**MA Department of Early Education and Care**

**Application to Operate an Approved Temporary Emergency Residential Site**

Licensee/Designee Name: Click here to enter text.

Contact telephone:Click here to enter text. Contact email: Click here to enter text.

Program Name: Click here to enter text.

Site address (street, city, state, zip): Click here to enter text.

Is the site currently licensed by EEC? [ ] Yes [ ] No If yes, program #: Click here to enter text.

If no, is the site currently licensed by another agency? [ ] Yes [ ] No

If yes, name of agency and purpose of license: Click here to enter text.

Current licensed capacity: Click here to enter text. Proposed capacity: Click here to enter text.

Number of beds: Click here to enter text.

Approved Temporary Emergency Residential Sites are expected to accept new residents and will only be permitted to restrict in-take with EEC approval. Is the site open to accepting new residents, including for the duration of their isolation/quarantine needs?

[ ]  Yes, we will accept new residents

[ ]  No, we will not accept new residents and request approval to restrict intakes

All staff and contracted professionals must be screened for before entering the site, including temperature checks. This includes scheduled staff coming onto each shift. Is there a plan to check the health of staff prior to beginning each shift and/or a plan to house staff?

[ ]  Yes [ ]  No Explain: Click here to enter text.

Please provide a brief description of your proposal for opening a COVID-19 emergency specific site, including the program’s ability to meet EEC defined minimal requirements and health and safety standards, plan for appropriate and immediate staffing, and anticipated referral sources (DMH, DCF, DYS, Other).

Click here to enter text.

**Please review and include a signed Minimum Requirements Checklist with your application submission to** **eec.emergency.residential@mass.gov** **.**

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**