



The Commonwealth of Massachusetts

Department of Early Education and Care

TEMPORARY POLICY	
Minimum Requirements for Operating Licensed Residential Programs and Approved Temporary Emergency Residential Sites During the COVID-19 State of Emergency	Field Operations – Residential
Effective Date: April 16, 2020 Updated: May 20, 2020	

Policy Statement

In order for the Massachusetts Department of Early Education and Care (EEC) to continue to provide the flexibility needed during the State of Emergency, Governor Baker issued an Executive Order on April 16, 2020, allowing EEC to create emergency residential programs that address the needs of the children and youth being served at child/adolescent residential programs for effective measures to prevent the spread of COVID-19. This Executive Order also permits EEC, in consultation with the Department of Public Health, to temporarily change regulatory requirements for existing residential and congregate care providers to ensure that programs operate under protocols that prevent the spread of COVID-19 while maintaining the health and safety of children and staff.

Pursuant to Governor Baker’s Executive Order issued on April 16, 2020, 606 CMR 3.00: Standards for the licensure or approval of residential programs serving children and teen parents is suspended for the duration of the COVID-19 State of Emergency. While Residential Licensing regulations at 606 CMR 3.00 et seq. are suspended and for the duration of the Executive Order, **all licensed residential programs and all Approved Temporary Emergency Residential Sites shall be subject to the minimum requirements outlined in this policy.** All statutory requirements remain in effect, including but not limited to, compliance with G.L. c. 119, and EEC’s authority and responsibilities under chapter 15D. If circumstances arise that prevent a residential program from complying with any of these policies or requirements, the program should reach out to their licensor for assistance. EEC encourages programs to contact their licensors as questions and concerns arise.

Note: Licensed providers that are not able to safely quarantine/isolate residents while continuing to care for healthy residents within their current location shall either apply for approval to operate a Temporary Emergency Residential Site or shall notify EEC and the appropriate funding/referral source to seek support with identifying a residential placement that can safely meet the needs of those residents.

Approval to Operate a Temporary Emergency Residential Site

- An Approved Temporary Emergency Residential Site may be either:
 - A site that is not currently licensed by EEC; or

- A currently licensed site that will be used to provide COVID-related services to residents referred from other programs and/or agencies.
- Any provider that is interested and believes they are prepared to open and operate a Temporary Emergency Residential Site shall apply to EEC. Applications are required for:
 - Programs intending to use unlicensed space to provide COVID-related residential services to their own residents or residents from other programs; and
 - Programs intending to use their licensed space to provide COVID-related residential services to residents from other programs.
- All providers interested in operating an Approved Temporary Emergency Residential Site shall apply to EEC by submitting all required application materials to eec.emergency.residential@mass.gov.
- Approved sites shall obtain a formal letter of Approval of Request to Operate a Temporary Emergency Residential Site in order to operate.
- An approval to operate a Temporary Emergency Residential Site shall remain in effect for the duration of the pandemic and the Commonwealth's State of Emergency, unless otherwise determined by EEC.

Notifications and Reporting

- The licensee/designee shall report to EEC weekly on census data and overall status of isolation/quarantine. Data reported shall include:
 - Current census at each program
 - Programs' ability to provide quarantine/isolation, including resident census at any given time
 - Intakes¹
 - Program closures
 - Information related to the monitoring of programs' emergency operations, including effectiveness of combined programs/capacity, use of approved unlicensed space, and any changes to visitation policies, as applicable
- All data reports shall be submitted to EEC by 12:00pm on Wednesday of each week.
- In case of fire or other emergency which requires the evacuation of the facility and results in the need to seek other shelter, the licensee/designee shall notify the Department within 24 hours.
- The licensee/designee shall notify the Department as well as any other state agency or referral source which requires such notification immediately after learning that a 51A report has been filed with the Department of Children and Families (DCF) alleging abuse or neglect of a resident at the program or during program activities, including those alleging parental abuse or neglect of a child who resides at the program together with his or her teen parent. A report of abuse or neglect shall

¹ All Approved Temporary Emergency Residential Sites are intended to provide back-up quarantine or isolation sites for COVID+ or exposed youth and must accept new residents for the duration of their quarantine/isolation needs if possible, unless otherwise approved by EEC.

initiate an investigation by the Department and may subject the program to further legal action by the Department, DCF and the District Attorney. If a report is filed either pursuant to M.G.L. c. 119, § 51A or with the Department against a program employee or any other person with unsupervised access to the residents, the licensee/designee shall prohibit the allegedly abusive or neglectful person from having unsupervised contact with residents until DCF has completed its investigation *and* has determined that the allegation is unsupported, and the Department has investigated the allegation and determined that the employee may resume his or her normal duties.

- The licensee shall develop and follow procedures for conducting internal investigations within the program. Such procedures are to be used for 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 upon request of the Department for any serious incident involving the health or safety of residents within the program.
- In the event of serious illness the licensee/designee shall notify as soon as reasonably possible, the resident's parent or person other than a parent who has legal custody of the resident, the referral source, and the Department of Elementary and Secondary Education, when applicable.
- In the event of serious accident or death, the licensee/designee shall immediately notify the resident's parent or person other than the parent who has legal custody, the referral source, the Department, and the Department of Elementary and Secondary Education, when applicable. The licensee/designee shall cooperate in arrangements made for examination, autopsy and burial.
- In the event of unexpected death, the licensee/designee shall also notify the local police.
- 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 notify the Department within 24 hours of the injury or incident. The licensee/designee, if requested by the Department, shall prepare and submit to the Department a written report regarding the injury or incident.
- The licensee/designee shall notify the Department prior to any substantial change in the licensed or approved program, physical facility, staffing, population served, policies, or services offered.
- The licensee/designee shall consult the Local Board of Health for guidance following an exposure. The licensee/designee shall work with the Board of Health to notify anyone who may have had close contact with sick/symptomatic residents and staff, and shall have a mechanism in place to identify and notify all staff members and residents that may have come into close contact with a sick/symptomatic individual.
- All COVID-19 cases and exposures associated with a residential or congregate care program shall be reported to the respective funding and regulatory agencies.

Staffing and Supervision

- The licensee/designee shall provide orientation for all new employees to acquaint them with the program's philosophy, organization, policies and services.
- The licensee/designee shall have completed required EEC Background Record Checks for an EEC licensed or approved program for all existing staff.
 - All staff working in the program are required to have completed at least the EEC

Emergency Background Record Check process and possess at least a conditional letter to work within the program.

- All new staff seeking approval to work during the duration of the State of Emergency must complete the EEC Urgent/Emergency BRC process prior to working within the program. In the event a staff has been allowed to work using the Emergency EEC Background Record Check process, they may not continue to work in a new program after the pandemic until they have completed a new background record check through EEC. Programs should be in contact with their Licensor for more information about this process.
- The licensee/designee shall have evidence that all staff working in the program, including persons regularly on the premises, have a suitable background record check through EEC consisting of, at least, a Criminal Offender Record Information (CORI) check, a DCF check for supported findings of abuse or neglect, and a Sex Offender Registry Information (SORI) check.
- The licensee/designee shall employ program staff to implement individual service plans on a daily basis and to the best of their ability while ensuring health and safety of the resident from COVID-19 exposure. Program staff shall assist each resident with all activities of daily living, in accordance with her or his developmental level or mental age, including the development of self-help and social skills; positive human relationships, including promoting in each resident a sense of security, belonging, and self-worth; and shall provide emotional support and guidance to residents as appropriate.
- The licensee/designee and assigned program staff shall supervise residents in a manner that protects each resident from any form of abuse and neglect.
 - No program employee nor any other person with unsupervised access to residents shall inflict any form of physical, emotional or sexual abuse, or neglect upon a resident while in the program's care and custody.
- The licensee/designee shall maintain a written description of the intended staffing of the facility or program on a 24 hour per day, seven day per week basis including:
 - availability of emergency on-call staff;
 - availability of administrative and/or clinical staff on an on-call basis for those hours when these staff are not present at the facility; and
 - provisions for the periods of time when assigned staff are absent due to illness or vacation.
- Emergency on-call procedures shall be posted near phone.
- Whenever feasible, the staffing pattern shall be gender-appropriate.
- The licensee/designee shall assure that at all times a staff person certified in C.P.R. and First Aid is available to the facility.

Cleaning and Maintenance

- There shall be evidence of regular cleaning and maintenance routines in all areas of the facility.

- The licensee/designee shall have written procedures for effective cleaning, sanitizing, and disinfecting, including, but not limited to:
 - Clean surfaces with soap and water first, then disinfect using a diluted bleach solution, alcohol solution with at least 70% alcohol, or an [EPA-approved household disinfectant](#)². Cleaning first will allow the disinfecting product to work as intended to destroy germs on the surface.
 - Pay extra attention to frequently touched surfaces, such as doorknobs, door handles, keyboards, handrails and telephones, as well as non-porous surfaces in bathrooms, sleeping areas, kitchen and eating spaces, bathrooms and sinks, and office and common areas using a disinfectant that is registered with the Environmental Protection Agency (EPA) as active against viral pathogens.
 - While cleaning and disinfecting, staff shall wear gloves as much as possible, if they are available. After cleaning and disinfecting, hands shall be washed for at least 20 seconds, whether gloves were worn or not.

Physical Facility

- The facility and its grounds shall be maintained in a sanitary, comfortable, and safe condition.
- The facility and grounds shall be maintained free from rodent or insect infestation by qualified persons.
- All exits, exit accesses, and exit discharge areas shall be maintained continuously free from all obstructions or impediments to immediate use.
- Evacuation routes shall be posted near doorways and exits
- The program space 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. Carbon monoxide detectors shall be in working condition.
- Living units shall be safe, clean and in good repair.
- Bathing and toilet facilities shall be maintained in good repair and in clean condition.
- Toxic substances shall be properly stored, locked, and labeled.
- **The licensee/designee shall designate one central point of entry to the residence and maintain a record of all individuals, including any employees, staff, and contracted service providers who provide care in the residential site, including contact information whenever possible to facilitate notification should COVID-19 be identified in the program.**
- **The licensee/designee shall designate and reserve separate space to be used for the safe isolation of sick and symptomatic residents. Whenever possible, private rooms with designated bathrooms shall be used for this purpose.**

² Environmental cleaning should be done with EPA-approved healthcare disinfectant consistent with recommended wet contact time. If EPA-registered disinfectant is not available, you may make your own disinfectant by mixing 1 tablespoon of 2% chlorine bleach solution in 1 quart of water. If an EPA-registered disinfectant is not available, use chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed.

- The licensee/designee shall have plans for the cleaning and disinfection of all spaces used by sick residents or staff, including the recommended wait times to begin cleaning and disinfection to minimize potential exposure and the use of EPA approved solutions for use against COVID-19.

Food

- The licensee/designee 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.
- The licensee/designee shall store, prepare, and serve all food in a manner as to be clean, wholesome, free from spoilage, and safe for human consumption.
- The licensee/designee shall provide at least three meals daily constituting a nutritionally adequate diet.
- The licensee/designee shall prepare and serve meals in a manner and in an amount and at times appropriate to the nutritional needs of each resident, including special dietary needs.
- No resident shall be denied a meal for any reason other than medical prescription. Such prescription shall be in writing and shall be carried out, as required by the Medication standards below.
- The licensee/designee 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.
- Non-disposable dishes, utensils, and table linens should be washed thoroughly after every use.
- The licensee/designee shall have plans for the delivery of food to isolated residents for the duration of their required isolation. When meal delivery is not possible, meal times should be staggered to ensure that symptomatic residents are able to eat meals separately from residents without symptoms. Portable screens (or other ways to form partitions – linens, etc.) should be used to promote compliance with separation areas.

Medication

- Residential care staff 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.
- The licensee/designee shall have written policies and procedures regarding the prescription and administration of all medication. These policies and procedures shall include the following:
 - Identification on a written list of all persons authorized by law, regulation, and the licensee/designee to prescribe and/or administer prescription and non-prescription medication to a resident and procedures to:
 - document the prescription and/or administration of medication;
 - provide notification to attending physicians of significant changes in a resident's behavior or health that may result from medication; and
 - record significant side effects of medication.

Health and Safety

- The licensee/designee shall ensure that COVID-19 infection prevention supplies are provided, such as soap, alcohol-based hand sanitizers that contain at least 60% ethanol or 70% isopropanol, tissues, trash baskets, and, if possible, masks or cloth face coverings that are washed or discarded after each use.
- The licensee/designee shall have a written policy requiring all programs to implement COVID-19 screening assessments and temperature checks for all new and current residents, visitors, contracted professionals, and all program staff upon admission and prior to daily entry into the program, in accordance with CDC and EEC guidance. At the time of placement, new residents shall be provided with emergency medical/dental/ mental health care, if needed.
- The licensee/designee shall have a written plan for ensuring the safe and sanitary use of masks or face coverings by all staff and residents, including that they are required at all times when a physical distance of at least 6 feet from others cannot be maintained. Masks should not be worn by young children under the age of two, persons with difficulty breathing, or those who are unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The licensee/designee shall enforce physical distancing (maintaining a distance of at least 6 feet between individuals) at all times. Group sizes at all times shall be limited to a maximum of ten individuals, including children and adults.
- The licensee/designee shall prohibit visitors and restrict all non-essential personnel from entering the residence. To mitigate the impact of discontinuation of services, alternative communication methods shall be made available for residents, including video conferencing and telehealth options, whenever possible.
- The licensee/designee shall train all residential care staff and clinical staff in universal precautions and infection control procedures. These 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, including COVID-19 specific precautions.
- The licensee/designee shall have a plan for meeting the emergency and non-emergency medical needs of children on a 24 hour per day, seven day per week basis, including evidence of access to qualified medical care and emergency mental health services for children.
- The licensee/designee shall maintain standard first aid kits that are accessible to each major activity area of the program. These kits shall be checked and restocked regularly.
- The licensee/designee shall provide or arrange for residents in the facility a range of health services including:
 1. evaluation and diagnosis;
 2. treatment;
 3. consultation;

4. preventive health services.

- The licensee/designee shall follow their submitted policies regarding behavioral supports and restraints as well as continuing to direct behavior support to the goal of max the growth and development of residents and protecting the group and individuals within it.
- The licensee/designee may not require any child to receive medical treatment or screening when the parents of such child object on the basis of sincerely held religious beliefs. 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.
- The licensee/designee shall develop procedures to work with the referral agency in the event that a child(ren) requires removal or transfer immediately, in cases of emergency when the licensee/designee and/or local board of health determines that the health or safety of the child(ren) would be endangered by remaining in the facility. The licensee/designee shall maintain a written record of such removal which shall be available to EEC.
- The licensee/designee shall ensure that all staff in currently licensed and temporary emergency residential care programs are aware of and have access to the most current guidance on protocols related to the care and isolation of COVID+, symptomatic, asymptomatic, and exposed residents and staff, including those pertaining to discontinuation of isolation, notification to exposed individuals, and return to work guidelines and consistent with the EEC **Health and Safety Policy for Licensed and Approved Temporary Emergency Residential Sites:**
https://eeclead.force.com/resource/1590352178000/Residential_HealthSafety
- The licensee/designee shall ensure that all staff in currently licensed and temporary emergency residential care programs are aware of and have access to the most current 2019 Novel Coronavirus (COVID-19) Guidance for Residential and Congregate Care Programs at <https://www.mass.gov/info-details/covid-19-guidance-and-directives#caregivers-> . All programs shall follow applicable guidelines for preventing and responding to spreads of illness.