Please be advised that these regulations are not the official version of the regulations. As is the case with all state regulations, the official versions are available from the Secretary of State's State Publications and Regulations Division, through the State Bookstore, Room 116, Boston, MA 02133 or by calling (617) 727-2834. Official regulations also may be ordered from the State Bookstore on-line at http://www.sec.state.ma.us/spr/sprcat/catidx.htm. While EEC strives to keep the regulations included on this site current, that is not always possible. In the case of any discrepancy between the version on this site, and the official Code of State Massachusetts Regulations published by the Secretary of State, the Secretary of State's version takes precedence.

606 CMR 7.00: STANDARDS FOR THE LICENSURE OR APPROVAL OF FAMILY CHILD CARE; SMALL GROUP AND SCHOOL AGE AND LARGE GROUP AND SCHOOL AGE CHILD CARE PROGRAMS

Section

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7.01 Introduction

In 2005 the Massachusetts General Court created the Department of Early Education and Care (EEC), which became operational July 1, 2005. Responsible to an independent Board of Early Education and Care, EEC combines the functions of the former Office of Child Care Services (OCCS) and the former Early Learning Services Unit at the Department of Education. EEC is responsible for the licensing of early education and care programs and for providing financial assistance for child care services to low-income families, information and referral services, parenting support for all families, and professional development opportunities for staff in the early education and care field. The mission of the Massachusetts Department of Early Education and Care is to provide the foundation that supports all children in their development as lifelong learners and contributing members of the community, and to support families in their essential work as parents and caregivers. In fulfilling this mission, EEC has developed specific regulations to be met by all providers of early care and education services in the Commonwealth, whether home, school or center-based.

In developing these standards EEC has sought to build on the strengths of the existing systems of licensing and program quality, put children and families first, and be flexible and accountable. Further, EEC has sought to establish standards that support high quality early education and out of school time programs that reflect the diversity of

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the Commonwealth; strengthen families; and help children learn and grow physically, socially, emotionally, and educationally.

Unless specifically noted within the regulations, all requirements within these regulations apply to all programs providing non-residential services to children under the age of 14 years outside their own homes, regardless of the care setting or the age of the children served.

7.02: Definitions

As used in 606 CMR 7.00 *et. seq.*, the following words shall have the following meaning unless the context otherwise requires:

Applicant - The individual who has been designated as the person responsible for the administration of the program or facility and is the duly authorized agent of the person applying for licensure or approval.

Approved Activity Space – The indoor and outdoor areas determined by the Department to be safe and appropriate for children in an early education and care program. This space shall include only usable floor space exclusive of hallways, bathrooms, and portions of rooms or areas that contain furniture or equipment suitable only for adult use.

Approved Private Elementary School - A program that has documentation of approval by the local education authority pursuant to G.L. c.76 §1.

Certified Assistant – A person who holds a certified assistant certificate issued by the Department; who, at minimum, meets the qualifications of a provider licensed to care for six children; and who works with or substitutes for the licensee in a family child care home, depending on his/her level of qualification.

Child – Any person under fourteen years of age, or sixteen years of age with special needs.

Child Care Center - A facility operated on a regular basis whether known as a child nursery, nursery school, kindergarten, child play school, progressive school, child development center, pre-school, or known under any other name which receives children, not of common parentage, under seven years of age, or under 16 years of age if these children have special needs, for non-residential custody and care during part or all of the day separate from their parent(s). Child Care center shall not include: any part of a public school system; any part of a private organized educational system, unless the services of such a system are primarily limited to kindergarten, nursery or related pre-school services; a Sunday school

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conducted by a religious institution; a facility operated by a religious organization where children are cared for during short periods of time while persons responsible for the children are attending religious services; a family child care home; an informal cooperative arrangement among neighbors or relatives; or the occasional care of children with or without compensation therefore.

Children with Special Needs – Children under sixteen years of age, who, because of temporary or permanent disabilities arising from intellectual, sensory, emotional, physical or environment factors, or other specific learning disabilities, are or would be unable to progress effectively in a regular school program. This may include, but not be limited to, a school age child with disabilities as determined by an evaluation conducted pursuant to M.G.L. c. 71B, § 3, and as defined by the Department of Education in 603 CMR 28.00 *et. Seq*, or an infant or toddler with an individual family service plan (IFSP) receiving early intervention services.

Continuing Education Unit - A nationally recognized method for recognizing participation in professional development and training activities. One CEU is granted for each 10 hours of instruction. CEUs must be approved by organizations designated by the Department.

Curriculum – The topics within the areas of English language arts, mathematics, science and technology/engineering, history and social science, comprehensive health, and the arts that will be addressed through planned and unplanned program activities.

Day – Shall mean calendar days unless otherwise specified in 606 CMR 7.00 *et seq*.

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

Diverse Learners - Children who have special physical, emotional, behavioral, cognitive or linguistic needs or whose primary learning modality is visual, auditory, tactile or kinesthetic, who may require an adaptation in the environment, interaction or curriculum in order to succeed in their program.

Educator – Any person approved by the Department for the regular care and education of children unrelated to the educator in a location outside the children's own home for all or part of the day, regardless of his/her level of certification.

EEC – The Department of Early Education and Care.

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Evening Care - Child care provided between the hours of 8:00 p.m. and 11:30 p.m.

Family Child Care –Temporary custody and care provided in a private residence on a regular basis during part or all of the day for no more than ten children younger than fourteen years of age or children under 16 years of age if such children have special needs. Family child care shall not mean an informal cooperative arrangement among neighbors or relatives, or the occasional care of children with or without compensation therefore.

Family Child Care System - Any entity or person who, through contractual arrangement, provides to family child care homes that it has approved as members of said system, central administrative functions including, but not limited to, training of operators of family child care homes; technical assistance and consultation to operators of family child care homes; inspection, supervision, monitoring, and evaluation of family child care homes; referral of children to available family child care homes; and referral of children to available health and social services, provided, however, that family child care system shall not mean a placement agency or a child care center.

Fixed Age Group: A group of children within the same age range, such as infants, toddlers, preschoolers, kindergarten, and school age.

Group – Two or more children who participate in the same activities at the same time and are assigned to the same educator for supervision, at the same time.

Half Day Program – A program that operates four or fewer hours per day, or a program in which no child attends more than four hours per day.

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

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

Household Member - Any person other than the educator who resides in the family child care home for 30 consecutive days or more.

Infant – A child who is under fifteen months of age.

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

Large Group and School Age Child Care – Any program that receives on a regular basis more than ten children who are unrelated to their caregivers and are

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younger than fourteen years old, or sixteen years, if such children have special needs, during all or part of the day for non-residential care and education outside their own homes. Such programs shall include, but not be limited to, those commonly known as child care centers, day care centers, preschools, nursery schools, child development programs, school age child care programs and before and after school programs, regardless of their location. Such programs shall not include any part of a public school system; any part of a private organized educational system, unless the services of such a system are primarily limited to kindergarten, nursery or related pre-school services; any part of a program operated by an organized educational system for the children enrolled in that particular system, unless the services of such system are primarily limited to a school age child care program; Sunday schools or classes for religious instruction conducted by a religious institution; a facility operated by a religious organization where children are cared for during short periods of time while persons responsible for such children are attending religious services; an informal cooperative arrangement among neighbors or relatives; or the occasional care of children with or without compensation therefore.

Licensed Capacity – Determination by the Department of the number of children that a program can care for at any one time under 606 CMR 7.00 *et seq.*

Licensee – Any person holding a license or approval issued by the Department.

Medical Emergency - An unforeseen event that results in the family child care educator, a child in care, spouse, parent, or household member of the family child care educator needing immediate medical or mental health treatment.

Mixed Age Group: A group of children within two consecutive age groups, such as Infant/Toddler, Toddler/Preschool, Preschool/School Age or Kindergarten/School Age.

Multi-Age Grouping: Ten or fewer children from birth through thirteen years (or sixteen years, if such children have special needs) assigned to a single group.

Occasional Overnight Care - Child care provided between the hours of 11:30 p.m. and 6:00 a.m. that is not provided on a regular basis.

Older School Age Child – A child at least nine years old.

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

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Premises - The private residence or the facility that is licensed for the early care and education of children, and the approved outdoor space on which the residence or facility is located.

Preschooler/ Preschool Child – Any child at least two years and nine months old but not yet attending first grade.

Private Residence - A dwelling that is occupied for living purposes so long as the dwelling is the occupant's full-time legal residence, and contains the facilities necessary for sleeping, eating, cooking, and family living.

Professional Development – Ongoing education or training designed to increase an educator's skills or knowledge or assist the educator in gaining new competencies in his or her profession or in a field closely related to his or her profession. Professional development may fulfill the annual number of hours required by regulation to maintain a license, registration or credential, and/or may result in college credit or CEUs that lead to career advancement.

Program – Any family child care home, small group and school age or large group and school age child care program.

Program Staff – Anyone employed by or working with the child care program who may have contact with children.

Regular Assistant – A person who holds a regular assistant certificate issued by the Department; does not meet the qualifications of the licensee for whom they are working; and who may replace a licensee or certified assistant on a limited basis in a family child care home as allowed under 606 CMR 7.09(15)(c)2a.

Regular Overnight Care - Care provided to any child care child between the hours of 11:30 p.m. and 6:00 a.m. more than one day per week for more than eight weeks in a twelve-month period.

Relative – A person who is a parent, grandparent, great grandparent, aunt, uncle, great aunt, great uncle or sibling by blood, marriage or adoption.

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

Small Group and School Age Child Care – Any program that receives on a regular basis ten or fewer children who are unrelated to their caregivers and are younger than fourteen years old, or sixteen years, if such children have special needs, during all or part of the day for non-residential care and education outside their own homes, when such services are not provided in a private residence.

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Such programs shall include, but not be limited to, those commonly known as child care centers, preschools, nursery schools, child development programs, school age child care programs and before and after school programs. Such programs shall not include any part of a public school system; any part of a private organized educational system, unless the services of such a system are primarily limited to kindergarten, nursery or related pre-school services; a Sunday school conducted by a religious institution; a facility operated by a religious organization where children are cared for during short periods of time while persons responsible for such children are attending religious services; a family child care home; an informal cooperative arrangement among neighbors or relatives; or the occasional care of children with or without compensation therefore.

Standard Precautions - Infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood and certain body fluids. Standard precautions include, but are not limited to, the use of personal protective equipment, proper disposal containers for contaminated waste, hand washing and proper handling of bodily waste.

Toddler – A child who is at least fifteen months of age, but under thirty-three months of age.

Unsupervised Contact with Children – Any contact with children in an EEC licensed and/or funded program when no other Background Record Check cleared person is directly present.

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

Volunteer – Any person who assists in an unpaid capacity on a regular basis in an EEC licensed or funded program.

7.03: Licensure and Approval. The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care. Additional requirements specific to family child care are found at 606 CMR 7.03(5).

(1) Application for Licensure. In order to provide all children "a fair and full opportunity to reach their full potential," the Department has developed specific requirements for programs to be licensed. The licensee bears ultimate responsibility for compliance with 606 CMR 7.00 et seq. The Department may issue a child care license provided that:

(a) in the opinion of the Department, the services offered by the program are adequate to protect the health and safety of the children;

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(b) within one year prior to licensure the licensee (or his/her designee) has attended an orientation to early education and care approved by the Department; and

(c) the applicant submits a completed application on a form provided by the Department, the required license application fee and the following documents:

1. evidence of the applicant's compliance with the requirements of 102 CMR 1.05(1);
2. upon request of the Department, evidence that program activities support and engage children through specific learning experiences, as required by 606 CMR 7.06(1)(b);
3. documentation of all inspections, as required by 606 CMR 7.07(2 – 5), 7.07(14)(c), and 7.12(15)(b & c), as applicable;
4. a copy of the written information for parents, as required by 606 CMR 7.08(6);
5. forms to record information required to be maintained in children's records, as required by 606 CMR 7.04 (7);
6. evidence of compliance with St. 1983, c.233, Revenue Enforcement and Protection Program (REAP) on a tax certification form provided by the Department;
7. if the program uses volunteers, a plan for their use that includes:
   a. appropriate orientation, supervision and training
   b. documentation of the dates, hours of service and responsibilities of each volunteer used by the program;
   c. a provision that volunteers must be under the direct visual supervision of an EEC qualified educator at all times; and
   d. provisions for compliance with EEC Background Record Check regulations regarding volunteers.

(2) Licensed Capacity. Programs will be licensed for the maximum number of children who may be in the care of educators at any one time, taking into consideration the size and layout of the physical facility, the number and qualifications of educators, the equipment and resources available to the children, the individual needs and characteristics of the children served, and the building certificate capacity, if applicable. At no time shall a program admit, supervise or provide care for more than the maximum number of children indicated on the license.

(3) Renewal. In preparing for renewal of a license, certificate or letter of approval the licensee or person holding the certificate or letter of approval must file a written application for renewal on forms provided by the Department and pay any required application fee not less than 30 days before the date of expiration of the current license, certificate, or letter of approval. Provided that the application for renewal is filed timely, the license, certificate or letter of approval will remain in effect until the Department makes a final determination on the application. In addition, the applicant must:

(a) participate in a license renewal meeting approved by the Department, and

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(b) review all of the written plans and documents required by 606 CMR 7.00 *et seq.* and submit copies of:

1. any of the required written plans or documents that have been revised during the licensing period;
2. current inspection certificates required by these regulations; and
3. any document required by these regulations if requested by the Department.

(4) Pilot or Demonstration Projects and Variances

(a) Pilot or Demonstration Project. Proposals for pilot or demonstration projects for the innovative delivery of services related to a program will be considered by the Department upon written request. However, 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 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 period not to exceed the term of the license. If the Department receives or finds evidence that the conditions of the approval have been violated, the project will be terminated.

Standard Variances. The Department may, upon written request, grant a variance of any regulation contained in 606 CMR 7.04 through 7.13 and allow an alternative method for compliance with such regulation if the applicant for the variance provides clear and convincing evidence, including, at the request of the Department, expert opinion which demonstrates to the satisfaction of the Department that the applicant's alternative method will comply with the intent of the regulation for which a variance is requested. The Department may consider any other evidence relevant to the request for a variance. Such variances may be granted, in writing, for a specified period of time not to exceed the term of the license. If the Department receives or finds evidence that the conditions of the variance have been violated, the variance will be rescinded.

(b) Variances during State of Emergency. Should the Department find that a State of Emergency affecting the provision of the essential functions of government has been declared by the state and/or Federal entity with the authority to do so, the Department, in its sole discretion, may, on its own initiative, issue a written, electronic or broadcast variance regarding expected compliance with any or all of the regulatory requirements set forth in 606 CMR 7.00 *et. seq.* or any or all other regulations governing the Department of Early Education and Care. The Department, through policy and technical assistance, will offer guidance to the extent allowed by the nature of the emergency, regarding regulatory compliance during such emergencies and their aftermath.

(5) Additional Requirements for Family Child Care.

(a) Documents Required for Licensure. In addition to the documents required for licensure specified at 606 CMR 7.03(1)(c), the Licensee must submit:

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1. copies of the lead paint disclosure statement required by 606 CMR 7.07(15)(a)2;
2. certification of current training in CPR and first aid, per 606 CMR 7.09(15)(e);
3. health records, as evidence of compliance with 606 CMR 7.09(11).

(b) Duration of a License. A regular license or approval is valid for three years from the date of issuance unless revoked, suspended, or made probationary.

(c) Determining Capacity. The following children will be considered to be in the care of educators:

1. every child who lives in the family child care home who is younger than a school age child;
2. every child who lives in the family child care home who is home schooled, regardless of age;
3. every child under the age of ten who lives in the residence and is present for more than three consecutive hours on each of five consecutive days, excluding weekends and holidays;
4. every person under the age of fourteen who does not live in the residence and is present during the time that child care is being provided;
5. during overnight care, every person under the age of eighteen who is present in the home.

(d) License Status. A Licensee who voluntarily ceases or suspends providing care while remaining licensed may elect inactive status. To become inactive, a licensee must notify the Department that care has ceased, and must return to the Department the license. Child care may resume after the licensee has requested that the Department return the license and has indicated to the satisfaction of the Department that the child care home is in compliance with all relevant EEC licensing regulations. While the license is inactive, the Department will not include the licensee on its roster of active educators. The acceptance by the Department of inactive status shall not limit the Department's authority to investigate compliance with EEC licensing regulations nor to take adverse action against the license as appropriate, pursuant to 606 CMR 7.00 *et seq*., 102 CMR 1.00 *et seq, and 606 CMR 14.00 et seq.*

(e) Location of Care. For the purposes of these regulations, family child care may only be provided in a dwelling that provides complete independent living facilities for one or more persons including permanent provisions for living, sleeping, eating, cooking, and sanitation. In addition, the dwelling must:

1. be occupied for living purposes on a full time basis by either the licensee, or an individual personally known to the licensee, as the occupant's legal residence; or
2. be unoccupied and be:
   a. located physically on the same property as the licensee's permanent residence and such residence is a single family home; or

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b. located in a duplex structure containing two independent side-by-side dwelling units and the licensee permanently resides in the other dwelling unit located in the duplex; or

c. located in a structure with a maximum of three stories, with no more than one dwelling unit located on each floor level, and the licensee permanently resides in one of the other dwelling units located in the three story structure.

(f) A family child care licensee may not hold more than one family child care license.

7.04 Administration. The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care. Additional requirements specific to family child care are found at 606 CMR 7.04(16).

(1) The licensee must ensure that the program is soundly administered by qualified persons designated with specific administrative and program responsibilities. The licensee may admit children only in accordance with the provisions of the license.

(2) Unauthorized Activities.

(a) The licensee must not allow children to participate in any activities unrelated to the direct care of children without the written, informed consent of the parent(s). "Activities" shall mean, but not be limited to:

1. fund raising;
2. publicity, including photographs and participation in the mass media, and
3. screening, research or unusual treatment.

(b) The licensee must not allow any person to produce or distribute a likeness of any child in the program for any purpose without the written informed consent of the child's parent.

(3) Transitions.

(a) Whenever children are preparing to transition to a new classroom or program, the educator must:

1. collaborate and share information between each classroom or program, with parental permission; and
2. assist the child with the transition in a manner consistent with the child's ability to understand.

(b) If a program chooses to suspend or terminate a child for any reason the program must provide written documentation to the parents of the specific reasons for the proposed suspension or termination of the child, and the circumstances under which the child may return, if any.

(4) Record Requirements.

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(a) The licensee must maintain complete and accurate accounts, books and all records required by these regulations, including but not limited to:

1. daily attendance records indicating each child's attendance, including arrival and departure times;
2. a method of knowing exactly who is present on the premises at any given point in the day.
3. documentation of regular evacuation drills, as required by 606 CMR 7.11(7)(h).

(b) Except as specifically provided elsewhere in these regulations, all records required by these regulations must be:

1. legible and dated and signed by the individual making the entry;
2. updated at least annually and whenever any material changes occur.

(c) Attendance records and educator records must be maintained for at least five years.

(d) Children's records must be maintained for at least five years after a child has left the program.

(e) When a child is no longer in care, upon written request of the parent(s), the licensee must provide a copy of the child's records to the parent(s) or any other person the parent(s) identifies.

(5) Staff Records. The licensee must maintain a personnel record for each staff member. The record must include:

(a) documentation that the employee has the qualifications required under 606 CMR 7.09, including, but not limited to, health records, as required by 606 CMR 7.09(11);

(b) copies of licenses, certifications and registrations held, including, but not limited to, motor vehicle operator's license (if the staff member transports children) and EEC educator qualification;

(c) documentation of orientation, training and professional development, as required by 606 CMR 7.09(15)(d-f), 7.09(16)(c) and 7.09(17)(a), and 7.11(1), 7.09 (18)(d), and 7.09(19)(b),as applicable;

(6) Transportation Records. The licensee must maintain documentation that each program-owned vehicle or educator's vehicle used for the transportation of children to or from program activities is registered and inspected in accordance with state law, and is insured as required by these regulations.

(7) Children's Records. The licensee must maintain an individual written record for each child that includes:

(a) information required at admission, including:

1. a face sheet or sheets, which identifies the child by the following information:

a. the name, date of admission, date of birth, age at admission, and primary language of the child and parent(s), if other than English;

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b. the parent's (or parents') name(s), home address(es), and telephone number(s);

c. the parent's (or parents') business address(es) and telephone number(s);

d. the name, address and telephone number of the person to contact in case of emergency when the parent is unavailable;

e. a physical description or a current photograph of the child;

f. the name, address, and phone number of the child's physician or other source of health care,

g. information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications;

h. the child's anticipated days and times of attendance; and

i. if applicable, the name of the school the child attends;

2. copies of any custody agreements, court orders, and restraining orders pertaining to the child, when provided by the parent;

3. consent for the child's transportation plan, as required by 606 CMR 7.13(2)(e);

4. permission to transport a child to a medical facility and for the child to receive emergency medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child;

5. permission to administer basic first aid and/or CPR;

6. a list of any person(s) authorized in writing by the parent to take the child from the program or receive the child at the end of the day;

7. written parental consent for a child to participate in off-site activities.

8. written parental consent for older school age children to leave the program for any reason, including consent for the specific activity, time, and method of transportation, and acknowledgement of parental responsibility for the child once s/he leaves the program;

9. written informed consent for observation of children by anyone other than program staff or the parents of children in the program, if applicable. For observations in which there is no interaction between the child and the observer and no identification of individual children, a general permission may be obtained. When there is interaction between the child and the observer or when individual children are identified to an observer other than parents of children in the program, a specific individual informed consent must be obtained;

10. written consent for children to use an on-site swimming pool;

11. written consent for the use of unanticipated, non-prescription and topical, non-prescription medications, if applicable;

12. written consent for children to sleep in the same room with children of the opposite sex during regular overnight care, if applicable;

13. medical records, including:

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a. a physician's, nurse practitioner's, or physician's assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules;

b. a written statement from a licensed health care practitioner within one month of admission that indicates that the child has had a complete physical examination within one year prior to admission;

c. a statement signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has been screened for lead poisoning. Pursuant to Department of Public Health requirements, all children, regardless of risk, must be screened for lead poisoning at least once between the ages of nine and twelve months and annually thereafter at ages two and three. Children must also be screened at age four if they live in a community deemed at high risk for lead poisoning by the Department of Public Health. All providers must comply with the criteria for lead poisoning screening as set forth in 105 CMR 460.050.

14. as appropriate to the child's age and abilities:

a. information about the child's daily schedule, developmental history, sleeping and play habits, favorite toys, accustomed mode of reassurance and comfort;

b. procedures for toilet training of the child, if appropriate; and

c. the child's eating schedule and eating preferences, including for infants, a description of formula preparation.

15. documentation that the parent has been notified regarding his/her right to visit the program unannounced at any time while his/her child is in care, and has received the written information for parents required by 606 CMR 7.08(6).

(b) Ongoing records, including:

1. documentation of annual physical examinations, updated immunizations and lead screening ;

2. documentation of the results of vision, hearing and dental screenings, when provided to the program. If any screenings are conducted by the program, the program must:

a. obtain prior parental permission;

b. insure that the screenings are conducted by qualified personnel; and

c. communicate the results to the parents in writing;

3. a record of any medications administered to the child, as required by 606 CMR 7.11(2)(j);

4. documentation of parent notification of emergency treatment, as required by 606 CMR 7.08(8)(e);

5. a copy of the child's individual health care plan, if applicable;

6. a record of any referrals made, as required by 606 CMR 7.06(5)(b);

7. documentation of parental authorizations, as required by 606 CMR 7. 04(7)(a)3 – 12;

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8. copies of injury and incident reports, as required by 606 CMR 7.11(5)(f);
9. copies of periodic progress reports, as required by 606 CMR 7.06(3);
10. individual program plans, and periodic review of such plans, for any child with a disability, as required by 606 CMR 7. 04(13)(f), including IFSPs, IEPs, and other documentation as provided by parents;
11. all pertinent correspondence concerning the child.

(8) Children's Record Exceptions. Not withstanding the provisions of 606 CMR 7.04(7)(a)13 and 7. 04(7)(b)1:

(a) No child shall be required to have any such immunization if his parent(s) objects thereto, in writing, on the grounds that it conflicts with their sincere religious beliefs or if the child's physician, nurse practitioner or physician assistant submits documentation that such a procedure is contraindicated.

(b) For school age children, the licensee may accept either:

1. a written parental statement that the required information is on file with the child's school; or
2. copies of the child's immunization, physical examination and lead screening records.

(9) Updating Records. Children's records must be reviewed and updated as necessary, but no less frequently than once per year. A written consent provided pursuant to 606 CMR 7. 04(7)(a)3-12 shall be valid for one year from the date of its execution unless such consent is withdrawn, in writing, prior to that time.

(10) Amending the Child's Record

(a) A child's parent(s) have the right to add information, comments, data or any other relevant materials to the child's record;

(b) A child's parent(s) have the right to request deletion or amendment of any information contained in the child's record.

1. If the parent(s) is of the opinion that adding information is not sufficient to explain, clarify, or correct objectionable material in the child's record, the parent has a right to have a conference with the licensee to make his objections known.
2. The licensee must, within one week after the conference, render to the parent(s) a decision in writing stating the reason or reasons for the decision. If the decision is in favor of the parent(s), steps must be taken immediately to put the decision into effect.

(11) Charge for Copies. The licensee must not charge an unreasonable fee for copies of any information contained in the child's record

(12) Confidentiality and Distribution of Records and Information. Information pertaining to children and their families is privileged and confidential. No licensee or educator may distribute or release information about a child or his/her family to any unauthorized person, or discuss with any unauthorized person information about a child or his/her family without the written consent

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of the child's parent. The child's parent, at reasonable times, must, upon request, have access to everything in his or her child's record.

(a) The licensee must not distribute or release information in a child's record to anyone not directly related to implementing the program plan for the child without the written consent of the child's parent(s) or pursuant to a court order. The licensee must notify the parent(s) if the child's record is subpoenaed.

(b) The child's parent(s) must, upon request, have access to their child's record at reasonable times. In no event may such access be delayed more than two business days after the initial request without the consent of the child's parent(s). Upon such request for access, the child's entire record must be made available regardless of the physical location of its parts.

(c) Upon written request of the parent(s), the licensee must transfer a copy of the child's records to the parent(s), or any other person the parent(s) identifies within a reasonable amount of time.

(d) The licensee must establish procedures governing access to, duplication of, and distribution of such information; and must maintain a permanent, written log in each child's record indicating each time a child's record has been released or reviewed.

1. Each time information is released or distributed from a child's record to someone who is not a program employee the following information must be recorded: the name, signature, and position of the person releasing or distributing the information; the date; the portions of the record which were distributed or released; the purpose of such distribution or release; and the signature of the person to whom the information is distributed or released.

2. Such log must be available only to the child's parent(s), to program personnel responsible for record maintenance, and to the EEC as part of its regulatory function.

(13) Children with Disabilities. The licensee must accept applications and make reasonable accommodations to welcome or continue to serve any child with a disability. In determining whether accommodations are reasonable and necessary, the licensee must, with parental consent and as appropriate, request information about the child from the Local Education Agency (LEA), Early Intervention Program or other health or service providers.

(a) Based upon available information the licensee must, with the parent's input, identify in writing the specific accommodations, if any, required to meet the needs of the child at the program, including, but not limited to:

1. any change or modifications in the child's participation in regular program activities;

2. the size of the group to which the child may be assigned and the appropriate staff/child ratio; and

3. any special equipment, materials, ramps or aids needed to serve the child.

(b) The licensee must provide written notification to the parent within 30 days of the receipt of the authorized and requested information, if, in the licensee's judgment, the accommodations required by 606 CMR 7. 04(13) to serve the child are not reasonable or

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would cause an undue burden to the program. This notification must include, but is not limited to:

1. the reasons for the decision;
2. notification to the parent(s) that they may request that the Department review the licensee's decision and determine if the licensee is in compliance with 606 CMR 1.03(1) and 7. 04(13).

(c) The licensee must maintain a copy of this notification in its records.

(d) The accommodations related to the toileting needs of a child with a disability who is not toilet trained must not be considered an undue burden.

(e) In determining whether the accommodations required by 606 CMR 7. 04(13) are reasonable or would cause an undue burden to the program, the licensee must consider at least the following factors:

1. the nature and cost of the accommodations needed to provide care for the child at the program;
2. the ability to secure funding or services from other sources;
3. the overall financial resources of the licensee;
4. the number of persons employed by the licensee;
5. the effect on expenses and resources, or the impact otherwise of such action upon the licensee;
6. whether the required accommodation alters the fundamental nature of the program.

(f) The licensee must, with parental permission, contribute to the development and review of the child's program plan in cooperation with the LEA, Early Intervention Program and/or other health and service providers.

(g) The licensee must identify at least one educator to serve as the liaison for each child with a disability. The liaison must be responsible for coordinating care in the program and with service providers and communicating with the child's parents, service providers and educators.

(14) Required Postings. The licensee must post the following information in an area easily visible to parents, educators and visitors:

(a) "Call 911" reminder and the telephone number and address of the program, including the location of the program in the facility;

(b) the telephone number of the Poison Control Center and the name and telephone number of the emergency back-up person,

(c) in a manner that protects the privacy of each child:

1. a list of all emergency or life saving medications, including but not limited to epinephrine auto-injectors, inhalers, and anti-seizure medications, that specifies to which children they belong; and
2 a list of allergies and/or other emergency medical information provided by the parent for each child;

(d) the current license or approval.

(15) Notifications to the Department

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(a) Notification of Death or Serious Injury. The licensee must immediately report to the Department by telephone the following:

1. the death of any child which occurs while such child is in care, or resulting from an injury or event that occurred while the child was in care;
2. any injury to any child which occurs during the hours while such child is in care and which requires hospitalization or emergency medical treatment.

(b) Notifications of Reportable Diseases and Medical Errors. The licensee must immediately report to the Department the following:

1. the contagious illness of a child that is a reportable condition as set by the Division of Communicable Disease Control, Department of Public Health;
2. any medication error which occurred while the child was in care and which
   a. required hospitalization or emergency medical treatment, or
   b. which resulted in a child receiving the wrong medication.

(c) The licensee must follow its immediate notification to the Department of any death, serious injury, reportable illness, or medication error with a written notice within 48 hours of making the original report.

(d) Notification of Legal Proceedings.

1. The licensee must report to the Department, in writing, within five days of the initiation of any legal proceedings brought against the program or any person employed by the program if such proceeding arises out of circumstances related to the care of children in the program or may impact the continued operation of the program.
2. In family child care, the licensee must notify the Department in writing within five days of the initiation of the legal proceedings listed below which are brought against any educator, household member of the licensee or person regularly on the premises of the family child care home:
   a. any criminal or delinquency complaint listed in the Department's Background Record Check regulations;
   b. any civil action in which mistreatment or neglect of a child is alleged; and
   c. any petition alleging that a child of an educator, any household member of the licensee or any person regularly on the premises of the family child care home is in need of care and protection.

(e) Notification of Change of Location or Telephone Number. The licensee must provide notification to the Department prior to any change in the location or telephone number of the program. A change in location may require a new application and issuance of a new or amended license, after receipt of all necessary information and documentation of compliance with all applicable regulations.

1. Family child care programs must notify the Department at least ten days prior to any change in location.
2. Small group and school age and large group and school age child care programs must notify the Department in writing at least 30 days prior to any change in location.

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(f) Notification of Change in Program Space. The licensee must notify the Department when possible, at least 30 days prior to any change in the space used by the program. If the licensee is unable to provide 30 days notice, the licensee must notify the Department by telephone immediately upon learning of the impending change.

(g) Notification of Failure to Renew Required Inspection Certificates. The licensee must notify EEC whenever non-compliance with applicable codes prevents renewal of required inspection certificates.

(h) Change of Location in Case of Emergency. In case of fire or other emergency that requires the evacuation of the facility and results in the need to seek other shelter, the licensee must notify the Department immediately by telephone of the incident.

(i) Notification of Law Enforcement Activity. In the event of an incident on the child care premises that results in a report to law enforcement officials and that could impact the health, safety, and/or wellbeing of children in care, or in the event of the arrest of an educator or person regularly on the child care premises, the licensee must notify the Department by telephone within 24 hours of the incident. The licensee, if requested by the Department, must prepare and submit to the Department a written report regarding the incident.

(j) Notification of Response by Fire Department. In the event of an incident on the child care premises (other than a false alarm) that results in a response by the fire department, the licensee must notify the Department by telephone within 24 hours of the incident. The licensee, if requested by the Department, must prepare and submit to the Department a written report regarding the incident.

(k) Notification of 51A Report. The Program must notify the Department as required in 606 CMR 7.11(4)(e & f).

(l) Action by the Internal Revenue Service. The licensee must notify the Department in writing of any action brought against the licensee by the Internal Revenue Service.

(m) Motor Vehicle Accident. The licensee must notify the Department immediately of any accident involving the transportation of children when such transportation is provided or contracted by the licensee.

(n) Notice of Intent to Close. The licensee must provide notification in writing to the Department and to parents of all children in care of its intent to close the program no less than 30 days prior to the anticipated closing. The notice to the Department must include a plan to notify parents and a plan for the storage and preservation of all required records.

(16) Additional Requirements for Family Child Care .

(a) The licensee must notify the Department if it joins or leaves a family child care system.

(b) Change in Household Composition. A family child care licensee must notify the Department within seven days of approval as a foster or adoptive placement resource, or of any change in the household composition.

(c) Notification of Firearms. The licensee must notify the Department whenever a firearm is brought into the family child care home.

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(d) The licensee must notify the Department if the home is found by the Department of Public Health to be a source of lead poisoning for any child, as required by 7.07(15)(a) 6.

7.05 Interactions Among Educators and Children.

The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care.

(1) Educators must be responsive to children's individual needs and support the development of self-esteem, self-expression, autonomy, social competence, and school readiness.

(2) Educators must be nurturing and responsive to children by:
(a) frequently expressing warmth to individual children through behaviors such as holding babies, social conversations (including response to babies' vocalizations), joint laughter, eye contact, and smiles, and communicating at children's eye level;
(b) providing attentive, consistent, comforting, and culturally sensitive care;
(c) being consistent and predictable in their physical and emotional care of children, and when implementing program rules and expectations;
(d) recognizing signs of stress in children's behavior and responding with appropriate stress-reducing activities.

(3) Educators must support children in the development of self-esteem, independence, and self-regulation by:
(a) demonstrating courtesy and respect when interacting with children and adults;
(b) encouraging appropriate expression of emotions, both positive (e.g. joy, pleasure, excitement) and negative (e.g., anger, frustration and sadness);
(c) providing opportunities for children to develop self-help skills as they are ready; encouraging children's efforts, work and accomplishments;
(d) assuring that all children have equal opportunities to take part in all activities and use all materials;
(e) offering opportunities for children to make choices and decisions.

(4) Educators must support children in the development of social competence by:
(a) promoting interaction and language use among children and between children and adults by talking to and with children frequently;
(b) encouraging children to share experiences and ideas;
(c) modeling cooperation, problem-solving strategies and responsible behavior for children;
(d) assisting children in learning social skills such as sharing, taking turns, and working together;
(e) encouraging children to listen to, help, and support each other;

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(f) providing guidance to assist children in resolving conflicts, finding solutions to problems, and making decisions.
(g) helping children to understand and respect people different from themselves;
(h) helping children learn to respect each other's possessions and work;
(i) helping children to learn effective ways to deal with bullying, teasing, or other forms of intolerance.

(5) Educators must provide guidance to children in a positive and consistent way based on an understanding of the individual needs and development of children by:
(a) encouraging self-control and using positive child guidance techniques such as recognizing and reinforcing children's appropriate behaviors, having reasonable and positive expectations, setting clear and consistent limits, and redirecting;
(b) helping children learn social, communication, and emotional regulation skills they can use in place of challenging behaviors;
(c) using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to encourage appropriate behavior and prevent challenging behaviors;
(d) intervening quickly when children are physically aggressive with one another and helping them develop more positive strategies for resolving conflict;
(e) explaining rules and procedures and the reasons for them to children, and where appropriate and feasible, allowing children to participate in the establishment of program rules, policies and procedures;
(f) discussing behavior management techniques among staff to promote consistency.

(6) Educators must have a method of communicating effectively with each child.

(7) Educators must direct child guidance to the goal of maximizing the growth and development of children and protecting the group and the individuals within it.

(8) The following practices are strictly prohibited:
(a) spanking or other corporal punishment of children;
(b) subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks;
(c) depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence;
(d) disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting;
(e) confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; and
(f) excessive time-out. Time-out may not exceed one minute for each year of the child's age and must take place within an educator's view.

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7.06 Curriculum and Progress Reports

The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care.

(1) Curriculum

(a) The licensee must provide a well-balanced curriculum of specific, planned learning experiences that support the social, emotional, physical, intellectual and language development of all children. The curriculum must:

1. be developmentally and linguistically appropriate;
2. provide for the development, interests and temperaments of individual children;
3. support school readiness and/or educational development; and
4. include goals for the knowledge and skills to be acquired by children in the areas of English language arts, mathematics, science and technology/engineering, history and social science, comprehensive health, and the arts.

(b) The licensee must have evidence of a plan describing how program activities support and engage children through specific learning experiences. Such plan must be appropriate to the ages and development of the children served, to the length of the program day and to the program objectives. As appropriate, children must participate in the development of the plan, and the plan must provide for:

1. reasonable regularity in routine, with sufficient flexibility to respond to the needs of individual children and to capitalize on unscheduled learning opportunities;
2. opportunities for children to have a free choice among a variety of activities or to play alone or with one or several chosen peers, if desired, for at least half the program day;
3. opportunities for children to participate in a variety of creative activities, such as art, music, literature, dramatic play and science, encouraging exploration, experimentation and discovery;
4. daily indoor and outdoor time periods, weather permitting, which include both small and large muscle activities;
5. at least 60 minutes of physical activity in full day programs;
6. opportunities for children of all ages to interact with peers and adults to develop competence in verbal and nonverbal communication by responding to questions; communicating needs, thoughts, and experiences; and describing things and events;
7. educators reading books daily with children of all ages in an engaging manner in group or individualized settings;
8. opportunities for children to learn age appropriate self-help skills;
9. opportunities that foster the development of independence and responsibility in children by encouraging decision-making, choices and

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independent time, as appropriate and with parent's consent, as required by 606 CMR 7.04(7)(a)8;

10. opportunities to explore issues of cultural, social and individual diversity while developing awareness, acceptance and appreciation of differences; such as gender, language, culture, ethnicity, family composition and differing abilities;

11. learning experiences that support problem solving, critical thinking, communication, language and literacy development, social skills and relationship building;

12. opportunities to learn about proper nutrition, good health and personal safety;

13. specific reasonable accommodations to allow children with disabilities to participate in regular program activities whenever possible; and

14. in programs serving infants and toddlers, opportunities for infants and toddlers to move freely and achieve mastery of their bodies through self-initiated movement, including multiple opportunities to practice emerging skills in coordination, movement, balance, and perceptual-motor integration.

(c) The licensee must ensure that:

1. there is a sufficient quantity and variety of materials and equipment to engage all children present in the program;

2. materials and equipment encourage active physical play and quiet play activities;

3. materials and equipment are visible and readily accessible to the children in care and are arranged to promote independent access by children;

4. materials that promote imagination and creativity are available, for example blocks, sand, water, play dough, manipulatives and art materials;

5. the approved space includes a small, quiet area that is inviting to children, visible to staff, and easily accessible to a child who seeks or needs time alone.

(2) Transitions Between Activities. Transitions must be completed in a safe, timely, predictable and unhurried manner.

(a) Activities must be planned and organized in advance to avoid children waiting.

(b) Children must be informed about transitions prior to their occurrence.

(c) Transitions between activities must be smooth and flexible.

(d) Children must not always be expected to move as a group from one activity to another.

(e) Visual, verbal and auditory cues must be used to support children's transitions.

(3) Progress Reports. A written progress report must be prepared periodically on the progress of each child in the program. The program must offer parents a conference to discuss the content of the report. A copy of the progress report must be given to the parent and a copy kept in the child's record.

(a) Frequency

1. For infants and children with identified special needs the progress report must be prepared every three months.

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2. For toddlers and preschoolers, the progress report must be prepared every six months.

3. For school age children, the progress report must be prepared at least annually, at the midpoint of the child's program year.

(b) Content. The progress report must be based on observations and documentation of the child's progress in a range of activities over time and may include samples of the child's work.

1. For children younger than school age, the progress report must address the development and growth of the child including but not limited to the developmental domains of Cognitive, Social/Emotional, Language and Fine and Gross Motor and Life Skills.

2. For school age children, the progress report must address the child's growth and development within the parameters of the program's statement of purpose.

(c) All Educators, specialists and consultants working with the child in the program must be offered an opportunity to contribute to the progress report of the child.

(4) Use of Progress Reports. Educators shall use progress reports to adapt the program to the children's individual strengths, interests, and needs; to maintain ongoing communication with the child's family, and; with parental permission, to facilitate the child's transition to another early education and care program or to kindergarten, as appropriate.

(5) Notwithstanding 606 CMR 7.06(3)(a) above, special problems and significant developments must be documented and brought to the parent's attention as soon as they arise.

(a) The licensee must offer information to parents regarding health and educational resources for the child and family.

(b) The licensee must obtain parental consent prior to contacting any outside social, educational or health care resource or service provider on behalf of an individual child. If such direct contacts are made by the program, the licensee must maintain a written record of such contacts and the results of such contacts.

7.07: Physical Facility Requirements

The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care. Additional requirements specific to family child care are found at 606 CMR 7.07(15).

(1) The licensee must ensure that the physical facilities are safe, clean, in good repair and free from hazards and clutter. The licensee must monitor the environment daily to identify and remove or repair any hazards that may cause injury to children. Exits and evacuation routes must be kept clear of obstructions.

(2) Building Inspection. Every program that is not located in a residence and every program that has a licensed capacity of more than 10 children must provide a certificate of inspection from the Department of Public Safety or the local building inspector certifying that the facility complies with all applicable provisions of the State Building Code (780 CMR).

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(3) Fire Inspection. Every program not located in a residence must submit evidence of compliance with applicable fire codes.

(4) Water Source Inspection. The licensee must provide evidence that any private well or water source has been inspected and approved by the local board of health, health department, or DEP approved private laboratory within one year of licensure and meets Department of Environmental Protection Standards for drinking water, if applicable.

(a) This evidence must be updated upon renewal of a regular license.
(b) Programs using well-water to serve twenty-five or more people for at least 60 days each year require DEP approval as small public water suppliers.

(5) The licensee must submit copies of current pool and pool roof inspections as required by applicable law or statute.

(6) Chipping and Peeling Paint. The licensee must maintain the interior and exterior of the program in good repair, free of chipping, flaking, or peeling paint or broken plaster.

(7) Outdoor Space. The licensee must maintain, or have access to, an outdoor play area of at least 75 square feet per child who is outside at any one time.
(a) The play area must be accessible to children with disabilities.
(b) The outdoor play space must be appropriate for each age group served.
(c) The outdoor play area must provide for both direct sunlight and shade.
(d) The outdoor play area must be free from hazards including but not limited to: a busy street, a parking lot, poisonous plants, water hazards, debris, broken glass, chipping, peeling or flaking paint, dangerous machinery or tools, and weather-related and environmental hazards or small objects that could present a choking hazard to young children. Any such hazard must be removed or fenced by a sturdy, permanently installed barrier which is at least four feet high or otherwise protected or removed, as appropriate.
(e) If the outdoor play space is located on a roof, it must be protected by a barrier at least seven feet high, which cannot be climbed by children.
(f) The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material.
(h) Suitable barriers, including but not limited to bulkhead doors, must be installed to prevent falls into outdoor stair or window wells.

(8) Porches and Decks.
(a) Porches and decks must be inspected and approved by the Department before use by child care children.
(b) Porches and decks may be used to meet the requirements for outdoor play space.
(c) Porches and decks that are more than three feet from grade level must be surrounded by a protective barricade in accordance with applicable building codes.

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(d) Barricades must be sturdy and constructed in a way that will prevent a young child from going underneath, over, or through them.
(e) Stairs must be safely barricaded whenever the porch or deck is in use by children younger than three years old.
(f) Additional precautions may be required as deemed necessary.

(9) Water Safety. For programs that offer swimming, boating or other water activities, the licensee must ensure that the area is safe and children are directly supervised at all times during activities involving water, including tubs, pools, showers, or standing water. Educator/child ratios must be sufficient to maintain the safety of children in or near water.
(a) The licensee must ensure that all swimming and wading pools used by children are treated, cleaned, maintained and supervised according to sound health and safety practices and state and local guidelines and regulations.
(b) Whenever pools are not in use, they must be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access.
(c) Wading pools must be emptied immediately after use and sanitized between uses and whenever contaminated.
(d) When children are swimming in a swimming pool, an adult must be immediately available who is aware of the pump location and is able to turn the pump off in the event of an emergency.
(e) Whenever children are swimming (not including the use of wading pools) a second adult must be on the premises available to assist in case of emergency.
(f) Whenever children participate in off-site water activities at least one person supervising the activity must be certified as a lifeguard and currently certified in CPR and first aid.
(g) All hot tubs, whether indoors or outdoors, must be inaccessible to children.

(10) Indoor Space. The indoor space must be clean, safely maintained, well-ventilated and well-lit, of sufficient size for the children served, and must encourage play and learning.
(a) Child care must be provided only in space approved by the Department.
(b) When measuring activity space, only usable floor space (exclusive of hallways, bathrooms, and portions of rooms or areas that contain furniture or equipment suitable only for adult use) may be included.
(c) The total required activity space must be available to children for at least half of the program day.
(d) The licensee must provide space to accommodate a variety of activities, and to accommodate all children who are present playing individually, together, and in small or large groups.
(e) The licensee must provide a private yet visible area where a child can play or work alone or with another.
(f) The licensee must ensure that space is arranged to provide clear pathways for movement from one area to another and to allow visual supervision by educators.
(g) The licensee must provide sufficient space, accessible to children, for each child to store clothing and other personal items in a safe, sanitary manner.

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(h) Windows. All windows used for ventilation must include screens in good repair. Windows and glass doors must be constructed, adapted, or adjusted through the use of window guards or other means to prevent injury to children.

(i) Room temperature. Room temperature in rooms occupied by children must be maintained at a minimum of 65° F. Educators must take appropriate measures to protect children from health risks associated with excessive heat.

(j) Pest elimination. The interior of the child care program must be clean and maintained free from vermin. Safe and effective means of eliminating vermin must be provided. Pesticides may not be used on the child care premises during child care hours.

(k) Toilets and Sinks.

1. In facilities licensed for the first time after the effective date of these regulations, toilets and sinks must be available no more than one floor level away from the approved program space.
2. When adult toilets and sinks are used, the licensee must provide a safe means to permit access by those children who are able to use them.
3. In addition to toilets, portable "potty chairs" may be used in a bathroom for children unable to use toilets.
4. In programs serving children younger than school age, locks on doors to bathrooms must be inaccessible to children or easily opened from both the inside and outside.

(l) Water Temperature. The licensee must provide running water in sinks used by children. Water temperature must not exceed 120° F.

(m) Refuse. Garbage must be kept in lined and covered containers and all trash containers must be emptied at least daily.

(n) Eating Areas. The licensee must provide space sufficient for children to eat in an un-crowded manner and to meet the needs of all children.

(o) Electrical outlets. All electrical outlets within the reach of children younger than school age must be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. If the covering is a shock stop, it must be of adequate size to prevent a choking hazard. All electrical cords must be arranged so they are not a hazard to children. Electrical cords must not be frayed or damaged.

(p) Carbon Monoxide Detectors. Approved carbon monoxide detectors must be located and maintained in the program in accordance with the provisions of the state fire safety code and guidelines.

(11) Stairways. Stairways must be equipped with handrails.

(a) In programs serving children younger than three years old, barriers must be placed at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Barriers must be permanently installed at the top of stairways. Pressure gates may not be used at the top of stairs.

(b) Open stairways used by children younger than school age must have railings or banisters installed along the open or unprotected side(s).

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(12) Trampolines. Except for therapeutic equipment, the use of trampolines by child care children, whether indoors or outdoors, is prohibited.

(13) Safety Requirements for Equipment, Materials and Furnishings. The licensee must only use indoor and outdoor equipment, materials, furnishings, toys, and games that are appropriate to the ages, needs and developmental level of the children enrolled. They must be sturdy, safely constructed and installed, non-tippable, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children.

(a) The licensee must not use any equipment, materials, furnishings, toys, or games identified by the U.S. Consumer Product Safety Commission as being hazardous.

(b) The licensee must keep all equipment, materials, furnishings, toys, and games clean and in a safe, secure, and workable condition.

(c) The educator must arrange furnishings and fixtures safely, with sharp edges protected, and in such a way as to not present hazards to children.

(d) All play equipment, fences and structures must be free of entrapment hazards.

(e) Riding toys must not be used in any room where there is access to falling hazards.

(f) Electric fans, if used, must not be accessible to children.

(g) Educators must ensure that all hazardous objects, including but not limited to matches, lighters, toxic materials, sharp objects, plastic bags and purses are locked or inaccessible to children.

1. Toxic substances must be stored separately from food and medications.
2. All toxic substances must be labeled as to the contents and antidote.

(h) Strings and cords longer than six inches that are not part of recreational or educational materials, including, but not limited to cords on window blinds, curtains or shades, must be kept out of children's reach.

(14) Heating Safety.

(a) All steam and hot water pipes and radiators must be protected by permanent screens, guards, insulation or another suitable device that prevents children from coming in contact with them.

(b) The use of portable heaters and portable radiators is prohibited during child care hours.

(c) All fuel burning stoves, including but not limited to wood, coal, pellet, or gas, when used during child care, must:

1. meet applicable local and state codes and approval documentation must be provided to the Department;
2. be maintained in a manner that ensures the safety of all children. Heaters and stoves in approved space or common space used by children must be surrounded by a fireproof wall or enclosed by partitions, screens, or guards or other similar barricades that are at least three feet in height and installed at least three feet from the heaters and stoves. If non-combustible and non-heat retaining materials are used, barricades may be placed two feet away from the stove.

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3. Heaters and stoves that are not used for heating purposes during child care, or are used before child care and are sufficiently cooled to prevent a child from being burned, may be barricaded less than two feet away.

4. Heaters and stoves that are never used for heating purposes may be barricaded two feet from the stove or be sufficiently padded to prevent a child from injury if the child falls against them.

(d) Fireplaces.

1. All working fireplaces in space used by children must have a secure, child- proof barrier in place at all times.

2. The educator must be in the room with the children whenever a fireplace is in use.

3. Hearths that present a hazard to children must be protected or padded.

(15) Additional Requirements for Family Child Care Programs

(a) Lead Poisoning.

1. The licensee must provide information to parents in writing regarding the risks and sources of lead poisoning.

2. The licensee must provide all parents with a disclosure statement regarding any known source of lead in the home.

3. The licensee must maintain in each child's record a written acknowledgement of receipt of the information required above.

4. If chipping or peeling paint or plaster is found in a home built prior to 1978 the licensee must provide written notification to the parents of all children in care of the possibility of exposure to lead paint.

5. The licensee must maintain in each child's record a written acknowledgement of receipt of the notification required above.

6. If a family child care home is determined by the Department of Public Health to be the source of lead poisoning for any child, the licensee must notify EEC and must follow DPH guidelines to eliminate further risk of lead poisoning.

(b) Exits.

1. Family child care homes must have at least two separate exits to the outside, approved by the Department.

2. If the family child care home has a basement space that is approved for child care, the basement must have at least two separate means of egress directly to the outside. The two separate means of egress must be approved by the Department.

3. Any family child care home initially licensed prior to October 10, 2003, and which remains continuously licensed, will be exempt from the requirement of two separate means of egress from the basement. However, in the event of substantial renovations to the basement, the child care home must be in compliance with this regulation after the renovations are completed.

(c) Space.

1. The licensee must provide:

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a. a minimum of 150 square feet of approved activity space for one or two children;

b. a minimum of 225 square feet of approved activity space for three to six children;

c. 35 square feet of approved activity space for each child when serving seven to ten children.

2. The approved activity space counted toward the square footage requirement can be located on no more than two adjacent floors.

3. No more than one area that is used exclusively for napping purposes can be counted toward meeting the square footage requirements.

(d) Smoke Detectors.

1. Family child care homes must have approved smoke detectors on or near the ceiling throughout the home as follows:

a. on each floor level of the home, including cellars and basements. An approved smoke detector must be installed in each stairway on the ceiling near the base, but not within, the stairway. A smoke detector installed to detect a fire in the basement must be located near the base of the stairwell leading to the floor above;

b. outside of each separate sleeping area. Sleeping areas (*i.e.* bedrooms or sleeping rooms) separated by other rooms such as kitchens or living rooms (but not bathrooms) must be considered separate sleeping areas. A smoke detector installed to protect a sleeping area must be located outside the bedrooms but near the sleeping area.

2. Smoke detectors must be maintained in operable condition. The licensee must maintain a safety log of tests made monthly. If the smoke detector is battery operated, the batteries must be replaced at least annually, or more often as necessary, and noted in the safety log.

(e) Playground Safety. All playground equipment installed after the effective date of these regulations and all playground equipment in homes first licensed after the effective date of these regulations must be located within use zones that are covered with an adequate depth of an impact-absorbing material, in accordance with EEC policy. Pea gravel and wood chip nuggets must not be used in areas used by infants and toddlers.

7.08 Family Involvement. The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care. Additional requirements for family child care are found at 606 CMR 7.08(9).

(1) The licensee must support and encourage a partnership with and the involvement of parents in the early education and care of their children.

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(2) Parent Communication. The licensee must develop a mechanism for and encourage ongoing communication with parents, and must be able to communicate effectively with families whose primary language is not English or who require alternative communication methods.

(3) Parent Input. The licensee must have a procedure for allowing parental input in the development of program policies, which may include, but need not be limited to a suggestion box and individual or group parent meetings.

(4) Parent Visits. The licensee must permit and encourage unannounced visits by parents to the program and/or to their child's room at any time while their child is present.

(5) Enrollment Meeting. The licensee must provide an opportunity for and encourage parents to meet with the program administrator or his/her designee prior to admitting a child to the program.

(a) The licensee must offer children and parents an orientation to the program.

(b) The licensee must provide an opportunity for parent(s) and children to visit the program and meet educators before the child is enrolled.

(c) The licensee must seek information about each child's and family's interests and needs.

(d) To support transitions and coordinate with services offered by other providers, the educators must request that parents share with them information about other therapeutic, educational, social and support services received by the child.

(e) For children younger than school age, educators must discuss each child's developmental history with his or her parents at the time of enrollment. The developmental history must be updated annually and maintained in the child's record.

(6) Written Information for Parents. The licensee must provide the following information to families in writing prior to enrollment of their child:

(a) notification that parents are welcome to visit the program unannounced at any time while their child is present; and that input from and communication with parents is encouraged;

(b) the frequency of children's progress reports;

(c) the program's policy regarding administration of medication as in 606 CMR 7.11(2)(a);

(d) the procedures for meeting potential emergencies, as in 606 CMR 7.11(7)(f);

(e) the transportation plan, as in 606 CMR 7.13(1);

(f) a program calendar noting closed days and hours of operation;

(g) the program's fee schedule, including any fees for late payment, late pick-up, field trips, special materials, etc;

(h) the program's plan to provide positive and consistent guidance to children based on their individual needs and development;

(i) the program's criteria for excluding children from care due to serious illnesses, contagious diseases and reportable diseases in conformance with regulations and

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recommendations set by the Division of Communicable Disease Control, Department of Public Health;

(j) information regarding SIDS risk reduction practices, including the practice of sleeping infants on their backs as required by 606 CMR 7.11(13)(e);

(k) the procedures relating to children's records as in 606 CMR 7.04(7) through (10);

(l) notice that child educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families;

(m) notice that the program is licensed by EEC, including the telephone number and address of the EEC regional office responsible for the program;

(n) a statement that parents may contact EEC for information regarding the program's regulatory compliance history.

(7) Parent Conferences. The licensee must make educators available for individual conferences with parents at parental request.

(8) Notifications to Parents. The licensee must inform parents:

(a) immediately of any injury which requires any medical care beyond minor first aid or of any emergency administration of non-prescription medication;

(b) immediately of any allegation of abuse or neglect involving their children while in the care and custody of the licensee;

(c) prior to or as soon as possible following any change in educators;

(d) at the end of the day regarding any minor first aid administered;

(e) in writing within 48 hours of any incident described in 7.08(8)(a, b, or d), above;

(f) whenever special problems and significant developments arise, as provided at 7.06(5);

(g) whenever a communicable disease or condition has been identified in the program;

(h) in writing seven days prior to the implementation of any change in program policy or procedures;

(i) prior to the introduction of any pets into the program;

(j) of the use of any herbicides or pesticides, prior to their use whenever possible; and

(k) whenever the program deviates from the planned menu.

(9) Additional Requirements for Family Child Care. The provider must notify parents:

(a) in writing of the existence of a firearm in the family child care home. This notification must be given upon enrollment and/or when the firearm is brought into the family child care home;

(b) of any changes in the regular composition of the household. The provider must notify the parents of anyone regularly on the premises.

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7.09 Educator Qualifications and Professional Development. The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care. Additional requirements for family child care are found at 606 CMR 7.09(15).

(1) The licensee must ensure that the program is staffed by appropriate numbers of persons with experience and/or education in providing education and care to children from birth to age fourteen.

(2) The licensee must employ educators and volunteers who, by prior education, training, experience and interest in fostering development and early childhood education, are qualified to meet the needs of the children enrolled, and who meet the qualifications for their respective positions.

(3) The licensee shall encourage educators to continue their education in their appropriate fields and to maintain open and ongoing communication within the program to enhance the quality of care provided to the children.

(4) All educators must register annually with the Department of Early Education and Care in accordance with EEC policies and procedures.

(5) All educators must possess the qualifications required for their positions in accordance with EEC regulations.

(6) All educators must demonstrate and maintain at all times the physical, mental and emotional ability to care for the children for whom they are responsible in a way that meets the generally accepted physical, social, emotional and intellectual needs of children. Educators must follow good personal hygiene practices at all times.

(7) No educator may regularly care for child care children more than 12 hours in any 24-hour period.

(8) Educators must exercise good judgment at all times and demonstrate an ability to handle emergency situations appropriately.

(9) All educators must attend an orientation to early education and care approved by the Department.

(10) Evidence of Required Certification, Licensure or Registration. The licensee must obtain evidence that personnel are currently certified, licensed or registered where applicable laws and regulations require certification, licensure or registration, including, but not limited to, driver's licenses and EEC registration.

(11) Health Requirements for Educators. Prior to licensure or employment of any educator the licensee must obtain from a licensed health care practitioner.

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(a) evidence that the educator has had a physical examination within one year prior to employment;
(b) evidence that the educator has been immunized in accordance with the recommendations of the Department of Public Health;
(c) a statement of any limitations on the educator in working with children.

(12) Evidence of immunity to communicable diseases shall not be required from any person who states in writing that vaccination or immunization conflicts with his/her sincere religious beliefs or who presents a written statement by a licensed medical professional that such vaccination or immunization is medically contra-indicated.

(13) The educator must provide documentation of a current physical examination at the time of each license renewal or more often if, in the Department's or licensee's judgment, a medical condition requires a greater frequency.

(14) Current Health Statement. The educator must provide, upon request by the Department, a current statement signed by a physician or other professional acceptable to the Department certifying that s/he is in good physical and mental health.

(15) Additional Requirements for Educators in Family Child Care
(a) All educators must be at least 18 years of age.
(b) Licensees. Prior to being licensed for the first time to provide family child care the applicant must submit evidence of current certification in basic first aid and CPR that is age appropriate for all of the children in care. In addition:
1. an applicant for a license to care for six or fewer children must have at least the following:
a. one year of experience as a parent; or
b. one year of full-time experience, or the equivalent, in caring for children younger than twelve years of age; or
c. nine months of full-time experience in caring for children younger than fourteen years of age and completion of 15 hours of training, approved by the Department, not including the EEC educator orientation; or
d. six months of full-time experience in caring for children younger than fourteen years of age and completion of 30 hours of training, approved by the Department, not including the EEC orientation; or
e. qualification as a teacher or site coordinator by EEC.
2. An applicant for a license to care for seven or eight children, at least two of whom must be school age, must have evidence of having completed within one year prior to application a pre-service training approved by the Department; and either
a. two years of experience as a family child care licensee or certified assistant; or

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b. one year of experience as a family child care licensee or certified assistant and

i. one additional year caring for unrelated children in a group setting; or

ii. EEC certification as a teacher or site coordinator.

aa. An additional three credits in education or early childhood education may substitute for six months of the required additional experience.

bb. An additional six credits in education or early childhood education may substitute for nine months of the required additional experience.

3. An applicant for a license to care for nine or ten children must have evidence of having completed within one year prior to application a five hour pre-service training approved by the Department and either

a. three years of experience as a family child care licensee or certified assistant, or

b. one year of experience as a family child care licensee or certified assistant; and one of the following:

i. two additional years caring for unrelated children in a group setting, which may include experience as a family child care licensee or certified assistant;

ii. EEC certification as a teacher or site coordinator and one additional year of experience caring for unrelated children in a group setting, which may include experience as a family child care licensee or certified assistant.

aa. An additional 3 credits in education or early childhood education may substitute for 6 months of the required additional experience.

bb. An additional 6 credits in education or early childhood education will substitute for 9 months of the additional required experience.

(c) Assistants. All assistants must demonstrate the ability to implement the provider's curriculum, activities and routines.

1. Certified Assistant.

a. An educator who meets the qualifications of the licensee may replace the licensee at any time, provided notice is given to parents in advance, in accordance with 606 CMR 7.08(8)(c).

b. An educator who meets the qualifications of a family child care educator licensed to serve six or fewer children may substitute for a provider licensed to care for up to ten children for up to twenty-five (25) hours in a twelve month period.

2. Regular Assistant. An educator whose qualifications are neither equal to nor greater than the licensee's qualifications may provide care under the general supervision of the licensee.

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a. A regular assistant may be alone on the premises with up to six children for up to twenty-five (25) hours in a twelve month period, or up to eight hours in a seven day period, provided s/he is currently certified in first aid and CPR.

b. In programs licensed to care for seven or more children, a regular assistant may provide care only under the supervision of a licensee or certified assistant.

(d) Program Orientation. The licensee must inform all educators of the location of the children's records and the first aid kit and of all procedures pertaining to the operation of the program, including, but not limited to, emergency procedures, variances, first aid procedures, supervision, child guidance, children's individual health care plans, including infant sleeping positions, and the curriculum plan.

(e) In-Service Training. All licensees, certified assistants, and any educator who may be alone with children must maintain current certification of training in basic first aid and CPR, in accordance with EEC policy. Training in first aid and CPR may not be counted toward Professional Development hours.

(f) Professional Development.

1. Educators in family child care working more than 25 hours per year but less than 10 hours per week must complete at least 5 hours of professional development activities per year.

2. Educators in family child care working more than 10 hours per week must complete at least 10 hours of professional development per year.

3. At least one third of the required professional development must address diverse learners.

(g) Upon request by the Department the licensee must provide a current statement signed by a physician or other professional acceptable to the Department certifying that any household member or person regularly on the premises of the family child care home is in good physical and mental health.

7.10 Ratios ,Group Sizes and Supervision of Children. The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care. Additional requirements for family child care are found at 606 CMR 7.10(6) and (7).

(1) The licensee must maintain sufficient numbers of qualified staff to promote the health, safety, growth and development of each child. Assignment of staff must take into account the physical environment, requirements of the activities children are engaged in, and the developmental levels and behavioral traits of children in care.

(2) Ratios: The program must have the number of educators necessary to:

(a) ensure adequate supervision of the group at all times;

(b) provide individual attention to children; and

(c) promote their physical, social, emotional and cognitive development.

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(3) Staff to Be Included in Ratios.

(a) For purposes of calculating staff: child ratios, staff shall include only those EEC-qualified persons who are assigned to care for children for specific hours of the day.

(b) Volunteers and student interns shall not be included in staff: child ratios unless they are at least 16 years of age (in Small and Large Group and School Age Child Care) or at least 18 years of age (in Family Child Care) and are assigned to the program for at least three months.

(4) Multi-Age Grouping**.** A group of children ranging in age from birth through thirteen years (or sixteen years, if such children have special needs), may be assigned on an ongoing basis to a single group, provided all provisions of 606 CMR 7.10(4) are met. The Multi-Age Grouping ratios and group sizes specified at 606 CMR 7.10(4)(d – h) may be used by:

(a) family child care and small group and school age -child care programs;

(b) large group and school age child care programs during the initial two hours and final two hours of the program day, if:

1. the program operates more than seven hours per day, and
2. educators meet the qualifications required of educators in large group and school age child care programs;

(c) large group and school age child care programs during the entire program day when approved by the Department.

1. A large group and school age child care program may apply for and receive approval of a single full day Multi-Age Group when it can demonstrate that:
   a. the developmental needs of every child in the Multi-Age Group can be met in that setting;
   b. the program's physical environment is sufficiently self-contained to allow the benefits of a "family setting" within a larger, center based program.
2. The Department may approve additional Multi-Age Groups within a large group and school age child care program if the licensee can demonstrate, to the satisfaction of the Department, that the initial Multi-Age Group has operated successfully for at least one year.

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Regulation Number	Group Size	Minimum Number of Educators Present	Limits on Ages of Children
7.10(4)(d)	6 or fewer children	1 educator	No more than 3 children under two years of age, including at least one toddler who is walking independently. Additional children must be older than 24 months.
7.10(4)(e)	7 or 8 children	1 educator	No more than 3 children under two years of age, including at least one toddler who is walking independently. Additional children must be older than 24 months. All children over capacity of six must be school age.
7.10(4)(f)	6 or fewer children	2 educators	No more than 6 children under two years of age
7.10(4)(g)	7 – 10 children	2 educators	No more than 6 children under two years of age, including no more than 3 infants
7.10(4)(h)	7-10 children	3 educators	No more than 6 infants. Additional children must be 15 months or older.

(5) Supervision of Children: In addition to interacting with children as required by 606 CMR 7.05, all licensees and educators must exercise appropriate supervision of the children in their care in order to ensure their health and safety at all times. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities.

(a) Children younger than six months of age at the time of enrollment must be under direct visual supervision at all times, including while napping, during the first six weeks they are in care.

(b) Licensees and educators must use good judgment at all times and must consider the following factors when determining the appropriate level of supervision:

1. the chronological age and developmental needs of each child;
2. the behavioral characteristics of each child;
3. the number of educators supervising each group and their qualifications;
4. the environment and its impact upon the educator's ability to see and/ or hear children; and
5. the nature of the activity and the materials and equipment used.

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(c) Educators must be in sufficient proximity to children at all times in order to be able to intervene quickly when necessary.
(d) Educators must be positioned to maximize their ability to see and/or hear children in their care.
(e) Educators must be aware of children's activities at all times.
(f) Educators must not engage in any other activities or tasks that could unnecessarily divert their attention from supervising the children.
(g) In programs serving infants and toddlers, educators must not leave a child unattended in an infant seat, on a changing table, or any other surface that could result in a fall.
(h) No child may be outdoors without appropriate adult supervision as set forth in 606 CMR 7.10(5)(b) above.
(i) As provided at 606 CMR 7.13(3)(j), a child must never be left unattended in a vehicle.
(j) Children age seven or older may, with written parental consent, participate in activities within the approved indoor space without constant visual supervision by the educator. The educator must be aware of the child's location, monitor the child's activity at regular intervals based on the factors in 606 CMR 7.10(5)(b), be readily available to assist children, as needed, and be able to respond immediately to an emergency situation.
(k) Children age nine or older may leave the premises with written parent and educator consent, provided that the consent specifies the day and time the child will leave, the time the child will return, if applicable, the method of transportation the child will use, and the parent's responsibility for the child once he or she leaves the premises.

(6) Additional Provisions for Family Child Care. Notwithstanding 606 CMR 7.10(5)(h), above:

(a) children five years of age or older may be allowed to engage in outdoor activities unaccompanied by the educator if:

1. the outdoor play space is located on the family child care premises of a single family or first floor residence, and is enclosed by a fence at least four feet high; and
2. the children are observed by the caregiver every 15 minutes;
3. the time unaccompanied by the provider does not exceed one hour; and
4. the parents have given written permission.

(b) Children age seven or older may, with written parental consent, participate in activities within the approved outdoor space unaccompanied by the provider if the educator:

1. is aware of the child's location;
2. monitors the child's activity at regular intervals based on the factors in 606 CMR 7.10(5)(b);
3. is readily available to assist the children, as needed; and
4. is able to respond immediately to an emergency situation.

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(7) Additional Requirements for Family Child Care and Small Group and School Age Child Care:

(a) Except as provided at 606 CMR 7.10(5)(j), above, children must always be on the same floor level as the educator.

(b) Except when attending to their personal hygiene needs, educators must be actively engaged in child care and education activities during all times when children are in care.

(c) Educators must ensure that infants and toddlers are placed in a safe location when educators are unable to maintain direct eye contact with them for any reason.

(d) The educator must visually observe napping children at least every fifteen minutes. When children are placed in a separate room for naps, the door must remain ajar.

7.11 Health & Safety.

The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care. Additional requirements for family child care are found at 606 CMR 7.11(17).

(1) Training. All educators must be trained in the program's emergency and evacuation procedures, in standard precautions and in medication administration procedures.

(a) First Aid and CPR

1. The licensee must ensure that at least one educator currently certified in first aid and age-appropriate cardiopulmonary resuscitation (CPR) is present at any and all times when children are in care.

2. CPR training must be renewed annually.

3. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.

(b) Medication. Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Each person who administers medication (other than topical medication) must demonstrate competency in the administration of medication before being authorized by the licensee to administer any medication.

1. The licensee must ensure that at least one educator with training in medication administration is present at any and all times when children are in care.

2. Each person who administers any medication, other than oral or topical medications and epinephrine auto-injectors, must be trained by a licensed health care practitioner and must demonstrate annually to the satisfaction of the trainer, competency in the administration of such medications. An alternative method of training approved by the

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Massachusetts Department of Public Health (MDPH) can be substituted with approval from MDPH.

2. The licensee must ensure that each educator, including those educators who do not administer medication, receives training in recognizing common side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program.

(2) Medication Administration.

(a) The licensee must have a written policy regarding administration of prescription and non-prescription medication. The policy must provide for the administration of medications ordered by a child's health care practitioner.

(b) All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent, unless noted in section (l), below.

(c) All prescription medications must be in the containers in which they were originally dispensed and with their original labels affixed. Over-the-counter medications must be in the original manufacturer's packaging.

(d) The educator must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.

(e) Unless otherwise specified in a child's individual health care plan, the educator must store all medications out of the reach of children and under proper conditions for sanitation, preservation, security and safety during the time the children are in care and during the transportation of children.

1. Those medications found in United States Drug Enforcement Administration (DEA) Schedules II-V must be kept in a secured and locked place at all times when not being accessed by an authorized individual.

2. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38º F and 42 º F.

(f) Notwithstanding the provisions of 606 CMR 7.11(2)(e), above, emergency medications such as epinephrine auto-injectors must be immediately available for use as needed.

(g) Each licensee shall have a written policy on medication disposal.

(h) When possible, all unused, discontinued or outdated prescription medications shall be returned to the parent and such return shall be documented in the child's record. When return to the parent is not possible or practical, such prescription medications must be destroyed and the destruction recorded by a manager or supervisor in accordance with policies of the licensee and the Department of Public Health, Drug Control Program.

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(i) No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.

(j) Each time a medication is administered, the educator must document in the child's record the name of the medication, the dosage, the time and the method of administration, and who administered the medication, except as noted in (k) below.

(k) The educator must inform the child's parent(s) at the end of each day whenever a topical medication is applied to a diaper rash.

(l) All medications must be administered in accordance with the consent and documentation requirements specified below:

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Regulation Number and Type of Medication	Written Parental Consent Required	Health Care Practitioner Authorization Required	Logging Required
7.11(2)(l)1 All Prescription	Yes	Yes. Must be in original container with original label containing the name of the child affixed.	Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.
7.11(2)(l)2 Oral Non-Prescription	Yes, renewed weekly with dosage, times, days and purpose	No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.
7.11(2)(l)3 Unanticipated Non-Prescription for Mild Symptoms (e.g., acetaminophen, ibuprofen, antihistamines)	Yes, renewed annually	No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature
7.11(2)(l)4 Topical, non-Prescription (when applied to open wounds or broken skin)	Yes, renewed annually	No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature.
7.11(2)(l)5 Topical, non-Prescription (not applied to open wounds or broken skin)	Yes, renewed annually	No. Items not applied to open wounds or broken skin may be supplied by program with notification to parents of such, or parents may send in preferred brands of such items for their own child(ren)'s use.	No for items not applied to open wounds or broken skin.

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(3) Individual Health Care Plans The licensee must maintain as part of a child's record, an individual health care plan for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.

(a) The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization.

1. Notwithstanding the provisions of 606 CMR 7.11(1)(b)2, above, the educator must have successfully completed training, given by the child's health care practitioner, or, with his/her written consent, given by the child's parent or the program's health consultant, that specifically addresses the child's medical condition, medication and other treatment needs.

2. In addition to the requirements for the routine, scheduled administration of medication or treatment set forth in section (3)(a), above, any unanticipated administration of medication or unanticipated treatment for a non-life-threatening condition requires that the educator must make a reasonable attempt to contact the parent(s) prior to administering such unanticipated medication or beginning such unanticipated treatment, or, if the parent(s) cannot be reached in advance, as soon as possible after such medication or treatment is given.

3. The educator must document all medication or treatment administration, whether scheduled or unanticipated, in the child's medication and treatment log.

4. The written parental consent and the licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner. Such consent and authorization must be renewed annually for administration of medication and/or treatment to continue.

(b) Educators may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan that permits older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of the contents and requirements of the child's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program.

(c) Whenever an individual health care plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

(4) Abuse and Neglect

(a) Any form of abuse or neglect of children while in care is strictly prohibited.

(b) The Licensee and all educators must operate the program in ways that protect children from abuse or neglect.

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(c) Educators are responsible for abuse and neglect if:

1. the educator admits to causing the abuse or neglect, or
2. the educator is convicted of the abuse or neglect in a criminal proceeding, or
3. the Department of Early Education and Care determines, based upon its own investigation or an investigation conducted by the Department of Children and Families subsequent to a report filed under M.G.L. c. 119, §§ 51A and 51B, that there is reasonable cause to believe that the educator or any other person caused the abuse or neglect while children were in care.

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

(e) The licensee must notify the Department of Early Education and Care immediately after filing or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the program or during a program-related activity.

(f) The licensee must notify the Department of Early Education and Care immediately upon learning that a report has been filed naming an educator or person regularly on the child care premises (including household members in family child care) an alleged perpetrator of abuse or neglect of any child.

(5) Injury Prevention

(a) Liquids, foods, and appliances that are or become hot enough to burn a child must be kept out of the reach of children.

(b) The use of any substance that may impair the educator's alertness, judgment or ability to care for children during child care hours is prohibited.

(c) Drinking alcoholic beverages and smoking on the child care premises during child care hours are prohibited.

(d) The licensee must ensure that the following are easily and readily available at all times, and accompany the children anytime they leave the facility in the care of staff:

1. a first aid kit;
2. current family contact information;
3. information about allergies and known medical conditions;
4. emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, for any children for whom they have been prescribed;
5. telephone numbers for emergency services;
6. authorization for emergency care for each child.

(e) The licensee must maintain adequate first aid supplies, including, but not limited to: adhesive tape, band aids, gauze pads, gauze roller bandage, disposable

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non-latex gloves, instant cold pack, scissors, tweezers, thermometer, and CPR mouth guard.

(f) The licensee must maintain a record of any unusual or serious incidents including but not limited to behavioral incidents, injuries, property destruction or emergencies. These reports must be reviewed by the licensee or Program Administrator on a monthly basis.

(g) Educators must check children's clothing to ensure that it is free from strings, laces or jewelry that could become entangled or wedged in playground equipment and present a strangulation hazard.

(h) Educators must protect children against cold, heat, and sun injury.

(6) Use of Off-Site Facilities

(a) The educator must confirm the availability and the appropriateness of off-site facilities prior to each use.

(b) The licensee must consider and implement a thoughtful plan for appropriate supervision of children in public spaces.

(c) The licensee must require written parental consent for a child to participate in off-site activities. The program may obtain a general permission from the parent of each child to take the child off the premises of the child care program for common excursions (*e.g*. library, playground, museums, swimming) if the consent lists the common excursions and the means of transportation. The consent form shall be valid for one year unless withdrawn in writing prior to that time.

(d) Programs must require written parental consent for a child to participate in special activities not listed on the common excursion consent form. The special permission must specify the date of the trip, the destination and duration of the trip and the means of transportation.

(e) Regardless of the general or special written permissions on file, the program must notify parents prior to taking children off the premises.

(f) Each child must carry on his/her person the name, address and telephone number of the educator or child care program whenever s/he is off the premises in the care of the program.

(7) Emergency Preparedness

(a) The educator must handle all emergency situations in an appropriate manner.

(b) The educator must be able to communicate basic emergency information to emergency personnel.

(c) The licensee must provide to educators a working telephone for the purpose of making and receiving phone calls during all hours of program operation, whether on or off the premises, whenever they are responsible for supervising children.

(d) When considering evacuation or sheltering in place, the educator must follow the directions of the local emergency management authorities.

(e) Exit signs must be posted in rooms that have direct access to the outdoors.

(f) The licensee must have a written plan detailing procedures for meeting

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potential emergencies including but not limited to missing children, the evacuation of children from the program in the event of a fire, natural disaster, loss of power, heat or hot water or other emergency situation. The plan must include but not be limited to:

1. a method to obtain information from local authorities to determine whether to evacuate or shelter in place in the event of a natural disaster;
2. escape routes from each floor level approved for child care;
3. a designated meeting place outside and away from the child care home or facility;
4. a method of contacting the fire department or other appropriate authorities after the home or facility has been evacuated;
5. a method of communication with parents in the event of an emergency evacuation; and
6. a means to assure that no child is left in the home or facility after evacuation.

(g) The plan must be kept current and must meet the needs of all children in care, including infants, toddlers and any children (including but not limited to those with disabilities) who may need additional assistance during an evacuation.

(h) The educator must hold practice evacuation drills with all groups of children and all educators from each floor level of the approved space at least monthly. Drills must be held during different times of the program day, and must use alternative exits. The educator must document the date, time, exit route used, number of children evacuated and effectiveness of each drill.

(i) Programs that use cribs for evacuation must assure that such cribs are safe for the intended purpose, easily movable and small enough to fit through exit doors to the outside.

(8) Care Of Mildly Ill Children. The educator must meet the individual needs of the child for food, drink, rest, play materials, comfort, supervision and appropriate indoor and outdoor activity, as indicated by the health condition of the child.

(9) Management Of Infectious Diseases

(a) The program must follow exclusion policies for serious illnesses, contagious diseases and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health.

(b) The licensee must notify all parents in accordance with Department of Public Health recommendations when any communicable disease or condition has been introduced into the program.

(c) Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.

(10) Infection Control.

(a) All educators must be trained in infection control procedures.

(b) Educators must educate children about and promote hand washing procedures and health precautions.

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(c) The licensee must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with DPH guidelines. Hands must be dried with individual or disposable towels or automatic hand blow-dryers. The use of common towels is prohibited. Educators and children must wash their hands at least at the following times:

1. before and after water play;
2. before eating or handling food;
3. after toileting or diapering;
4. after coming into contact with bodily fluids or discharges (including sneezes, coughing); and
5. after handling caged animals or their equipment.

(d) In addition, educators must wash their hands:

1. before and after administration of medication;
2. after performing cleaning tasks, handling trash or using cleaning products.

(e) Facilities used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service.

(f) The licensee must ensure that equipment, materials, items or surfaces (including floors, walls and clothing used for dramatic play) are washed with soap and water and disinfected as needed to maintain a sanitary environment.

(g) All floors used by children must be swept and/or vacuumed daily.

(h) All eating surfaces must be washed and disinfected before and after each use.

(i) Where applicable, the following items, equipment and surfaces must be washed and disinfected after each use:

1. toilet training chairs which have first been emptied into a toilet;
2. sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair;
3. diapering surfaces;
4. mops used for cleaning bodily fluids;
5. bibs (when used only for one child, good judgment should be used in deciding whether it can be reused before washing);
6. thermometers; and
7. water tables and water play equipment.

(j) Toys mouthed by children must be set aside and stored after each use and may not be used by another child until they are washed and disinfected.

(k) Personal items intended for individual use by children, including but not limited to bottles, pacifiers, toothbrushes and sleeping materials, must be labeled with the name of the child for whom they are intended.

(l) The following items must be monitored for cleanliness and washed and disinfected at least daily:

1. toilets and toilet seats;
2. containers, including lids, used to hold soiled diapers;
3. sinks and sink faucets;
4. drinking fountains;
5. play tables and

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6. washcloths and towels.

(m) The following must be washed and disinfected at least weekly:

1. cribs, cots, mats and other approved sleeping equipment;
2. sheets, blankets or other coverings;
3. machine washable fabric toys.
4. smooth surfaced, non-porous floors, and
5. mops used for cleaning.

(n) The disinfectant solution used to disinfect child care items, equipment and surfaces must be either a bleach solution prepared by the licensee in accordance with EEC guidelines or a commercially prepared disinfectant that has been registered as a sanitizing solution by the Environmental Protection Agency (EPA). Registration by the EPA will be indicated on the product label. Commercially prepared solutions must be used in accordance with manufacturer's directions.

(o) All disinfectant solutions must be stored in accordance with manufacturer's instructions and in a secure place out of the reach of children.

(p) The licensee must provide disposable non-latex gloves to be used for the clean-up of blood and bodily fluids. The affected area must be disinfected. Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. The licensee must ensure that educators wash their hands thoroughly with soap and water after cleaning up the contaminated area. Contaminated clothing must be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.

(q) The licensee must ensure that when individual towels or washcloths are used for any purpose they are stored open to the air and not touching each other.

(11) Personal Hygiene

(a) The educator must model and follow good personal hygiene practices at all times.

(b) The educator must ensure that when each child is washed, an individual, labeled washcloth or disposable material is used.

(c) The licensee must have available sufficient clean and dry indoor and outdoor clothing to change a child's clothing or for a child to change his/her own clothing when wet or soiled and to ensure that children are dressed appropriately for the weather and for indoor and outdoor program activities. Clothing must be washed after each use.

(d) Educators must assist children in brushing their teeth whenever they are in care for more than four hours or whenever they consume a meal while in care.

(e) Children must use individual, labeled toothbrushes which must be stored in a safe and sanitary manner open to the air without touching each other.

(12) Diapering and Toileting. In programs serving children who are under two years and nine months of age and/or not toilet trained, the educator must ensure that:

(a) a change of clothing is available for each child;

(b) diapering areas are separate from facilities and areas used for food

preparation and food service;
(c) a supply of clean, dry diapers adequate to meet the needs of the children is maintained;
(d) a common changing table or diapering surface is not used for any other purpose;
(e) the changing surface is smooth, intact, impervious to water and easily cleaned.
(f) each child's diaper is changed on a regular basis throughout the day and when wet or soiled;
(g) the changing surface is protected with a covering that is of adequate size to prevent the child from coming in contact with the changing surface;
(i) Educators wash their hands with liquid soap and running water using friction and dry their hands with individual or disposable towels after diapering a child;
(j) Educators keep at least one hand on the child at all times when the child is being changed on an elevated surface;
(k) each child is washed and dried with individual washing materials during each diaper change. After changing, the child's hands must be washed with liquid soap and water, and dried with individual or disposable towels;
(l) soiled disposable diapers are placed in a closed container that is lined with a leak-proof disposable lining. Soiled diapers must be removed from the program daily, or more frequently as necessary;
(m) soiled non-disposable diapers are placed in a sealed plastic container labeled with the child's name and returned to the child's parents at the end of the day.
(n) children are toilet-trained in accordance with the requests of their parents and consistent with the child's physical, emotional, and developmental abilities.

(13) Sleep, Rest and Quiet Activity
(a) The licensee must provide an opportunity for children to rest or engage in quiet activities in a program where children are in care for less than four hours.
(b) During sleep, rest or quiet activities educators must ensure that children are easily accessible during an emergency.
(c) Restraints may not be used on sleeping children under any circumstances.
(d) The licensee must include, as part of the daily schedule, an extended period of sleep, rest or quiet activities for children in care for longer than four hours.
1. The length of the sleep, rest or quiet activity period must be appropriate to the needs of the children.
2. When children choose not to sleep or awaken early, they must be offered quiet activities for the remainder of the sleep or quiet activity period.
3. The licensee must:
a. minimize noise and disturbance;
b. provide a separate mat, cot, sofa, portacrib, playpen, bassinet or bed, and blanket for each child present at any time

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during the day;

c. provide sleeping materials that are individually marked and in good repair and clean; and

d. ensure safe and sanitary storage of blankets and bed linens.

4. Educators must ensure that:

a. there is a distance of at least two feet between each crib or cot, or there is a distance of at least three feet between children's faces while resting or napping;

b. there is appropriate space and adequate lighting for quiet activities for children who do not sleep;

c. there is adequate lighting to allow proper supervision.

(e) Programs serving infants must:

1. place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing;

2. nap infants in an individual crib, portacrib, playpen or bassinet;

3. ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas.

4. ensure that slats on cribs are no more than 2- 3/8 inches apart.

5. ensure that cribs, portacribs, playpens or bassinets used for sleeping infants under the age of 12 months do not contain pillows, comforters, stuffed animals or other soft, padded materials.

(14) Requirements for Evening Care. Educators providing evening care must comply with all applicable regulations regarding daytime care, including, but not limited to, staffing ratios, supervision of children, curriculum, nutrition, ventilation and lighting, and naptime regulations.

(15) Requirements for Overnight Care: Educators providing overnight care must comply with all applicable regulations for day time care, in addition to the following:

(a) for occasional overnight care:

1. The educator must remain on the same floor level as child care children during the overnight shift.

2. Each child must have an individual bed, crib, or cot, with bedding appropriate to the season and the child's age, that is maintained in a safe and sanitary condition.

3. The educator must remain awake until all the children, including all household members and/or visitors below the age of twelve years old, are asleep.

4. The educator must be readily available to respond to childhood issues at night, such as illness, night fears, toileting accidents, and requests for drinks.

(b) for regular overnight care:

1. The educator must comply with all of the requirements for occasional overnight care, and;

2. The educator must submit a written plan for approval to EEC and must receive EEC written approval prior to providing any regular

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overnight care. The written plan must include the following information:

a. plans to assist children with disabilities, including but not limited to cognitive or physical, who might require additional assistance in an evacuation;

b. the maximum overnight capacity being requested and the age range of children expected to be in care;

c. a floor plan, with designated exit routes, for the entire building where children are located, and the rooms used by children for sleeping;

d. a specific description of how an evacuation would occur when the maximum capacity of children and educators is present; and

e. any additional information as requested by the Department to determine the safety of children in care.

(16) Requirements for Pets.

. (a) If the licensee has pets in the program, they must be appropriate for the children in care. Before introducing a pet to the program, the licensee must consider the effect on the children's health and safety, including possible allergies, and notify parents in advance, or prior to the child's enrollment.

(b) Educators must closely supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals.

(c) If pets are kept in the program, the educator must:

1. ensure that animals, regardless of ownership, are free from disease and parasites and are licensed and/or vaccinated as prescribed by law;
2. not allow children to take part in the cleaning of the animal's cage;
3. keep litter boxes inaccessible to children;
4. ensure that pets are kept in a safe and sanitary manner.

(d) Children must not come into physical contact with reptiles. Reptiles in the program must be kept in accordance with Department of Public Health Guidelines.

(17) Additional Requirements for Family Child Care.

(a) Firearms. The licensee must keep firearms unloaded and either stored in a locked cabinet or equipped with a trigger lock and stored in a safe, secured place out of the reach of children. The licensee must store ammunition separately from firearms, either in a locked cabinet or a safe, secured place out of the reach of children.

(b) Plan for Potential Emergencies. In addition to the information required by 606 CMR 7.11(7)(f), above, the plan for potential emergencies must include the name and telephone number of a potential emergency caregiver who will be available to arrive at the child care home within ten minutes of being summoned to provide temporary child care in case of a medical emergency.

(c) Diaper Changing Surfaces. Diaper changing surfaces must be covered by either a disposable covering, a covering that is washed and disinfected after every

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use, or a covering designated for an individual child.

(d) Overnight Care.

1. In addition to the provisions of the written plan for regular overnight care specified at 7.11(15)(b)2, above, family child care licensees must include:

a. the number and names of the adults in the household who would be available to assist in an evacuation, including the educator;

b. the number and names of household members and/or visitors who would need assistance in an emergency evacuation, including children, elderly, and disabled individuals;

c. a clear and specific description of the location of bedrooms used by household members, visitors, and the educator.

2. The educator must have adequate sleep to ensure alertness while caring for children. As provided at 606 CMR 7.09(7), no educator may regularly care for child care children more than twelve hours in any 24-hour period.

3. Whenever regular overnight care is provided for seven to ten child care children two educators must remain on the premises, one of whom must remain awake during the entire overnight shift.

4. Children in care shall not sleep in the same room with children of the opposite sex, without written parental permission.

7.12 Nutrition and Food Service. The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care.

(1) The licensee must design and implement a nutrition program that meets the U.S.D.A. guidelines for the nutritional and dietary needs and feeding requirements of each child, including those of children with disabilities.

(2) All educators must receive basic training in the following:

(a) in USDA recognized nutrition requirements for the healthy growth and development of children; and

(b) in food choking hazards.

(3) Educators must follow parents' or physicians' orders in the preparation and feeding of special diets to children.

(4) Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child.

(5) Vitamin Supplements.

(a) Educators must follow the direction of parents where the administration of

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over-the- counter vitamin supplements is required.

(b) All over-the-counter vitamin supplements must be provided by parents in the original manufacturer's packaging.

(c) Educators must not administer any vitamin supplement contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner.

(6) The licensee must have a method of providing nutritious meals and snacks to children whose parents fail to send meals and/or snacks from home.

(7) If the licensee provides meals and snacks for children:

(a) the nutrition program must serve a variety of nutritious foods;

(b) the licensee must ensure that snacks and meals are prepared and served in a safe and sanitary manner;

(c) the licensee must ensure that foods are not served to children beyond their recommended dates of use;

(d) the licensee must store all food in clean, covered containers;

(e) the licensee must properly wash and sanitize all bottles, eating utensils, drinking utensils, dishes, and preparation utensils after each use;

(f) the licensee must prepare and make available to parents on request written menus, including snacks, for each week;

(g) the licensee must keep previous menus on file for one year.

(8) The licensee must provide refrigeration and storage for food at not less than 32° F, nor more than 40° F for all food requiring refrigeration. Meals and snacks provided by parents must be stored safely. Thermometers verifying temperatures must be maintained in all refrigerators.

(9) Eating and drinking utensils must be free from defects, cracks and chips and appropriate to the ages and needs of the children, including children with disabilities. Disposable cups and plates may be used. If plastic utensils are used, they must be heavy-duty and if reused, must be designed for this purpose and dishwasher safe.

(10) Meal schedules must be appropriate to the ages of the children served.

(a) In programs serving infants and toddlers:

1. A current feeding schedule must be maintained, documenting use of either breast milk or formula, if applicable, new foods introduced, food intolerances and preferences, voiding patterns, and observations related to developmental changes in feeding and nutrition.

2. Infants and toddlers must be fed according to their individual feeding schedules or needs.

3. Infants must be held while fed a bottle.

(b) In programs serving preschool and school age children:

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1. The licensee must provide regular, nutritious snacks for children in care for less than four hours;
2. The licensee must schedule meals, in addition to snacks, for children in care four hours or longer;
3. The licensee must offer a nutritious substitute to a child who misses a meal or snack due to deviations from his regular schedule (such as arriving late or leaving early).
4. Children must be allowed to participate in menu planning in an age-appropriate manner.

(11) During meal and snack times educators must:
(a) be present interacting with and assisting children;
(b) allow children to eat at a reasonable, leisurely rate;
(c) encourage children to serve themselves, when appropriate;
(d) ensure that each child receives an adequate amount and variety of food;
(e) help children with disabilities to participate in meal and snack times with their peers;
(f) encourage children to eat a well-balanced diet;
(g) offer alternative activities for children who have finished their snack or meal.

(12) Educators must dispose of, or return to the parent, milk, formula or food unfinished by a child, as directed by the parent.

(13) The licensee must provide a source of sanitary drinking water located in or convenient to rooms occupied by children.

(14) Educators must offer water to children at frequent intervals and upon request by children.

7.13 Transportation. The following requirements apply to all programs, including family child care, small group and school age and large group and school age child care.

(1) Written Plan for Transportation. The licensee must have a written plan for the safety and supervision of all children during transport. The plan must describe how children are transported to and from the program, in an emergency, and on field trips. The plan must also address the safety and supervision of children who walk and who arrive by public transportation. The plan must include any special arrangements for children with disabilities.

(2) The licensee must have written parental consent for each child's individual transportation plan.

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(3) Whenever the licensee provides or contracts for transportation for children, the licensee must:

(a) establish policies and procedures that are intended to keep children safe during transport. The policies and procedures must specify:

1. the name and telephone number of the transportation coordinator for the program;
2. the names and telephone numbers of contact persons during transportation times;
3. how transportation is provided,
4. whether transportation is provided by the licensee or a sub-contractor of the licensee. If transportation is provided by a subcontractor, the identity of the subcontractor;
5. who is responsible for the supervision of children while being transported, prior to their arrival at the program;
6. how the driver and/or monitor will respond to disruptive behavior, including children unbuckling seat belts or refusing to remain seated;
7. how the driver and/or monitor will respond to a medical emergency;
8. the system of communication available to the driver;
9. the actions the driver and/or monitor must take if the child is not present at the pick-up location, or if the parent or approved adult is not present to receive the child at drop-off;
10. the actions the driver and/or monitor must take if the vehicle becomes disabled;
11. to whom and by whom any moving violation or accident that occurs while children are being transported must be reported.

(b) ensure compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Whenever possible, children with disabilities should be transported in the same vehicles used to transport other children;

(c) append a copy of the current contract between the transportation provider and the licensee to the program's transportation plan, if transportation is provided by a subcontractor. The contract must include provisions for the transportation company to notify the licensee of any accidents, vehicle breakdowns, and moving violations that are cited while children are being transported.

(d) make a copy of the transportation policies and procedures available to educators, drivers, monitors and parents on request.

(4) Vehicle and Driver Requirements. Whenever transportation is provided or contracted by the licensee the licensee must ensure that:

(a) any vehicle used for transportation of more than eight passengers at any one time and the driver thereof conform to Massachusetts school bus requirements as contained in the pertinent sections of M.G.L. c. 90 and 540 CMR 7.00 (Minimum Standards for Construction and Equipment of School Buses);

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(b) any program-owned, private or hired vehicles such as sedans, vans, or station wagons used for the transportation of eight or fewer passengers, at any one time, and the driver thereof, conform to requirements as contained in M.G.L. c. 90, § 7(D), as applicable;
(c) any and all vehicles used for transportation of children are registered and inspected in accordance with the laws of the state;
(d) the operator of any vehicle transporting children is licensed in accordance with the laws of the state;
(e) the driver and any other attendants on the vehicle have received an orientation to the transportation plan;
(f) at least one person on each vehicle is currently certified in first aid and CPR;
(g) the driver of the vehicle is alert and is not distracted by telephone, radio or other communications;
(h) one particular driver is regularly assigned to each route;
(i) there is a plan for the use of substitute drivers when the regularly assigned driver is unavailable;
(j) the driver of the vehicle takes attendance before and after each trip and conducts a complete vehicle inspection after every trip to ensure that children are not left alone in a vehicle at any time;
(k) there is no smoking in the vehicle when children are present, and that if smoking has occurred in the vehicle it is properly ventilated prior to use by children.

(5) Insurance. Any vehicle used to transport children, whether owned by the program, an educator or by a parent who is transporting children other than his own, must have the following minimum amounts of liability insurance:
(a) Injury per person: $100,000;
(b) Injury per accident: $300,000;
(c) Property damage: $5,000.

(6) Transportation Safety
(a) The licensee must not allow the number of children riding in a program-owned, educator's, or parent's vehicle, used to transport children while they are in care, or a vehicle hired for a program-related activity to exceed the number of seats therein at any time. All children must be seated when the vehicle is in operation.
(b) Suitable car seats, safety carriers, restraints or seat belts must be provided for and used by each child, driver and attendant in all vehicles containing fewer than sixteen passenger seats. All car restraints must meet the U.S. Department of Transportation Federal Motor Vehicle Safety Standards guidelines and must be crash tested and child approved.
(c) Children younger than 12 years old must not be transported in the front seat of a vehicle if the vehicle is equipped with airbags.

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(d) When more than eight children are being transported, an attendant other than the driver is required.
(e) Children's emergency contact information must be carried in the vehicle whenever children are present.
(f) Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children.
(g) The licensee must identify and communicate to the driver of the vehicle any information that may assist him/her in transporting a child, including, but not limited to, any medical or behavioral problems.
(h) The driver of the vehicle must release children only to persons known or identified to the driver and authorized by the parent(s) in writing to receive the child.
(i) Children must not be regularly transported for periods longer than 45 minutes one way between their home or school and the program.
(j) A first aid kit, seat belt cutter and emergency numbers for the children must be easily available in all vehicles.
(k) A working mechanism for making emergency telephone calls must be available on each vehicle during transport.
(l) The licensee must ensure that every accident involving a program-owned or operated vehicle providing transportation services is reported in accordance with applicable accident reporting laws and requirements.

7.14 Applicability and Effective Date of 606 CMR 7.00

(1) Obligation to Comply. 606 CMR 7.00 reflects basic standards for the provision of non-residential child care services to children outside their own homes. Licensure or Approval by the Department of Early Education and Care shall not relieve programs of their obligation to comply with any other applicable state or federal statutory or regulatory requirements or requirements set forth in their contracts with state agencies. Whenever possible, these other statutory, regulatory and contractual requirements shall be construed in a manner that is consistent with 606 CMR 7.00.

(2) Severability. If any provision contained in 606 CMR 7.00 or the application thereof is held invalid to any person or circumstances the remainder of 606 CMR 7.00 and the application of the provision in question to other persons not similarly situated, or to other circumstances, shall not be affected thereby.

(3) Effective Date. The effective date of 606 CMR 7.00 shall be the date of publication by the Secretary of the Commonwealth.

(4) Prior Licenses. Any license or approval issued under the provisions of 102 CMR 7.00 or 8.00 that is in effect immediately prior to the effective date of 606 CMR 7.00 shall,

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notwithstanding its expiration date, remain in effect, unless suspended or revoked, until a new license or approval is issued or expressly refused or revoked under 606 CMR 7.00.

REGULATORY AUTHORITY
606 CMR 7.00: M.G.L. c. 15D

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