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unusual and/or serious incidents ~~such as including, but not limited to, significant behavioral incidents, runaway events, missing or absent children,~~ 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 ~~person~~ officer or his or her designee. The report shall include;

- ~~1. (i) The licensee shall ensure the name of the child;~~
- ~~2. the names and positions of staff involved;~~
- ~~3. the date and time of the incident reports are completed documenting;~~
- ~~4. the location of the incident;~~
- ~~5. the observed emotional status/general behavior of the child 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 by all staff who witnessed or were directly involved in the incident;~~
- ~~9. signed verification that the report and supporting documents, inclusive of video evidence if utilized, were reviewed by the chief administrative officer or designee;~~
- ~~10. unusual and/or serious incidents involving the use of any physical restraint—Such reports must, consistent with the requirements of 606 CMR 3.04(3)(h) and shall also include at least the following:~~

- ~~1. the name of the resident;~~
- ~~2. the names and positions of staff involved in the restraint;~~
- ~~3. the date and time of the restraint;~~
- ~~4. the behavior of the resident which prompted the restraint;~~
 - ~~5. a description of the surrounding activities and environment at the time of the restraint; child's behavior support plan and whether or not it was followed in response to the incident, and if not, why not;~~
 - ~~6. a description of the efforts, procedures and interventions implemented by staff to de-escalate the situation and the any attempted alternatives to physical restraint attempted by staff;~~
 - ~~7. the justification for the use of physical restraint;~~
- ~~8. a detailed description of the actual type of physical restraint procedures implemented, including starting and ending times;~~
 - ~~9. a notation of what level of restrictiveness the restraint reached (standing, sitting, floor);~~
 - ~~10. documentation of the that restraint monitoring of the resident child occurred during the restraint; in accordance with 606 CMR 3.07(7)(h)(18);~~
 - ~~11. 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);~~

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- ~~g. documentation of processing and review of the restraint with the resident child following the restraint;~~
- ~~h. 13. documentation of any injury, including photographs, to the resident child and any medical care provided;~~
- ~~14. documentation of any consequences taken against the resident, as a result of the incident leading to the restraint;~~
 - ~~15. information regarding opportunities for the resident's parents child's parent or guardians guardian to discuss the administration of the restraint and unintended consequences resulting from the event, and/or any consequences imposed on the student, if applicable; changes to the behavior support plan;~~
- ~~16. signatures of all staff involved in the restraint; and~~
- ~~17. review of the incident report by the chief administrative person or his or her designee and the restraint coordinator.~~
 - ~~Each resident who has been documentation that a child that was physically restrained shall be was offered the opportunity to comment in writing on regarding the restraint incident as soon as possible within, but no later than 24 hours off from its occurrence. Such Any comment shall be attached to the restraint incident report.~~
- ~~(i) (i) The licensee shall have a written procedure grievance policies and procedures regarding the receipt of, consideration of, and decision on complaints and grievances, including anonymous complaints and grievances, from staff, parents or guardians, and~~

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~~residents children~~ regarding the ~~resident's child's~~ care. ~~The procedure~~ ~~procedures~~ must include a mechanism to inform the complainant of the results of the decision.

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1. ~~1.~~ The licensee shall distribute ~~this~~ the written grievance ~~procedure~~ ~~policies and procedures~~ to ~~residents children~~ and parents or guardians prior to admission and ~~upon request while the child is residing at the program, and~~ to staff during ~~the~~ initial orientation period.

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

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(i) ~~(4e)~~ The licensee shall provide a telephone number and a system ~~offor~~ emergency assistance to parents or guardians and to ~~residents children~~ while they are away from the program. ~~This system shall be in place on a 24 hour~~ hours per day, seven ~~day~~ days per week basis.

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~~(4)~~ The licensee may not discriminate in providing services to children and their families.

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~~(k)~~ on the basis ~~account~~ of race, color, sex, gender, including gender identity, religion, ethnic background, cultural heritage, national origin, marital ~~immigration or citizenship~~ status, disability or sexual orientation or disability, or in approving shelter home parent applicants on, or any other protected category under Massachusetts or federal law, the basis of age, sex, race, religion, ethnic background, cultural heritage, national origin, marital status, sexual orientation or disability.

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

(4) ~~(4)~~ Finances. ~~The applicant or~~ licensee shall demonstrate sustainable financial ~~capability~~ ~~viability~~ to carry out ~~the~~ program for the licensing period, except that programs which have not previously operated shall demonstrate such ~~capacity~~ ~~viability~~ for at least a three-month period.

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(a) ~~(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.~~

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

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

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(5) ~~(5)~~ Required Notifications.

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

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(b) ~~(b)~~ Within ten days of receipt of ~~The licensee shall immediately 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.~~

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(c) The licensee shall immediately 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 ~~licensee's~~ care of children and teen young parents in ~~its~~ the program or which could affect the continued operation of the program, the licensee shall notify the Department in writing.

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(d) ~~(e)~~ The licensee shall ~~immediately~~ notify the Department ~~as well as, and any other state agency or referral source which requires such notification immediately after, if applicable, upon learning that a 51A report has been filed pursuant to M.G.L. c. 119, § 51A or M.G.L. c. 19C alleging abuse or neglect of a child at the program or during program activities, including those alleging parental abuse or neglect of a child who resides at the program together with his or her teen~~ their young parent. -

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1. A report of abuse or neglect shall initiate an investigation by the Department and may subject the program to further legal action by the Department, Department of Children and Families other state agencies or referral sources, and the District Attorney. ~~If a report is filed either;~~

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If a report is filed pursuant to M.G.L. c. 119, § 51A, or

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

3. ~~(d)~~ If a report is filed pursuant to M.G.L. c. 19C, against a program employee, a member of the child care staff, or any other person with unsupervised access to children, the licensee shall prohibit the allegedly abusive or neglectful person from unsupervised contact with children until the Department has determined that the individual against which the case was 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 children 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 notify the Department in the event of a missing or absent child from a hardware secure detention facility.

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

(g) ~~(e)~~ 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 notify the Board of Health, the Department of Public Health, and the Department.

(h) In the event of a serious accident or injury to a child 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 child'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 child's death, the licensee shall immediately notify the resident's/child's parent or person other than the parent who has legal custody/guardian, the referral source, the Department, and the Department of Elementary and Secondary Education, when applicable. The licensee shall cooperate with making arrangements for examination, autopsy, and burial or cremation. In the event of an unexpected death, the licensee shall immediately notify the local police before completing other notifications. The licensee shall cooperate in all official investigations involving the death of a child 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.

applicable. ~~The licensee shall cooperate in arrangements made for examination, autopsy~~ immediately notify the Department of any media inquiry or media presence and burial.

(j) ~~(f)~~ In/or the occurrence of any adverse event of unexpected death, that may initiate media inquiries to the Department.

The licensee shall also notify the local police.

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

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

(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 a quarterly report in a Department approved format setting

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forth data related to the use of restraints and any injuries related to its use in the program.

(6) Personnel.

(a) (i) 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*.

3.04: continued

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

3.04: continued

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

(2) (6) Personnel.

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

1. 1. Criteria/criteria and procedures for hiring, orientation, professional development and
2. training, assignment, promotion, probation and, suspension, or dismissal of an employee;
3. 2. The procedure for handling staff complaints, including anonymous complaints; and
3. Provisions for vacations, holidays, and leaves.

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

4. (e) expectations about the use of mobile phones or other electronic devices by staff when interacting with children.

(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 establish a written salary range including benefits covering all positions and shall provide each employee with information regarding the salary range for his or her position or the procedure for determining his or her salary.

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

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

1. 1. employee's resume or job application;
2. 2. copies of degrees, certifications, licenses, and/or certification held/registrations where applicable;
3. documentation of reference checks by telephone;
3. 4. documentation of the performance of reference checks, including signature and name of person attesting to 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 CORI evaluation 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. 5. documentation of participation in training completion of required trainings, including the prevention physical restraint training post tests as required by 606 CMR 3.04(7)(a)1-b-e);
6. 6. documentation of immunizations and TB testing as required by the most current Department of Public Health immunization schedules;
7. annual written evaluations as required by 606 CMR 3.04(8)(a); and
8. 7. documentation of any past or current disciplinary actions or investigations.

(f) (g) If volunteers or temporary or staffing agency personnel are used/utilized, the licensee shall describe in writing its plan for using volunteer services. Volunteers shall how such persons will be chosen for their ability to meet utilized in the needs of the children.

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~~program. The licensee shall have evidence of each volunteer's volunteer or 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 reference check shall be conducted and documented for each volunteer or temporary or staffing agency personnel.~~

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~~1. 4.– Volunteers or temporary or staffing agency personnel shall possess be chosen for their qualifications in accordance with the services they provide and ability to meet the service needs of the children in the program.~~

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~~2. 2.– The licensee shall utilize volunteers or temporary or staffing agency personnel only in conjunction with appropriate ongoing, scheduled a documented supervision and training plan. Prior to any contact with children in the program, each volunteer or temporary or staffing agency personnel must receive training that includes training appropriate for maintaining their own safety and the safety and wellbeing of the children 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.~~

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~~(7) (7)– Orientation and Training Professional Development.~~

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

~~(a) 1.– Each licensee shall describe in writing the program's plan for staff orientation, which 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 children 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.~~

3.04: continued

~~(b) Training Curriculum and Submission. 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 children 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 at a minimum, but not be limited to the characteristics of children served, all Department-required training content.~~

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~~2. The licensee shall submit the program's training curriculum to the Department, including all modules on behavior support (if applicable), abuse and neglect reporting, and any other topics as 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 children, initial training, which must occur prior to unsupervised contact with children, must include:~~

- ~~1. an overview of the population(s) served, including familiarization with the program's statement of purpose;~~
- ~~2. signs and symptoms and behavioral signs 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, or possible and associated medical emergency; the program's emergency and evacuation procedures, emergencies;~~
- ~~4. indicators of sexual abuse or sexual grooming behavior;~~
- ~~5. procedures for reporting suspected incidents of child abuse and neglect, orientation in first aid and C.P.R., including suspected sexual grooming behavior~~

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and/or sexual abuse;
6. the program’s emergency and /or evacuation procedures;
7. training in universal precautions and infection control procedures, and the
program’s policies regarding medication, runaway children, and behavior
support;.
a. ~~Each new employee (who may work with residents) of a program which utilizes restraint shall receive a minimum of 16 hours of training in the prevention and use of restraint, which shall address the needs and behaviors of the population served, relationship building, prevention of restraint, de-escalation methods, avoiding power struggles, thresholds for restraints, the physiological impact of restraint, monitoring physical signs of distress and obtaining medical assistance, legal issues, positional asphyxia, escape and evasion techniques, time limits, the process for obtaining approval for continued restraints, procedures to address problematic~~

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~~restraints, documentation, processing with children, follow up with staff, and investigation of injuries and complaints:~~
b. ~~Prevention/restraint training shall include role playing in de-escalation and demonstration of proficiency with each hold taught, and written post-training tests.~~
2. ~~No new employee shall be solely responsible for children in care until he or she has received the minimum orientation described in 606 CMR 3.04(7)(a).~~
8. ~~3.—policies and procedures regarding missing or absent children;~~
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 of 24 hours of ongoing training and professional development per year. 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 hours per year of refresher training on the topic.

(f) Medication Administration Training. No employee shall may participate in a restraint until he or she has successfully completed the required prevention/restraint training any medication administration procedures prior to receiving training/certification where required.

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~~(b) The licensee shall train all~~

(g) Additional Trainings.

Each child care staff in first aid procedures:

1. ~~The training shall include, but not be limited to, information on: bleeding, bruises, choking, falls, poisoning, objects in the eye, animal and insect bites, and convulsions.~~
2. ~~Such training shall occur within one month of a new employee's beginning work unless he or she can show evidence of current first aid training.~~
3. ~~Each staff shall be certified in CPR and First Aid within six3 months of hire. Such certification shall be kept current.~~
1. ~~(e) The licensee shall train all child care and clinical staff in universal precautions and infection control procedures. These prior to participating in any CPR/First Aid procedures shall include, but not be limited to: requirements for isolation, disposal of or separate care of eating utensils and linens, and any specific precautions which may be required on a case by case basis.~~

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~~(d) Child care and clinical staff shall be instructed about the nature of the medications administered to children, documentation procedures, potential side effects, and any special precautions or requirements that may need to be observed.~~

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~~2. (e) The licensee shall provide child care staff with quarterly training on safety procedures, as provided by 606 CMR 3.08(2)(d).~~
~~(f) Programs utilizing unusual and extraordinary procedures shall train staff in all aspects of the procedures.~~

~~(g)~~

3.04: continued

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

- ~~In any program which utilizes physical restraint, the plan for staff training shall include a minimum of eight hours' annual refresher training for each staff in effective de-escalation and safe restraint methods, written post training tests, and regular review of restraints implemented.~~
- ~~Full-time child care, professional and supervisory staff shall be required to attend a minimum of 24 hours of training per calendar year.~~
- ~~Part-time and weekend staff shall be required to attend a minimum of 12 hours of training per calendar year.~~

~~(8) Supervision. The licensee shall make ensure that all child care and clinical staff directly-~~
~~(8) responsible to are supervised by a staff person who has supervisory or administrative-~~
~~responsibility and who has with~~ experience ~~suitable to appropriate for~~ the goals of the program and the responsibilities of the staff supervised.- The licensee shall require child care and clinical staff to have regular, scheduled conferences with the assigned supervisor regarding children's needs of the children and methods of meeting those needs. Supervision shall include written evaluations, at least annually, of all child care and clinical staff.

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

(a) ~~(b) Evaluations~~ shall consider the individual's job performance, including any complaints or allegations of misconduct, implementation of restraints if applicable, attendance at trainings, and compliance with ongoing training and professional development, goals, and objectives, related to opportunities for advancement and retention, and the individual's ability to implement residents' services show competency in implementing children's treatment plans.

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

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3.05:— Intake, Service Treatment and Discharge Planning

(1) ~~(1)~~ Eligibility for Admission.

- ~~(a)~~ Each temporary shelter shall be available at all times for emergency admissions (*i.e.*, 24 hours each day, seven days each week).
- ~~(a)~~ ~~(b)~~ Each licensee shall establish written eligibility criteria for admission, as required in 606 CMR 3.04(1)(b), to the program and shall make such criteria available upon request. The program shall only admit children who meet the criteria outlined in its statement of purpose.
- ~~(b)~~ ~~(e)~~ The program shall only admit a resident child whose needs it believes can be met by the program.
- ~~(c)~~ ~~(d)~~ Programs offering temporary With exceptions for emergency admissions, the licensee shall only admit children 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 children 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 provide enough information for the licensee to determine if the child’s needs are within the scope of the licensee’s ability to serve and support the child.
- Temporary shelter programs may admit residents children on their own request for up to 72 hours. In order to provide services to a child beyond 72 hours, a program must

3.05: continued

- ~~(d)~~ obtain written consent of the parent having custody of the child or a legal guardian, a court order, or a written agreement with a placement agency.
- ~~(e)~~ Prior to or as soon as possible after admission, the licensee shall seek and document recommendations for a child 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.
- Programs serving teen parents and young parents’ or transition to an independent living programs program may
- ~~(f)~~ serve a resident child who is younger than 18 years old upon a self-referral if the program assesses the resident to be a mature minor of the child.
- ~~(g)~~ ~~(4)~~ Whenever possible, the licensee shall not admit a prospective resident child to a program without evidence in the referral that placement in a residential program is the most appropriate plan for the resident child. The licensee shall seek information from the referral source which includes evidence of attempts to provide preventive services and an examination of possible alternatives to such placement, or a statement by the referring agency as to why placement is warranted without such attempts being made.
- ~~(g)~~ Except in cases of emergency, the licensee shall admit only those prospective residents who have had evaluations by qualified professionals covering physical, emotional, social and intellectual factors relevant to the prospective residents’ situations.
- ~~(h)~~ The licensee shall seek and document recommendations from any prior placements regarding effective and ineffective behavior de-escalation methods.
- ~~(h)~~ ~~(4)~~ Each temporary shelter program shall be available for emergency admissions on a 24 hours per day, seven 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)(c), (f), (g) and (h) as soon as possible after admission, provided that the licensee shall initiate the admission evaluation within one week after admission.
- ~~(j)~~ ~~(4)~~ A Shelter temporary shelter program shall have a written plan for providing referral services to children who cannot be admitted because the program has reached its licensed capacity or because characteristics of the child or the temporary shelter program make it inappropriate to admit the child. The plan shall provide for referral to another licensed or approved program, or placement agency.

(2) ~~(2)~~ Placement Preparations.

- ~~(a)~~ ~~(e)~~ Except in cases of emergency, the licensee shall, prior to admission, provide the resident child and his or her parents their parent or guardian an opportunity to visit the

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program and the living unit in which the ~~resident~~child is likely to be placed.

~~(b)~~ ~~(b)~~ The licensee shall, prior to admission, (or, in the case of emergency, admission, within 72 hours) ~~provide~~make the following written materials available to the ~~resident~~child and his or her parents~~their~~ parent or guardian(s). If the resident objects to his or her parent receiving such information the program shall not be required to provide such materials but shall maintain written documentation of the objection, in the resident's file, ~~their~~ preferred language. Information required by 606 CMR 3.05(2)(b)1. through 9, shall be provided to the ~~resident~~child, consistent with ~~his or her~~their capacity to understand.

1. ~~1.~~ Statement of purpose, as specified in 606 CMR 3.04(1)(a)-);

2. ~~2.~~ Eligibility criteria, as specified in 606 CMR 3.0405(1)(b)-a);

3. ~~Description of program of unusual or extraordinary treatment, if applicable, as defined in 606 CMR 3.06(11).~~

3. ~~4.~~ Emergency assistance system, as specified in 606 CMR 3.04(3)(j)-);

4. ~~5.~~ AgencyProgram grievance ~~procedure~~procedures, as specified in 606 CMR 3.04(3)(i)-);

5. ~~6.~~ Name of the case manager, as specified in 606 CMR 3.06(1)-);

6. ~~7.~~ RulesProgram expectations for behavior support, as specified in 606 CMR 3.07(7)-(a);

7. ~~8.~~ VisitingPolicies on visitation, mail and, telephone policies, including mobile phone, and other electronic communications, as specified in 606 CMR 3.07(9)-11(a); and

8. ~~9.~~ Search policy, as specified in 606 CMR 3.07(11-13).

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~~(c)~~ The licensee shall establish procedures to prepare the staff and ~~residents~~children for the ~~new resident's~~newly admitted child's arrival and shall provide staff with appropriate information to receive the ~~new resident~~child and assist in ~~his or her~~with their adjustment. This information shall include, at a minimum, reason for placement, current medical condition, informationconditions, 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 ~~residents~~child'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~~child, including ~~the~~a need for an individualized ~~restraint method, if appropriate, behavior support and/or crisis management plan.~~

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

1. ~~1.~~ The terms and methods for paying the ~~resident's~~child's board as well asand other specific necessary items, such as personal articles or medically recommended devices outlined in 606 CMR 3.06(4)(h)-g);

2. ~~2.~~ ProvisionThe details related to the provision of direct services, including social, medical, psychological and psychiatric and/or counseling services to be provided to the ~~resident~~child and ~~his or her~~their family;

3. ~~3.~~ Arrangements for the ~~resident's~~child's special training or education;

4. ~~Arrangements for contacts between the program and other persons and between the resident~~child and other persons;

4. ~~3.~~ as indicated in the placement agreement and outlined in 606 CMR 3.05- continued(2)(d)(4);

5. ~~5.~~ Arrangements for family visits and other contacts between the ~~resident~~child 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)(k)-j)(5)(d)-);~~

7. ~~7.~~ Responsibility for transportation of the ~~resident~~child;

8. ~~8.~~ Responsibility for after carefollow-up services;

9. ~~9.~~ Circumstances under which ~~residents~~the child may be discharged.

10. ~~10.~~ For children admitted ~~for into a temporary shelter care program, the~~ dates of any service and discharge planning conferences.

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

1. ~~1.~~ the ~~teen~~young parent and child may be included ~~on~~in one agreement;

<div>2. 2. the teen young parent may sign the placement agreement for her or his their child unless custody or guardianship has been granted to another person;</div>	Formatted <div>... [214]</div>
<div>3. 3. if the teen young parent is 16 years of age or older, the teen young parent may sign her or his their own placement agreement;</div>	Formatted <div>... [215]</div>
<div>4. 4. if the teen young parent is younger than 16 years old, her or his their parent or guardian shall sign the placement agreement; and</div>	Formatted <div>... [216]</div>
<div>5. 5. if a funding or placement agency is involved, the agency representative shall sign the placement agreement.</div>	Formatted <div>... [217]</div>
<div>(3) (3) Intake Services,</div>	Formatted <div>... [218]</div>
<div>(a) (a) Upon admission, the licensee shall designate and prepare sleeping quarters and space for the admitted resident's child's personal belongings.</div>	Formatted: List Paragraph, Left, Indent: Left: 0.88", Hanging: 0.36", Space Before: 13.3 pt, Line spacing: single, Outline numbered + Level: 3 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.51" + Indent at: 0.92", Tab stops: 1.24", Left + Not at 0.83" + 1.08" + 1.33" + 1.58" + 1.83" + 2.08" + 5.33"
<div>(b) (b) The licensee shall assign at least one adult to help orient a newly admitted resident child to the program and to the services available to the resident child.</div>	Formatted <div>... [219]</div>
<div>(c) (c) The following intake services shall be provided immediately upon the admission of a child:</div>	Formatted <div>... [220]</div>
<div>1. 1. Assessment of potential emergency needs in the areas of child'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 child is transported immediately to a hospital or facility equipped and prepared to handle that particular emergency situations situation;</div>	Formatted <div>... [221]</div>
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<div>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;</div>	Formatted: Font: 12 pt
<div>3. The licensee shall store medical equipment and medications under proper conditions for sanitation, preservation, and security. 3.-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.</div>	Formatted: List Paragraph, Left, Indent: Left: 1.63", First line: 0", Right: 0.08", Line spacing: Multiple 1.01 li, Outline numbered + Level: 5 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 1.38" + Indent at: 1.63", Keep with next, Keep lines together, Tab stops: 1.69", Left + Not at 0.83" + 1.08" + 1.33" + 1.58" + 1.83" + 2.08" + 5.33"
<div>4. Assessment and documentation of any medical condition or physical infirmity, or past or active history of trauma and/or abuse which may indicate be contraindicative for the use of physical restraint contraindication procedures.</div>	Formatted: Font: 12 pt, Condensed by 0.1 pt
<div>(d) (d) The following services shall be provided, and documented in the child's record to have occurred, within 24 hours of admission:</div>	Formatted <div>... [224]</div>
<div>1. 1. Exploration of the child's active and historical family situation, reasons for needing care, and options available, as appropriate to the child's individual situation;</div>	Formatted: List Paragraph, Left, Indent: First line: 0", Right: 0.08", Line spacing: Multiple 1.01 li, Outline numbered + Level: 5 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 1.38" + Indent at: 1.63", Tab stops: 1.69", Left + Not at 0.83" + 1.08" + 1.33" + 1.58" + 1.83" + 2.08" + 5.33"
<div>2. 2. Completion of the face sheet form, as required by 606 CMR 3.409(1)(a); and</div>	Formatted <div>... [225]</div>
<div>3. 3. Explanation of the program rules and emergency evacuation procedures to the child, in a manner in which the child can understand to the best of their ability.</div>	Formatted <div>... [226]</div>
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<div>(4) (4) Service Treatment Planning, Except as provided in 606 CMR 3.05(4)(gi), within six weeks of admission the licensee shall assess the needs of the resident child and develop an individual individualized treatment plan for services the child.</div>	Formatted <div>... [229]</div>
<div>(a) (a) All service plans, service An assessment shall be used to develop the child's treatment plan reviews and discharge plan and documented in the child'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.</div>	Formatted: Font: 12 pt
<div>(b) The plan shall identify the child's needs, the services to be provided and the staff responsible for providing or arranging for the services while the child 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).</div>	Formatted <div>... [230]</div>
<div>(c) All treatment and discharge plans shall be developed by a team which includes those</div>	Formatted: List Paragraph, Left, Indent: Left: 1.25", First line: 0", Right: 0.08", Line spacing: Multiple 1.01 li, Outline numbered + Level: 4 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.19" + Indent at: 1.57", Tab stops: 1.63", Left + Not at 0.83" + 1.08" + 1.33" + 1.58" + 1.83" + 2.08" + 5.33"
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personnel of the program responsible for implementing the ~~service~~treatment plan on a daily basis. At least one member of the team shall ~~have~~hold an advanced degree from an accredited ~~school~~college or university in social work, psychology, psychiatry, applied behavior analysis, or a related field, or be a ~~certified~~licensed Massachusetts school psychologist and experienced in providing direct treatment services to ~~residents~~children. The team shall include at least one child care worker who will be implementing the plan with the ~~resident~~child, the case manager, and a person who has knowledge of the ~~resident's~~child's educational program. The ~~team~~ shall request a representative from the referral source to participate in the development of the ~~service~~treatment plan and document notification of such meetings. ~~in the child's record~~. Consistent with any court order and requirements of the referral source, parents ~~or guardians~~ shall be invited to attend ~~service~~treatment planning meetings. If parents ~~or guardians~~ are not invited, the reasons shall be documented ~~in the child's record~~.

(d) ~~(b)~~ The team shall consult with the ~~resident~~child in developing ~~his or her service~~their treatment plan, consistent with the ~~resident's~~child's capacity to understand. Such consultation shall be documented.

(e) The treatment plan shall ~~identify~~address the ~~child's~~needs, identified in the assessment, detail the services to be provided, and identify the staff.

(c) person responsible for providing or arranging for the services while the child is in care. The plan shall include the following areas: educational, vocational, health (including medical, dental and ancillary services); behavior support (including specific individual modifications of the restraint plan, if necessary); life skills, and social services (including family work, psychological and psychiatric services and counseling). For programs serving teen parents, the team shall include an assessment of the resident's parenting skills.

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

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

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

- (i) ~~(g)~~ Exceptions for Temporary Shelter Program Placement.
- ~~1.~~ 4. ~~Service~~Treatment plans for children in temporary shelter program placement for longer than 72 hours must be completed within seven days of admission.
 - ~~2.~~ 2. The licensee may not be required to develop a ~~service~~treatment plan, if a ~~service~~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 child during ~~his or her~~their placement. The plan shall include planning for discharge from care and the date of the review meeting which shall occur within 15 days after admission.
 - ~~3.~~ 3. The licensee may ~~substitute~~permit review and approval of the ~~service~~treatment plan by a person ~~withholding~~ an advanced degree and/or license in counseling, applied behavior analysis, social work, psychology, or psychiatry, if an individual holding an advanced degree ~~person~~or relevant license has not participated in the development of a child's individual ~~service~~treatment plan.

(5) Treatment Plan Review.

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

(b) ~~(b)~~ For children in temporary shelter program placement, ~~service~~treatment plan

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review and discharge planning meetings shall be held within 15 days of admission, or within a shorter period of time if appropriate, and every 15 days thereafter until discharge from the program. Each ~~service~~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.

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~~(6)~~ (6) Procedures for Requesting Placement Extensions of Temporary Shelter Program Placements.

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~~(a)~~ (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 child cannot be implemented in 45 days. ~~For a child placed in a secure detention facility, an extension need not be requested unless the placement extends longer than 90 days.~~

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

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

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

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

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

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~~(d)~~ (d) Except in extenuating circumstances, extensions may be granted ~~for a two week based on the development of an appropriate, individualized treatment plan for the child that demonstrates the program's ability to meet the needs of the child.~~

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~~period or less.~~

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

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

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~~(7)~~ Discharge from Care Planning

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~~(a)~~ (a) For each child in care ~~less than 45 days~~, a discharge ~~summary~~plan shall be developed which includes a summary of services provided, ~~the resident's behavior~~ which required the use of physical restraint and the individualized restraint method which the ~~resident~~child required, if applicable, the child's location after discharge and the person(s) responsible for the child's care, provisions for follow up services, suggestions for future placement, permanency planning and goals, and medical, dental or mental health needs.

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~~(b)~~ (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 child.

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

~~(d)~~ For each child in care less than 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 child, 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 child, and any crisis management plans in place, including any specialized plans that involve the use of physical restraint as an intervention, if applicable, the child's location after discharge and

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the person(s) responsible for the child's care, provisions for follow up services, suggestions for future placement, medical, dental, and behavioral and mental health needs.

(e) For each child in care longer than 45 days, the licensee shall assess the resident's child's needs and prepare a discharge plan at least 30 working days prior to the resident's child's discharge, except in the case of an emergency-- and in the case of a child transitioning into adult services under 606 CMR 3.05(7)(c). In programs serving teen young parents, one discharge plan may be completed for the family unit. -The discharge plan shall include:

1. ~~1.~~ information regarding the resident's child's need for and the use of physical restraint, any special medical concerns related to restraint, and any necessary modifications of the restraint method, as applicable;
2. ~~2.~~ provisions for follow-up services and shall identify the persons responsible for providing follow-up services in the resident's child's new environment, as required in 606 CMR 3.06(1205(7)(i).

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

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

(h) ~~(e)~~ The licensee shall identify in the resident's child's record her or his, their location immediately after discharge including the name, address, telephone number, and relationship of the persons responsible for the resident's child'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 30 days of discharge each child who was in care for more than 72 hours, to determine whether needed services are being provided.

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

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

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3.06: ~~Programs and Services~~

- ~~(1) (1) Case Management. The licensee shall assign to each residentchild in care more than 72 hours a staff person who shall be responsible for coordinating implementation of the resident's servicechild's treatment plan and other services provided. The licensee shall insureensure 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) (a) meet with the child on a regular basis to ensure that the child's daily needs are being met, and that the child's views are being considered;~~
- ~~(b) (b) attend and participate in the resident's servicechild's treatment planning, periodic review, and discharge planning meetings as required by 606 CMR 3.05(4), (5), and (7);~~
- ~~(c) (c) workensure 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'schild's care to assure implementation of the service plan;;~~
- ~~(d) (d) collaborate with other agencies who share responsibilities for the resident'schild's welfare, and utilize appropriate community resources in providing needed services;~~
- ~~(e) (e) assure that the resident'schild's record is maintained in compliance with 606 CMR 3.4009(1);~~
- ~~(f) (f) carry a reasonable caseload which allows for an effective and timely performance of the above tasks.~~

~~(2) (2) Family Engagement.~~

- ~~(a) (a) Each licensee who provides care for residentschildren for more than 72 hours shall have a written plan, developed with the placement authority and child, for family engagement which shall include establishing a professional relationship and - maintaining regular contact with each resident'schild's family for the purposes of:~~
- ~~1. 4. notifying the family of the child's whereabouts and obtaining any necessary parental or guardian consent;~~
- ~~2. 2. providing crisis intervention services and assessment, as necessary;~~
- ~~3. 3. facilitating the adjustment process for the child and his or hertheir family;~~
- ~~4. 4. developing a visitingvisitation plan and encouraging the family's continued interaction with their child in accordance with the child's serviceetreatment plan;~~
- ~~5. providing the family with a description and explanation of the program's methodguidelines regarding use of~~

3.06: continued

- ~~5. physical restraint, if applicable; and providing the family with a copy of the program's restraint preventionrestraint and training curriculum;~~
- ~~6. 6. informing the family of their child's progress;~~
- ~~7. 7. mobilizing parent(s) or guardian strengths and resources to help them participate in planning for their child's return home or to another community environment with the goal of encouraging healthy family relationships, maximizing the individual child's growth, wellbeing and development, and protecting the child.~~
- ~~(b) (b) In programs serving teenyoung parents, the plan for family work shall include reference to fathersparents who remain involved with their children. Whenever possible and appropriate, fathers shouldyoung parents shall share responsibilities and decision making with the teen mother and others regarding thetheir child's health and physical care, education, and personal-social-cultural development and support.~~
- ~~(c) (c) If the teen motherSubject to any applicable legal orders, if the young parent does not wish to have herfamily and/or the child's fatherother parent involved, the licensee may refrain from engaging in family work provided that written documentation of the teen mother'syoung parent's objection is maintained in hertheir record.~~
- ~~(d) (d) If contact with a resident'schild'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) (e) The licensee may provide family work services through staff employed directly, or through agreement with another agency.~~

~~(3) (3) Social, Psychological and Psychiatric Services.~~

- ~~(a) The licensee shall provide evidence of access to emergency mental health services on a 24~~

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~~hour~~hours per day, seven ~~day~~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 (a) inpatient facility; an agreement with a private psychiatrist who can provide crisis intervention and facilitate inpatient admission if necessary; an agreement with an inpatient mental health facility; or an agreement with a hospital having an inpatient psychiatric unit. (b) —

3.06: continued

(b) Licensees who provide care for children for more than 72 hours shall establish and describe in writing a plan for providing social, psychological and psychiatric services. ~~in accordance with 606 CMR 3.06(3)(c)~~. The plan shall ~~insure~~ensure that each ~~resident's~~child'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 child as needed.~~ (c) ~~(e)~~ As appropriate to the needs of the ~~residents~~children served, the licensee shall provide or facilitate the provision of a range of social, psychological, and psychiatric services which shall include:

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

(4) ~~(4)~~ Health Services. (a) ~~(a)~~ The licensee shall have a written plan for meeting the health needs of the ~~residents~~children served and which details the availability of qualified medical care to the program, including medical emergencies on a 24 ~~hour~~hours per day, seven ~~day~~days per week basis. (b) ~~(b)~~ In the transition to independent living programs, programs serving young parents, the child 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 children or young parents in obtaining such services. In all other cases, the licensee shall provide, or arrange for ~~residents~~, children in the facility program a range of health services including:

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

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

(c) ~~(e)~~ At the time of placement, ~~residents~~children shall be provided with emergency medical/dental/mental health care if needed. (d) ~~(d)~~ For each child placed on an emergency basis who remains in care for more than 14 days, the licensee shall ensure that the child has had a recent medical and dental examination according to Department of Public Health guidelines.

- ~~1.~~ 1. If the child has had a current exam, the licensee shall attempt to obtain documentation of it.
- ~~2.~~ 2. If such routine medical and dental exams have not occurred, the licensee shall, within one week, schedule an appointment for the ~~exams~~exam(s).

With the exception of

~~3.06~~ continued

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

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~~prior year.~~
~~(f) The licensee shall insure that the medical examination at placement includes screening for lead poisoning in accordance with 105 CMR 460.050: Mandatory Lead Poisoning Screening and Follow-up Schedule.~~

~~(g) Preventive health services for residentschildren shall include, but not be limited to:~~

~~1. 1. routine medical and dental examinations in accordance with Department of Public Health guidelines.~~

~~a. Routine dental examinations shouldshall begin at age three and be scheduled annually thereafter.~~

~~b. a. Medical examinations may be conducted by a licensed physician, a certifiedlicensed nurse practitioner, or a physician's assistant.~~

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

~~c. 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. 2. immunizations and TB testing as required by the most current Department of Public Health immunization schedules for all children;~~

~~3. 3. immediately reporting each case of communicable diseasesdisease listed as reportable under Department of Health regulations at 105 CMR 300.000:~~

~~Reportable Diseases, Surveillance, and infectionsIsolation and Quarantine~~

~~Requirements, to the local Board of Health and the Department of Public Health, and as required by M.G.L. c. 111, § 111;~~

~~4.~~

~~4. family planning and sexual and reproductive health information, and upon request of the residentchild (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 conscience prohibitsbeliefs prohibit the provision of such family planning devices, medication, or services, shall notify the resident, parentschild, parent or guardian, or referral source that the facilityprogram will not provide such services at the time of admission and when applicable.~~

~~(g) (h) The licensee shall insureensure that medically recommended glasses, hearing aids, prosthetic devices, adaptive, corrective physical, or dental devices, or any other medically necessary and/ or lifesaving equipment recommended, or treatments prescribed by the examining physician are provided to the residentchild, consistent with the terms of the agreement with the placement agency and purchaser of service, 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) (i) The licensee may not require any child to receive medical treatment or screening when the parentsparent or guardian of such child objectobjects 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 child if it believes such medical treatment is in the child's best interest.~~

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

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

~~1. 1. Medication Administration Procedures.~~

~~a. 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. child. The licensee shall also develop, maintain, and follow procedures to:~~

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

~~ii. ii. provide notification to attending physicians of significant changes in a resident'schild's behavior or health that may result from be attributed to medication;~~

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

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

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

~~ii. ii. relevant training and education for residentsthe child concerning medications and side effects, administration procedures, safe storage, and documentation of all medications except well child medication, such as vitamins;; and~~

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

~~2. 2. Medication Administration Staff Training. All staff shall be provided with copies of and trained in receive training regarding the licensee's policies and procedures regarding administration ofand 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 and residents who have been trained as provided in 606 CMR 3.06(4)(j)(2) shall administer medications. to children, and only children who have been adequately trained to self-administer and safely store medications shall self-administer medications.~~

~~4. 3. Programs serving young parents shall provide training, education and supervision to young parents learning to administer medications, including well-child vitamins, to their children.~~

~~5. Antipsychotic Medication. Antipsychotic medication shall mean drugs which are used in treating psychoses and alleviating psychotic states. The licensee shall not administer or arrange for the administration of antipsychotic medication except as follows:~~

~~a. a. Any antipsychotic medication shall be prescribed by a licensed physician for the diagnosis, treatment and care of the residentchild, and only after review of his or hertheir medical record and observation of the residentchild.~~

~~b. If antipsychotic medication is prescribed, the prescribing physician shall submit a written report to the licensee detailing the necessity, for the medication; the staff monitoring requirements, if any; potential side effects that may, or may not require medical attention 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 residentchild.~~

~~c. e. No antipsychotic prescriptionmedications shall be administered for a period longer than is medically necessary, as determined by the prescribing physician after meeting with the residentchild, reviewing the resident'schild's progress, and examining the residentchild for potential side effects. All meetings with the residentchild after the initial meeting shall be on a schedule determined by the physician, as sufficient to effectively monitor the residentchild while on antipsychotic medication.~~

~~d. Except in With the exception of an emergency, when an unforeseen combination of circumstances or~~

~~d. the resulting state calls for immediate action, the licensee shall not administer or arrange for prescription and administration of antipsychotic medication unless it obtains informed written consent is obtained from a parent or guardian, if available, or unless judicial approval is received. The referral source shall be notified of the need for consent or judicial approval.~~

~~e. 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.~~

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- ~~f. The licensee shall inform a resident 12 child 14 years of age and older, consistent with his or her 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 if in the resident event the child refuses to consent to administration of the medication.~~
- ~~f. In an emergency situation antipsychotic medication may be administered for treatment purposes without parental consent or prior judicial approval if an unforeseen combination of circumstances or the resulting state calls for immediate action and there is no less intrusive alternative to the medication. The treating physician must determine in his or her professional judgment that medication is necessary to prevent the immediate substantial and irreversible deterioration of a serious mental illness. If the treating physician determines that medication should continue informed consent or judicial approval must be obtained.~~
- ~~(5) (5) Educational Services.~~
- ~~(a) (a) The licensee shall describe in writing its plan for identifying and meeting the educational needs of the residents children served. The licensee shall arrange for the education of each resident child, in compliance with federal, state and local laws, as appropriate to the needs of each resident child and consistent with any IEP, a plan under Section 504 of the I.E.P. Rehabilitation Act of 1973, or similar plan. The licensee must maintain communication between the child's educational setting to ensure sharing of information and continuity of services being provided.~~
- ~~(b) (b) Each temporary shelter program shall describe in writing, and follow, its plan for obtaining information on the educational status of any child who remains in care more than 72 hours. The plan shall identify the person responsible for obtaining the information and the timeline for obtaining it. Information on educational status may be obtained directly from the child and the parent or guardian, from the school or educational program the child last attended (with the written consent of the child who is 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 child is still in its care to assist the responsible school district to provide an appropriate education for the child.~~
- ~~(6) (6) Vocational Preparation Services.~~
- ~~(a) The licensee shall describe in writing its plan for meeting the resident's child's vocational preparation needs. For each child in care more than 45 days, the licensee shall, as appropriate to the child's situation, age and interest, assist the child in assessing his or her their vocational needs including locating vocational training or employment.~~
- ~~(b) (a) As appropriate to the needs of the resident child the licensee shall provide, arrange, or facilitate vocational services which include:~~
- ~~1. 1. vocational evaluation;~~
 - ~~2. 2. formulation of vocational goals for the resident child;~~
 - ~~3. 3. formulation of a plan to achieve vocational goals;~~
 - ~~4. 4. implementation of a vocational plan, including vocational counseling, instruction, and training, and vocational placement or referral to appropriate services.~~
- ~~(b) The resident child shall be fully involved in his or her their vocational evaluation and the~~
- ~~(c) development of a vocational plan.~~
- ~~(d) The vocational plan and/or summaries related to the vocational support provided to the child shall be recorded in the child's file.~~
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- ~~(7) Recreational Services. Licensees who provide-~~
- ~~If the licensee provides care for children for more than 72 hours shall describe in writing their its plan for meeting the recreational needs of the residents children served,~~
- ~~(a) including the use of community resources where appropriate.~~
- ~~(b) (a) The licensee shall provide or arrange for individual and group recreational programs appropriate to the age, interests, and needs of each resident child.~~
- ~~(c) (b) The licensee shall provide a recreational program which provides for free, unplanned time for a resident child to pursue individual interests, with appropriate supervision as required for his or her their protection.~~
- ~~(d) (e) The licensee shall assign responsibility for the recreation program to a~~

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

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(f) ~~(8) Recreational services, including swimming, on site or offsite shall not include specialized high risk activities, as defined by the 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, if applicable.~~

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

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(9) ~~(10) Attendance at Legal Proceedings.~~ -The licensee shall ~~insureensure~~ that no ~~residentchild~~ attends a judicial or administrative hearing without a representative of the licensee ~~or~~ the referral source.

(9) ~~(10) Research, Fund Raising, or Publicity.~~ ~~or a parent or guardian.~~ The licensee shall not allow ~~residents~~ consent to questioning or interviews of a child 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 child's parent or guardian or the placement agency immediately if a law enforcement agency seeks to question or interview a child.

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

- (a) ~~research~~ and experimentation which involves the ~~resident~~;
- (b) ~~fund raising~~;

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(10) ~~(e) child, funding, or publicity, including photographs and/or, mass media communications, and/or social media activities unrelated to the child's treatment plan without the written consent of the parent or guardian and, if the child is 14 years of age or older, the written consent of the child.~~

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(11) ~~(11) Unusual or Extraordinary Treatment.~~ Unless granted a variance by the Department prior to implementation, no ~~No~~ licensee shall conduct unusual or extraordinary treatment. - Unusual or extraordinary treatment shall include:

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

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(12) Follow up Services.

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- (a) ~~The licensee shall establish and have in writing a plan to promote the delivery of follow up services.~~ The licensee shall, where possible, contact within one month of discharge each child who was in care for more than 72 hours, to determine whether needed services are being provided.
- (b) The licensee shall, where possible, arrange for on-going services as necessary to facilitate the resident's adjustment to his or her new environment, except where the resident was referred by a placement agency or purchaser of service which is responsible for the resident.

(a) ~~(e) The licensee must document its follow up contacts or efforts at follow up contact with each child not receiving follow up services from the referring or placement agency.~~

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3.07:— Supervision, Staffing, and Care of ResidentsRequirements

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(1) ~~(1)~~ Role of Child Care Staff, -

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(a) The licensee shall ~~employ children~~ ensure that:

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1. ~~Child care staff to fully implement individual service~~ individualized treatment plans on a daily basis for children in their care.

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2. Child care staff shall assist each ~~resident child~~ with all activities of daily living, in accordance with ~~her or his each child's individual developmental level and/or mental/chronological age.~~ The licensee, program

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3. ~~Program~~ employees and all members of the child care staff shall supervise ~~residents children~~ in a manner that protects each ~~resident child~~ from any form of abuse and neglect. -

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4. Child care staff shall 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 child care staff ~~nor, or any other person~~ with unsupervised access to residents shall ~~inflict children~~ inflicts any form of physical, emotional or sexual abuse, or neglect upon a resident while child in the program's care and custody. Child care staff shall ~~nor engages in any form of sexual grooming behaviors.~~

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Child care staff work to promote a safe and nurturing environment and assist each

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6. ~~resident in~~ child with the development of self help and the skills each individual child 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, ~~including promoting in each resident and~~ a sense of security, belonging, and self-worth.

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7. Child care staff adhere to all program policies and procedures.

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(b) Supervision of children shall ~~provide occur~~ in accordance with program policy and in consideration of children's medical, emotional support and guidance to residents as appropriate, physical, and behavioral needs.

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Programs serving ~~teen young~~ parents shall prepare a ~~teen young~~ parent for the physical, social, and emotional responsibilities of

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(c) pregnancy, childbirth, parenthood, and, when appropriate, care and protection of the child.

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(2) Staff-Child Ratios:

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

(e) Child care staff shall maintain a level of professionalism that includes proper boundaries with children being served, 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 children being served.

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(2) Staffing.

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

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(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 ~~facility~~ program.

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

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

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

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

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

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(h) ~~(e)~~ The licensee shall ~~assure~~ ensure that at all times at least one staff person certified in C.P.R.-CPR and First Aid, and at least one 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 ~~facility~~ program's facilities.

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(i) ~~(d)~~ The licensee shall ~~assure~~ensure a staff-child ratio appropriate to the age, capabilities, needs and ~~service~~treatment plans of the ~~residents~~children in the ~~facility~~program, and sufficient to carry out the requirements of 606 CMR 3.00.-

(j) ~~(e)~~ Volunteers shall not be included in the staff-child ratio.

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

(l) ~~(f)~~ In transition to independent living programs and programs serving ~~teen~~young parents, there may be times when it is appropriate for ~~residents~~children or young parents to be in the facility or building without staff present. The licensee shall evaluate each ~~resident child or young parent~~ to determine his or hertheir 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~~children or young parents may be left unsupervised by staff, and the emergency assistance available when staff are not physically present.

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(3) Room Assignment and Programming.

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(a) ~~(a)~~ The licensee shall ~~assure~~ensure that all room assignments are appropriate, taking into consideration the ages and needs of ~~residents~~each individual child, by collaborating with the child.

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(b) ~~(b)~~ parent or guardian, clinical team, and referral source, and make a demonstrated effort to match children, with the exception of emergency placements, with peers the team believes will be most beneficial for the child.

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(b) ~~(b)~~ The licensee shall ~~assure~~develop, maintain, and follow policies and procedures related to ensuring appropriate room assignments of the children it serves, including but not limited to the following: 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 children to share sleep and personal space.

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

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(d) ~~(4)~~ The licensee shall develop, maintain, and follow policy and procedure 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.

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(4) Clothing. The licensee shall ~~assure~~ensure that each ~~resident~~haschild and young parent and their children have adequate, clean, and seasonable clothing as required for health, comfort, dignity, and physical well-being and appropriate to age, sex, and individual needs.

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

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

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

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

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

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1. ~~1.~~ ~~The~~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. ~~2.~~ Such articles may not be sold to ~~residents~~children.
3. ~~3.~~ Community use of ~~grooming~~self-care and hygiene articles such as towels, ~~tooth brushes~~toothbrushes, soap, and deodorants is prohibited.

3.07: continued

- (b) ~~(b)~~ The licensee shall provide each ~~resident~~child with the opportunity to have a daily shower or tub bath, with ~~due~~ regard for privacy— and consideration for any documented safety risk(s).
- (c) ~~(c)~~ The licensee shall ~~give residents~~provide children with assistance or supervision ~~in~~with bathing when they are unable to perform this function, ~~or any part of it~~, by themselves.
- (d) ~~(e)~~ If assistance with bathing and/or showering is required, the licensee will ensure that staff and child 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.
- The licensee shall ~~encourage~~promote oral health via the provision of oral hygiene products, ~~encouraging~~ each ~~resident~~child to brush ~~his/her~~and floss their teeth, and ~~will~~ provide
- (e) ~~(d)~~ staff assistance ~~where~~when needed.
- (f) ~~(d)~~ The licensee shall assist each ~~resident in learning grooming~~child with the development and mastery of healthy hygiene and self-care practices.
- (g) ~~(e)~~ For each child in care ~~for~~ more than 72 hours, the licensee shall ~~make arrangements~~obtain and document the permission from the parent or guardian for hair cutting, in accordance with the wishes of the ~~resident~~child and consistent with ~~good health~~healthy hygiene practices.
- (h) ~~(f)~~ ~~The~~If assistance is required, ~~the~~ licensee shall bathe or clean children upon soiling, and shall change soiled clothing.—

3.07: continued

- (i) As necessary, the licensee shall conduct a toilet training program for each child in care more than 72 hours.
- (i) ~~(g)~~ In programs serving ~~teen~~young parents, the licensee shall assist the ~~teen~~young parent with education regarding proper bathing and hygiene for their child, including a toilet training program for ~~his or her~~their child—, ~~when applicable~~. The ~~teen~~young parent shall be responsible for bathing or cleaning ~~his or her~~their own child upon soiling and shall change soiled clothing.
- (6) ~~(6)~~ Nutrition. Except as provided in 606 CMR 3.07(6)(j):
- (a) ~~(e)~~ The licensee shall provide a nourishing well—balanced diet to all ~~residents~~—children. The licensee shall have a written plan for nutritional services including purchase, storage, preparation and serving of food. The plan must identify one person who is responsible for the food program.
1. ~~1.~~ The licensee shall provide at least three meals daily, constituting a nutritionally adequate diet.
2. ~~2.~~ The licensee shall prepare and serve meals in a manner ~~and in an amount and at times~~ appropriate to the nutritional needs of each ~~resident~~child, 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. ~~(b)~~ The licensee shall offer opportunities in between meal times for snack options.
4. In the event a child misses a meal due to a crisis event, conflicting family appointment, or other reason, the licensee will make every effort to accommodate the child as soon as they are able to eat their meal.
- (b) No ~~resident~~child 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)(b).
- (e) The licensee shall encourage residents to eat a well-balanced diet, but no resident shall be force-fed or otherwise coerced to eat against his or her will except where medically prescribed.
- (c) ~~(d)~~ The licensee shall follow medical orders for any child being treated for a disorder that affects feeding or eating (e.g., chewing disorder, swallowing disorder, eating disorder).
- (d) The licensee shall serve ~~to residents~~ meals to children which are substantially the

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same as those served to staff unless special dietary needs require differences in diet.

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

(f) ~~(f)~~ The licensee shall allow ~~residents' children~~ to eat at a reasonable, leisurely rate, and shall encourage normal conversation during meals.

(g) ~~(g)~~ Staff shall be present and shall ~~assure~~ ensure that each ~~resident child~~ receives adequate amounts and variety of food.

(h) ~~(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 children and the ~~U.S.D.A. USDA~~ requirements for a nutritionally adequate diet.

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

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

(7) ~~(7)~~ Behavior Support.

(a) ~~(a)~~ Each licensee shall maintain a written statement defining ~~rules, 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 facility program including, where applicable:

- ~~1. methods and procedures for assessing, monitoring, and measuring a resident's child's progress in the program;~~
- ~~2. the type and range of restrictions, therapeutic interventions a staff member can authorize for misbehavior of residents;~~
- ~~2. 3. the form of physical restraint used, the range of interventions used as alternatives to restraint (e.g., behavioral, sensory, recreational, role of family, etc.), including de-escalation techniques and non-confrontational approaches implement to angry or aggressive effectively address dysregulated and/or maladaptive behavior;~~

3.07: continued

- ~~residents, and controls on misuse and abuse of such restraints;~~
- ~~4. the circumstances under which the program would restrain a resident;~~
 - ~~5. the name of the restraint coordinator;~~
 - ~~6. the procedure for regular review of restraint data by a restraint safety committee.~~
- ~~At a minimum, each licensee shall analyze restraint data and implementation of corrective measures on a quarterly basis;~~
- ~~7. the names and positions of the restraint safety committee;~~
 - ~~8. the use of the practice of separating a resident from a group or program activity;~~
 - ~~3. 9. any policies or procedures that involve denial or restrictions of on-grounds program services as a consequence for behavior; and~~

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

- ~~1. including a process for educating teen young parents about behavior support practices;~~
- ~~2. statements and training prohibiting the practices stated in 606 CMR 3.07(7)(g); and~~
- ~~4. 3. rules and guidelines outlining the expected behavior of teen young parents.~~

(b) ~~(e)~~ When feasible and appropriate, ~~residents' children~~ shall participate in the establishment of ~~rules, guidelines, policies, and procedures for related to behavior support.~~

(d) Except in cases of emergency admission, the licensee shall provide residents, and parents or persons other than a parent with custody of the child with a copy of the facility's written statement prior to admission. In the case of an emergency admission, the written statement shall be provided to the parents or guardians as soon as possible after admission.

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(e) ~~For children admitted in emergency circumstances who remain in care more than 72 hours, the licensee shall provide to the child's parents or persons other than a parent with custody, a copy of the program's written behavior support statement.~~
(f) ~~The licensee shall inform parents, persons other than a parent with custody of the child and residents of any significant changes in behavior support procedures.~~

(c) ~~(g) No resident~~The licensee shall ensure that no child 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 child to take an uncomfortable position such as squatting or bending or requiring or forcing the resident child to repeat physical movements, when used as punishment;~~
- ~~3. punishments which subject the resident child 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. extensive separation from the group.~~

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

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

(f) ~~(j) Use~~Except in cases of emergency admission, the licensee shall provide children 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 parents or guardians and children of any significant changes in behavior support policies and procedures prior to implementation.

(h) Restraint Policies.

- The licensee shall ensure that physical restraint is an intervention of last resort.
- Physical restraint is prohibited in residential programs except when a child'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.
- The use of medication restraint and seclusion is prohibited in programs licensed by the Department.
- ~~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.~~
~~Prone restraint shall not be used unless the licensee, on an individual child basis, obtains and maintains documentation in accordance with 606 CMR 3.07(7)(j)15. or in circumstances where the use of prone restraint is required in an emergency situation to prevent serious injury to the resident, other residents, and/or staff.~~

1. Prior to implementing any restraint, residents shall be screened for any medical or psychological contraindications.

- ~~a. Physical restraint shall be considered an emergency procedure of last resort and Prone restraint shall be prohibited in a residential programs program except when implemented as a resident's last resort and on an individualized basis, and only when a child's behavior poses an imminent threat of imminent, serious, physical harm to self or others and the resident is not responsive to verbal directives or other lawful, and less intrusive behavior interventions, or such interventions are deemed to be inappropriate under when;~~

- 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 circumstances agency's chief administrative officer;
- ~~b. If any~~ There is psychological or behavioral justification for its use, with no contraindications, as documented by a licensed mental health professional;
- There are no medical or psychological contraindications, including past or active history of trauma and/or abuse, as documented by a licensed physician and behavioral health clinician;
- The child has a documented history of repeatedly causing serious self-injuries and/or injuries to other children or staff;
- The child 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

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

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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 placed in a position that allows airway access and does not compromise respiration used in the program, the range of interventions used as alternatives to restraint (e.g., antecedent management, de-escalation strategies, non-violent crisis intervention, 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 children 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.
2. No resident shall be. 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 child and others, prior to implementing any restraint, the licensee shall ensure that children are screened for any medical or psychological contraindications, including past or active history of trauma and/or abuse.
8. No child shall be physically restrained for purposes of punishment or for the convenience of others.
9. 3. No residentchild may be physically restrained solely for non-compliance with a program rule, staff directive, or behavior expectation.

3.07: continued

10. 4. Only staff trained in physical restraint as provided in 606 CMR 3.04(7)(e), shall participate in physically restraining a child.
11. 5. If any form of physical restraint is implemented, the child 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 whenever a physical restraint is initiated. TheThe chief administrative officer or designee shall have oversight responsibility offor every physical restraint implemented at the program.
13. 6. Steps must be initiated to contact the on-call administrative or clinical staff as soon as possible, but no later than five minutes after the restraint is initiated.
14. 7. AThe licensee shall assureensure that the form of restraint used is the least intrusive means restrictive intervention necessary to protect the residentmaintain the safety of the child being restrained, other residentschildren, and staff. -
15. Any restraint procedure not previously approved by the chief administrative office, as outlined in the behavior support statement pursuant to section (a), or specifically clinically provided in the child's behavior support plan shall not be used under any circumstances,
- which includes choke holds, headlocks, full nelsons, half nelsons, hog-tying or the use of pressure points to inflict pain is prohibited.

16. 8. 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 residentchild is restrained for a period longer than 20 minutes, the approval of the chief administrative personofficer or his or her designee shall be obtained. SuchAny approval shall be based upon the resident's continuedcurrent behavior justifyingof the child, the child's response to intervention, and need for continued restraint in order to maintain safety of the child or others and further de-escalate the child.

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~~18. 9. The Restraint monitoring shall be constant, including the assessment of the physical condition of a resident who is being restrained shall be constantly monitored child, as defined in 606 CMR 3.02-(1).~~
~~19. 40. The licensee shall immediately release a resident child who exhibits any sign of significant physical distress during restraint and shall immediately provide the resident child with any needed medical assistance.~~
~~20. 11. A physically restrained resident child shall be released at the first indication that it is safe to do so.~~
~~21. 12. Within 48 hours, following the release of a resident child from a restraint, the program shall implement its restraint processing and follow-up procedures.~~
~~13.~~

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~~22. The licensee shall document all incidents in which restraint was used including any required administrative approval, and its restraint processing and follow-up procedures in a physical restraint incident report and keep such reports in the child's record.~~
~~23. The chief administrator/executive director, administrative officer, or designee, or the restraint safety committee shall conduct a weekly review of restraint data to identify any resident child that has been restrained multiple times. Any resident or any child that demonstrated behavior uncharacteristic of the child's baseline behavior that required the use of physical restraint as an intervention. Any child 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 his or her their clinical and behavioral needs by his or her their case manager or clinician. Parents Placement agency, referral source, and parents or guardians shall be invited to this review. Changes The licensee must document parental or guardian consent to any changes made as a result of this review require parental consent and must be documented in the resident's service in the child's treatment plan, as required by 606 CMR 3.05(4) and (-)(5).~~

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14. The licensee
(8) Seclusion.

~~(a) Seclusion shall document all restraints, including any required administrative approval, and its processing and follow up procedures be prohibited in a residential program except when implemented as a last resort and on an individualized basis when a child's behavior poses an imminent threat of serious physical restraint incident report harm to self or others, and when:~~

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- ~~1. The child has a documented history of repeatedly engaging in serious self-injurious behavior and keep/or causing injuries to other children or staff;~~
- ~~2. The child is not responsive to less intrusive behavior interventions, or such reports in interventions are deemed to be inappropriate under the resident's record circumstances, or have failed to ensure the safety of the child and/or safety of others;~~

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~~15. Use of prone restraint shall not be permitted on any resident, unless the licensee documents and maintains the following:~~

- ~~a. The licensee obtained consent, as defined in 606 CMR 3.02(1), to use prone restraint, which has been approved in writing by the agency's chief administrator/ executive director;~~
- ~~3. b. There are no medical or psychological contraindications, as confirmed in documentation by a licensed physician and/or a licensed mental health professional;~~
- ~~4. There is psychological or behavioral justification for the use of prone restraint with no contraindications, as seclusion, as documented by a licensed mental health professional;~~
- ~~e. There are no medical contraindications, as documented by a licensed physician;~~
- ~~d. The resident has a documented history of repeatedly causing serious self injuries and/or injuries to other residents or staff; and~~
- ~~e. All other forms of physical restraint have failed to ensure the safety of the resident and/or safety of others.~~

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- ~~5. (4e) The program has obtained consent to use seclusion as defined in 606 CMR 3.02(1) from the parent or guardian, or from the placement agency or referral source following its procedures, and the child if appropriate, and such use has been approved in writing by the program's chief administrative officer or designee;~~
- ~~6. Program staff participating in use of seclusion have received training inclusive of alternative less restrictive behavior interventions and management techniques;~~
- ~~7. The program has documented compliance with 603 CMR 3.08(1) through (6) in advance of its use and maintains the documentation;~~

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- 8. At all times, a staff member is continuously and actively restraint monitoring and observing the child and is immediately available to the child;
 - 9. The child is observable in all parts of the room or area being used;
 - 10. The staff member is continuing to implement de-escalation and calming strategies with the child unless it is unsafe or counterproductive to do so;
 - 11. It is not used as a means of discipline or punishment or as a standard response for any individual child's actions that do not constitute an imminent threat of serious physical harm to self or others;
 - 12. It is used as a last resort and its use ceases as soon as the child's behavior no longer poses a threat of assault or immediate serious physical harm to the child or others, or if the child is observed to be in severe distress; and
- (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 child served, including but not limited to being of appropriate size for the age and the needs of the child;
 - 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 child;
 - 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 time per week during which the room or area is used; and
 - 7. In compliance with any other Department policies;

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- (c) Any room or space used for the purposes of seclusion must also:
- 1. Provide for and require full line of sight between the restraint monitoring staff member and the child at all times;
 - 2. Provide for and require full restraint monitoring for sound and be conducive to listening to and communicating with the child in the seclusion area at all times.

(9) Separation from Group.

- (a) Any behavior support policy which results in a residentchild being separated from the group or program activities shall include, but not be limited to the following:
- 1. guidelines for staff in the utilization of such procedures;
 - 2. persons responsible for implementing such procedures;
 - 3. the duration of such procedures including provisions for approval by the chief administrative personofficer or his or her designee for a period longer than 30 minutes;
 - 4. a requirement that residentschildren shall be observable at all times and that staff shall be in close proximity at all times;
 - 5. a procedure for staff to directly observe the residentchild at least every 15 minutes;
 - 6. a means of documenting the use of such procedures if used for a period longer than 30 minutes including, at a minimum, length of time, reasons for this intervention, who approved the procedure and who directly observed the residentchild at least every 15 minutes;
 - 7. a provision that the residentchild shall be returned to the group and to regular program activities as soon as his or hertheir behavior indicates that it is safe to do so.
 - 8. (i) Any room or space used for the practice of separation from the group shall not be locked, except as outlined in 606 CMR 3.07(7)(a9)(c)-(d).
- (b) (m) Any room or space used for the practice of separation from the group must be physically safe, free of hazard and appropriate to the population served by the facilityprogram.

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- (c) (n) A Department of Youth Services operated and contracted facility is permitted to use separation from the group or involuntary room confinement in accordance with 109 CMR 5.00: Involuntary Room Confinement of Youth Detained by or Committed to the Department of Youth Services. If the licensee operates a lockedhardware, secure detention or treatment program, a clear and precise description of the program must be submitted which includes:
- 1. A description of the facility'sprogram's security system including any automatic locks or safety devices on doors or windows;
 - 2. If individual bedroom doors are locked at any time, a statement of the hours

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the doors will be locked, an explanation of any time doors may be locked other than during sleeping hours, a description of the procedures to ~~insure~~ensure that locks are released in the event of fire, power failure or any situation which may necessitate evacuation of the room, floor or building.

~~3.~~ 3. A plan which specifies a description of the population indicating the need for a locked room, alternative interventions to be used prior to a locked room, a physical description of the room, the method for direct observation of the child by staff and the procedure for documenting use of the room. Such plan must be submitted to the Department for approval prior to use of a locked room.

~~(d) a.~~ A locked room utilized for the practice of separation or involuntary room confinement may be used only when necessary to protect the ~~resident~~resident child, other ~~residents~~residents children, or staff from immediate danger of physical harm for population control, during shift changes and during investigations. Locked rooms must meet all applicable state and federal regulations.

~~1. b.~~ Use of the locked room shall not exceed 15 minutes without consultation with and approval from the chief administrative ~~person~~officer or ~~his or her~~ designee. Such approval shall be necessary for each following 60 minute period. A staff person shall be in close proximity to the locked room at all times while a ~~resident~~resident child is in a locked room and shall directly observe the ~~resident~~resident child at least every 15 minutes and shall take appropriate measures to assure the safety of the ~~resident~~resident child.

~~(8) Money.~~

~~(10) (a)~~ The licensee shall provide opportunities for ~~residents~~residents children in care more than 45 days to develop a ~~sense of the value of money~~financial literacy skills in a developmentally appropriate way through earning, spending, ~~budgeting~~budgeting, giving and saving.

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

~~(9) Visiting~~

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3.07: continued

- ~~(11) Visitation, Mail and Telephones, and Other Forms of Communication.~~
- ~~(a) (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, or other persons, and lifelong connections.
- ~~1. 1.~~ Such policies shall be developed with the goal of encouraging healthy family relationships, maximizing the individual ~~resident's~~resident's child's growth and development, and protecting the ~~residents, staff and program from unreasonable and unsafe intrusions~~children.
- ~~2. 2.~~ Such policies shall be distributed to staff and residents, persons other than a parent with custody of the child, children, and parents or guardians prior to admission, when possible, or within 72 hours after admission.
- ~~(b) (b)~~ The licensee shall provide opportunities and encourage ~~residents~~residents children to visit and otherwise communicate with family and other persons. The licensee shall ~~insure~~ensure that visits offer reasonable privacy.
- ~~1. (c)~~ No ~~resident~~resident child shall be restricted in ~~his or her~~their opportunities to visit with family and other persons unless such opportunities are restricted as follows:
- ~~a. 1.~~ by court order and in such case only to the extent of the court order;
- ~~b. 2.~~ by the ~~resident's~~resident's child's individual ~~service~~treatment plan for therapeutic reasons only; or
- ~~c. due to a documented safety risk to children or staff.~~
- ~~2.~~ Such restrictions or denial must be no greater than necessary to achieve the therapeutic purpose. Those persons whose visitation is restricted or denied ~~should~~shall receive an explanation from the program as to the reasons ~~therefore~~.
- ~~3. due to a documented safety risk to residents or staff.~~
- ~~3. (d)~~ In programs serving ~~teen~~young parents, the licensee may not prohibit the other parent of a child from ~~visiting~~visitation unless there is a court order prohibiting contact, ~~his or her~~their behavior within the program is or has been disruptive and/or inappropriate, or the ~~resident~~resident ~~teen~~young parent does not wish to have contact with ~~him or her~~them.
- ~~(c) (e)~~ The licensee shall establish ~~visiting~~visitation hours which meet the needs of the ~~residents~~residents children and their parents or guardians.

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~~(d) (f) The licensee shall formulate develop and follow policies and procedures for residents visiting outside when children temporarily leave the facility, when appropriate program, such as for visits and appointments, including:~~

~~1. A method for recording the location, the duration of the visit, and the name, address~~

~~3.07: continued~~

~~and telephone number of the person responsible for the resident child, while absent~~

~~1. from the facility program;~~

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

~~3. (g) Methods for the child 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 child's behavior or affect post visit.~~

~~(e) It shall be each resident's child's right to open and send hard copy and electronic mail unread by staff except in accordance with the following circumstances:~~

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

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

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

~~(f) (h) Telephone communications, including the use of verbal communication via mobile phones and electronic messaging, may not be monitored or -unreasonably restricted, unless there are specific therapeutic reasons justifying such limitations.~~

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

~~2. 2. If phone conversations, including electronic messaging, are monitored, the parties to the conversations must be informed.~~

~~(g) (i) Communication with a resident's child's medical professional, mental or behavioral health clinician, psychologist or psychiatrist, social worker, attorney, or clergy person may not be prohibited, restricted or censored.~~

~~(12) (10) Runaways- Missing or Absent Children, The licensee shall have a develop, maintain, and follow written policy policies and procedures for handling runaways and missing residents- and absent children. The policy shall include:~~

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

~~(b) procedures for making staff and shelter home parents aware of residents children with a history of running or becoming missing or absent, who show potential for being runaways missing or absent, or who are at risk of victimization;~~

~~(b) -~~

~~3.07: continued~~

~~(c) preventive procedures, including interventions used to prevent or retrieve a resident child from running becoming missing or absent, what dangers a resident child would be exposed to if he they became missing or she ran absent or what danger the resident child may pose to others if he or she ran. The program shall describe they became missing or absent;~~

~~(d) a description of how staff would determine if a danger exists which is sufficient to justify using physical restraint to prevent the resident from running;~~

~~(e) (e) procedures for staff and shelter home parents to follow in the event that a resident child is missing, including procedures for immediately informing the chief administrative person officer or his or her designee;~~

~~(f) (d) a procedure procedures requiring the program to notify the child's parent, person other than a parent with custody of the child or guardian, referral source, and the Department of Elementary and Secondary Education, when applicable, and for a missing or absent child in immediate danger, the local police;~~

~~(g) (11) procedures for providing local law enforcement with essential identifying information about the missing or absent child to enhance location of the child, e.g., photographs, visual description, and frequented places; and~~

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

~~Search~~

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- (a) ~~If the~~ The licensee ~~has a~~ shall describe in writing its practice of searching the ~~resident~~ child and/or the ~~resident's~~ child's personal belongings. ~~the~~ The licensee shall maintain a written statement defining the policies, procedures, and circumstances for ~~the~~ performing a search of ~~residents~~ a child and their personal belongings.
- (b) ~~The licensee shall provide children a copy of~~ The written statement shall describe the circumstances for searching the child's personal belongings to maintain the written search policy within 24 hours ~~safety of their admission to the child and others in the program.~~
- (13) (c) ~~The licensee shall provide parents or persons other than a parent, including considerations for searching a child with~~ ~~eustody~~ a history of the child, a copy of ~~trauma~~; 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 search policy within 72 hours of the child's admission ~~statement.~~
- (14) ~~(12) Transportation of Residents Children.~~ The licensee shall describe in writing its arrangements for transporting ~~residents children.~~ Each ~~resident~~ child shall be provided with the transportation necessary for implementing ~~his or her service~~ their treatment plan. ~~Each program shall have available means of transporting residents children in cases of emergency. Whenever the licensee uses agency owned, leased, or contracted vehicles or staff vehicles to transport residents children, the following regulations shall apply:~~
- (a) ~~(a) Appropriate supervision with adequate~~ the required staff-child ratio for ~~transportation must be maintained.~~
- (b) ~~(b) The operator of any vehicle shall be licensed in accordance with state laws.~~
- (c) ~~(e) Any vehicle used for transporting residents children shall be registered, inspected, and operated in accordance with state laws.~~
- (d) ~~(d) Vehicles shall be maintained in a safe operating condition and shall be equipped with a standard first aid kit.~~
- (e) ~~(e) The licensee shall not allow the number of residents children 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 Children~~ being transported in vehicles other than buses shall be restrained in

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- (f) ~~age-appropriate child passenger restraints or safety belts.~~
- (g) ~~(e) No vehicle shall be used to transport residents children unless the licensee has assured~~ ensured that the following minimum amounts of liability insurance ~~required in Massachusetts are provided~~ maintained.

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3.07: continued

3.08:— Physical Plant and Equipment

(1) ~~(4)~~ Required Inspections.

- (a) ~~(a)~~ The licensee shall have a ~~certificate~~ **Certificate of inspection** or Use and Occupancy Permit from the ~~Department~~ **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) ~~(b)~~ The licensee shall ~~obtain~~ **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) including the following categories: kitchen areas; bathroom areas; water supply; hot water operations; heating operations; lighting and electrical operations; metering of electricity and gas; installation and maintenance of the physical plant; asbestos material used as insulation or covering; smoke detectors; exits; maintenance of structural elements; control of insects, rodents and skunks; garbage and rubbish storage and disposal; and security.~~
- (c) ~~(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) ~~(2)~~ Safety Program.

- (a) ~~(a)~~ The licensee shall ~~establish a develop, maintain, and follow written plan detailing policies, plans, and procedures for meeting handling potential emergencies, such as fire, power outage, 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. 1. plans for the assignment of personnel to specific tasks and responsibilities in emergency situations;~~
 - ~~2. 2. instructions relating to the use of alarm systems and signals;~~
 - ~~3. 3. systems for notification of appropriate persons;~~
 - ~~4. 4. specification of evacuation routes and procedures, with clearly marked diagrams;~~
 - ~~5. (b) if a child 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 children and such plans shall be updated as a child'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) ~~(c)~~ The licensee shall post the plans and procedures at suitable locations throughout the ~~facility program~~ and ~~insure~~ **ensure** that staff are familiar with the procedures.
- (d) ~~(d)~~ The licensee shall conduct and document the occurrence of training on these procedures quarterly in order to:
- ~~1. 1. assure ensure that all personnel on all shifts are trained to perform assigned tasks and;~~
 - ~~2. ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the program; and~~
 - ~~3. 2. evaluate the effectiveness of emergency plans and procedures.~~
- (e) ~~(e)~~ The licensee shall prepare ~~residents children~~ for and conduct evacuation drills on each shift at least ~~twice~~ **two times** a year under varied ~~physical or environmental conditions for a total of 6 drills per year, with twice annual drills specific to: fire, severe weather conditions, natural disasters, lockdowns, shelter in place, and active shooter.~~
- ~~1. 1. The licensee shall make special provisions for the train staff to properly execute individualized plans for the safe evacuation of any residents children with disabilities, past or active history of trauma and/or abuse, behavioral challenges, or other considerations.~~
 - ~~2. 2. The licensee shall further take special care to help residents children with emotional or perceptual 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) ~~3. The licensee shall maintain a must keep written log documenting each evacuation drill documentation of all emergency drills, including the date:~~
- ~~1. Date and time of the drill, and the time required to evacuate;~~
 - ~~2. Type of drill;~~

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- 3. Duration of the evacuation or drill;
- 4. Number of staff and children 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: (f) The licensee shall maintain an active safety program allowing for ongoing assessment of the facility's emergency and safety procedures.

(3) continued

(3) Toxic Substances.

(a) The licensee shall store toxic substances, including poisonous cleaning substances or other toxic substances products, in locked areas where they are not accessible to residents.

3.08: continued

(b) The licensee shall assure that children. All toxic substances shall be plainly marked and medications 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 stored together occupied by children and located at a safe distance from other buildings. Children shall not have access to such locked buildings.

(c) The licensee shall store medical equipment and medications under proper conditions for sanitation, preservation, and security.

(d) The licensee shall assure that all toxic substances are labeled as to the contents and kept in a locked area separate from medications and food storage areas, antidote.

(e) 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.

(f) In transition to independent living programs, the licensee may store toxic substances in areas which are not secured, provided that the licensee has a plan to assure safety at all times.

(4) Paint.

(a) The licensee shall remove or make inaccessible to children paint or plaster containing lead. (b) All buildings, residential or otherwise, utilized by children younger than six years old or with a mental age younger than six years old, shall be free of lead paint violations in accordance with 105 Department of Public Health regulations at 105 CMR 460.000: - Lead Poisoning Prevention and Control. Certification shall be obtained from the Massachusetts Department of Public Health or local board of health or private inspector utilizing an inspection form approved by the Childhood Lead Poisoning Prevention Program of the Massachusetts Department of Public Health.

(b) A licensee that obtained a letter of compliance from the Massachusetts shall comply with Department of Public Health, local board of health or private inspector prior to July 1, 1988, will not be required to comply with additional deleading requirements unless so ordered by the local board of health or the Massachusetts Department of Public Health to remain in compliance with regulation 105 CMR 460.000: - Lead Poisoning Prevention and Control, or unless expanding to space not previously approved by the Department 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, comfortable and safe condition.

(a) The facility and grounds shall be maintained free from rodent or insect infestation by qualified persons:

(b) 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

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- (b) Porches, elevated walkways, and elevated play or recreation areas shall have barriers to prevent falls. Glass barriers shall not be used. Such barriers shall be at least 36 inches in height if the elevated area is more than 30 inches off the ground.
- (c) All exits, exit accesses, and exit discharge areas shall be maintained continuously free from all obstructions or impediments to immediate use.
- (d) Outdoor recreation areas, playgrounds, and recreational equipment shall be safe. Equipment shall
1. Playgrounds and recreational equipment shall (1) be maintained in good repair; and of safe design without sharp protrusions and shall 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 the ground 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 children under the instruction and appropriate supervision of a staff member, except in transition to independent living programs, where such tools and equipment they may be stored in areas which are not secured. The licensee must have a plan to assure ensure safety at all times.
- (f) Swimming areas shall be tested for water quality and be secured from inappropriate 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 insuring ensuring safety around swimming areas, including appropriate staff-child ratios and supervision in accordance with any requirements related to the children served.

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- (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) The program shall be equipped with at least one working smoke detector on each floor and at least one additional smoke detector for each separate sleeping area not connected by a common hallway.
- (j) Each area for cooking and any other areas used for electrical, gas, or other heating equipment shall be equipped with a fire extinguisher which is inspected annually to insure ensure that it is in good working order.
- (k) The licensee shall maintain standard firstFirst aid kits that are shall be maintained and shall be accessible to each major activity area of the program. These kits shall be checked and restocked regularly.
- (l) The licensee shall assure ensure that all areas accessible to infants, toddlers, and young children shall be child safety-proofed appropriately. Electrical outlets shall be covered, cabinets,

3.08: continued

- (k) latched or locked, access to stairs barricaded, and sharp corners protected. Poisonous plants, cosmetics, appliances, and small items which could be swallowed shall not be within a child's reach.
- (6) Physical Facility/Architectural Barriers.
- (a) Requirements for Residents Programs serving Children with Limited Mobility. The licensee shall assure ensure that residents children 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 enrolls residents serves children requiring wheel chairs wheelchairs or other mobility assistive devices incompatible with stairs shall have at least one entrance for each building utilized by such children without steps and wide enough for a wheel chair, for each building utilized by such residents wheelchair or mobility assistive device.

- ~~(7) (7) Living Units.~~
- ~~(a) (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 children, unless it has been demonstrated that another arrangement is more effective in maximizing the human qualities equality of life of the specific population served. Living units shall be clean, safe, clean sanitary, and in good repair.~~
- ~~1. 1. There shall be evidence of regular cleaning and maintenance routines in all areas of the program facility.~~
- ~~2. 2. All rooms shall be kept safe from fire hazards.~~
- ~~3. 3. Hallways to bedrooms shall be illuminated at night.~~
- ~~(b) (b) The licensee shall provide furniture and furnishings which are safe, appropriate, comfortable, and home like clean.~~
- ~~1. 1. Broken furniture and ripped upholstery shall be repaired or discarded.~~
- ~~2. 2. Furniture and furnishings provided to residents for children shall be substantially the same as those provided to for staff.~~
- ~~(c) (c) All windows shall have operable Ventilation shall be provided in compliance with 780 CMR: The Massachusetts State Building Code.~~
- ~~(d) Window screens in good repair shall meet the requirements of the Department of Public Health, 105 CMR 410.540 where applicable or not contraindicated by security requirements.~~
- ~~(e) (d) All incandescent or fluorescent light fixtures shall be protected with shades or covers.~~
- ~~(f) (e) The licensee shall provide bedrooms which have that meet the following requirements;~~
- ~~1. direct outside ventilation;~~
- ~~2. at least one operable window;~~
- ~~1. 3. 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 70 square feet of space for single bedrooms; or at least 50 square feet per person in bedrooms for two or more residents children. In programs serving teen young parents, a teen young parent and his or her child their children may be housed in a single bedroom.~~
- ~~3. (f) Safe sleep space for each child of a young parent~~
- ~~4. Square footage calculations for bedrooms shall not include areas with less than five feet of ceiling height, consistent with 105 CMR 410.420.~~
- ~~(g) The licensee shall provide a means for residents each child with the opportunity to mount personalize their bedroom space by displaying pictures on bedroom walls, and to have other 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.~~
- ~~(h) (g) The licensee shall make provisions for the safe keeping and accounting of each resident's child's money, or valuables.~~
- ~~(h)~~
- ~~(i) The licensee shall provide each resident child with appropriate individual furniture, and/or an individual closet or a designated section of a closet with sufficient space for clothes racks and shelves.~~
- ~~(j) (i) The licensee shall provide accessible storage areas for personal possessions.~~
- ~~(k) (j) The licensee shall provide each resident child with his or her their own bed which shall be of sufficient size to accommodate the resident child comfortably. No cots or portable beds shall be used.~~
- ~~1. 1. Each bed shall have a clean, comfortable, non-toxic, and fire retardant mattress in good condition with no visible damage or staining.~~
- ~~2. 2. Sheets, pillows. If bunk beds are utilized, there shall be a minimum spacing of three feet between beds if single-decked and four and a half feet if double-decked. Triple-decked beds are prohibited. There must be a minimum distance of six 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.~~
- ~~Pillow cases, sheets, and blankets shall be provided for each bed.~~

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FOR PUBLIC COMMENT

4. ~~3. Sheets and pillow cases shall be washed weekly or more frequently, if indicated, and before use by more frequently, and prior to reassignment to another child.~~
5. ~~(4) Pillows, pillow cases, sheets, and blankets shall be replaced, as needed, to maintain comfort, hygiene, and dignity.~~
- (l) ~~Living rooms for the residents' use of the children shall be provided in each program facility.~~
- (m) ~~The living area(s) shall have adequate space per resident exclusive of hallways, bathrooms, kitchens, dining areas, closets, offices, storage areas or areas regularly used for other purposes child and shall be in compliance with 105 CMR 410.424(D), which requires at least 150 square feet of habitable floor space for its first occupant, and at least 100 square feet of habitable floor space for each additional occupant.~~
- (8) ~~(8) Bathing and Toilet Facilities.~~
- (a) ~~(a) Bathing and toilet facilities shall be maintained in good repair and in a clean and sanitary condition and:~~
1. ~~(b) The fixtures shall be sanitized at least once every 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-help care by residents children.~~
- (c) ~~(e) 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) ~~(d) The licensee shall provide bathing and toileting fixtures which are specially equipped, if used by residents modified and/or designed to comfortably accommodate and promote maximum autonomy and self-care, if used by children with disabilities.~~
- (e) ~~Except as provided in 606 CMR 3.08(8)(k), the licensee shall provide at least one~~
- ~~(e) toilet for each six residents children which is easily accessible to the their sleeping quarters.~~
- ~~(f) Except as provided in 606 CMR 3.08(8)(k), the licensee shall provide at least one sink for each six residents.~~
- ~~(g) Except as provided in 606 CMR 3.08(8)(k), the licensee shall provide at least and one tub~~
- ~~(f) or shower for each six residents children.~~
- ~~(g) All tubs and showers shall be equipped with a non-slip surface or mat.~~
- ~~(h) (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) (i) The licensee shall provide mirrors at convenient heights for use by residents children.~~
- ~~(j) (j) The licensee shall provide a place for toiletries and for hanging towels and washcloths for each child.~~
- ~~(k) (k) In programs serving teen 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) through (g)-(f).~~
- (9) ~~(9) Kitchens and Dining Facilities.~~
- (a) ~~(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 children and staff regularly served by the facility program. All equipment shall be maintained in a clean, safe, sanitary, and safe working order in good repair.~~
1. ~~(b) 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.~~

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

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

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

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

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

3.09: Shelter Homes

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

- (a) written information regarding the licensee's program, and the children served by the program, as required by 606 CMR 3.04(1);
- (b) written grievance and appeal procedures as required by 606 CMR 3.04(3)(i);
- (c) written statement identifying all qualifications required of shelter home parents, as required by 606 CMR 3.09(2);
- (d) written statement of physical requirements for shelter homes, as required by 606 CMR 3.09(3);
- (e) written policy and procedure for orienting and assessing shelter home parent applicants, as required by 606 CMR 3.09(4) and (5).

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

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

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

3.09: continued

- (g) No bedroom to be used by children shall be located below the first floor unless it contains a ground level, standard door exit and at least one operable window;
- (h) Shelter homes shall be furnished and maintained in a safe, appropriate and comfortable manner;
- (i) The shelter home shall be equipped with smoke detectors which shall be maintained in working order;
- (j) If the shelter home uses well water, it shall be tested and determined safe, and a report of the test furnished to the licensee.

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

- (a) the purpose and nature of shelter care;
- (b) the characteristics and needs of children placed in shelter homes;
- (c) the role of the shelter agency;
- (d) the services provided by the shelter agency;
- (e) the role and responsibilities of shelter home parents;
- (f) assessment procedures, as described in 606 CMR 3.09(5);
- (g) the approximate duration of time a child may be in placement;
- (h) the licensee's family contact and visitation policy;
- (i) child abuse reporting requirements;

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606 CMR: DEPARTMENT OF EARLY EDUCATION AND CARE

- ~~(j) crisis intervention, including restraint, if applicable;~~
- ~~(k) first aid and CPR;~~
- ~~(l) communicable diseases and necessary precautions;~~
- ~~(m) administration of medication and requirements for documentation;~~
- ~~(n) emergency planning including evacuation of the home, posting poison control phone number and appropriate storage of toxic substances;~~
- ~~(o) procedures to follow in the event a child runs away from the home.~~

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

- ~~(a) The licensee shall provide each applicant with general information on the purpose and nature of shelter home care, the role and responsibilities of shelter home parents, and the services provided by the licensee.~~
- ~~(b) The licensee shall require each applicant to furnish evidence of a current medical examination and a written statement from a licensed physician regarding the health and any illnesses or disabilities of all household members.~~
- ~~(c) The licensee shall interview each shelter home parent applicant individually.~~
- ~~(d) The licensee shall interview all other members of the applicant's household, as appropriate to the age of the member of the household.~~
- ~~(e) The licensee shall make at least one visit to the applicant's home to determine if physical requirements for shelter homes are met.~~
- ~~(f) The licensee shall determine that each shelter home parent applicant and all household members have a background free of conduct which bears adversely upon his or her ability to provide for the safety and well-being of children in accordance with 606 CMR 14.00: Criminal Offender and Other Background Record Checks. Such conduct shall include, but not be limited to the conduct described in 606 CMR 1.05(2)(a)1. through 4.~~
- ~~(g) The licensee shall conduct reference checks by telephone.~~
- ~~(h) The assessment shall be summarized in a written report and shall document the following:~~
 - ~~1. motivation for providing shelter care;~~
 - ~~2. emotional stability and compatibility of the shelter home parent applicants;~~
 - ~~3. the social, education and health history of the shelter home parent applicants;~~
 - ~~4. the family composition, a description of the home and the adjustment of the applicant's own children, if any;~~
 - ~~5. the family's attitude toward accepting children for temporary shelter, including the attitudes of extended family members;~~
 - ~~6. parenting ability, including child rearing and discipline;~~
 - ~~7. at least three telephone reference checks;~~
 - ~~8. the licensee's recommendation as to the age, sex, and characteristics, including special needs, of children best served by the shelter home parent applicants;~~

~~3.09: continued~~

- ~~9. evidence of each person's compliance with 606 CMR 3.09(5)(f).~~

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

~~(7) Disapproval and Appeals.~~ Shelter home parent applicants not approved shall be provided an explanation in writing of the reasons for such disapproval. Such explanation shall also include written procedures for the applicant to appeal the agency decision, in accordance with 606 CMR 3.04(3)(i).

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

~~(9) Agreements with Shelter Home Parents.~~

- ~~(a) General Shelter Home Parent Agreement.~~ The licensee shall enter into a written agreement with every shelter home parent applicant in his or her native language whom the licensee has assessed and approved to become a shelter home parent. This agreement shall be signed and dated and reviewed annually by the licensee and each shelter home parent and shall include:
 - ~~1. the name and address of the licensee and the name and address of the shelter home parent;~~
 - ~~2. a statement defining the responsibilities of the shelter home parents;~~
 - ~~3. a statement defining the responsibilities of the licensee for providing services to children and shelter home parents;~~

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- ~~4. a statement describing state law and agency requirements regarding child rearing and discipline practices, including a statement prohibiting shelter home parents from using any physical punishment upon any child;~~
- ~~5. the range of payments to be made to shelter home parents for board and care of children, and the frequency of such payments, if applicable;~~
- ~~6. the method for closing a shelter home or for removing a child from the home;~~
- ~~7. the method for registering complaints and obtaining administrative review of the licensee's decisions affecting shelter home parents and the child, pursuant to the agency grievance procedure required by 606 CMR 3.04(3)(i);~~
- ~~8. the responsibility of the licensee to provide, and the shelter home parents' responsibility to participate in, ongoing training programs;~~
- ~~9. the responsibility of the licensee to make shelter home parent's annual review available to them;~~
- ~~10. a statement that no shelter home parent shall give up full time residential care of any child to anyone other than the licensee or a person designated by the licensee, unless ordered to do so by a court of competent jurisdiction;~~
- ~~11. a statement which assigns responsibility for payment of liability insurance to protect the shelter home parents from personal liability for certain damages relating to the provision of shelter care, and which advises the shelter home parents to review any insurance policies they personally may have to determine extent of coverage;~~
- ~~12. a statement which assigns responsibility for payment in the event of damage to or loss of the shelter home parents' property by reason of the child, and which advises the shelter home parents to review any insurance policies they personally may have in order to determine the extent of their coverage;~~
- ~~13. a statement requiring the shelter home parents to notify the licensee in the following circumstances:~~
 - ~~a. in advance of any vacation or trip which would result in the family being away from their usual place of residence overnight when a child is in placement;~~
 - ~~b. immediately in the event of a death or serious injury to the child;~~
 - ~~c. within 24 hours of any significant changes in the status or health of household members including, but not limited to: death, divorce, separation, serious illness or hospitalization;~~
- ~~14. a statement outlining the responsibility of the shelter home parent to report any suspected incidents of abuse or neglect to the Department of Children and Families and to the licensee;~~
- ~~15. a plan for the care of the child or children during any extended absences of the shelter home parents which shall have as a priority the maintenance of the children's-~~

~~3.09: continued~~

- ~~stability;~~
- ~~16. provisions for termination of the agreement.~~
- ~~(b) Required Agreement upon Placement of an Individual Child. For children in care more than 72 hours, the licensee shall enter into a written agreement with the shelter home parent caring for the child. This agreement shall be in the shelter home parent's native language and shall be signed and dated by the licensee and each shelter home parent. It shall include:~~
 - ~~1. the full name and address of the child placed in the shelter home pursuant to the agreement;~~
 - ~~2. child's date of birth;~~
 - ~~3. child's school grade and school attended;~~
 - ~~4. pertinent medical information and any available developmental information;~~
 - ~~5. a description of any special abilities or behavioral problems the child may have;~~
 - ~~6. a summary of the child's placement history and social history when providing this information is not contrary to the best interests of the child;~~
 - ~~7. child's custody or guardianship status;~~
 - ~~8. name and address of the child's parents, when appropriate, and parents' or relatives' involvement and arrangements for visiting;~~
 - ~~9. religious requirements for the child, when applicable;~~
 - ~~10. arrangements for clothing for the child;~~
 - ~~11. name, office address and office phone number of the social worker responsible for the child;~~
 - ~~12. a phone number to contact the social worker responsible for the child in case of emergencies or the number of the licensee's 24 hour telephone service;~~
 - ~~13. a statement authorizing the shelter home parents to obtain routine and emergency medical and dental care for the child;~~
 - ~~14. provisions for visits by the social worker with the child and shelter home parents;~~
 - ~~15. the conditions under which the agreement may be terminated and the child removed from the home.~~
- ~~(c) Explanation of Agreements. The licensee shall explain every term of the agreements required in 606 CMR 3.09(9)(a) and (b) to each shelter home parent in his or her native language before they are signed and shall provide each shelter home parent with a copy of each agreement.~~

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~~(10) Information Prior to Decision to Accept a Child. The licensee shall provide each shelter home parent prior to or at the time of placement sufficient information about each child to be placed to enable the shelter home parent to determine if he or she will accept the child. This information shall include, when available, but need not be limited to, the age, sex, race, and medical condition of the child; information regarding the reason for placement, and a description of any behavioral problems the child may have.~~

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

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

~~(12) Assignment and Responsibilities of the Shelter Home Case Manager. Each shelter home shall be assigned a case manager who shall be responsible for providing direct services to the shelter home. The case manager shall assist the shelter home parents with any matters concerning the shelter home parents or their family which may impact on their ability to provide shelter care. Such assistance shall include the obtaining of services provided by the licensee and aid in applying for other services. The case manager shall visit the shelter home at least once a month while there is a child placed in the home.~~

~~(13) Requirement for Annual Review. The licensee shall annually review in person with each shelter home parent his or her performance and experiences in providing shelter care during that year, including review of responsibilities outlined in the general shelter home parent agreement, and shall provide each shelter home parent with the results of the review in writing. The shelter home parent may dispute the results of the review in writing. The shelter home~~

~~3.09: continued~~

~~parent's statement shall become part of the shelter home parent's record. The review shall include, but not be limited to:~~

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

~~(14) Emergency Removal. The licensee shall develop procedures to ensure that a child(ren) may be removed immediately in cases of emergency when the licensee determines that the health or safety of the child(ren) would be endangered by remaining in the shelter home. The emergency removal procedures may be initiated at the request of the shelter home parent. The licensee shall maintain a written record of such removal which shall be available to the shelter home parents and the Department. The licensee shall notify the shelter home parents in writing of the specific reasons for the removal and shall provide them with information about the agency grievance procedure.~~

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

2. 3.10:—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) (1) Residents' Child Records. Except as provided in 606 CMR 3.10(1)(k), the licensee shall maintain a written record for each resident child which includes:~~
- ~~(a) (a) a face sheet which identifies each resident child by the following information, where available:~~
- ~~1. (1) the name, preferred name or nickname, date of admission, date of birth, place of birth, citizenship, and primary language of the resident, if other than English child;~~
 - ~~2. father's name, mother's name and parents' marital status;~~
 - ~~3. name, address and telephone number of parents, legal names of parent(s) and/or guardian(s);~~
 - ~~3. name, address, and telephone number of parents or guardian, and closest relative available in case the event of an emergency;~~
 - ~~4. (4) sex, name, address, and telephone number of any attorney for the child;~~
 - ~~5. gender, including gender identity, race, height, weight, color of hair, color of eyes, and identifying marks;~~
 - ~~6. (5) medical and/or behavioral health condition(s) significant to the resident's child's well-being, including allergies and current medications;~~
 - ~~7. (6) description of the resident's child's ability for self-preservation;~~
 - ~~8. (7) referring agency, name of social worker, and telephone number and email of social worker;~~
 - ~~9. (8) custody, guardianship and/or commitment status;~~
 - ~~10. (9) date of discharge and resident's child's location after discharge;~~
 - ~~11. (10) individual or agency responsible for follow-up contact with the resident child;~~
 - ~~12. (b) any additional information required by 606 CMR 3.00.~~
- ~~(b) copy of complete evaluations as required by 606 CMR 3.05(1)(f) and (g);~~
- ~~(c) (e) documentation of intake services, as required by 606 CMR 3.05(3)(c);~~
- ~~(d) (d) written assessment of needs and the individual service individualized treatment plan as required by 606 CMR 3.05(4);~~
- ~~(e) (e) written reports of periodic reviews as required by 606 CMR 3.05(5);~~
- ~~(f) (f) written report of the discharge conference and summary as required by 606 CMR 3.05(7);~~
- ~~(g) (g) written summary of any follow-up services provided, as required by 606 CMR 3.06(12)(5)(7)(j);~~
- ~~(h) (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 child's health while enrolled in a program shall include:~~
- ~~1. (1) documentation of physical and dental examinations as required by 606 CMR 3.06(4)(a);~~
 - ~~2. (2) a record of prescribed medications administered to the residents children;~~
- ~~(i) (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 child and Interstate Compact Documents, where applicable; and guardianship documents and orders;~~
- ~~(j) copies or originals of all correspondence relating to the placement, treatment, progress and discharge of the resident child;~~
- ~~(k) (k) copies of all incident reports as required by 606 CMR 3.04(3)(h) and (i);~~
- ~~(l) (l) Programs serving teen young parents shall maintain a written record for each child of a teen young parent which includes at the least:~~
- ~~1. (1) written information as specified in 606 CMR 3.10(1)(a), (e), (i), and (j);~~
 - ~~2. (2) service treatment plan information required by 606 CMR 3.10(1)(e) 05(4)(a) shall include documentation of health care, routine child care, and if relevant, behavior support and education;~~
 - ~~3. If the licensee maintains a separate record for each child of a young parent, the child(ren) of teen parents, the parent's parent's record and the child's child's record shall be cross-referenced. One discharge plan and summary of services provided may be completed for the resident young parent and his or her their family unit.~~
- ~~(2) Shelter Home Records- Authentication and Updates. The licensee shall maintain a written record for each shelter home which includes:~~
- ~~(a) shelter home parents' written application;~~

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- ~~(b) summary of shelter home study and assessment of shelter home parents;~~
- ~~(c) documentation of a completed background record check in accordance with 606 CMR 14.00: Criminal Offender and Other Background Record Checks on shelter home parent applicants and all household members 15 years of age or older prior to approval as shelter home parents;~~
- ~~(d) documentation of telephone reference checks;~~
- ~~(e) record of each child placed in the shelter home, including the child's full name, date of placement, and date of discharge;~~
- ~~(f) periodic progress reports, at least annually, as required by 606 CMR 3.09(13);~~
- ~~(g) copy of the licensee's written agreement or contract with shelter home parents;~~
- ~~(h) all correspondence concerning the shelter home;~~
- ~~(i) any other information necessary to furnish a basis for review, study, and assessment of the shelter home;~~
- ~~(j) at any time when a shelter home is closed, the date and reasons for the closing and a copy of the written notification to the shelter home parents.~~

~~(2) (3) Authentication and Updating. 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 child's record.~~

~~(3) (4) Maintenance. The maintenance, retention, dissemination, duplication, storage and periodic destruction of resident's child records shall accord comply with the following:~~

- ~~(a) (a) If a licensed program is subject to approval by the Massachusetts Department of Elementary and Secondary Education, the licensee shall maintain, retain, disseminate, duplicate, store and destroy all resident's child 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 3.40(409(3)(b);~~
- ~~(b) -~~

3.09: continued

- ~~(b) If a licensed program is not subject to MSRR, the licensee shall maintain its resident's child records for a period of seven years in the following manner:~~
 - ~~1. 1- Information contained in a resident's record child's records is privileged and confidential,~~
 - ~~2. 2- Such information may be distributed or released as necessary to persons directly related to implementing the resident's service child's treatment plan without written consents.~~
 - ~~3. 3- Such information may not be distributed or released to persons not directly related to implementing the resident's service child's treatment plan unless appropriate consents are obtained or pursuant to a court order or otherwise required by statute,~~

~~(4) (5) Access to Records. Residents' records shall be the property of the The licensee who shall havemaintain and follow written procedures for access to child records which provide for:~~

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

3-10: continued

- ~~(h) (6) 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 residents' records at least 120 child records, including for maintaining their confidentiality, at least 120 days before ceasing operation. A program intending to cease operation shall not destroy any child records without~~

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~~written authorization from the Department,
days before ceasing operation.~~

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~~(6) (7) Communication Logs. Each licensee shall maintain a log or record system to
assure ensure communication among staff and continuity of service. The log shall be in writing
and kept utilized on a daily basis, unless the size of the program or staffing pattern require
another 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.~~

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~~(7) (8) Admissions Register. Each temporary shelter program shall keep and maintain a
current register of all children admitted to and discharged from the program, documenting. The
register shall document, at a minimum, the child's name, date, and time of admission, date and
time of discharge, location after discharge, and person responsible.~~

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3.44-10: Applicability

~~(1) (1) Obligation to Comply. 606 CMR 3.00 reflects basic standards for the operation of residential programs serving children and teen or young parents. Licensure by the Department shall not relieve facilities a licensee of their obligation to comply with any other applicable state or federal statutory or regulatory requirements or requirements set forth in their contracts with the referral sources. Whenever possible, these other statutory regulatory and contractual requirements shall be construed in a manner that is consistent with 606 CMR 3.00. its contracts with other agencies or entities.~~

~~(2) (2) Severability. If any provision contained in 606 CMR 3.00 or the application thereof is held invalid of such provision to any person or circumstance, circumstance is held invalid or unconstitutional, the remainder of 606 CMR 3.00 and/or the application of the provision in question such provisions to any person or circumstance, other persons not similarly situated, or to other circumstances, than the one held invalid shall not be affected thereby.~~

~~(3) (3) Prior Licenses. Any license or approval issued under the provisions of 606 CMR 3.00 in effect immediately prior to the latest effective date of 606 CMR 3.00 shall, notwithstanding its expiration date, remain in effect, unless expired, suspended or revoked, until a new license or approval is issued or expressly refused or revoked under 606 CMR 3.00.~~

REGULATORY AUTHORITY

~~606 CMR 3.00: M.G.L. c. 15D, §§ 6-8; St. 1995, c. 5, § 110.~~

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