



Safety Plan Guidelines

Commonwealth of Massachusetts
Executive Office of Health & Human Services
Department of Developmental Services (DDS)
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Introduction

The Department of Developmental Services (DDS) requires provider agencies to develop and maintain a written Safety Plan for each service site where evacuation procedures are necessary. This revised manual updates the Safety Plan requirements to align with the current regulations under 115 CMR 7, replacing outdated guidance and ensuring that safety planning reflects modern service models and life-safety practices. It also provides detailed instructions for completing the Safety Plan (Appendix A).

At a minimum, Safety Plans must accurately address each individual's unique needs and capabilities as is relevant to evacuation, staffing details to support evacuation, environmental features or necessary environmental adaptations, as well as clear procedures.

General Filing Requirements

Provider agencies are required to file a written Safety Plan for each service site where eligible supports are provided. A separate plan must be submitted for each physical location where the following DDS-funded service types are delivered:

1. Residential Supports

- 24-Hour Residential Group Homes (including, ALTR, State Operated, and ABI/MFP)
- Shared Living Services (including ABI/MFP)
- Site-Based Respite Services
- Less than 24 hour Supports (3798): Safety Plan is required when 15 or more hours/week are provided to an individual not living in their family's home

2. Day Supports (this is only applicable to services delivered at a DDS-approved site. Sub-locations and mobile CBDS services do not require a Safety Plan.)

- Employment Support Services (site-based)
- Community-Based Day Supports (CBDS, site-based)

Filing and Approval Process

1. Initial Filing and Approval Process:

A completed Safety Plan, which includes the required Provider Assurance section, signed by Executive Director or designee, must be submitted to the DDS Area Director or designee for approval *before services begin* at any site requiring a plan. The plan must be reviewed and approved before occupancy or service delivery begins, and overseen in accordance with the following:



2. Designated Approving Authority:

The DDS Area Director (or Director's designee) for the Area Office that holds the contract or serves the geographic area in which the site is located is responsible for reviewing and approving all Safety Plans.

3. Guidance on Sites Involving Multiple Area Offices:

If a site includes individuals supported by more than one DDS Area Office, the approving Area Director is responsible for obtaining input and approval from the other involved Area Directors to ensure that the needs of all individuals are appropriately considered. In situations where there is uncertainty regarding which office holds primary responsibility, the involved Area and Regional Offices (if more than one Region is affected) should collaborate to determine the appropriate lead for approval.

4. Refiling and Revisions Processes:

Providers must file updated Safety Plans which include the required Provider Assurance section signed by Executive Director or designee at least once every two years for each site.

Additionally, providers must submit a revised Safety Plan within 60 days of any of the following changes:

- A change in the provider agency responsible for services at the site
- A change in the type or level of supports and services provided at the location (e.g., IHS hours increase to 15 or more hours)
- A permanent change in the location where support and services are delivered
- Changes related to the individuals supported at the site that impact evacuation planning, including but not limited to:
 - A change in an individual's ability to evacuate
 - A change in bedroom location (e.g., moving from the second floor to the first floor)
 - Changes in the composition or number of individuals at a site

5. Oversight and Determination of Efficacy:

If at any time the Department makes the determination that the current Safety Plan is no longer effective, it may request the provider to make revisions.

Site Specific Fire Drill Requirements

Procedures for the safe evacuation of individuals, in accordance with the Safe Evacuation Standard (115 CMR 7.06(3)(b)6), must reflect the regulatory requirements for each service type, as follows:

1. 24-Hour Residential Group Homes including ALTR, State Operated, and ABI/MFP:



Safe evacuation means all individuals can exit the home within 2½ minutes, with or without assistance, without relying on staff who have already exited to re-enter, and in accordance with professionally accepted fire safety evacuation procedures.

Evacuation timing begins at the moment the alarm is activated and ends when the last individual has crossed the threshold of the designated egress.

In accordance with 115 CMR 7.06(3)(b)7(a), all residential providers (excluding placement services) must:

- Conduct quarterly fire drills at each site; at least two of these drills per year must occur at night when individuals are in bed and asleep
- At least two drills must be completed annually, one during daytime hours and one overnight, and each drill must simulate a blocked primary egress, requiring staff to evacuate using the secondary exit within required timelines
- Maintain records for each drill that include:
 - Evacuation times
 - Type of assistance provided to each individual, if applicable
 - A brief assessment of any challenges encountered, and, if fire drill was not completed within the required time, corrective actions taken or needed

If a provider determines that fire drills be conducted at a frequency greater than the minimum required, the provider must follow the fire drill frequency outlined in the safety plan.

2. Site Based Respite Services:

Safe evacuation means all individuals can exit the home within 2½ minutes, with or without assistance, without relying on staff who have already exited to re-enter, and in accordance with professionally accepted fire safety evacuation procedures.

Evacuation timing begins at the moment the alarm is activated and ends when the last individual has crossed the threshold of the designated egress.

Providers of site-based respite services must:

- Ensure that staff conduct regular simulated fire drills to test the effectiveness of the Emergency Evacuation Safety Plan
 - Drills must test staff knowledge of their roles within the evacuation plan, the environment, and proficient use of adaptive equipment, as well as their ability to evacuate all individuals within 2½ minutes
 - As site-based respite homes serve a changing mix of individuals, it is not expected that individuals temporarily staying at the home will participate in fire drills; however, during each individual's stay at the respite home, staff are required to periodically review evacuation procedures with each individual



- Simulated drills, if used, must be designed to reflect realistic conditions, to account for different procedures at different times of day and night or for unexpected circumstances such as blocked egress routes, and to provide assistance to individuals with varying support needs (e.g., independent evacuation vs. full assistance)
- Documentation of these simulated drills must be maintained and will be used as one factor in determining the adequacy of staffing under 115 CMR 7.05(7)(d)

Site-based respite services are short-term and temporary supports designed to provide relief to families or emergency stabilization. Since the composition of these site-based respite services changes frequently, providers are not expected to complete formal individual evacuation assessments in advance. Instead, safety planning for an individual in respite emphasizes environmental safeguards, staffing coverage, and staff preparedness. Providers must ensure that intake procedures utilize available information about an individual's anticipated evacuation abilities (e.g., mobility needs, adaptive equipment, behavioral supports) so that staffing and evacuation strategies can be adjusted accordingly.

3. Shared Living Services and Individual Home Supports (<24 hours):

Fire drills are not required for shared living services or individual home supports. However, the provider must document and describe what assurances are in place to demonstrate that the Safety Plan is effective, including but not limited to:

- Staff training in the evacuation plan and individual needs
- Review of evacuation procedures with the individual and household members
- Confirmation that emergency contacts, equipment, and supports are available and functional
- Any other practices the provider uses

4. Community Based Day Services and Site-Based Employment Services:

Safe evacuation means all individuals can evacuate in a safe, orderly, and timely manner, with staff assigned to individuals requiring assistance. Evacuation timing begins at the moment the alarm is activated and ends when the last individual has crossed the threshold of the designated egress. While there is no specific statewide evacuation time requirement, each provider must establish a site-specific expected evacuation time based on factors such as, physical layout of the site, number of individuals supported, level of staff support, and past evacuation drill performance.

In accordance with 115 CMR 7.06(3)(b)7(b), providers of day and employment supports must:



- Conduct at least two fire drills annually
- Maintain the same documentation as residential services including:
 - Evacuation times
 - Type of assistance provided to each individual, if applicable
 - Assessment of performance

5. Deviation from Minimum Fire Drill Requirements (115 CMR 7.06(3)(b)7(c)):

The minimum fire drill requirements outlined above must be followed at all times. No deviations are permitted unless the provider has submitted alternative assurances within the Safety Plan, and the DDS Area Director has reviewed and approved those assurances in writing. Approved alternatives must be attached to the Safety Plan and available for DDS review.

Fire Drill Implementation Requirements

For those sites where Fire Drills are required, Fire Drills must include the following:

1. Time of Day Considerations:

Drills must be designed to account for actual staffing conditions and individual needs at the time of day of the drill.

- For awake-hour drills in settings where individuals use wheelchairs:
 - At least one drill per year must occur when individuals are not seated in wheelchairs (e.g., in recliners or on couches), reflecting realistic transfer needs.
 - The drill should reflect realistic transfer and assistance needs
- Nighttime drills must occur under typical overnight conditions, including actual staff coverage and response expectations

2. Alarm Considerations:

Use of Actual Alarm (preferred standard): Whenever feasible, use of the building's actual fire alarm must be activated as using the true alarm helps individuals recognize the signal and simulate a response under real conditions.

When sounding the alarm is *not* feasible, such as if the provider does not control the alarm system or shares space with others (e.g., office buildings, commercial spaces, multi-tenant apartments):

- Use an alternative alarm cue similar to the building's system
- Ensure the alternative is used at the same volume, pitch, or sensory intensity that the individual will encounter during an actual alarm



- Document the reason the building alarm cannot be activated and the alternative method used for the fire drill
- Participate in building-wide drills whenever management makes them available

3. Staff Access to Keys:

Staff must have immediate access to the keys for all locked bedrooms to ensure timely evacuation during an emergency. Key location must be in close proximity to the bedrooms, accessible to all on-duty staff, and the key location clearly documented in the Safety Plan.

4. Documentation Requirements:

For every Fire Drill, the following must be documented:

- Date and time of drill
- Total evacuation time
- Responsible Staff Roles
 - Staff role responsible for conducting drills
 - Staff role responsible for participating in drill
- Name of each individual and identified support level, including documentation of:
 - Type of assistance needed (e.g., verbal prompts, physical assistance, full assistance)
 - Any equipment used (e.g., gait belts, wheelchairs, evacu-chairs)
 - Any individual challenges encountered
 - Response to Delays or Failures
- Steps taken when drills exceed required or expected times
- Follow-up drill procedures
- When plan updates are required

5. Simulated Fire Drills:

Simulated fire drills may be utilized to allow for providers to fully assess staffing capacity and the effectiveness of evacuation procedures when one or more individuals cannot safely or reasonably participate in a drill. Simulated drills must still allow the provider to demonstrate compliance with required evacuation times (e.g., 2½ minutes for residential services, unless an approved waiver exists). The goal is to confirm that staff can evacuate all individuals—using the supports, equipment, and staffing patterns identified in the Safety Plan—within the required timeframe. Mixed-participation drills may also occur when one individual is unable to participate but



others participate normally, and staff simulate evacuation procedures for the individual who cannot participate

Simulation may be used for one individual, several individuals, or all individuals, when any of the following apply:

- Medical or clinical conditions make participation unsafe (e.g., medically fragile, post-surgery, injury recovery, hospice care)
- The individual has a significant trauma response or sensory intolerance, and exposure to the drill or alarm cue would be harmful
- The individual requires total physical assistance, and the purpose of the drill is to test staff response (e.g., transfer technique, two-person assist, equipment use) rather than the person's independent ability
- The individual is unwilling or unable to participate, and compelling participation would require physical intervention or escalate risk

Requirements for simulated drills include:

- Simulated drills must occur at the same frequency as required fire drills (e.g., quarterly residential, semiannual day/employment)
- A staff member must act in place of the individual and perform all evacuation steps that would occur in an actual emergency
- All supports, equipment, and adaptive devices identified in the Safety Plan must be used, including lifts, evacu-chairs, gait belts, ramps, or other required equipment
- Evacuation time must reflect the total process, including transfers, equipment set-up, and assistance required
- The Safety Plan must clearly document when a simulated drill is used, including:
 - Identifying any individual for whom simulation may be used and why the simulation is needed
 - Whether the need for simulation is temporary or ongoing
 - The exact simulation procedure, including equipment, staff roles, and evacuation steps
 - Plan for reassessment, including whether simulation is required based on an anticipated temporary or long-term need, and plan to ensure staffing adequacy

If simulation becomes a long-term or permanent need, or if simulation was not previously required but is now determined to be necessary for an individual, the Safety Plan must be revised and submitted to the DDS Area Director for review and approval.



Providers remain responsible for demonstrating that all individuals can be safely evacuated in an actual emergency, whether through participation or simulation.

Additional Requirements for Individuals with Mobility Impairments in High-Rise Apartment Buildings

For the purposes of this guidance, a High-Rise Apartment Building is defined under 780 CMR (Massachusetts State Building Code) as a building with its highest occupied floor more than 70 feet above the grade plane (typically 6 stories or higher).

Documentation must confirm that fire drills and practice activities were conducted in accordance with the building's Emergency Action Plan (EAP) and reflect the procedures required for the specific apartment unit and the individual's identified evacuation and support needs.

1. Required Coordination with Building Management and Fire Department:

- When individuals with mobility impairments reside in a high-rise building, the provider must work with the building owner/management, who is responsible for developing and maintaining the building's Emergency Action Plan (EAP)
- The EAP must identify and document all occupants requiring assistance and be reviewed by the local fire department

2. Provider Responsibilities:

- The provider must notify building management when an individual requiring evacuation assistance moves into a unit
- The provider must also inform building management whenever the individual's needs change (e.g., mobility decline, new equipment, staffing requirements) so management can update the EAP accordingly
- The provider must obtain and maintain documentation of the building's official EAP and fire safety procedures, including:
 - Areas of Refuge
 - Assisted evacuation procedures
 - Alarm, communication, and notification systems
 - Any approved defend-in-place, unit-based, or stairwell-wait procedures
- The provider must obtain an updated copy of the building's EAP at least every two (2) years, consistent with the DDS Safety Plan renewal cycle, or sooner if:
 - The building's plan changes
 - The individual's needs change
 - The building management notifies the provider of an update



- The Provider's DDS Safety Plan must incorporate the building's specific evacuation procedures for that unit and the individual's unique support needs, including:
 - The expected evacuation or shelter-in-place approach
 - The designated route, stairwell, or Area of Refuge
 - Required communication steps
 - Staff responsibilities
 - Any specialized equipment or supports

3. Staff Training and Drill Requirements:

Fire Drills and Evacuation Drills must include:

- Practice moving individuals to Areas of Refuge identified in the building's plan
- Any use of two-way communication systems (e.g., call boxes in stairwells)
- Practice implementation of any building-specific defend-in-place procedures, if applicable, as approved and in part of the building's Emergency Action Plan (EAP)

Individual Assessments within the Development of a Safety Plan

In many cases, assessment of individual needs must be conducted and integrated within the Safety Plan. Individual assessments may help to:

- Evaluate an individual's ability to recognize and respond to emergencies
- Determine an individual's capacity to evacuate independently or with support
- Identify environmental or staffing supports needed to ensure the individual's safe evacuation

1. When to Conduct an Individualized Assessment:

Assessment of an individual's needs as relating to the Safety Plan must be conducted and updated at the time of:

- An ISP meeting
- A change in the individual's health, behavior, mobility, or cognition
- After a failed or delayed evacuation during a drill or actual emergency
- When the individual moves to a new location

2. Identifying Individual Considerations and Needs:

Based on the assessment, the provider must determine what supports are required for an individual's safe evacuation. The following must be considered:



- Individual Specific Factors
 - Medical conditions that could slow evacuation (e.g., seizures, cardiac issues)
 - Need for physical or transfer assistance
 - Sensory needs or considerations (vision/hearing)
 - Impact of medication on alertness or mobility
 - Cognitive abilities, including if the individual is able to follow emergency procedures and directions, communication needs, and capacity for learning emergency procedures
 - Social or behavioral considerations, including an individual's level of cooperation, emotional response (anxiety, distress, disorientation), or relevant trauma history
 - Individualized need for preparation, practice, and training or other desensitization or exposure treatment
- Supports, Equipment, and Environmental Modifications
 - Assessed need for current, or new, tools like bed shakers, strobe lights, auditory alerts, or other adaptive equipment
 - Environmental modification considerations, such as relocating bedrooms, ramp installation
- Staff Training
 - Assessment of the effectiveness of current supports, level and type of staffing assistance required, potential staff training needs to address individualized evacuation needs

In addition to consideration of factors noted above, to comprehensively evaluate an individual's needs as part of the Safety Plan assessment, staff should consider the following questions:

- Can the individual recognize fire or other emergencies?
- Can they independently alert others or call 911?
- Can they use both main and alternate exits? If only one exit has a ramp, what is the evacuation plan for individuals with mobility impairments?
- Can they respond to alarms when awake and when asleep?
- Do they require verbal prompts, physical prompts, or full assistance?
- Can the individual recognize danger or an emergency alarm?
- Can the individual respond appropriately to emergency situations?
- Can the individual evacuate within 2 ½ minutes in residential settings or within a timely manner in day/work programs?
 - If yes, what supports (if any) are necessary or helpful?



- If no, what are the limitations (e.g., health, mobility, cognitive ability, behavior) and what supports are necessary to help the individual safely evacuate?

In order to fully and accurately answer these questions and identify any other relevant individual needs, teams should use data and information from various sources, including:

- Observations during drills or past emergency responses
- Available clinical assessments, as relevant (e.g., occupational therapy assessments that identify mobility concerns)
- Input from staff and family

Responding to Evacuation Failures

When a Fire Drill is unsuccessfully completed, the following remediation steps are required:

If failure is due to evacuation taking longer than 2 ½ minutes for residential services or the site-specific evacuation time identified for CBDS or day programming:

- Conduct a follow-up drill within 24 to 48 hours for residential services, or as soon as feasible for CBDS or day programming services
- If follow-up drill is successfully completed within evacuation timeframe, then no further action is required

If failure persists (either in drill completion time or for any other reason), then provider must notify the area office immediately and one of the following actions must be taken:

1. Verbal Plan for Resolution may be appropriate when the issue is newly observed and may be temporary
 - Notify the Area Office and outline how the issue will be reassessed (e.g., repeated drill, staff coaching, short-term behavioral strategy)
2. Addendum to Safety Plan may be used when the evacuation issue is expected to be temporary but requires short-term intervention (e.g., teaching program or environmental adjustment)
 - Submit addendum plan to the Area Office
3. Revised Safety Plan must be established if the delay reflects a long-term or permanent change in an individual's abilities or required supports (e.g., now needs physical prompting)
 - Must be filed and approved by the Area Office



While a provider is developing or implementing a remedial plan, it remains responsible for ensuring individuals can be evacuated within the identified time frame until another plan is approved.

Conditions for Waiver (24-hr Residential Services Only)

All individuals within residential supports must be evacuated within 2½ minutes, unless an approved waiver exists based on a Fire Safety Evaluation System (FSES) assessment. A waiver may be sought when:

1. A formal evaluation using the National Fire Protection Association's Fire Safety Evaluation System (FSES) has been conducted, and
2. The results show that the extended evacuation time remains within accepted fire safety standards, based on:
 - Physical adaptations of the site
 - Staffing patterns
 - Characteristics of the individuals in the home
 - Other relevant factors

The waiver must be formally approved by the Department. Until a waiver is formally approved, the provider must maintain sufficient staffing at all times to ensure evacuation of all individuals within 2½ minutes.



Appendices

The following appendices contain the instructions and DDS-approved forms for use in completing Safety Plans.



Appendix A: Safety Plan Document Instructions

This section outlines how to complete each component of the Safety Plan. Providers must complete each section as applicable based on service type and maintain documentation for review and approval by DDS.

Section 1: General Information

Provide accurate and up-to-date information regarding:

- Date of plan completion
- Full name of the provider agency
- Physical address of the service site
- Names of all individuals supported at this location
- Type of support provided (e.g., 24-Hour Residential, Shared Living, Day Services)
- Structure and type of building (e.g., ranch, apartment, office building)

Section 2: Environmental and Safety Standards

Check the applicable box(es) and complete required fields.

Floor plans ([Appendix E](#)) needs to be completed and include:

- All floors accessed by individuals
- All primary and secondary egresses (e.g., doors to grade, stairs, ramps, bulkheads, interior stairs)

Refer to Safety Plan Regulatory Applicability by DDS Service Type ([Appendix F](#)) to determine site requirements based on the site and service type.

Section 3: Environmental Requirement Alternatives (if applicable)

Complete only if requesting a variance under 115 CMR 7.07(7).

- Include the specific regulation
- The proposed alternative
- Rationale for why the standard is not necessary for this site
- How alternative meets or exceeds safety expectations
- Staff training and individual planning supporting the modification

All variances or waivers must be submitted to the Area Office for approval, according to guidance, and may not be implemented until approval is granted.

Note: Site-based respite providers are not eligible to request waivers. All site-based respite services must adhere to applicable environmental requirements without exception.

Section 4: Individual Abilities and Evacuation Needs



Attach a completed Individuals' Abilities and Evacuation Needs Chart ([Appendix D](#)) that includes all individuals supported and respective:

- Evacuation abilities
- Required staff supports
- Devices/equipment used

Include all individuals present, regardless of funding source (e.g., MA agencies, private pay, children in Shared Living).

Providers must align staffing, supports, and equipment with identified needs.

Respite Sites (if applicable)

Describe how Appendix D entries for respite individuals will be completed, reviewed, and implemented at time of admission.

Include:

- Documentation of evacuation abilities
- Anticipated support needs and adaptive devices
- Reference to how ISP/referral information is incorporated
- Confirmation that evacuation within the required timeframe is achievable

Section 5: Group Interactions and Dynamics

Describe interactions that may affect evacuation including:

- Positive effects (e.g., peer encouragement, buddy system)
- Barriers (e.g., aggression, blocking exits, distress during alarms)

List:

- Relevant behavior patterns
- Risks or supports related to group dynamics
- Strategies included in the safety plan to address them

For Respite Services (if applicable): This section is not completed; instead, describe how staffing, staff roles, and preparedness compensate for variable group composition.

Section 6: Procedures for Safe Evacuation

A. Staffing Ratios

Identify minimum staffing levels needed for safe evacuation.

For Residential 24-Hour, Respite and Shared Living Services Only:

- List minimum ratios for both awake and asleep hours
- Define overnight/asleep coverage expectations

B. Staffing Adjustments for Safe Evacuation

Describe how staffing will be adjusted when:



- For individuals requiring two-person assistance
 - identify times when two trained staff must be present
- For Staff Accompanying Individuals Off-Site
 - Explain how staffing coverage is reassessed before outings
- Inaccessible or Blocked Egress (e.g., by snow or fire)
 - Describe procedures for alternate routes and staff training

C. Evacuation Time

Enter the total time required to evacuate all individuals (from alarm to final exit).

If an approved FSES waiver is in place for the location, a copy of the waiver approval should be attached to safety plan.

D. Evacuation Procedures & Staff Roles

- Using information in Appendix D (Individual Abilities and Evacuation Needs), describe the overall order in which individuals will be evacuated.
- Identify staff responsibilities and assignments, including coordination of adaptive equipment as noted in Appendix D.
- Provide separate descriptions for awake and asleep hours.

Include descriptions of:

- The order of evacuation during awake and asleep hours
- Roles and responsibilities of each staff member
- How staff access bedroom keys quickly including location of keys
- How multi-staff coordination is communicated
- Expectations for relief and temporary staff
- How staff will access required equipment

E. Escape Routes

- Primary exit routes
 - Secondary routes if primary pathways are blocked
 - Equipment and training required for alternate routes
- Secondary Escape Routes
 - Identify alternate exit(s) if the primary route is blocked
 - Confirmation that escape routes to grade have been tested and are accessible
 - Describe the plan for using alternate routes, including:
 - Staff training for complex evacuations (e.g., stairwells, evacu-chair use)
 - Equipment needs for alternate routes
 - Considerations for two-person assists, longer evacuation time, or safety risks

F. Central Meeting Location

Identify the location of the central meeting place



Section 7: Fire Drills

Describe the site's fire drill procedures, including:

- Drill Frequency
 - Enter the required frequency for the service type
 - Note if drills exceed the minimum frequency with rationale
- Use of Simulated Drills (If Applicable)
 - Identify individual(s) for whom simulation will be used and why the simulation is needed
 - Whether the need for simulation is temporary or ongoing
 - The exact simulation procedure, including equipment, staff roles, and evacuation steps
 - Plan for reassessment, including whether simulation is required based on an anticipated temporary or long-term need, and plan to ensure staffing adequacy

Section 8: Emergency Notification Procedures (All Service Types)

List steps and staff responsibilities relating to:

- Notifying fire/emergency services
- Alerting on-call staff or supervisor
- Contacting families and guardians
- Informing DDS Area Office

Section 9: Transportation and Temporary Resettlement

Describe:

- Immediate post-evacuation transportation plans
- Destination for temporary shelter
- Staff roles in supporting safe relocation

Section 10: Provision for Continuity of Services and Supports (for Residential Services)

Providers must describe how appropriate supports and services will be maintained for all individuals during the first 24 to 48 hours following an emergency, pending arrangements with the Department for either returning to the original site or relocating to another approved site.

Procedures must include:

- Procedures for Medication and Care Continuity: Providers must outline procedures to ensure uninterrupted access to essential medications, medical treatments, and personal care during and after an evacuation.



Section 11: Provider Assurance Form (PAF)

Must be signed by the provider Executive Director or designee, verifying that:

- All required safety features are in place and functional
- Staff (including relief staff) are trained in evacuation procedures
- Evacuation plans and documentation are complete and accessible
- Plan complies with 115 CMR 7.00

Note: A copy of the current safety plan and PAF must be available on site.



Appendix B: Residential Services Safety Plan

Date of Plan: [Click or tap to enter a date.](#)

Section 1: General Information

Agency: [Title]

Address: [Subject]

Names of Individuals:

[Click or tap here to enter text.](#)

Type of Residential Support: Choose Residential Support

Type of Residence: **Choose an item.**

Total number of floors in the home/building: [Click or tap here to enter text.](#)

Floor(s) the residence occupies: [Click or tap here to enter text.](#)

Floor(s) bedrooms are located on: [Click or tap here to enter text.](#)

Section 2: Environmental and Fire Safety Standards Checklist

Check the appropriate box(es) or complete where indicated. All safety features listed should be present and functional to meet requirements. (*refer to [Appendix F](#): Safety Plan Regulatory Applicability by DDS Service Type)

Required Fire Safety Equipment	Present	Notes
*Smoke detectors (per 780 CMR) – specify type	<input type="checkbox"/>	Click or tap here to enter text.
*Smoke detector(s) in each bedroom	<input type="checkbox"/>	Click or tap here to enter text.
CO detectors on all habitable levels (including basements/finished attics)	<input type="checkbox"/>	Click or tap here to enter text.
CO detectors within 10 feet of each bedroom (outside bedrooms)	<input type="checkbox"/>	Click or tap here to enter text.
*Fire extinguisher in kitchen (inspected and within valid service date)	<input type="checkbox"/>	Click or tap here to enter text.

Additional Safety Features	Present	Notes
Alarm system hard-wired to Fire Dept. or central monitoring station	<input type="checkbox"/>	Click or tap here to enter text.
Fire suppression (sprinkler) system	<input type="checkbox"/>	Click or tap here to enter text.
Emergency battery-operated lighting	<input type="checkbox"/>	Click or tap here to enter text.
Automatic door closers	<input type="checkbox"/>	Click or tap here to enter text.
Egress and Bedroom Door Safety Requirements	Met	Notes

At-grade floors: Two means of egress present	<input type="checkbox"/>	Click or tap here to enter text.
*Upper floors: One egress and one proven escape route to grade	<input type="checkbox"/>	Click or tap here to enter text.
No double-cylinder (keyed) locks on egress doors	<input type="checkbox"/>	Click or tap here to enter text.
*Bedrooms providing access to egresses have no locks on doors	<input type="checkbox"/>	Click or tap here to enter text.
Bedrooms for individuals with mobility impairments are located at grade level	<input type="checkbox"/>	Click or tap here to enter text.
Bedroom door locks (if present): Easily opened from the inside and staff have immediate key access	<input type="checkbox"/>	Click or tap here to enter text.
Smoking Safety Requirement	Met	Notes
Smoking is prohibited in all bedrooms	<input type="checkbox"/>	Click or tap here to enter text.
Staff do not smoke in the home	<input type="checkbox"/>	Click or tap here to enter text.
Non-combustible ashtrays provided in smoking areas	<input type="checkbox"/>	Click or tap here to enter text.
Smoking area designated (if applicable, indicate location)	<input type="checkbox"/>	Click or tap here to enter text.

Site Floor Plan Requirements

For **each** level of the home that is accessed by individuals please attach a floor plan provided in [Appendix E](#). Each floor plan must clearly mark all means of egress using the standardized codes listed below.

EGRESS TYPES	
a. Interior Stairs b. Elevator c. Door to Exterior Stairs to Grade d. Door directly to Grade	e. Accessible Ramp f. Basement Interior Stairs g. Basement Stairs to Grade (Bulkhead Type) h. Door to common hallway to egress(s) i. Other (describe)

Section 3: Environmental Requirement Alternatives (if applicable)

☐ **115 CMR 7.07(7): Environmental Requirements:** If selected, specify which environmental requirement:
[Click or tap here to enter text.](#)

Requirement	Response
Describe the proposed alternative	Click or tap here to enter text.
Explain why the existing standard is not necessary for this site	Click or tap here to enter text.
Demonstrate how the alternative meets or exceeds safety expectations/assurances	Click or tap here to enter text.

Requirement	Response
Demonstrate how staff training and individual planning support the modification	Click or tap here to enter text.

Section 4: Individual Abilities and Evacuation Needs

[Appendix D](#) – Individuals’ Abilities and Evacuation Needs Chart (Must Be Completed and Attached to Safety Plan)

Section 5: Group Interactions and Dynamic:

Are there any interactions between individuals being supported, or group dynamics, that could affect timely evacuation (positively or negatively)? ☐ **Yes** ☐ **No**

If yes, describe:

Positive influences and how these will be used in the evacuation plan:

Click or tap here to enter text.

Potential risks or challenges and strategies included in the evacuation plan to reduce these risks:

Click or tap here to enter text.

Section 6: Procedures for Safe Evacuation:

A. Staffing Ratios:

Minimum ratio of staff to individuals during awake hours: Click or tap here to enter text.

Minimum ratio of staff to individuals during asleep hours: Click or tap here to enter text.

Asleep hours are from: Click or tap here to enter text.

B. Staffing Adjustments for Safe Evacuation

Please respond to the following items to demonstrate how staffing plans support safe evacuation under varied circumstances:

1. Two-Person Support Needs

- Does any individual in the home require two-person physical assistance to evacuate?

☐ **Yes** ☐ **No**

If yes, describe how staff schedules ensure that two trained staff are always present when this individual is in the home:

Click or tap here to enter text.

- How does the provider ensure that no staff is left alone with individuals who cannot evacuate independently and require more than one staff to evacuate?

Click or tap here to enter text.

2. Staff Accompanying Individuals Off-Site

- Do staff regularly accompany individuals off-site (e.g., community outings, appointments)?

☐ Yes ☐ No

If yes, describe the process for ensuring adequate remaining staff coverage in the home to support evacuation:

Click or tap here to enter text.

3. Inaccessible or Blocked Egress

- Does the site have a plan for evacuating individuals if the primary exit is blocked?

☐ Yes ☐ No

Describe how staff are trained and assigned to support individuals using secondary or alternate egress routes:

Click or tap here to enter text.

- Are emergency drills conducted to practice blocked egress scenarios?

☐ Yes ☐ No

If no, explain why and when such drills will be implemented:

Click or tap here to enter text.

- Does the site have only one accessible egress route (e.g., single ramp or lift)?

☐ Yes ☐ No

If yes, describe how the evacuation plan and staffing schedule have been adapted to account for potential egress issues:

Click or tap here to enter text.

C. Evacuation Time

Total Evacuation Time Required: Click or tap here to enter text.

If extended time approved through FSES waiver, Providers must attach a copy of the approved waiver to this plan.

D. Evacuation Procedures

Sequence of Evacuation & Staff Responsibilities

Evacuation Plan – Awake Hours: Click or tap here to enter text.

Evacuation Plan – Asleep Hours: Click or tap here to enter text.

E. Escape Routes

Primary Escape Route(s):

Identify the exit(s) used first during an evacuation.

[Click or tap here to enter text.](#)

Secondary Escape Route(s):

Identify alternate exit(s) if the primary route is blocked. Describe the plan for using alternate routes, including:

- Staff training for complex evacuations (e.g., stairwells, evacu-chair use)
- Equipment needs for alternate routes
- Considerations for two-person assists, longer evacuation time, or safety risks

[Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

F. Central Meeting Location

Identify the location of the central meeting place: [Click or tap here to enter text.](#)

Section 7: Fire Drills:

Number of Awake Drills Conducted Annually: [Choose an item.](#)

Number of Asleep Drills Conducted Annually: [Choose an item.](#)

☐ **Deviation from Minimum Fire Drill Requirements 115 CMR 7.06(3)(b)7(c):** If selected, specify the proposed alternative assurances to the required minimum drill requirements: [Click or tap here to enter text.](#)

For Shared Living, Individual Home Supports, and Respite Services:

Describe what methods and assurances are in place to demonstrate that the safety plan is effective (ex. Use of mock drills): [Click or tap here to enter text.](#)

Simulated Fire Drills (if applicable): [Click or tap here to enter text.](#)

Section 8: Emergency Notification Procedures:

Are all staff and individuals, as applicable, aware of procedures for notifying police, fire, emergency personnel, and relevant “on-call” staff? ☐ **Yes** ☐ **No**

Protocol for Notifications:

Describe the protocol for notifying:

- “On-call” staff of the provider
- Families/guardians
- DDS Area Office

[Click or tap here to enter text.](#)

Section 9: Transportation and Temporary Resettlement

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Immediate Shelter

- What is the plan for providing immediate shelter during the emergency (e.g., neighbor's home, nearby provider site)?

Click or tap here to enter text.

Transportation

- How will people be transported to the new location in the event of temporary resettlement?

Click or tap here to enter text.

Section 10: Continuity of Services and Supports

If resettlement is required, describe how continuity of services and supports will be maintained within the first 24–48 hours after the emergency occurs, pending arrangements for return to the original site or relocation to another site.

Click or tap here to enter text.

Section 11: Provider Assurance

In accordance with 115 CMR 7.06(3)(c), the Provider must certify that this Safety Plan meets regulatory requirements.

By signing below, I certify under the pains and penalties of perjury that:

- ☐ This Safety Plan includes all required components under 115 CMR 7.06(3).
- ☐ This Safety Plan is designed for the safety of individuals requiring evacuation in an emergency, is implemented, and is periodically evaluated for effectiveness.
- ☐ All required fire safety equipment is functional (smoke detectors, alarms, adaptive equipment, sprinklers, emergency lighting, and back-up systems, if applicable).
- ☐ The following documentation is maintained and available for DDS review, including:
 - Fire Drill Logs
 - Safety Plan
 - Documentation that all staff (permanent, relief, per diem, and reassigned) have been trained in the plan, briefed on evacuation responsibilities for their shift, and trained in the use of any adaptive devices or equipment involved.

Provider Executive Director or Designee:

Signature: _____ Date: _____

Print Name & Title: _____

DDS Area Director or Designee:

Signature: _____ Date: _____

Print Name & Title: _____



Appendix C: CBDS/Employment Safety Plan

Date of Plan: **Click or tap to enter a date.**

Section 1: General Information

Agency: [Title]

Address: [Subject]

Number of individuals served at this site: **Click or tap here to enter text.**

Typical daily census (average number of individuals present per day): **Click or tap here to enter text.**

Type of services provided: **Choose an item.**

Structure and type of building: **Choose an item.**

Total number of floors in building: **Click or tap here to enter text.**

Floor(s) where supports are located: **Click or tap here to enter text.**

If supports are located on floors above or below grade, has a DDS variance approval been issued?

☐ Yes ☐ No ☐ Not Applicable

Section 2: Environmental and Fire Safety Standards Checklist

Check the appropriate box(es) or complete where indicated. All safety features listed should be present and functional to meet requirements. (*refer to [Appendix F: Safety Plan Regulatory Applicability by DDS Service Type](#))

Required Fire Safety Equipment	Present	Date
Annual Fire Inspection completed	<input type="checkbox"/>	Click or tap here to enter text.
Annual Sprinkler Inspection completed	<input type="checkbox"/>	Click or tap here to enter text.

Egress and Door Safety Requirements	Met	Notes
At-grade floors: Two means of egress present	<input type="checkbox"/>	Click or tap here to enter text.
*Floors above and or below grade (if used): Two means of egress to grade	<input type="checkbox"/>	Click or tap here to enter text.
No double-cylinder (keyed) locks on egress doors	<input type="checkbox"/>	Click or tap here to enter text.
Accessible egress provided per 521 CMR (at least one; two if required by building code/occupant load)	<input type="checkbox"/>	Click or tap here to enter text.

Site Floor Plan Requirements

For **each** level of the site that is accessed by individuals, please attach a floor plan provided in [Appendix E](#). Each plan must clearly mark all means of egress using the standardized codes listed below.

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Click or tap here to enter text. Click or tap here to enter text.

EGRESS TYPES	
j. Interior Stairs k. Elevator l. Door to Exterior Stairs to Grade m. Door directly to Grade	n. Accessible Ramp o. Basement Interior Stairs p. Basement Stairs to Grade (Bulkhead Type) q. Door to common hallway to egress(s) r. Other (describe)

Variance issued for upper/lower floors used for supports? ☐ Yes ☐ No

If yes, Date of Approval: [Click or tap here to enter text.](#)

Section 3: Environmental Requirement Alternatives (if applicable)

☐ **115 CMR 7.07(7): Environmental Requirements:** If selected, specify which environmental requirement: [Click or tap here to enter text.](#)

Requirement	Response
Describe the proposed alternative	Click or tap here to enter text.
Explain why the existing standard is not necessary for this site	Click or tap here to enter text.
Demonstrate how the alternative meets or exceeds safety expectations/assurances	Click or tap here to enter text.
Demonstrate how staff training and individual planning support the modification	Click or tap here to enter text.

Section 4: Individual Abilities and Evacuation Needs

[Appendix D](#) – Individuals’ Abilities and Evacuation Needs Chart (Must Be Completed and Attached to Safety Plan)

Section 5: Group Interactions and Dynamic:

Are there any interactions between individuals being supported, or group dynamics, that could affect timely evacuation (positively or negatively)? ☐ Yes ☐ No

If yes, describe:

Positive influences and how these will be used in the evacuation plan:

[Click or tap here to enter text.](#)

Potential risks or challenges and strategies included in the evacuation plan to reduce these risks:

[Click or tap here to enter text.](#)

Section 6: Procedures for Safe Evacuation:

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A. Staffing Ratios

Minimum ratio of staff to individuals: Click or tap here to enter text.

B. Staffing Adjustments for Safe Evacuation

Please respond to the following items to demonstrate how staffing plans support safe evacuation under varied circumstances:

1. Two-Person Support Needs

- Does any individual require two-person physical assistance to evacuate?
☐ **Yes** ☐ **No**
If yes, describe how staff schedules ensure that two trained staff are always present when this individual is present:
Click or tap here to enter text.
- How does the provider ensure that no staff is left alone with individuals who cannot evacuate independently and require more than one staff to evacuate?
Click or tap here to enter text.

2. Staff Accompanying Individuals Off-Site

- Do staff regularly accompany individuals off-site (e.g., community outings, job coaching)?
☐ **Yes** ☐ **No**
If yes, describe the process for ensuring adequate remaining staff coverage at the site to support evacuation:
Click or tap here to enter text.

3. Inaccessible or Blocked Egress

- Does the site have a plan for evacuating individuals if the primary exit is blocked?
☐ **Yes** ☐ **No**
Describe how staff are trained and assigned to support individuals using secondary or alternate egress routes:
Click or tap here to enter text.
- Are emergency drills conducted to simulate blocked egress scenarios?
☐ **Yes** ☐ **No**
If no, explain why and when such drills will be implemented:
Click or tap here to enter text.
- Does the site have only one accessible egress route (e.g., single ramp or lift)?
☐ **Yes** ☐ **No**
If yes, describe how the evacuation plan and staffing schedule have been adapted to account for potential egress issues:
Click or tap here to enter text.

C. Evacuation Time

Total Evacuation Time Required: Click or tap here to enter text.

D. Evacuation Procedures

Sequence of Evacuation & Staff Responsibilities

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Click or tap here to enter text. Click or tap here to enter text.

Evacuation Plan: Click or tap here to enter text.

E. Escape Routes

Primary Escape Route(s):

Identify the exit(s) used first during an evacuation.

Click or tap here to enter text.

Secondary Escape Route(s):

Identify alternate exit(s) if the primary route is blocked. Describe the plan for using alternate routes, including:

- Staff training for complex evacuations (e.g., stairwells, evacu-chair use)
 - Equipment needs for alternate routes
 - Considerations for two-person assists, longer evacuation time, or safety risks
- Click or tap here to enter text.

Click or tap here to enter text.

F. Central Meeting Location

Identify the location of the central meeting place: Click or tap here to enter text.

Section 7: Fire Drills:

Number of Drills Conducted Annually: Choose an item.

☐ **Deviation from Minimum Fire Drill Requirements 115 CMR 7.06(3)(b)7(c):** If selected, specify the proposed alternative assurances to the required minimum drill requirements: **Click or tap here to enter text.**

Simulated Fire Drills (if applicable): Click or tap here to enter text.

Section 8: Emergency Notification Procedures:

Are all staff and individuals, as applicable, aware of procedures for notifying police, fire, emergency personnel, and relevant “on-call” staff? ☐ **Yes** ☐ **No**

Protocol for Notifications:

Describe the protocol for notifying:

- “On-call” staff of the provider
- Families/guardians
- DDS Area Office

Click or tap here to enter text.

Section 9: Transportation and Temporary Resettlement

Immediate Shelter

- What is the plan for providing immediate shelter during the emergency?
- Click or tap here to enter text.

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Click or tap here to enter text. Click or tap here to enter text.

Temporary Resettlement

- If the emergency is serious enough to require temporary resettlement, what is the plan?
Click or tap here to enter text.

Transportation

- How will people be transported to the new location in the event of temporary resettlement?
Click or tap here to enter text.

Section 10: Not Applicable to Day Services

Section 11: Provider Assurance

In accordance with 115 CMR 7.06(3)(c), the Provider must certify that the Safety Plan meets regulatory requirements.

By signing below, I certify under the pains and penalties of perjury that:

- ☐ This safety plan includes all required components under 115 CMR 7.06(3).
- ☐ The Safety Plan is designed for the safety of individuals requiring evacuation in an emergency, is implemented, and is periodically evaluated for effectiveness.
- ☐ All required fire safety equipment is functional (smoke detectors, alarms, adaptive equipment, sprinklers, emergency lighting, and back-up systems, if applicable).
- ☐ The following documentation is maintained and available for DDS review, including:
 - Fire Drill Logs
 - Safety Plan
 - Documentation that all staff (permanent, relief, per diem, and reassigned) have been trained in the plan, briefed on evacuation responsibilities for their shift, and trained in the use of any adaptive devices or equipment involved.

Provider Executive Director or Designee:

Signature: _____ Date: _____

Print Name & Title: _____

DDS Area Director or Designee:

Signature: _____ Date: _____

Print Name & Title: _____



Appendix D: Individuals' Abilities and Evacuation Needs Chart

(Required Attachment to Safety Plan)

This chart is a required part of the Safety Plan and must be attached at submission.

Agency: Click or tap here to enter text.

Address: Click or tap here to enter text.

Individual's Name	Ability to Evacuate <i>(describe cognitive, mobility, health, social, or behavioral needs affecting evacuation)</i>	Staff Support Required	Describe the Support Provided <i>(explain staff actions, # of staff, special considerations)</i>	Devices Used <i>(wheelchair, walker, Hoyer lift, bed shaker, etc.)</i>
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.



Appendix E: Floor Plan

Appendix E: Types		
a. Interior Stairs	b. Door directly to Grade	c. Basement Stairs to Grade (Bulkhead Type)
d. Elevator	e. Accessible Ramp	f. Door to common hallway to egress(s)
g. Door to Exterior Stairs to Grade	h. Basement Interior Stairs	i. Other (describe)

Please attach a floor plan for each level of the site that is accessed by individuals. Each plan must clearly mark all means of egress using the standardized codes listed above.

Agency: **Click or tap here to enter text.** Address: **Click or tap here to enter text.** Floor: **Floor #**



Appendix F: Safety Plan Regulatory Applicability by DDS Service Type

Component	Regulatory Reference	24-Hour Residential (ALTR & ABI/MFP)	Site-Based Respite	Shared Living (incl. ABI/MFP)	Individual Home Supports (≥15 hrs/wk)	Site-Based CBDS/ Employment
1. General Information	115 CMR 7.06(3)(a)					
	Required	Required	Required (Leave Names of Individuals Blank)	Required	Required	Required
2. Environmental Standards and Fire Safety Standards	115 CMR 7.07 (a-i)					
	Two means of egress from floors at grade.	Required	Required	Apply only if provider owns/leases	Apply only if provider owns/leases	Required
	Accessible Egresses (per 521 CMR & 780 CMR):	Required only if the home is designated as accessible or occupied by an individual with mobility impairments. At least one accessible means of egress must be provided.	At least one accessible means of egress	Required only if the home is occupied by an individual with mobility impairments. At least one accessible means of egress must be provided.	Apply only if provider owns/leases when applicable	Required. At least one accessible means of egress from each accessible space; two required if building code requires two exits.
	One means of egress + one escape route to grade.	Required	Required	Apply only if provider owns/leases	Apply only if provider owns/leases	Required when applicable
	Double cylinder dead bolts requiring keys from inside are prohibited.	Required	Required	Apply only if provider owns/leases	Apply only if provider owns/leases	Required
	Vertical Chutes sealed	Required	Required	Apply only if provider owns/leases	Apply only if provider owns/leases	Not applicable

Component	Regulatory Reference	24-Hour Residential (ALTR & ABI/MFP)	Site-Based Respite	Shared Living (incl. ABI/MFP)	Individual Home Supports (≥15 hrs/wk)	Site-Based CBDS/ Employment
	No locks on Bedroom doors With Access to Egress:	Required	Required	Apply only if provider owns/leases	Apply only if provider owns/leases	Not applicable
	Bedroom Locks Staff carry/have immediate access to a key at all times.	Required	Required	Not applicable	Not applicable	Not applicable
	Bedrooms for Individuals with Mobility Impairments: floor at grade	Required	Required	Required	Apply only if provider owns/leases	Not applicable
	Fire Extinguishers	Required	Required	Apply only if provider owns/leases	Apply only if provider owns/leases	Not applicable
	All sites shall have smoke detectors as required by 780 CMR:	Interconnected Smoke Detectors:	Interconnected Smoke Detectors:	Interconnected or battery operated*	Apply only if provider owns/leases	Required
	Smoke Detectors in each bedroom	Required	Required	Required/If Applicable*	Apply only if provider owns/leases	Not applicable
	All sites shall have carbon monoxide detectors as required by 780 CMR	Required	Required	Required	Required	Required
3. Environmental Requirement Alternatives (if applicable)	115 CMR 7.07(8)					
	May request deviation (7.07(8))	May request deviation (7.07(8))	Not applicable	May request deviation (7.07(8))	May request deviation (7.07(8))	May request deviation (7.07(8))
4. Individual Abilities & Evacuation Needs	115 CMR 7.06(2); 7.06(3)(b)1,4					
	Derived from ISP; assessment required	Derived from ISP	Applicable	Derived from ISP	Derived from ISP	Derived from ISP

Component	Regulatory Reference	24-Hour Residential (ALTR & ABI/MFP)	Site-Based Respite	Shared Living (incl. ABI/MFP)	Individual Home Supports (≥15 hrs/wk)	Site-Based CBDS/ Employment
5. Group Interactions & Dynamics	115 CMR 7.06(3)(b)2					
	Provider analysis required	Required	Not Required	Required	Required	Required
6. Procedures for Safe Evacuation	115 CMR 7.06(3)(b)5–6 & 115 CMR 7.05(7)(b)2					
		Must evacuate within 2½ minutes without staff re-entry or within the timeframe specified in the approved FSES waiver.	Must evacuate within 2½ minutes without staff re-entry	Must evacuate within 2½ minutes without staff re-entry	Must evacuate within 2½ minutes	Evacuation within a reasonable timeframe; safe, orderly, timely with staff assigned
		Minimum staff-to-individual ratios for both awake and asleep Defined overnight/asleep coverage	Minimum staff-to-individual ratios for both awake and asleep Defined overnight/asleep coverage	Minimum staff-to-individual ratios for both awake and asleep Defined overnight/asleep coverage	Not applicable	Minimum staff to individual ratios
		Separate Plans for Awake and Asleep Hours	Separate Plans for Awake and Asleep Hours	Separate Plans for Awake and Asleep Hours	Not applicable	Not applicable
7. Fire Drill Implementation	115 CMR 7.06(3)(b)7 and 115 CMR 7.06(3)(b)7(c)					
		4 drills annually (≥2 at night when individuals asleep). May request deviation.	Staff must practice evacuation through mock drills.	Not applicable	Not applicable	2 drills annually. May request deviation.
	115 CMR 7.06(3)(b)8					

Component	Regulatory Reference	24-Hour Residential (ALTR & ABI/MFP)	Site-Based Respite	Shared Living (incl. ABI/MFP)	Individual Home Supports (≥15 hrs/wk)	Site-Based CBDS/ Employment
8. Emergency Notification Procedures	Procedures to notify fire, police, DDS, families	Required	Required	Required	Required	Required
9. Transportation & Temporary Resettlement	115 CMR 7.06(3)(b)9					
	Provider/Area Office collaboration required	Required	Required	Required	Individual/provider collaboration	Provider/Area Office collaboration
10. Continuity of Services & Supports	115 CMR 7.06(3)(b)10					
	Medication and care continuity; supports maintained 24–48 hrs pending relocation or return	Required	Required	Placement provider/Area Office collaboration	Individual/provider collaboration	Not Applicable
11. Provider Assurance Form	115 CMR 7.06(3)(c)					
	Required	Required	Required	Required	Required	Required

***Smoke Detectors in Bedrooms: Required only if the home was built, renovated, or had bedrooms added on/after Aug. 27, 1997 (per 780 CMR 3603.16)**

For Shared Living Homes (Not owned/Operated by agency):

*** Battery Operated Smoke Detectors:** If the home was constructed, a bedroom was added, or the existing fire protection system was upgraded on or after August 27, 1997, the fire protection system must comply with 3603.16.1 of the Sixth Edition of the Massachusetts State Building Code. If the fire protection system is newly installed, the provider must obtain verification that it has been approved by the Local Building Authority before an Approval to Occupy can be issued.