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**Child Care and Development Fund (CCDF) Plan
for**

State/Territory Massachusetts

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:34:15 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **The Department of Early Education & Care**
 - ii. Street Address: **50 Milk Street, 14th Floor**
 - iii. City: **Boston**
 - iv. State: **Massachusetts**
 - v. ZIP Code: **02109**
 - vi. Web Address for Lead Agency: **<https://www.mass.gov/orgs/department-of-early-education-and-care>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Amy**
 - ii. Lead Agency Official Last Name: **Kershaw**
 - iii. Title: **Commissioner**
 - iv. Phone Number: **617-988-6600**
 - v. Email Address: **Amy.Kershaw2@mass.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:

- i. CCDF Administrator First Name: **Tyreese**
- ii. CCDF Administrator Last Name: **Nicolas**
- iii. Title of the CCDF Administrator: **Deputy Commissioner Family Access & Engagement**
- iv. Phone Number: **617-988-7812**
- v. Email Address: **tyreese.nicolas3@mass.gov**
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name:
 - ii. CCDF Co-Administrator Last Name:
 - iii. Title of the CCDF Co-Administrator:
 - iv. Phone Number:
 - v. Email Address:
 - vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

- a. ☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. ☐ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:

- ii. Sliding-fee scale is set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
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CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[x]	[]	[x]	[x] Describe: The child protective service agency, Department of Children and Families (DCF), determines eligibility for child care financial assistance for families with an open DCF case through a closed referral process to the Child Care Resource and Referral agency or a contracted early education and care provider. DCF verifies identity, Massachusetts residency, and citizenship status for the child through the referral process. EEC

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					<p>waives income for DCF families as the closed referral is for the child only and is considered a household of 1 for child care eligibility. Because of this, income for the child is waived as most common income sources for a child such as SSI or child support , or cash assistance are not countable income sources when determining eligibility. The referral acts as an authorization for child care for a period of 12 months. The parent or caregiver must provide</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					<p>proof of identity of the parent/caregiver listed on the referral to the CCRR or contracted provider to complete the eligibility process. Once identity is verified the child care is authorized for a period of 12 months.</p> <p>Additionally, EEC purchases high-quality early education and out-of-school time care through contracted seats in center-based and family child care (FCC) programs. These organizations perform eligibility for these</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					contracted seats in their Center based programs or family child care homes. For Family child care homes, the family child care system is responsible for determining eligibility.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[x]	[]	[x]	[x] Describe: Center-based (CBC) programs and family child care (FCC) systems can help parents find child care with providers in their system or network. Also, EEC contracts with Mass 211, the state's 2-1-1 agency to deliver information and referral services and management of EEC statewide Child Care Financial Assistance waitlist throughout the Commonwealth with a primary focus on ensuring that all families have access to accurate and

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					meaningful consumer information, education, and referrals that meet their specific needs and assist families with selecting quality child care.
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Family child care (FCC) systems contracted through EEC issue payments directly to FCC educators/providers that participate in their system.
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

☒ Yes. If yes, describe: As outlined in EEC's written agreements, EEC and DCF will regularly share child care caseload data with EEC for analysis, caseload management, and coordination. CCRRs and contracted providers, whether a FCC system or center-based (CBC), as part of their contracts with EEC, agree to conduct eligibility determinations following our policies which include documents to submit, how to verify eligibility, and other processes to follow. EEC contracts with CCRRs and Mass 211 describe how they should assist in screening for waitlist eligibility, eligibility for child care financial assistance, helping families in finding child care and referring families to providers as well as the tool that they can use to pull information on child care availability. EEC contracts with CBC providers and FCC systems list that they can complete eligibility determinations for families that enroll in their programs, assist families in finding child care within their program networks or systems, and FCC systems are required to issue payment to their providers for child care services. Also, all contracts with Mass211, CCRRs, and contracted CBC providers and FCC systems outline expectations and tasks around a range of core service requirements for Family Services, Financial Assistance Services, Provider services and Community and State agency coordination that align with CCDF administration and implementation activities from eligibility services, consumer education, equal access, and program integrity.

EEC received a preliminary non-compliance for written agreements with DTA in accordance with 45 CFR 98.11(a)(3) on January 11, 2023. The Lead Agency does not have a written agreement for administrative and implementation responsibilities for CCDF undertaken by the Department of Transitional Assistance (DTA). Currently EEC's written agreement is primarily focused on TANF claiming and does not fully address CCDF responsibilities related directly to the full administration and implementation of CCDF. EEC is actively working through a complete overhaul of the written agreements with DTA and DCF to address all administrative and implementation responsibilities for CCDF. The revisions are being negotiated with DTA and DCF and EEC estimates updated executed new agreements by January 2025 that will address child care financial assistance desk reviews, random samplings of approved child care referrals as identified by EEC, cadence for regularly sharing case load data for analysis, caseload management and TANF and state funds claiming. In addition to all other administrative and implementation responsibilities. Though EEC only received a preliminary non-compliance for its written agreements with DTA, EEC is revising agreements with DTA and DCF collectively to ensure alignment in meeting the responsibilities of CCDF as it relates to the administrative and implementation of CCDF.

☐ No. If no, describe:

b. Schedule for completing tasks.

☒ Yes. If yes, describe: Caseload data will be shared biweekly for referral and caseload management for DTA and DCF and monthly for TANF claiming and other financial reporting. EEC meets monthly with the child protective service agency, DCF and TANF agency, DTA to address any policy, caseload and coordination issues. CCRRs and contracted providers including FCC systems are required to comply with timelines outlined in policy regarding eligibility determinations, issuing payments, reauthorization of eligibility, attendance, regular submission of KPIs, and monthly billing. EEC meets monthly with contracted CBC Providers and FCC systems and bi-

monthly with CCRRs. Additionally, EEC has regional family access specialist assigned regionally to provide contract and program management oversight and technical assistance to CCRRs and all contracted CBC providers and FCC systems.

EEC received a preliminary non-compliance on 1/11/23 for written agreements with DTA in accordance with 45 CFR 98.11(a)(3). The Lead Agency does not have a written agreement for administrative and implementation responsibilities for CCDF undertaken by Department of Transitional Assistance (DTA). Currently EEC's written agreement is primarily focused on TANF claiming and does not address fully CCDF responsibilities related directly to the full administration and implementation of CCDF. EEC is actively working through a complete overhaul of the written agreements with DTA and DCF to address all administrative and implementation responsibilities for CCDF. The revisions are being negotiated with DTA and DCF and EEC estimates updated executed new agreements by January 2025 that will address child care financial assistance desk reviews, random samplings of approved child care referrals as identified by EEC, cadence for regularly sharing case load data for analysis, caseload management and TANF and state funds claiming. Though EEC only received a preliminary non-compliance for DTA, EEC is revising agreements with DTA and DCF collectively to ensure alignment in meeting the responsibilities of CCDF as it relates to the administrative and implementation of CCDF.

☐ No. If no, describe:

- c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

☒ Yes. If yes, describe: EEC incurs the expenditures for all child care services, even for children who are referred for child care services by DCF and DTA. Children who are authorized for financial assistance are categorized by service need. On a monthly basis, EEC evaluates the expenditures of the previous month to determine the most appropriate funding stream for federal reimbursement or to keep the funding of the expenditures on state funded dollars. The written agreements between EEC, DTA, and DCF outline that any expenditure claimed against CCDF funding streams will not be used for other federal funding streams (prevention of "double dipping"). In addition, expenditures that are identified to be claimed by DCF or DTA directly through their Executive Office of Health and Human Services Federal Revenue Unit for federal reimbursement will not be claimed against CCDF funding streams. Contracted Center-based Care Providers and Family child care (FCC) systems receive a single contract for child care that allows them to fill contracted seats with children of any age regardless of program type. They also receive a Administrative management contract for the required administrative services that will be reimbursed based on a budget and on a monthly basis through a Monthly Expenditure Report (MER). Contracted CBC providers receive an annual obligation based on the seat award amount multiplied by 5% percent and FCC systems receive an annual obligation on the seat award amount multiplied by the service days and the System Admin rate for the respective region. Lastly, CCRRs must submit budgets monthly and budget amendments up to twice per year.

☐ No. If no, describe:

- d. Indicators or measures to assess performance of those agencies.

☒ Yes. If yes, describe: EEC will use caseload data to measure the number of child care referrals issued and the number of child care placements for each agency to assess performance. Our written agreements with contracted providers include indicators that must be submitted monthly and reviewed quarterly for progress.

EEC received a preliminary non-compliance on 1/11/23 for written agreements with DTA in accordance with 45 CFR 98.11(a)(3). The Lead Agency does not have a written agreement for administrative and implementation responsibilities for CCDF undertaken by Department of Transitional Assistance (DTA). Currently EEC's written agreement is primarily focused on TANF claiming and does not address fully CCDF responsibilities related directly to the full administration and implementation of CCDF. EEC is actively working through a complete overhaul of the written agreements with DTA and DCF to address all administrative and implementation responsibilities for CCDF. The revisions are being negotiated with DTA and DCF and EEC estimates updated executed new agreements by January 2025 that will address child care financial assistance desk reviews, key performance indicators, random samplings of approved child care referrals as identified by EEC, cadence for regularly sharing case load data for analysis, caseload management and TANF and state funds claiming. Though EEC only received a preliminary non-compliance for DTA EEC is revising agreements with DTA and DCF collectively to ensure alignment in meeting the responsibilities of CCDF as it relates to the administrative and implementation of CCDF.

[] No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **EEC monitoring is conducted using five (5) major components: 1. Identification of CCRRs and Contracted Providers (including CBC and FCC systems) 2. Provider Risk Assessment Analysis Review (PRAAR), 3. Development of the On-Site Monitoring Review Schedule, 4. On-Site Monitoring Review (OSMR) and 5. Corrective Actions.**

1. All federally funded CCRRs and contracted providers that are subject to monitoring by EEC are identified. The information is then generated in a report (OSMR Schedule - CCRR, Contract Provider Award Report) that identifies financial data and programs funded for the fiscal year.

2. Annually, a Provider Risk Assessment Analysis Review (PRAAR) is conducted using the CCRR and Contract Provider Award Report - OSMR Schedule for each CCRR and contracted provider funded by EEC. The PRAAR includes a review of the CCRR's or contracted provider's current internal control systems, financial systems, current and prior IPA & A-133 audits, prior EEC provider reviews, review of federal funds awarded, and the number of contracts awarded to the provider by EEC.

3. An On-Site Monitoring Review Schedule (OSMRS) is prepared each fiscal year by the Audit Unit Supervisor based on the PRAAR. OSMRS are assigned to Fiscal Monitoring Staff based on regions assigned. Assigned regions and providers are rotated at the discretion of the Audit Unit Supervisor. The schedule can be modified for special circumstances as they are brought to the attention of the Audit Unit Supervisor.

4. The OSMRS is performed and conducted by the Financial Management Supervisor (FMS) and/or the Audit Unit Supervisor.

5. A Corrective Action plan and Audit Resolution is put in place for all errors and improper payments and where necessary, recoupment of improper payments will be applied.

Additionally, through a collaborative monitoring approach EEC will provide contract and program management and technical assistance regionally to CCRRs and contracted providers.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

☒ Yes.

☐ No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

☒ Yes.

☐ No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **EEC holds a biweekly meeting with our Commonwealth Preschool Partnership Initiative grantees and we used part of the April 9, 2024 meeting to share information about our state plan and how it aligns with our strategic objectives as an agency. We also shared information regarding where they can see the full draft and**

share feedback via our online feedback form. CPPI grantees include school district administrators, local government employees, and child care providers all partnering to expand access to preschool through a mixed-delivery model. We also used part of the EEC Advisory and Workforce Advisory Council meeting on March 7, 2024 to discuss the state plan and receive feedback. That meeting included general-purpose local government members such as state representatives and their designees, school district representatives, and a representative from the Massachusetts Association of School Superintendents.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **To engage with our state advisory council, we used part of the February 14, 2024 board meeting to share our timeline and ensure they understood what is required for the State Plan. We also used part of the March 7, 2024 EEC Advisory and Workforce Advisory Council meeting to share information about the CCDF State Plan process and how EEC's strategic objectives apply to the sections of the plan. Diverse stakeholders from across the state provided feedback during the meeting. Ahead of the EEC board meeting on June 12, 2024, we shared the state plan for the Board's review. At the June board meeting we provided a summary of the plan and stakeholder feedback. We also requested and received final approval of our plan before submitting to the OCC for review.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The CCDF co-administrator emailed the Wampanoag of Gay Head and Mashpee Wampanoag tribes on March 19, 2024 and April 15, 2024 and did not receive a response. At the time of the email, the draft state plan was still being reviewed internally and had not be distributed to any stakeholders so EEC did not send a draft of the state plan nor include information on when and where it would be posted. Since the submission of the state plan EEC has sent an email to the tribes with the link to EEC's website where the state plan can be found.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **We attended the MA Head Start Association Directors' Meeting on April 5, 2024 where we shared information on the latest draft of the state plan and specific topics relevant to Head Start organizations. We also fielded questions and shared information regarding where attendees could see the full draft state plan and share feedback via our online feedback form. The Advisory and Workforce meeting held on March 7, 2024 also included representatives from higher education, family child care providers, center-based providers, early education advocacy organizations, the state senate and a foundation.**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: **5/22/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

- ii. Date of notice of public hearing: **5/2/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
[x] Yes.
[] No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The notice and registration link were posted to the EEC website which can be accessed in Spanish, Portuguese, Haitian Creole, and simplified Chinese . The posting included information on interpretation and ASL being offered for the public hearing. We also shared the Public Hearing on the Commissioner’s mailing list. The notice was posted to <https://www.mass.gov/event/fy25-27-state-plan-public-hearing-2024-05-22t180000-0400-2024-05-22t190000-0400>**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public hearing was held virtually in the evening so that a wide variety of people could participate outside of the workday and across the state. Also, translation was provided to ensure all attendees could participate.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The full draft plan was posted to the EEC State Plan website on May 6, 2024. We also developed a State Plan overview which was shared during our engagement sessions. This deck was posted to the website and translated into Spanish, Portuguese, Haitian Creole, and simplified Chinese.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Most of the public comments were already reflected in our State Plan given the close collaboration that EEC facilitates among our stakeholder groups. In response to comments we clarified supports for and collaboration with out-of-school time afterschool providers and the Massachusetts Afterschool Partnership. We also clarified additional supports specific to family child care providers.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://www.mass.gov/lists/child-care-and-development-fund-ccdf-state-plans> (the draft FY25-27 state plan share with stakeholders**

prior to public comment can be accessed at <https://www.mass.gov/info-details/fy25-27-child-care-and-development-fund-ccdf-state-plan>)

- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
- i. ☐ Working with advisory committees. Describe:
 - ii. ☐ Working with child care resource and referral agencies. Describe:
 - iii. ☐ Providing translation in other languages. Describe:
 - iv. ☐ Sharing through social media (e.g., Facebook, Instagram, email). Describe:
 - v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **EEC key constituents such as provider groups and advocacy groups that are not included in our provider database (LEAD) receive notifications when any CCDF change impacts policy.**
 - vi. ☐ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
 - vii. ☒ Direct communication with the child care workforce. Describe: **Any CCDF changes that impact policy and the child care workforce are sent to all providers via our policy advisory notification.**
 - viii. ☐ Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. ☒ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Families may receive a provisional authorization of 12 weeks in length if they need time gathering eligibility and/or service need verification documentation. Families must minimally verify identity and residency for the child to receive presumptive eligibility for initial authorization. This provisional authorization acts as presumptive eligibility. At the end of the 12-week authorization, a 12-month authorization will be entered if all documentation has been received including verification of a service need of 20 hours or more. Families that have all required documentation at initial eligibility to determine eligibility (MA residency, citizenship, income, service need of 20 or more hours) will receive a 12-month authorization.**
 - ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **Families receiving support from the Department of Transitional Assistance (DTA) and the Department of Children and Families (DCF) are also eligible for child care financial assistance and can receive referrals directly from DTA and DCF. The referral by itself determines eligibility for child care financial assistance and the parent will only have to show proof of identity to confirm their eligibility to the CCRR or contracted provider administering the child care financial assistance. Additionally, families with children enrolled in Head Start will receive priority access on EEC's waitlist as well as families who may be enrolled in other financial assistance child assistance programs and their eligibility is ending.**
 - iii. ☒ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **Families are able to apply for child care financial assistance for more than one child at a time and receive a full 12-month authorization and will not have to wait on the waitlist.**
 - iv. ☐ Self-assessment screening tools for families. Describe:
 - v. ☒ Extended office hours (evenings and/or weekends).
 - vi. ☒ Consultation available via phone.
 - vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **EEC allows for different modes of eligibility**

determination which includes email, fax, no touch drop off, and in-person appointments. EEC has encouraged Family Access Administrators to allow for virtual authorization appointments and requires that they be sensitive to the different technology capabilities of parents and make accommodations as needed. EEC has also strongly encouraged Family Access Administrators to secure and use electronic signature software for parents to sign required documents.

viii. ☐ None.

b. Does the Lead Agency use an online subsidy application?

☐ Yes.

☒ No. If no, describe why an online application is impracticable. **The underlying case management system was only intended to be a stopgap measure and has limitations in terms of scalability and flexibility of user experience in particular. We want to coordinate the implementation of the family-facing application with the replacement of the case management system to minimize rework. We also have the opportunity to work with the MA Executive Office of Technology Services and Security to be the next department that integrates with the expanded functionality of their identity provider (My Mass Gov) such that we would be able to leverage fields from the user's universal profile to auto-fill some fields in our application, reducing work on the user's end. Implementing a separate application on our current system would likely make us miss the timing on this opportunity, which we consider a key step in the re-envisioned integrated eligibility story in Massachusetts. EEC's modernization of the child care financial assistance system includes updates to regulations, policies, and procedures including forms and technology systems. With these changes, EEC has been focused on first finalizing policy and procedures then moving towards updating our application to ensure alignment with the policies. The financial assistance application is currently a fillable pdf that can be submitted electronically to Child Care Referral Agencies.**

c. Does the Lead Agency use different policies for families receiving TANF assistance?

☒ Yes. If yes, describe the policies: **Families receiving TANF assistance and participating in an approved activity, are not required to be placed on EEC's waitlist for child care financial assistance. The Department of Transitional Assistance (DTA) issues a referral that is electronically sent to the Child Care Resource and Referral Agency (CCRR). The CCRR contacts the guardian and assists with the placement of the child(ren) in child care. The parent co-payment is waived and the required documentation is limited to the referral, proof of parent's identity and all EEC required forms**

☐ No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. ☒ Advance notice to parents of pending redetermination.

ii. ☒ Advance notice to providers of pending redetermination.

- iii. ☐ Pre-populated subsidy renewal form.
 - iv. ☒ Online documentation submission.
 - v. ☐ Cross-program redeterminations.
 - vi. ☒ Extended office hours (evenings and/or weekends).
 - vii. ☒ Consultation available via phone.
 - viii. ☒ Leveraging eligibility from other public assistance programs.
 - ix. ☒ Other. Describe: **Parents are given the option of completing initial authorizations and reauthorizations virtually or in-person and families must be notified of the need to reauthorize 60 days in advance. EEC policy requires that Family Access Administrators create a process to exchange documents in a way that can be flexible for different parents' needs including, but not limited to, email, fax, and no-touch drop off. All CCRR's and some contracted providers utilize text messages to send reminders to families. Also, families working with CCRR's have the ability to submit re-determinations electronically via Adobe sign and in the upcoming 1-2 years, our families will have the ability to upload required verification documentation and apply electronically.**
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☒ Yes. If yes, describe the policies: **Families receiving TANF are informed at least 60 days before the end of the expiring authorization. DTA confirms continued eligibility and sends a referral to the CCR&R. The CCRR then reaches out to the family to confirm that the information in the referral is correct. If yes, then the parent or caregiver signs the updated application and fee agreement. This can be completed electronically or in-person. Additionally, through monthly reporting EEC provides DTA with child care authorization end dates to ensure timely processing of reauthorizations.**
- ☐ No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
- ☒ Yes.

☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

☐ No.

☒ Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **16.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity:
Section 1A of Chapter 15D of MGL defines a child with disabilities as a child who, because of temporary or permanent disabilities arising from intellectual, sensory, emotional, physical, or environmental factors, or other specific learning disabilities, is or would be unable to progress effectively in a regular school program.

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

☒ No.

☐ Yes. If yes, and the upper age is (may not equal or exceed age 19):

- d. How does the Lead Agency define the following eligibility terms?

i. “residing with”: **Parents or caregivers and their dependent children and any dependent relatives who reside in the same household; or a young parent and his or her child(ren) who reside in the same household.**

ii. “in loco parentis”: **“a person who lives with, supervises, and cares for a child or children whose parents do not live in the home, such as a foster parent, legal guardian (temporary or permanent), or designated caregiver”.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:

i. ☒ An activity for which a wage or salary is paid.

ii. ☒ Being self-employed.

- iii. ☐ During a time of emergency or disaster, partnering in essential services.
 - iv. ☒ Participating in unpaid activities like student teaching, internships, or practicums.
 - v. ☐ Time for meals or breaks.
 - vi. ☒ Time for travel.
 - vii. ☒ Seeking employment or job search.
 - viii. ☒ Other. Describe: **We also include actively deployed military service, retirement, parental leave, and applicants at age 65 or older.**
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
- i. ☒ Vocational/technical job skills training.
 - ii. ☒ Apprenticeship or internship program or other on-the-job training.
 - iii. ☒ English as a Second Language training.
 - iv. ☐ Adult Basic Education preparation.
 - v. ☒ Participation in employment service activities.
 - vi. ☐ Time for meals and breaks.
 - vii. ☒ Time for travel.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☐ Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
 - ii. ☒ Certificate programs (12-18 credit hours).
 - iii. ☒ One-year diploma (36 credit hours).
 - iv. ☒ Two-year degree.
 - v. ☒ Four-year degree.
 - vi. ☐ Travel to and from classrooms, labs, or study groups.
 - vii. ☒ Study time.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☐ Applicable meal and break times.
 - xi. ☒ Other. Describe: **At reauthorization only, EEC allows a graduate program or advanced professional training to continue a previously authorized education or training service need.**

- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

☐ No.

☒ Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

☒ Work. Describe: **Parents or guardians must work a minimum of 20 hours per week to be eligible for childcare financial assistance.**

☒ Job training. Describe: **Parents or guardians must participate in a job training program for a minimum of 20 hours per week to be eligible for childcare financial assistance.**

☒ Education. Describe: **Parents or guardians must attend an educational program for a minimum of 20 hours per week to be eligible for childcare financial assistance.**

☒ Combination of allowable activities. Describe: **A family can combine service need activities to demonstrate a minimum of 20 hours for child care financial assistance eligibility.**

☐ Other. Describe:

- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

☒ Yes.

☐ No. If no, describe the additional work requirements:

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

☒ Children in foster care.

☒ Children in kinship care.

☐ Children who are in families under court supervision.

☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency’s Early Head Start - Child Care

Partnerships program.

☐ Children whose family members are deemed essential workers under a governor-declared state of emergency.

☒ Children experiencing homelessness.

☐ Children whose family has been affected by a natural disaster.

☒ Other. Describe: **Families experiencing or that have experienced domestic violence or are participating in a substance abuse treatment or rehabilitation program are eligible for full time service need and authorization.**

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☐ No.

☒ Yes.

- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☐ No.

☒ Yes.

- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

☐ No.

☒ Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

☐ Other. Describe:

2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.

- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	6832.00	50.00	3416.00
2	8245.00	50.00	4122.00
3	10184.00	50.00	5092.00
4	12124.00	50.00	6062.00
5	14064.00	50.00	7032.00

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

☒ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

☐ Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

☐ No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

- b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

- i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

☐ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

☐ Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. ☒ Gross wages or salary.
- ii. ☐ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☐ Spousal support, child support.
- v. ☐ Survivor and retirement benefits.
- vi. ☒ Rent for room within the family’s residence.

- vii. ☒ Pensions or annuities.
 - viii. ☒ Inheritance.
 - ix. ☐ Public assistance.
 - x. ☒ Other. Describe: **EEC includes spousal support and unemployment but does not include disability or child support as income for eligibility purposes. Lottery earnings, net rental income and dividend income from trusts/estates are also included as income.**
- d. What is the effective date for these income eligibility limits? **The SMI chart was updated on 10/1/2023**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**
- ☐ Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://www.mass.gov/doc/ccfa-smi-income-eligibility-fy2024>

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. ☐ Average the family's earnings over a period of time (e.g., 12 months).
Identify the period of time
- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☐ Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. ☒ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **EEC allows families to submit income documentation within the last 26 weeks that are most representative of their income. Families are allowed to do this at initial authorization and redetermination.**

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?

☐ Yes.

☒ No. If no, describe: **EEC does not collect asset information from families referred by DCF, DTA as well as families experiencing homelessness.**

- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

☐ No.

☒ Yes. If yes, describe the policy or procedure: **EEC does not collect asset information from families referred by DCF, DTA as well as families experiencing homelessness.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. ☒ Eligibility determination? If checked, describe: **The initial income eligibility limit for families with a child with a disability and early education staff is set at 85% SMI. Early education staff must provide verification of the early education care program they work in as a part of initial eligibility. DTA and DCF families are eligible for transitional child care up to 24 months after the case closure.**
- b. ☐ Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant identity. Describe how you verify: EEC requires applicants to submit an original, valid photo identification, such as driver's license, passport, or school identification card. ID is not required at redetermination if it is already on file.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant's relationship to the child. Describe how you verify: EEC requires applicants to submit documentation of each dependent child under 18, or under 24 if child is a full-time student, to verify relationship. Documentation includes birth certificates, hospital birth records, social security benefit records, court records or other relevant documents, or school records.

Required at Initial Determination	Required at Redetermination	Description
[x]	[]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: Documentation is required for each child seeking financial assistance that shows that the child is a U.S. citizen, a non-U.S. citizen national, or a qualified non-citizen individual, including birth certificates, passports, report of birth abroad, or immigration documentation. In addition, applicants must verify relationship and age of child
[x]	[x]	Work. Describe how you verify: Documentation verifying employment, which may consist of pay stubs, employment verification form or letter from employer, or completed self-employment packets, or tax documents.
[x]	[x]	Job training or educational program. Describe how you verify: EEC requires applicants to submit documentation verifying the program's schedule (hours, days/week and/or credits)
[x]	[x]	Family income. Describe how you verify: For earned income, EEC requires applicants to submit 4 out of the most recent 26 weekly pay stubs. If self-employed or an independent contractor, applicants may submit an employment verification form, a report of self-employment earnings form, copies of most recent federal tax returns, or work contract. For unearned income, copies of award letters (i.e., unemployment compensation, worker's compensation, retirement benefits, etc.), copies of court orders, other agreements (i.e., alimony), or a self-declaration statement may be submitted. Parents must also complete a Household Income Statement at each authorization and reauthorization that details the various income types received
[x]	[x]	Household composition. Describe how you verify: EEC requires applicants to report all household members.
[x]	[x]	Applicant residence. Describe how you verify: EEC requires applicants to submit documentation at initial authorization that must show that the applicant's current primary address is located within Massachusetts. Updated residency documentation is not required unless the family has moved.
[]	[]	Other. Describe how you verify: Not applicable

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **Massachusetts Department of Transitional Assistance**
- b. Provide the following definitions established by the TANF agency:
 - i. **“Appropriate child care”: Good cause may be given to a TANF client who has a work requirement if appropriate state-standard child care is totally unavailable, or unavailable during the client’s hours of training or employment, including commuting time, or arrangements for child care have ended, been or not yet been made due to no fault or delay of the client. Care considered is state-standard child care which is licensed or is exempt from licensure. Factors considered in determining whether care is appropriate will include recommendations of the Department of Early Education and Care or what a reasonable and responsible parent would consider in deciding whether a child care slot is appropriate, including the time needed to travel to and from the child care provider and the client’s home, work or other activities.**
 - ii. **“Reasonable distance”: Good cause may be given to a TANF client who has a work requirement if appropriate state-standard child care is totally unavailable, or unavailable during the client’s hours of training or employment, including commuting time. Care considered is state - child care which is licensed or is exempt from licensure. Factors considered in determining whether care is appropriate will include recommendations of the Department of Early Education and Care or what a reasonable and responsible parent would consider in deciding whether a child care slot is appropriate, including the time needed to travel to and from the child care provider and the applicant’s or client’s home, work or other activities.**
 - iii. **“Unsuitability of informal child care”: Good cause may be given to a TANF client who has a work requirement if appropriate state-standard child care is totally unavailable. Care considered is state - child care which is licensed or is exempt from licensure. Factors considered in determining whether care is appropriate will include recommendations of the Department of Early Education and Care or what a reasonable and responsible parent would consider in deciding whether a child care arrangement is appropriate.**
 - iv. **“Affordable child care arrangements”: Families who are in receipt of TANF and eligible for child care do not have a copay when using a child care financial assistance authorization. Good cause may be given to a TANF client who has a work requirement if appropriate state-standard child care is totally unavailable, or unavailable during the client’s hours of training or employment, and therefore able to utilize the CCFA authorization to cover the cost of care.**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. **[x] In writing**

- ii. ☒ Verbally
- iii. ☐ Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “Children with special needs.” EEC uses the Section 1A of Chapter 15D of MGL definition which states that a child with special needs is a child who, because of temporary or permanent disabilities arising from intellectual, sensory, emotional, physical, or environmental factors, or other specific learning disabilities, is or would be unable to progress effectively in a regular school program.
- e. “Families with very low incomes.” EEC defines families with very low incomes as those families who are at or below 50% of the State Median Income (SMI).

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:

a. Does the Lead Agency define any other priority groups?

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **EEC also prioritizes families referred by the Department of Children and Families (DCF), experiencing domestic violence, families with a parent younger than 24 years old, a caretaker who is a legal guardian (including a grandparent), a parent who is actively deployed in the military, a parent who is working in an early education and care program, families with a parent with a disability including parents participating in substance abuse treatment and/or rehabilitation, and parents who have a child enrolled in Head Start and need full day wrap around care. Additionally, EEC prioritizes access to child care for families at-risk of receiving protective services by expediting the waitlist process. For families involved with DCF, families experiencing homelessness, and parents under the age of 24, we prioritize these populations by setting aside contracted slots with providers. DCF families receive almost immediate access to child care because they are placed in contracted slots or receive a voucher as soon as child care is requested. Families experiencing homelessness and families with parents younger than 24 years of age are prioritized on the waitlist with a higher need so that they may be moved into care more quickly. They are also allocated a set amount of seats through our contracts. The screening process utilized by CCRRs, Mass211, and contracted providers identifies these populations and utilizes the appropriate process to place them in care or onto the waitlist.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and

other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Verification of eligibility for families experiencing homelessness must be processed even when all documentation required to make an eligibility determination has not yet been provided. Families experiencing homelessness will receive presumptive eligibility and are issued a 12-week provisional authorization in which to provide all documentation needed to verify eligibility for child care financial assistance. If, after full documentation is provided and a family experiencing homelessness is found to be ineligible, child care financial assistance may be subject to termination.**
- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
 - i. Provide the policy for a grace period for:

Children experiencing homelessness: **Families experiencing homelessness may be granted up to six (6) months from the date of their child's admission into a child care program to obtain the child's medical records.**

Children who are in foster care: **DCF involved families are granted up to six (6) months from the date of their child's admission into a child care program to obtain the child's medical records. As a part of their case services, DCF then works with the child's caregiver to obtain medical records and comply with all requirements within the 6-month time period.**
 - ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

☒ Yes.

☐ No. If no, describe:
- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **EEC's licensing and Family Access and Engagement units work closely to ensure program requirements and licensing standards are met, which may include consultation and coordination between units. Family Access Administrators are then required under their contracts with EEC to provide referrals to MassHealth and other community resources to help families comply within the 6-month time period. For any families unable to comply with child health and medical records requirements due to lack of health insurance, the Program shall provide a referral to the local MassHealth Enrollment Center for the purpose of linking the family to the Children's Health Insurance Program (CHIP). No family shall be excluded from care due to paperwork delays beyond their control**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. ☒ Informational materials in languages other than English.
 - iii. ☒ Website in languages other than English.
 - iv. ☒ Lead Agency accepts applications at local community-based locations.
 - v. ☒ Bilingual caseworkers or translators available.
 - vi. ☒ Bilingual outreach workers.
 - vii. ☒ Partnerships with community-based organizations.
 - viii. ☒ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. ☒ Home visiting programs.
 - x. ☒ Other. Describe: **EEC staff and family access administrators have access to telephonic and written translation services to better serve families whose first language is not English. EEC translates most materials in 14 languages. EEC has worked with the Massachusetts Office of Refugees and Immigrants to create the list of most common spoken languages for our subsidy families and, subject to available funding, EEC has dedicated resources for the translation of documents into these primary languages. Outreach is conducted in community-based locations across the state and home visiting programs share information with families.**
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. ☐ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. ☒ Ensuring accessibility of environments and activities for all children.
 - v. ☒ Partnerships with State and local programs and associations focused on disability- related topics and issues.

- vi. ☐ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
- vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
- viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. ☒ Other. Describe: **EEC provides families with information through the Child Care Resource and Referral Agencies, Mass211, and EEC's network of Coordinated Family and Community Engagement grantees across the Commonwealth. In addition to providing information about child care options, they may also provide information on comprehensive support such as adult basic education, local and state agencies responsible for subsidized housing, shelter programs, etc. Partners include all of the entities listed above as well as Early Intervention, the Department of Elementary and Secondary Education, the Department of Public Health, the Department of Mental Health, Department of Transitional Assistance, the Department of Children and Families, and the Massachusetts Commission for the Deaf and Hard of Hearing. Information may be provided in-person, via telephone, through online resources, or in print. Parents with disabilities are included in the Commonwealth's definition of "protective services" and may qualify for CCDF child care financial assistance without participating in an approved activity for up to two years upon approval by EEC. Early Childhood Mental Health (ECMH) consultation programs provide consultation services to adults engaging with children and families to address and support the social emotional development and behavioral health of children in early education and care and out-of-school time settings. The early childhood mental health consultation services funded by the Department of Early Education and Care's (EEC) Mental Health Consultation Grant are available state-wide and may be accessed by the entire mixed delivery system, including children receiving CCDF. ECMH consultants also provide support and guidance to programs, educators, and families to address the developmental, emotional, and behavioral challenges of infants and young children to ensure healthy social-emotional development, reduce the suspension and expulsion rate in early education and care settings, and promote school success. EEC established a dedicated webpage for families, providers and the general public to obtain information on ECMH: www.mass.gov/eec/ecmh. This website describes the scope of ECMH services available, as well as a listing of the current ECMH grantees and resources. The consultation services offered through the FY2020 Mental Health Consultation Grant include mental health supports, strategies, and services that address the developmental, emotional, and behavioral challenges of infants and young children and their families to promote school success, ensure healthy social emotional development, and reduce the suspension and expulsion rate in early education and care settings. The child care licensing regulations establish requirements related to requests for reasonable accommodations for any child enrolled in an early education program subject to EEC licensure. For children receiving CCDF with disabilities, EEC has limited flexible funding available on a first**

come, first served, case-by-case basis to provide temporary financial support to programs to successfully transition and include a child with disabilities receiving child care financial assistance with disabilities. Appropriate fund use may include consultation to identify necessary support for the child, training for program staff, specialized equipment, or a temporary aide position to enhance staffing. This funding is temporary as programs are expected to integrate any funded accommodations into its regular practice and budget. Through funding from DESE and an Interagency Service Agreement from EEC to DPH's Regional Consultation Program (RCPs,) resources are available to families to facilitate transitions from Early Intervention to Early Education and Care Programs and to support children eligible for Special Education Services. In addition, the RCPs support children with disabilities and their families who participate in Early Education and Care programs in an ongoing way.

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. **[x]** Lead Agency accepts applications at local community-based locations.
 - ii. **[x]** Partnerships with community-based organizations.
 - iii. **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. **[x]** Other. Describe: **EEC accepts applications at six community-based locations across the Commonwealth and partners closely with scores of other family-serving organizations, many of whom work closely with unhoused families. EEC allows families experiencing homelessness to be granted a provisional authorization to access child care if the parent(s) is/are unable to submit complete income verification at the time of the initial assessment. EEC's Coordinated Family and Community Engagement (CFCE) grantees work directly with homeless families in their community, shelters and hotels across the state. Lastly, EEC contracts directly with MA statewide 2-1-1 to provide early education and care information and referral services including priority status placement on our statewide waitlist for homeless families. Lastly, through the use of contracts, we are able to secure dedicated child care slots for families experiencing homelessness.**
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **EEC has a Learning Management System called StrongStart where child care providers and educators access materials to help identify and serve families experiencing homelessness including Trauma Informed Care and the Pyramid Model. EEC is in the process of adding training from the Center for Child Well-being and Trauma to the LMS called Supporting Traumatized Children and Families Affected by Displacement, Trauma-Informed Care: The Ways You Support Matters, and Caring for Caregivers:**

Mitigating Traumatic Stress. These trainings were also offered and provided to EEC staff and grantees in our Coordinated Family and Community Engagement programs, Commonwealth Preschool Partnership Initiative grantees, HeadStart grantees and CCRRs. EEC also has a program available to child care providers called the Early Childhood Mental Health Consultation which provides guidance to centers on a range of issues that may impact classroom behavior including homelessness.

- ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **All staff working within EEC's Family Access and Engagement unit are required to participate and engage in trainings in trauma informed care, Massachusetts Family Engagement Framework, and family and child engagement reflective practice in addition to all other trainings EEC requires Family Access administrators to attend.** Additionally, EEC meets bi-monthly with the state's housing agency, the Executive Office of Housing and Livable Communities, to address any child care or agency coordination issues. EEC works in partnership with the Massachusetts Office of the Child Advocate and the Center for Well-Being and Trauma to provide trauma informed training with a focus on families experiencing homelessness for all Family Access administrators (CCRRs and contracted providers) and EEC grantees (Coordinated Family and Community Engagement, Early Childhood Mental Health, Head Start). These trainings are offered in three sessions which include Supporting Traumatized Children and Families Affected by Displacement, Trauma-Informed Care: The Ways you Support Matters, and Caring for the Caregivers: Mitigating Traumatic Stress Traumatized. They are also required to take trainings on Massachusetts Family engagement Framework <https://www.doe.mass.edu/sfs/family-engagement-framework.pdf> and family and child engagement reflective practice. EEC is also involved in local and state level taskforces working to better serve the needs of families experiencing homelessness.

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **EEC promotes continuity of care by ensuring child care financial assistance is stable and ongoing.** Continuity of care is defined as the continuation of child care financial assistance services for a child already receiving assistance as they transition between age groups, providers, and programs as well as sibling access for any other child in the household. EEC prioritizes continuity of care to ensure there is no disruption in child care financial assistance so that children continue to learn, grow and develop in their early education and care programs. Children transitioning or losing access to another type of child care assistance are prioritized from EEC's statewide list. Also, all Family Access Administrators are required to communicate with families in two different ways before ending

child care financial assistance and providers are required to reach out to families weekly and document all attempts before ending a child care placement.

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
☒ Yes.
☐ No. If no, describe:
 - b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?
 1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
 3. Any student holiday or break for a parent participating in a training or educational program.
 4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
 5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
 6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
 7. Any changes in residency within the State or Territory.☒ Yes.
☐ No. If no, describe:
 - c. Are the policies different for redetermination?
☒ No.
☐ Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an

eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Parents that cannot confirm a valid service need at initial authorization or reauthorization are eligible for a 12-week provisional to seek and certify a valid service need.**
 - ii. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **Parents that cannot confirm a valid service need at initial authorization or reauthorization are eligible for a 12-week Provisional to seek and certify a valid service need.**
 - iii. ☐ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- ☒ Yes. The Lead Agency continues assistance.
- ☐ No, the Lead Agency discontinues assistance.
- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:
 - ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:
 - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
- i. ☐ Not applicable.
 - ii. ☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:
 - iii. ☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **If a family moves outside of Massachusetts, during their 12-month authorization, the Family Access Administrator will send the family a 2 week notice of termination. The notice informs the parent that the child care financial assistance and child care placement will be terminated in two weeks from the date of the notice. If the parent**

believes the notice is in error they are instructed to contact the Family Access Administrator. If there is no response from the parent the child care placement and authorization will end. If the family moves back to Massachusetts, within the time period of the original authorization they may regain access to financial assistance for care outlined in the authorization.

- iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **EEC defines substantiated fraud as intentionally providing false or misleading information or documentation to EEC or a Family Access Administrator for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance, that has been verified as false or misleading by EEC or a Family Access Administrator; or the intentional concealing or withholding of information for the purpose of establishing or maintaining eligibility or increasing the level of child care assistance as determined by the Bureau of Special Investigations (BSI). An Intentional Program Violation (IPV) is when a family has intentionally made a false or misleading statement orally or in writing to obtain child care financial assistance to which the household was not entitled (e.g., inaccurately reporting income at eligibility, authorization or reauthorization); concealed information or withheld facts to obtain services; or failed to report changes to income exceeding 85% SMI or out of state address change. If a parent is determined to have committed a second IPV, then the parent shall be disqualified from eligibility for a period of 12 months from the date of termination. After that time the parent is eligible to return to the waitlist in accordance with 606 CMR 10.04 or, pursuant to the applicable referral, in accordance with 606 CMR 10.05 and 10.06. If a parent is determined to have committed a third IPV, then the parent shall be disqualified from eligibility for a period of 24 months from the date of termination. After that time the parent is eligible to return to the waitlist in accordance with 606 CMR 10.04 or, pursuant to the applicable referral, in accordance with 606 CMR 10.05 and 10.06. If a parent is determined to have committed a fourth or more IPV, or a Substantiated Fraud, the parent shall be disqualified from eligibility until any debt resulting from the Substantiated Fraud is repaid or for a period of 36 months from the date of termination, whichever is greater. After that time the parent is eligible to return to the waitlist in accordance with 606 CMR 10.04 or, pursuant to the applicable referral, in accordance with 606 CMR 10.05.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families

to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

☐ Yes.

☒ No. If no, describe: **Families are required to report the family's income exceeding 85% SMI; a change to an out-of-Massachusetts address; a change in the family's contact information; changes in household composition for more than 30 total days in a 12-month authorization; changes in child custody arrangements; or loss of employment or cessation of attendance at a job training or educational program that lasts for more than 12 weeks. EEC requires the reporting of all temporary and non-temporary changes as described below. The reason EEC requires the reporting of temporary changes is because the information is required for another program related to EEC's TANF claiming. EEC maximizes the dollars it claims against the TANF Grant, which requires that parents meet both CCDF and TANF eligibility rules. TANF requires that parents be engaged in work, or an approved work-related activity. Therefore, EEC requires that parents report temporary changes to their approved activity strictly for compliance with TANF claiming practices, and it will not impact their CCDF eligibility. EEC does not require the parent to provide documentation of a temporary change but does require the completion and signing of a simple form by the parent attesting that the break is a temporary change.**

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined

eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- a. ☐ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. ☒ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **EEC child care financial assistance regulations and policies require families to enter the system at or below 50% of SMI and allow families whose incomes have increased at the time of reassessment to remain financially eligible provided that the total household income does not exceed 85% of SMI. Families with a child with a disability and early education staff enter the system at 85% or below and remain financially eligible provided that the total income does not exceed 85%. Any family whose income exceeds 85% during a 12-month authorization period will remain eligible until the end of the authorization. EEC uses state funds to continue child care assistance for these families.**
 - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. ☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
 - iv. Describe how the second eligibility threshold reasonably allows a family to

continue accessing child care services without unnecessary disruption:

- v. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
- vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **The most that any family can be charged for a copayment as a percentage of their income is 11.9%. This figure is based on a family of two that has recertified with a**

maximum income of \$7,008 per month. EEC is requesting a waiver and will work to reduce the maximum percentage of a copayment to 7% or less of a family's gross income.

- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

☒ Yes.

☐ No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?

☒ Yes.

☐ No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	0.00	0.00	0.00	0.00	0.00	0.00
2	1644.00	0.04	0.00	4122.00	233.03	5.70
3	2073.00	0.04	0.00	5092.00	283.88	5.60
4	2501.00	0.04	0.00	6062.00	334.83	5.50
5	2929.00	0.04	0.00	7032.00	385.78	5.50

- c. What is the effective date of the sliding-fee scale(s)? 10/1/2023

- d. Provide the link(s) to the sliding-fee scale(s): <https://www.mass.gov/doc/parent-fee-chart-fy2024/download> (downloadable file)

- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

☒ No.

☐ Yes.

If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families:
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families:

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. ☐ The fee is a dollar amount and (check all that apply):
 - ☐ The fee is per child, with the same fee for each child.
 - ☐ The fee is per child and is discounted for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional fee is charged after a certain number of children.
 - ☐ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☐ Other. Describe:
 - ii. ☒ The fee is a percent of income and (check all that apply):
 - ☐ The fee is per child, with the same percentage applied for each child.
 - ☒ The fee is per child, and a discounted percentage is applied for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional percentage is charged after a certain number of children.
 - ☐ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☒ Other. Describe: **All families below 100% of the Federal Poverty Level (FPL) pay no fees. For all families above 100% of the FPL, fees are based on the amount of income above the FPL for their household size. EEC removed SSI, SSDI, Veteran's Disability Benefits and TAFDC as countable**

income when determining eligibility and the family's gross income.

- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- ☐ No.
- ☒ Yes.
- If yes, check and describe those additional factors below:
- i. ☐ Number of hours the child is in care. Describe:
 - ii. ☐ Quality of care (as defined by the Lead Agency). Describe:
 - iii. ☒ Other. Describe: **Fee levels are based on full time or part time care. Parents receiving part time care, including after school care, are charged a 50% fee.**
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. ☒ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
 - ii. ☒ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
 - iii. ☐ Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

☐ No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

☒ Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. ☒ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. ☒ Families experiencing homelessness.
- iv. ☐ Families with children with disabilities.
- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Parent co-payments are waived**

for children who are living with a caregiver/guardian.

- vii. [x] Families meeting other criteria established by the Lead Agency. Describe the policy: **Parent co-payments are waived for families with open DTA and DCF cases, as well as families whose DTA and/or DCF case has closed during the first 12 months of case closure.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **In our 2022 Market Rate Survey, providers could report that they faced one or more of seventeen potential barriers to participating in the subsidy system. The most prevalent barrier reported was that the provider's capacity was already filled with private pay families. Insufficient payment rates ranked the second most reported reason for non-participation. The survey data suggest that there are many barriers beyond payment rates that, if addressed, could significantly increase the percentage of providers willing to accept subsidies. Other barriers include: 'program has a long waitlist of private pay families', 'too much administrative work**

involved', 'no demand for subsidized care in the program's area', and 'I don't know enough about EEC's subsidy program to participate'.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
☒ Yes.
☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
☒ Yes.
☐ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Families are informed of their options at various steps of obtaining a voucher (certificate). When a family is placed on the waitlist, they are informed of the different providers available and asked if they have a preference. When funding is offered and the family is authorized for care, the Family Access Administrator will discuss the various providers that are available with the family. Once the family has chosen a provider who accepts child care financial assistance, the family will be counseled that the voucher (certificate) is not linked to a specific provider and the parent can choose any provider who accepts child care financial assistance. They are able to transfer their voucher (certificate) to another provider by giving 2-weeks notice during their authorization period. Consumer education materials on choosing a child program and family workshops are available at the local CCRR as well as on the CCRR website and EEC's family hub at <https://www.mass.gov/child-care-financial-assistance>.**
- e. Describe what information is included on the child care certificate: **A certificate, called a voucher or Fee Agreement for contracted providers, details parent contact information, provider contact information, placement details (including child's schedule and authorized dates), one or two-way transportation, and parent co-payment information.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with

the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. ☐ Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)?
- b. ☒ ACF pre-approved alternative methodology.
- i. ☐ The alternative methodology was completed.
- ii. ☒ The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in

effect using the alternative methodology). On January 5, 2024, EEC received OCC approval to use a cost-informed alternative methodology to set payment rates by no later than July 1, 2025. As an update, EEC recently procured a contract to work with an external contractor to update, refine, and expand EEC's current cost estimation models. We anticipate that plan refinement, data collection, data analysis, ongoing reporting, and stakeholder engagement will occur throughout the remainder of the 2024 calendar year. The plan is for further planning and protocol development to take place during the spring of 2024, and for data collection and data analysis to take place during the spring and summer of 2024. Stakeholder engagement will take place throughout the process, and at a minimum will occur during the design, data collection and analysis, and findings and reporting stages. EEC intends for child care financial assistance rates to be adjusted based on the alternative methodology process by January 2025 and for the final report to be finalized and published by March 2025. A more detailed estimated timeline is provided below.

-March 2024: EEC provides update and seeks preliminary input on alternative methodology plan from EEC's Advisory and Workforce Councils and EEC's Board.

-June 2024: Contractor finalizes project workplan and develops research protocols.

-June/July 2024: Contractor and EEC seek additional input on design from various stakeholders.

-June 2024 – October 2024: Contractor collects and analyzes data from EEC and other sources to refine cost model assumptions/model structure.

-June – September 2024: Contractor and EEC seek input on cost model assumptions from external stakeholders through individual/group engagement sessions led by the contractor.

-September/October 2024: Contractor seeks input on cost model outputs/findings from external stakeholders through individual/group engagement sessions led by the contractor.

-September/October 2024: EEC develops proposal for FY25 rate increase/adjustments based on cost model findings.

October/November 2024: EEC presents proposal for FY25 rate increases/adjustments to EEC Board, should funding be available.

November 2024 - January 2025: EEC Board votes on adjustments to rates using alternative methodology, if appropriate and pending available resources.

-By March 2025: Finalize and publish alternative methodology report

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. State Advisory Council or similar coordinating body: As a part of implementing the pre-approved alternative methodology plan, in 2024, EEC and the external contractor will engage existing stakeholder groups, including the EEC Board which serves as the State Advisory Council for this plan, to gather feedback at multiple stages of the process. In the summer of 2024, EEC and the external research

partner will seek input from members of the State Advisory Council on the project design and detailed workplan. Throughout 2024, EEC and the external research partner will seek input from the State Advisory Council on the cost model assumptions and findings.

- iv. Local child care program administrators: **As part of implementing the pre-approved alternative methodology plan, EEC and/or the external research partner will engage program administrators through group sessions, individual sessions, and other modes of input to get feedback on the project design, cost model assumptions, and outputs of the model during the summer of 2024.**
 - v. Local child care resource and referral agencies: **As part of implementing the pre-approved alternative methodology plan, EEC and/or the external research partner will solicit input from child care resource and referral agencies on the project design, cost model assumptions, and outputs of the model during the summer of 2024.**
 - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **As part of developing and executing the alternative methodology, EEC and/or the external research partner will solicit input from child care provider associations and child care provider networks on the project design, cost model assumptions, and outputs of the model during the summer and fall of 2024.**
 - vii. Other. Describe: **NA**
- d. An MRS must be statistically valid and reliable.
- An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:
- i. When was the market rate survey completed?
 - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)?
 - iii. Describe how it represented the child care market, including what types of providers were included in the survey:
 - iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program?
 - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)?
 - vi. What is the percent of licensed or regulated child care centers responding to the survey?
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey?
 - viii. Describe if the survey conducted in any languages other than English:
 - ix. Describe if data were analyzed in a manner to determine price of care per child:

- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted:
- e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The pre-approved alternative methodology will update, refine and expand cost models that reflect geographic variation across different regions.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The pre-approved alternative methodology will reflect at least two program types: center-based and family child care programs. As part of developing and refining the cost models, costs for informal child care (also known as Family, Friend, and Neighbor Care) will also be explored. The alternative methodology will also pay particular attention to before and after school programming costs, which could lead to creating a separate cost model for this program type.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The pre-approved alternative methodology will reflect costs associated with serving different ages of children including infants, toddlers, preschoolers, and school age children.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **In addition to variations in cost by region, program type, and child age, the pre-approved alternative methodology will also take into account variations such as licensed capacity, enrollment, and program size. The cost estimation models will also account for key indicators of program quality such as staff compensation, benefits, and professional supports such as planning time. As noted above, the alternative methodology will also aim to explore the unique costs associated with informal child care and before and after school programs.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment

rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **As noted above, EEC was approved to use a cost-informed alternative methodology for setting rates for the FFY 2025-27 state plan and will be implementing the alternative methodology in 2024-25. EEC's prior narrow cost analysis was completed and reported on in 2022. EEC procured a contract with a research organization to update, refine, and expand existing cost estimation models developed in 2022-23. The updated models will meet and exceed the requirements of the narrow cost analysis by modeling operating costs using a more comprehensive definition of higher quality that incorporates costs associated with a competitively compensated and professionally supported workforce.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **EEC's cost estimation models will account for different program characteristics, including geographic location, program type, and age of children served.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **As part of implementing the pre-approved alternative methodology, EEC will determine the cost of care at a base level of quality by utilizing its robust licensing regulations including staffing ratios and group sizes as well as professional development expectations. EEC will also engage stakeholders to understand the staffing patterns commonly used to meet required staffing ratios in addition to analyzing EEC data from the Commonwealth Cares for Children (C3) program on group sizes and classrooms. Through C3, EEC also collects data on the highest and lowest wages reported by providers for certain roles such as FCC Assistants, Lead Teachers, and Center Directors. These data, along with any other available data from other sources, will continue to inform the salary assumptions in the cost models at the base level of quality.**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? **A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). As part of implementing the pre-approved alternative methodology, EEC's cost models will focus on the current cost of care given EEC's robust licensing standards as well as the cost at higher levels of quality including increased staff compensation, benefits, and professional supports. EEC is in the process of developing a new educator credentialing system to better identify and measure the competencies of educators and provide more structure around compensation increases. The credential will identify expected competencies for multiple levels of skills and compensation recommendations for each level. Information from the credentialing system and aligned compensation levels will be used to develop cost estimates associated with a higher level**

of quality when this information is available. The models will also account for quality indicators such as instructional supports, professional learning opportunities, and materials needed for quality interactions and instruction.

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **As a part of implementing the pre-approved alternative methodology, EEC will partner with an external research organization to not only further develop robust cost estimation models, but also collect and analyze tuition rates by program type, child age, and geography. This will help EEC understand how prices have changed since the last market rate survey in 2022 and recent rate increases and the gap between cost and price. This information may also be used to inform decisions about future rate increases.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: **9/30/2022**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **10/28/2022**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **<https://www.mass.gov/lists/departments-of-early-education-and-care-general-reports>**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **EEC's last market rate survey was completed in 2022. EEC was approved to move forward with using an alternative methodology for this state plan so did not conduct another market survey in 2023-24. EEC will share more details as the alternative methodology work is completed.**

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access

for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
☒ Yes.
 - i. If yes, check if the Lead Agency:
☐ Sets the same payment rates for the entire State or Territory.
☒ Sets different payment rates for different regions in the State or Territory.
☐ No.
 - ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2024**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **daily rates were multiplied by 5**

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement,

would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	102.07 Per Day	100.00	510.35	72.50	463.05	485.00	520.00	126.01 Per Day	81.00
Family Child Care for Infants (6 months)	58.54 Per Day	100.00	292.25	76.30	250.00	250.00	290.00	65.00 Per Day	90.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Toddlers (18 months)	84.70 Per Day	100.00	423.50	52.00	409.00	434.40	485.00	97.74 Per Day	87.00
Family Child Care for Toddlers (18 months)	58.54 Per Day	100.00	292.25	76.30	250.00	250.00	290.00	65.00 Per Day	90.00
Center Care for Preschoolers (4 years)	57.99 Per Day	100.00	289.95	45.80	302.00	325.00	369.50	50.71 Per Day	114.00
Family Child Care for Preschoolers (4 years)	46.50 Per Day	100.00	232.50	59.30	200.00	240.00	275.00	65.00 Per Day	72.00
Center Care for School-Age (6 years)	50.62 Per Day	100.00	253.10	80.40	215.00	223.95	245.00	38.26 Per Day	132.00
Family Child Care for School-Age (6 years)	46.50 Per Day	100.00	232.50	59.30	200.00	240.00	275.00	65.00 Per Day	72.00

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	119.52 Per Day	100.00	597.60	54.50	590.00	623.35	732.10	136.56 Per Day	88.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Infants (6 months)	58.54 Per Day	100.00	292.25	58.50	275.00	300.00	300.00	61.02 Per Day	96.00
Center Care for Toddlers (18 months)	84.70 Per Day	100.00	423.50	52.00	409.00	434.40	485.00	97.74 Per Day	87.00
Family Child Care for Toddlers (18 months)	58.54 Per Day	100.00	292.25	58.50	275.00	300.00	300.00	61.02 Per Day	96.00
Center Care for Preschoolers (4 years)	80.13 Per Day	100.00	400.65	45.50	420.00	449.00	496.60	53.80 Per Day	149.00
Family Child Care for Preschoolers (4 years)	54.33 Per Day	100.00	271.65	32.80	320.00	350.00	380.00	70.30 Per Day	77.00
Center Care for School-Age (6 years)	48.96 Per Day	100.00	244.80	59.50	220.00	250.00	267.00	37.50 Per Day	131.00
Family Child Care for School-Age (6 years)	54.33 Per Day	100.00	271.65	32.80	320.00	350.00	380.00	70.30 Per Day	77.00

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

☒ Yes.

☐ No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

☒ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **EEC provides a \$24 add-on to the per-child base rate for contracted child care seats that serve children involved with the Department of Children and Families (DCF), children with parents under 24, and children experiencing homelessness. We also offer a transportation add-on rate of \$12 one-way and \$18 two-ways.**

☐ No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

☐ Yes.

☒ No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. ☐ Differential rate for non-traditional hours. Describe:

ii. ☐ Differential rate for children with special needs, as defined by the Lead Agency. Describe:

iii. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v. ☐ Differential rate for higher quality, as defined by the Lead Agency. Describe:

vi. ☐ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

☐ Yes. If yes, describe:

☒ No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency’s methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Moving forward, EEC intends to implement the pre-approved alternative methodology and analysis of gaps between costs and revenue to help determine which rates need to be adjusted to reflect gaps between expected revenues and the cost of delivering quality services. EEC may prioritize increasing rates for different age groups, regions, and/or provider types based on the findings from the alternative methodology and anticipates that this cost-informed approach will contribute to a more consistent, equitable, and simpler child care financial assistance rate structure. EEC is committed to increasing child care financial assistance rates by identifying the percentage of cost necessary to provide sufficient funding to programs to support them in increasing investments in quality care over time, contingent on available funding, and will monitor progress toward covering an increasing percentage of the cost of care over time. EEC intends to measure progress toward covering the cost of care by taking into account both child care financial assistance rates as well as other public revenue streams and will also continue to monitor and use information about the market and tuition costs for families to understand access to care. In 2023, EEC used both market rate data and findings from a comprehensive cost study, focusing on the cost of care to meet health, safety, and quality requirements under current licensing regulations, to inform a strategy for rate setting and transformational adjustments to the rate structure that was approved by the EEC Board for implementation this fiscal year (retroactive to July 1, 2023). The new rates and rate structure make significant progress on addressing long-standing inequities in rates by geographic region and age group.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **EEC used both market rate data and a comprehensive cost study, focusing on the cost of care to meet health, safety, and quality requirements under current licensing regulations, to inform a strategy for rate setting in fiscal year 2024 (FY24) . EEC’s current cost estimation models include a focus on the cost of care to meet health, safety, quality, and staffing requirements under current licensing regulations by age group, program type, and region. The cost study used data collected from Massachusetts-based providers to understand cost drivers such as staffing patterns, personnel costs, and non-personnel costs (by region and provider type) which are indicative of health, safety, quality, and staffing requirements. The cost study rates were then used to determine rate increases that would be within budget for EEC in FY24. On April 20, 2023, EEC received a letter of non-compliance in the area of equal access provision 45 CFR 98.45(a) related to payment rates. Despite the progress made during the transition to an alternative methodology, four rates remain below the 50th percentile of market rates in Massachusetts (a state with some of the highest market rates in the nation).**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Moving forward, EEC will use findings from the alternative methodology to inform rate setting. As noted above, EEC will monitor progress toward covering an increasing percentage of the cost of care over time. EEC used both market rate data and findings from a comprehensive cost study to inform rate setting this fiscal year (retroactive to July 1, 2023). The prior fiscal year used information from a narrow cost analysis, along with the market rate survey, to inform rates.**

- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Moving forward, EEC will use findings from the alternative methodology to inform rate setting; the cost estimation models will measure both the cost of care to meet health, safety, quality, and staffing requirements under current licensing regulations by age group, program type, and region, as well as the cost of higher quality care. For setting the payment rates in fiscal year 2024 (FY24), EEC examined both the cost of care to meet current licensing regulations and the cost of higher quality care which included both increased compensation and higher staffing levels. EEC also incorporated a quality add-on that was connected to participation in the former Quality Rating and Improvement System (QRIS) into the base rates this FY24 (retroactive to July 1, 2023).**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **As noted above, EEC made significant progress in addressing long-standing geographic and age group inequities (particularly for infant and toddler care) in determining its payment rates in FY24. EEC also increased all rates to acknowledge increases in operational costs across the board.**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

☐ Yes. If yes, describe:

☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Generally, EEC reviews, processes, and schedules payments within 3 to 10 business days of receipt of any request for reimbursement. Once scheduled in the Commonwealth's accounting system, payments are processed overnight and disbursed the next day. All payments by EEC are made by electronic fund transfer to contract providers and Child Care Resource and Referral agencies. Contract providers invoice EEC directly while voucher providers submit their billing to their assigned Child Care Resource and Referral agency. Child Care Resource and Referral agencies aggregate their billing and submit to EEC twice a month to ensure payment to voucher providers within 21 days of receiving an invoice (this was recently implemented in FY24). All Child Care Resource and Referral agencies are contractually obligated to offer electronic fund transfer to voucher providers, although voucher providers may still elect to be paid by check if preferred. EEC is requesting a waiver for prospective payments and will work to implement this change for providers**

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

☒ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

☐ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

☐ It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

☒ Yes.

☐ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

☐ Yes. If yes, identify the fees the Lead Agency pays for:

☒ No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **In Spring 2022, EEC surveyed providers as a requirement of the C3 grant application. Only 30% of providers charge private pay clients registration fees, either as a one-time fee or an annual fee. EEC has determined that registration fees are not generally accepted practice in the state and therefore will not pay for registration fees for children receiving financial assistance. Also, EEC does not allow providers to charge registration fees to families who are receiving financial assistance.**

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **EEC's contracted providers and CCRRs follow payment practices as outlined within their contracts through contract conditions for contracted providers and voucher agreements for child care providers accepting child care financial assistance through the CCRRs. These agreements outline requirements for reimbursement, payments for absences and closures, billing and attendance deadlines, billing procedures, parent fee tables and reimbursement rate chart, recoupment, dispute resolution, transportation, compliance with CCDBG, and FFATA requirements. Child care providers working with CCRRs referred to as voucher providers receive the agreement requirements directly from the CCRRs. Center based contracted providers and Family Child Care System receive the agreement requirements directly from EEC and contracted Family Child Care System providers receive the agreement requirements directly from the FCC system. These agreements are updated and signed on an annual basis. Additionally, contracted providers and CCRRs receive the same requirements from EEC via contracts.**

All payments for both voucher providers and contracted providers are processed in our child care financial assistance system which is then used to process payment to providers based on the child care rate and child enrollment or agreed upon slots.

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Both parents and providers are issued the two-week notice of termination of child care financial assistance if a family's eligibility changes during a 12-month authorization period. Providers are notified through EEC's child care financial assistance management system when there are changes to any placements. Also, providers have access to view the end dates of all authorizations through EEC's child care financial assistance management system.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **All disputes are reviewed by the Accounts Payable Unit. If it cannot be resolved by the Specialist, it will be escalated to the head of the unit for resolution. Disputes are responded to within one business day and most disputes are resolved within three to five business days.**

f. Other. Describe any other payment practices established by the Lead Agency: **NA**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **EEC's payment practices support equal access to a range of providers by providing stability of funding and encouraging more child care providers to serve children receiving CCDF subsidies. For instance, EEC's payment practices ensure payment is promptly made, covers longer periods of times, and has prompt resolution of conflicts. EEC pays providers that accept financial assistance based on the child's enrollment, not based on attendance. Providers may close for three or fewer days for emergency related reasons without EEC approval and receive continued payment. EEC has a process to approve closures longer than 3 days. EEC also recently implemented three billing windows per month for voucher providers so that they have three opportunities to submit requests for payment.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

☒ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **EEC contracts with center-based child care programs, including school age programs, and with family child care systems for family child care services at affiliated licensed family child care homes to ensure that families have a variety of choices for care providers. When families are offered a contracted seat with one of the contracted providers they are informed of their choices within that contracted providers network of programs if applicable. Many of the contracted center based programs and family child care systems have multiple programs, locations and types of care. The contracted provider's Family Access Administrators review documents and counsels the family during intake about parent choice and their right to change providers at any time, the family signs all documents to ensure they were counseled on their rights. Additionally, families are informed of the option to move from their contracted seat to a voucher if the contracted seat no longer meets the needs of their family.**

☐ Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

☐ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

- i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

☒ Children with disabilities. Number of slots allocated through grants or contracts: **EEC uses contracts as a mechanism for serving children with the highest needs which is inclusive of children with disabilities. Children with disabilities are considered a priority and are identified through the screening and enrollment for contracts. EEC serves approximately 110 children with disabilities through contracts.**

☒ Infants and toddlers. Number of slots allocated through grants or contracts: **EEC has allocated approximately 5,235 contracted slots for infant and toddler populations including our family child care "under 2' and "over 2' contracts.**

☒ Children in underserved geographic areas. Number of slots allocated through grants or contracts: **EEC established seat allocation targets to prioritize access underserved geographic areas which EEC defined as child care deserts and areas with high child poverty. This prioritization was used in determining the target seat allocation for approximately 12,000 seats. Though EEC did not designate a specific number of seats, this prioritization was a focus of the overall seat allocation analysis and formula for contracts. Additionally, EEC provided a list of the child care deserts and high child care poverty areas and contracted providers were asked to identify if their program serves these areas. Programs in these areas received additional points in their bid score EEC is actively in the procurement process for its contracts and will be collecting the number of seats/slots as a part of the new contracts starting 10/1/24.**

☒ Children needing non-traditional hour care. Number of slots allocated through grants or contracts: **Though EEC does not specifically allocate seats for non-traditional care , it is a prioritization with the contracts and contracted providers were asked to identify programs that offer non-traditional hours of care through the contract RFR. EEC will be collecting this information as a part of the new contracts starting 10/1/24.**

☒ School-age children. Number of slots allocated through grants or contracts: **EEC has allocated approximately 3,873 contracted school age slots.**

☒ Children experiencing homelessness. Number of slots allocated through grants or contracts: **EEC has allocated over 1000 contracted slots specifically allocated to homeless populations.**

☐ Children in urban areas. Percent of CCDF children served in an average month:

☒ Children in rural areas. Percent of CCDF children served in an average month: **EEC established seat allocation targets to prioritize access in child care deserts and areas with high child poverty which was inclusive of rural**

areas. This prioritization was used in determining the target seat allocation for approximately 12,000 seats. Though EEC did not designate a specific number of seats, this prioritization was a focus of the overall seat allocation analysis and formula for contracts. Additionally, EEC provided a list of the child care deserts including rural areas and high child care poverty areas and contracted providers were asked to identify if their program serves these areas. Programs in these areas received additional points in their bid scores. EEC is actively in the procurement process for its contracts and will be collecting the number of seats/slots as a part of the new contracts starting 10/1/24.

☒ Other populations. If checked, describe: **EEC has allocated over 300 contracted slots specifically to children of parents under 24 years of age and 4,500 contracted slots for families involved with the Department of Children and Families.**

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Rates for vouchers and contracted slots are determined by EEC's rate chart which is updated regularly as funding is granted by the legislature for rate increases. In addition, Contracted Center based programs and Family Child Care systems receive an administrative rate contract for managing the contracts that is based on a 5% of the seats awarded for CBC and a regional rate for FCC systems.**

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

☒ Yes.

☐ No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: **In-home care providers must be at least 18 years of age.**
- iii. ☒ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: **In-home care providers may not be reimbursed for more than 50 hours of child care services per week.**
- iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☐ Restricted to in-home providers that meet additional health and safety

requirements beyond those required by CCDF. Describe:

- vii. **[x] Other. Describe: Care by relatives can occur in the child's home or in the relatives' home. Care by non-relatives must occur in the child's home. If the Informal Provider is a relative, the total number of the children under the age of 13 (or under age 16 if the child has a disability) present when care is being given cannot exceed six. If the Informal Provider is a non-relative, the total number of children present when care is being given cannot exceed five with no more than three children under the age of two (so long as one child is fifteen months of age and walking independently). Also, for non-relatives, all children in care must be related to each other, and living in the residence where care is occurring, or be the non-relative's own children. In-home care cannot be used if the family is receiving a full time authorization due to a combination of the child's disability and the parent's part time service need, unless approved by EEC. The Informal Child Care Provider cannot be a member of the parent's TAFDC assistance unit (unless the parent is under the age of 18). Caregiver cannot be the child's parent, stepparent, foster parent, or guardian.**

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **EEC uses Child Universal Success Platform (CUSP), which combines US Census, EEC agency licensing data and child-level financial assistance data, and public preschool data to model the supply and demand of early education and care.**
 - ii. Method of tracking progress: **Dashboards and maps, built off of the CUSP data, display child care deserts, supply and demand by age group and geography. EEC also actively tracks the proportion of CCFA eligible infants and toddlers who are currently enrolled in CCFA statewide and by region.**
 - iii. What is the plan to address the child care shortages using family child care homes **EEC used data on infant and toddler access deserts to support the allocation of slots through the statewide contracts for child care financial assistance, allowing for a concentration of funding in deserts to ensure sufficient supply and incentivize growth. Family child care (FCC) systems serving children in child care deserts received additional points in the 2024 re-procurement of contracted child care financial assistance slots. This will lead to an increase of over 350 FCC contracted slots for infants/toddlers. EEC is also working in partnership with FCC systems to support apprenticeships for individuals interested in becoming FCC providers.**
 - iv. What is the plan to address the child care shortages using child care centers? **EEC used data on infant and toddler access deserts to support the allocation of slots through the statewide contracts for child care financial assistance, allowing for a**

concentration of funding in deserts to ensure sufficient supply and incentivize growth. Center-based child care (CBC) providers serving children in child care deserts received additional points in the 2024 re-procurement of contracted child care financial assistance slots. This will lead to an increase of over 600 center-based contracted slots for infants/toddlers.

b. In different regions of the State or Territory:

- i. Data sources used to identify shortages: EEC uses Child Universal Success Platform (CUSP), which combines US Census, EEC agency licensing data and child-level financial assistance data, and public preschool data to model the supply and demand of early education and care. This data was used to inform seat allocation and priorities for distribution of contracted seats through EEC's contracted provider re-procurement for contract seats in early education care center based and family child care system programs which identified underserved, rural and high poverty geographic areas in need as it relates to the eligible children in need.
- ii. Method of tracking progress: Dashboards and maps, built off of the CUSP data, display child care deserts, supply and demand by age group and geography. EEC also actively tracks the proportion of CCFA eligible children who are currently enrolled in CCFA statewide and by region.
- iii. What is the plan to address the child care shortages using family child care homes? EEC used this data to support the allocation of slots through the statewide contracts for child care financial assistance, allowing for a concentration of funding in deserts to ensure sufficient supply and incentivize growth. Center-based and FCC systems serving children in towns with child care deserts, rural areas, high poverty received additional points in the 2024 re-procurement of contracted child care financial assistance slots.
- iv. What is the plan to address the child care shortages using child care centers? EEC used this data to support the allocation of slots through the statewide contracts for child care financial assistance, allowing for a concentration of funding in deserts to ensure sufficient supply and incentivize growth. Center-based child care (CBC) providers serving children in towns with child care deserts received additional points in the 2024 procurement of contracted child care financial assistance slots. This data is also use to inform potential expansion of FCC apprenticeship programs by geographic area.

c. In care for special populations:

- i. Data sources used to identify shortages: As part of the 2024 re-procurement of over 6,000 contracted child care financial assistance slots, EEC examined data on the current DCF caseload overall and by region, as well as current statewide data on the family shelter system to identify where EEC should adjust the number of contracted slots for children involved with the Department of Children and Families and children from families experiencing homelessness. EEC is also collecting information on the needs of all preschool children enrolled through the Commonwealth Preschool Partnership Initiative (CPPI), grants to 21 districts (with 9 more in the planning stage) that support district-wide efforts to expand access to high quality preschool across the local mixed delivery system in Massachusetts.

Each community is responsible for identifying children's needs and providing appropriate services at all participating programs of all types, including family child care, families experiencing homelessness, special education needs, etc., and sharing child level data with EEC that includes this information.

- ii. Method of tracking progress: **Once the new child care financial assistance contracts are awarded, EEC will continue to use the DCF caseload and shelter data to monitor progress, as well as data on contract utilization. For CPPI communities, we intend to grow the number of children appropriately identified and served through CPPI programs while limiting, or eliminating altogether, the differences in success across program types.**
- iii. What is the plan to address the child care shortages using family child care homes? **As a result of the 2024 re-procurement of contracted child care financial assistance slots, the number of slots for FCC priority populations (defined as families involved in DCF, experiencing homeless, and parents under 24 years of age) will increase to over 2,000 slots. Additionally, many of the contracted FCC systems are expanding across regions which will increase the number of FCC homes. CPPI communities have the option of including family child care homes in the program, although there are only a few communities doing this right now. EEC is looking to share the successes that these communities have had and encouraging other grantees to participate.**
- iv. What is the plan to address the child care shortages using child care centers? **As a result of the 2024 re-procurement of contracted child care financial assistance slots, the number of slots for CBC priority populations (defined as families involved in DCF, experiencing homeless, and parents under 24 years of age) will increase to over 2,500 slots. CPPI communities work with a robust network of licensed, center based early education programs and are working to build access and support for children with special needs in these settings.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The agency has worked with outside contractors to develop a database to model the supply and demand for early education and care statewide, with disaggregation by geography, age group, and family income. This database combines data from the US Census, the agency's licensing database, and child-level financial assistance data to help the agency better understand where existing supply meets demand and where gaps exist. The agency has also worked with external contractors to identify child care deserts—both overall deserts, financial assistance deserts, and deserts by age group. This data is allowing the agency to ensure investments are focused in areas identified, including the distribution of funding through contracts for child care financial assistance and equity adjustments to Commonwealth Cares for**

Children (C3) grants. Additionally, EEC manages a set of grants to school districts, the Commonwealth Preschool Partnership Initiative (CPPI), that support local efforts to coordinate and expand access to high quality preschool across all local program types serving preschoolers.

- b. Infants and toddlers. Describe: EEC has worked with outside contractors to develop a database to model the supply and demand for early education and care statewide, with disaggregation by geography, age group, and family income. This database combines data from the US Census, the agency's licensing database, and child-level financial assistance data to help the agency better understand where existing supply meets demand and where gaps exist. We have also worked with external contractors to identify child care deserts—both overall deserts, financial assistance deserts, and deserts by age group. This data allow us to ensure investments are focused in areas identified, including the distribution of funding through contracts for child care financial assistance and equity adjustments to Commonwealth Cares for Children (C3) grants. The supply and demand modeling, as well as the child care desert identification includes specific breakdowns for infants and toddlers. Selection of contracted child care financial assistance slots will be partly guided by this information. C3 is also designed to provide greater funding for programs serving infants and toddlers through a staffing adjustment responsive to the lower child teacher ratios necessary.
- c. Children with disabilities. Describe: EEC is in the process of implementing a data sharing agreement with the Department of Elementary and Secondary Education which will help EEC better understand the supply and demand for early education and care among children with disabilities. Although this data is not yet available, EEC provides Commonwealth Preschool Partnership (CPPI) grants to 28 districts across the state (largely focused on high need and Gateway communities) to support coordination and expansion of preschool access. A significant expectation of these grants is that districts understand where children with disabilities are and are not being served and support families in accessing services across all program type, often through the provision of itinerant services.
- d. Children who receive care during non-traditional hours. Describe: Through the Commonwealth Cares for Children (C3) Operational Grant process, EEC has collected information around whether providers offer care during non-traditional hours and is in the process of analyzing this information. Additionally, through the 2024 Contracted provider re-procurement EEC required that bidders provide non traditional hours of care and identify which Center based care programs and FCC providers offer these hours. EEC anticipates being able to track this information through this plan period.

Additionally, EEC contracts with Department of Children and Families to provide emergency child care providers for children that may have been removed from their homes and need care which may include non traditional hours of care.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: Through EEC's efforts to enhance and build infrastructure to support pipelines for recruitment and retention, there is an increased focus on building the supply and quality of family child care, resulting in more support to become a licensed family child care provider in targeted geographies, additional professional development in the initial year after licensure, and increased supply for children receiving child care financial

assistance.

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **C3 funding is driven by a formula that adjusts grant awards upwards for programs serving children in communities with a high social vulnerability index or high percentages of children receiving child care financial assistance. CPPI grants also prioritize districts in high needs and Gateway Cities to provide a mechanism for focused local efforts to increase preschool access across all programs in the mixed delivery system, align and improve quality and ensure children with disabilities are served equitably across the system. The current procurement for state child care financial assistance contracts is also prioritizing programs in these areas using the data discussed above. For example, potential providers for our updated contract program must demonstrate high levels of support and expectations around quality improvement as a mechanism for targeted capacity building and quality improvement.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **Any facility operated on a regular basis whether known as a day nursery, nursery school, kindergarten, child play school, progressive school, child development center, day care center, pre-school, or known under any other name which receives children, not of common parentage, younger than seven years old, or younger than 16 years old if such children have disabilities, for non-residential custody and care during part or all of the day separate from their parent(s).**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

- b. Identify the family child care providers subject to licensing: **Any individual that provides care in a private residence during part or all of the day for children younger than 14 years old or children younger than 16 years old if such children have disabilities.**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **We do not license our ICC providers.**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Providers that are part of a public or private school system, care that is instructional in nature, such as a child enrolls for a particular class, care where the parent is in the classroom, occasional or drop-in centers or certain summer camps are exempt.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **EEC does not license a program that is instructional where the child takes the lesson and then leaves, such as a religious school. If the care is occasional or drop-in, there is no licensing. This is defined as not attending more than 6 days/month in the center and for a maximum of 4 hours per day. Care is also exempt if the parent is in the room or close by, such as a religious service, where the parent is able to continue to provide parenting to the child, such as diaper change or emotional care. Certain summer camps are limited in time for the summer only and are regulated by the Commonwealth's Department of Public Health.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Programs that are part of a private or public school are required to meet the health and safety standards set by the MA Department of Elementary and Secondary Education and/or the municipality in which the program is located. The MA Department of Public Health sets the health and safety standards for summer camps and monitors these programs for compliance. The local board of health issues the camp permits and completes the inspection.**
- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **EEC does not have license-exempt family child care providers.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **EEC does not have license-exempt family child care providers.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **EEC does not have license-exempt family child care providers.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements.

An informal child care (ICC) provider may be a neighbor or a friend of the parent who agrees to offer child care.

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **The ICC can care for up to five siblings in the children’s home. No more than three of the five children may be under the age of two, provided that at least one child is fifteen months of age and walking independently. All other children shall be older than 24 months**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **EEC requires the ICC provider to obtain a background record check, complete the EEC Essentials Training and complete both CPR and First Aid training. Annual visits are conducted to review the ICC provider’s adherence to Health and Safety standards.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **0-15 months**
- b. Toddler. Describe: **15-33 months**
- c. Preschool. Describe: **33-60 months**
- d. School-Age. Describe: **60+ months**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:
 - i. Infant.
Ratio: **1 educator for 3 infants, additional educator for 4th infant**
Group size: **max group size: 7 infants**
 - ii. Toddler.
Ratio: **1 educator for 4 toddler additional educator for 5th toddler**
Group size: **max group size: 9 toddlers**
 - iii. Preschool.

Ratio: **1 educator for 10 preschoolers, additional educator for 11th preschooler**

Group size: **max group size: 20 preschoolers**

iv. School-Age.

Ratio: **1 educator for 13 students, additional educator for 14th student**

Group size: **max group size: 26 students**

v. Mixed-Age Groups (if applicable).

Ratio: **NA**

Group size: **NA**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **NA**

Group size: **NA**

ii. Toddler (if applicable)

Ratio: **NA**

Group size: **NA**

iii. Preschool (if applicable)

Ratio: **NA**

Group size: **NA**

iv. School-Age (if applicable)

Ratio: **NA**

Group size: **NA**

v. Mixed-Age Groups

Ratio: **No more than 3 children younger than two-years-old in a group of 6 children with 1 educator, including at least one toddler who is walking independently. Additional children must be older than 24 months. No more than 10 children for 2 educators with no more than 6 children**

younger than two-years-old, including no more than 3 infants. No more than 10 children to 3 educators with no more than 6 infants. Additional children must be 15 months of age or older.

Group size: **max group size: 10**

- d. Are any of the responses above different for license-exempt family child care homes?

☐ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

☒ Not applicable. The Lead Agency does not have license-exempt family child care homes.

- e. Licensed in-home care (care in the child's own home):

- i. Infant (if applicable)

Ratio: **NA**

Group size: **NA**

- ii. Toddler (if applicable)

Ratio: **NA**

Group size: **NA**

- iii. Preschool (if applicable)

Ratio: **NA**

Group size: **NA**

- iv. School-Age (if applicable)

Ratio: **NA**

Group size: **NA**

- v. Mixed-Age Groups (if applicable)

Ratio: **NA**

Group size: **NA**

- f. Are any of the responses above different for license-exempt in-home care?

☐ No.

☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **There are no ratios because the provider can only care for children in one family. They may provide child care for no more than five children at a time.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

- a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Infant/Toddler teachers must be at least 21 years of age or have a high school diploma or equivalent and meet one of the following sets of requirements: Have successfully completed 3 credits in the Child Growth and Development category and have nine months of work experience or one practicum; or; have a Child Development Associate (CDA) Credential; or have graduated from a two-year high school vocational program in early childhood education, approved by the Department for both the education and experience requirements and have been evaluated and recommended by the program instructor. The following education may substitute for a portion of the required work experience: An associate or bachelor's degree in early childhood education or a related field of study may substitute for six months of the required experience. A bachelor's degree in an unrelated field of study may substitute for three months of the required experience. For infant-toddler teachers, one continuing education unit (ten hours of instruction) in category Infant and Toddler Development, Care and Program Planning may substitute for three months of work experience. To be qualified as an infant/toddler teacher, three months of the required work experience must be in caregiving to infant/toddlers. Preschool teacher must be at least 21 years of age or have a high school diploma or equivalent and meet one of the following sets of requirements: Have successfully completed 3 credits in category Child Growth and Development and have nine months of work experience or one practicum; or have a Child Development Associate (CDA) Credential; or have graduated from a two-year high school vocational program in early childhood education, approved by the Department for both the education and experience requirements and have been evaluated and recommended by the program instructor. The following education may substitute for a portion of the required work experience: an associate or bachelor's degree in early childhood education or a related field of study may substitute for six months of the required experience. A bachelor's degree in an unrelated field of study may substitute for three months of the required experience. To be qualified as a preschool teacher, three months of the required work experience must be in caregiving to preschool age children. A School Age Group leader shall be at least 18 years of age and meet one of the following sets of requirements: have a bachelor's degree or an associate degree; and have three months of experience working with school age children; or have a high school diploma or equivalent; and have six months of experience working with school age children including three months of supervised experience at a school age child care program; or have nine months of experience with school age children including three months of supervised experience at a school age child care program. During the pandemic, the EEC Board approved a set of Minimum Hiring Requirements and alternative verification processes that supported programs in hiring more quickly. These requirements maintained the core expectations of certification, but allowed greater flexibility in when and how courses were completed and recognized a range of credentials from other related fields. Directors were given authority to review educator qualifications while hiring rather than waiting on a review from EEC staff. The Board recently voted to sustain these flexibilities given the ongoing staffing shortage facing the field. EEC is in the process of developing a new credentialing system which will replace the**

current state.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Directors working in a licensed center-based program must be at least 21 years of age and have met one of the following sets of requirements for education and experience; At least nine months of work experience or one practicum must be with either infants and toddlers or preschoolers (if with infants /toddlers, the total work experience is reduced by 1/3): High school diploma or equivalent; and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 36 months of work experience; high school diploma or equivalent CDA credential in center-based, home visitor or family child care setting with a preschool or infant/toddler endorsement and 27 months of work experience; associates degree in Early Childhood Education or related field of study and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 18 months of work experience; bachelor's degree in an unrelated field of study and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 18 months of work experience; bachelor's or advanced degree in Early Childhood Education or in a related field of study and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 9 months of work experience; Alternative Early Childhood Training Program and 12 credits in at least 4 categories of study except Child Care Administration including 3 credits in Child Growth and Development and 2 credits in Planning Programs, Curriculum, or Classroom management or 3 credits in infant/toddler care; and 27 months of work experience; Certification as an Early Intervention Specialist by the MA Department of Public Health K-3 Teacher for Young Children with Special Needs Certification from the MA Department of Elementary and Secondary Education. Have 6 months of work experience after meeting the above qualifications (Lead Teacher qualifications), have evidence of satisfactory completion of at least 2 credits or 3 CEUs in the category of Child Care Administration; and have evidence of completion of at least 2 additional Early Childhood Settings Child and Classroom Management Advanced or Specialized Early Childhood Education or Development Children with Special Needs, Birth through 16 years. Infant and Toddler Development, Care, and Program Planning Health and Safety in Early Childhood Families and Community Child Care Policy Supervision or Staff Development in Early Childhood Education Child Observation, Documentation and Assessment. EEC was given authority by its board to implement the educator qualifications and professional development requirements of its licensing regulations in a way that reduces the administrative burden on programs and educators. As part of this authority, EEC streamlined its teacher certification process. Historically, EEC has**

administered secondary verification of Educator Qualifications by reviewing and issuing a Teacher Qualifications (TQ) Certificate. EEC eliminated this process, as it was duplicative, given that EEC licensors already, and will continue to, review staff files to ensure staff meet these requirements during routine monitoring visits. The minimum hiring requirements process described for educators is also in place for directors.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **All family child care educators must be at least 18 years of age. Prior to receiving their initial license to provide family child care, an 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, an applicant for a license to care for six or fewer children must have at least the following: one year of experience as a parent; or one year of full-time experience, or the equivalent, in caring for children younger than 12 years of age; or nine months of full-time experience in caring for children younger than 14 years of age and completion of 15 hours of training, approved by the Department, not including the EEC educator orientation; or six months of fulltime experience in caring for children younger than 12 years of age and completion of 30 hours of training, approved by the Department, not including the EEC orientation; or qualification as a teacher or site coordinator by EEC. 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: two years of experience as a family child care licensee or certified assistant; or one year of experience as a family child care licensee or certified assistant and one additional year caring for unrelated children in a group setting; or EEC certification as a teacher or site coordinator. An additional three credits in education or early childhood education may substitute for six months of the required additional experience. An additional six credits in education or early childhood education may substitute for nine months of the required additional experience. 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: three years of experience as a family child care licensee or certified assistant, or one year of experience as a family child care licensee or certified assistant; and one of the following: two additional years caring for unrelated children in a group setting, which may include experience as a family child care licensee or certified assistant; 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. An additional three credits in education or early childhood education may substitute for six months of the required additional experience. An additional six credits in education or early childhood education will substitute for nine months of the additional required experience**

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of

children in care: **EEC does not license providers caring for children in the child's home (also known as informal child care providers).**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **EEC does not monitor educator/provider qualifications and credentials for CCDF license-exempt child care programs and instead monitoring focuses on health and safety trainings. All program staff in funded center-based programs must complete the full suite of EEC Essentials health and safety trainings, which includes pediatric first aid and CPR. In Funded Programs that only run before and after school care and do not care for infants, program staff are not required to complete the Infant Safe Sleep and Shaken Baby Syndrome training modules in the suite. For all funded center-based programs, while all staff must complete CPR and First Aid trainings, programs must ensure that at least one staff member currently trained and certified in age-appropriate CPR and first aid must be on the premises at all times when children are present. For all funded programs, while all staff must complete medication administration trainings, the Program must ensure that at least one adult with training in medication administration is present at any and all times.**
- b. License-exempt home-based child care. **NA**
- c. License-exempt in-home care (care in the child's own home). **Non-relative informal child care providers must be at least 18 years of age or older and may not be a resident of the child's household. Prior to providing and being reimbursed for subsidized child care, the non-relative informal child care provider must complete EEC's background record check process, complete all applicable pre-service health and safety trainings (EEC Essentials) and required orientation, obtain current and valid CPR and first aid certification appropriate to the ages of children served, agree to annual monitoring visits from EEC demonstrating compliance with all applicable health and safety requirements (in accordance with parental permission) including but not limited to those identified in the Compliance Requirements for Informal Non-Relative Child Care Providers, and agree to only provide subsidized care in the child's home.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **All educators must be trained in infection control procedures. Educators must educate children about and promote hand washing procedures and health precautions. The licensee must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health 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: before and after water play; before and after eating or handling food; after toileting or diapering; after coming into contact with bodily fluids or discharges (including sneezes, coughing); and after handling animals or their equipment. In addition, educators must wash their hands before and after administration of medication, after performing cleaning tasks, and after handling trash or using cleaning products. Facilities used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service. 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. All floors used by children must be swept and/or vacuumed daily. All eating surfaces must be washed and disinfected before and after each use. Where applicable, the following items, equipment and surfaces must be washed and disinfected after each use: toilet training chairs which have first been emptied into a toilet; sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair; diapering surfaces; mops used for cleaning body fluids; bibs (when used only for one child, good judgment should be used in deciding whether it can be reused before washing); thermometers; and water tables and water play equipment. (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. 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. The following items must be monitored for cleanliness and washed and disinfected at least daily: toilets and toilet seats; containers, including lids, used to hold soiled diapers; sinks and sink faucets; drinking fountains; play tables; and washcloths and towels. The following must be washed and disinfected at least weekly: cribs, cots, mats and other approved sleeping equipment; sheets, blankets or other coverings; machine washable fabric toys; smooth surfaced, non-porous floors; and mops used for cleaning. 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. All disinfectant solutions must be stored in accordance with manufacturer's instructions and in a secure place out of**

the reach of children. 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. 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. 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. 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. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: All educators must be trained in infection control procedures. Educators must educate children about and promote hand washing procedures and health precautions. The licensee must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health 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: before and after water play; before and after eating or handling food; after toileting or diapering; after coming into contact with bodily fluids or discharges (including sneezes, coughing); and after handling animals or their equipment. In addition, educators must wash their hands before and after administration of medication, after performing cleaning tasks, and after handling trash or using cleaning products. Facilities used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service. 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. All floors used by children must be swept and/or vacuumed daily. All eating surfaces must be washed and disinfected before and after each use. Where applicable, the following items, equipment and surfaces must be washed and disinfected after each use: toilet training chairs which have first been emptied into a toilet; sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair; diapering surfaces; mops used for cleaning body fluids; bibs (when used only for one child, good judgment should be used in deciding whether it can be reused before washing); thermometers; and water tables and water play equipment. (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. 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. The following items must be monitored for cleanliness and washed and disinfected at least daily: toilets and toilet seats; containers, including lids, used to hold soiled diapers; sinks and sink faucets; drinking fountains; play tables; and washcloths and towels. The following must be washed and disinfected at least weekly: cribs, cots, mats and other approved sleeping equipment; sheets, blankets or other coverings; machine washable fabric toys; smooth surfaced, non-porous floors; and mops used for cleaning. 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. All disinfectant solutions must be stored in accordance with manufacturer's instructions and in a secure place out of the reach of children. 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. 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. 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. 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. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Adults and children shall wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Hands shall be dried with individual or disposable towels or automatic hand blow-dryers. The use of common towels is prohibited. Adults and children shall wash their hands at least at the following times: before and after water play; before eating and/or handling food; after toileting/diapering; after coming into contact with bodily fluids (including sneezes and coughs); after handling animals or their equipment; after playing in sand; after playing outside; after cleaning or handling garbage; before and after the administration of any medication (including topical ointments). All equipment, materials, items, and surfaces (including floors, walls and clothing used for dramatic play) shall be monitored for cleanliness, washed with soap and water, and disinfected or sanitized as needed to maintain a sanitary environment,**

in accordance with EEC policy. The solution used to sanitize or disinfect equipment, materials, items, or surfaces shall be either a bleach solution prepared in accordance with EEC guidelines or a commercially prepared solution that has been registered as either a sanitizer or a disinfectant (as appropriate) by the Environmental Protection Agency. All solutions used to sanitize or disinfect equipment, materials, items, and surfaces shall be used in a way that protects the health and safety of children, and in accordance with EEC guidelines and/or manufacturer's directions. Cleaning, sanitizing, and disinfecting products shall not be used in close proximity to children. Adequate ventilation shall be maintained during use of all cleaning, sanitizing, and disinfecting products. All cleaning, disinfecting, and sanitizing products shall be stored in a secure place, inaccessible to children. The program shall provide sufficient space, accessible to children, for each child to store clothing, coats, bedding, and other personal items in a safe, sanitary manner. Personal items intended for individual use by children, including but not limited to bottles and cups, pacifiers, toothbrushes, and sleeping materials, shall be labeled with the name of the child for whom they are intended. Personal items shall be stored so that they do not touch. The program shall have written policies for the prevention and control of contagious illnesses and Infectious Diseases. The program shall 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. The program shall notify all parents in accordance with Department of Public Health recommendations, when any communicable disease or condition has been introduced into the program. The program shall follow the recommendations of the Department of Public Health regarding the use of insect repellants. The program shall follow infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood, bodily fluids or excretions that may spread infectious disease. Health 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. Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids. Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container. Contaminated clothing shall 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.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Adults and children shall wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health guidelines. Hands shall be dried with individual or disposable towels or automatic hand blow-dryers. The use of common towels is prohibited. Sinks used for hand washing after diapering or toileting shall be separate from facilities and areas used for food preparation and food service. Equipment, materials, items, and surfaces shall be monitored for**

cleanliness, washed with soap and water, and disinfected or sanitized safely and as needed to maintain a sanitary environment, in accordance with EEC policy. Cleaning, sanitizing, and disinfecting products shall not be used in close proximity to children. Adequate ventilation shall be maintained during use of all cleaning, sanitizing, and disinfecting products. The solution used to sanitize or disinfect equipment, materials, items, or surfaces shall be either a bleach solution prepared in accordance with EEC guidelines or a commercially prepared solution that has been registered as either a Sanitizer or a Disinfectant (as appropriate) by the Environmental Protection Agency. The provider shall follow infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood, bodily fluids or excretions that may spread infectious disease. 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. Non-latex gloves shall be used for the clean-up of blood and bodily fluids. Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container. Contaminated clothing shall be sealed in a plastic container or bag and returned to the parent at the end of the day.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: All educators must be trained in infection control procedures. Educators must educate children about and promote hand washing procedures and health precautions. The licensee must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with Department of Public Health 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: before and after water play; before and after eating or handling food; after toileting or diapering; after coming into contact with bodily fluids or discharges (including sneezes, coughing); and after handling animals or their equipment. In addition, educators must wash their hands before and after administration of medication, after performing cleaning tasks, and after handling trash or using cleaning products. Facilities used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service. 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. All floors used by children must be swept and/or vacuumed daily. All eating surfaces must be washed and disinfected before and after each use. Where applicable, the following items, equipment and surfaces must be washed and disinfected after each use: toilet training chairs which have first been emptied into a toilet; sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair; diapering surfaces; mops used for cleaning body fluids; bibs (when used only for one child, good judgment should be used in deciding whether it can be reused before washing); thermometers; and water tables and water play equipment. (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. 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. The following items must be monitored for cleanliness and washed and disinfected at least daily: toilets and toilet seats; containers, including lids, used to hold soiled diapers; sinks and sink faucets; drinking fountains; play tables; and washcloths and towels. The following must be washed and disinfected at least weekly: cribs, cots, mats and other approved sleeping equipment; sheets, blankets or other coverings; machine washable fabric toys; smooth surfaced, non-porous floors; and mops used for cleaning. 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. All disinfectant solutions must be stored in accordance with manufacturer's instructions and in a secure place out of the reach of children. 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. 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. 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. 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. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The licensee must maintain an individual written record for each child that includes medical records, including 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. The licensee must maintain ongoing records, including documentation of annual physical examinations, updated immunizations, and lead screening.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The licensee must maintain an individual written record for each child that includes**

medical records, including 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. The licensee must maintain ongoing records, including documentation of annual physical examinations, updated immunizations, and lead screening.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Program shall maintain a complete, accurate, and confidential file for each child documenting that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The Program shall maintain a complete, accurate, and confidential file for each child documenting that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The licensee must maintain an individual written record for each child that includes medical records, including 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. The licensee must maintain ongoing records, including documentation of annual physical examinations, updated immunizations, and lead screening. For school age children, the licensee may accept either a written parental statement that the required information is on file with the child's school or copies of the child's immunization, physical examination and lead screening records.**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **All staff working with infants under 12 months of age must be trained on safe sleep practices prior to caring for infants. In accordance with the EEC Essentials Policy, Infant Safe Sleep Practices and Shaken Baby Syndrome trainings must be completed prior to working with infants and toddlers in an unsupervised capacity. An educator trained in safe sleep practices must be present at all times where there is a sleeping infant. Programs serving infants must: place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing; nap infants in an individual crib, porta crib, playpen or bassinet; ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any**

potential head entrapment areas; ensure that slats on cribs are no more than 2 3/8 inches apart; ensure that cribs, porta cribs, playpens or bassinets used for sleeping infants younger than 12 months of age do not contain pillows, comforters, stuffed animals or other soft, padded materials. The licensee must have a written health care policy that includes a plan to ensure that all children 12 months of age or younger are placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing. The educator must visually observe napping children at least every 15 minutes. When children are placed in a separate room for naps, the door must remain ajar. 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. Additional policy standards state: Infants must be placed on a firm, flat, non-inclined sleep surface. Each infant must have access to an individual crib, port-a-crib, playpen, or bassinet with a firm, properly fitted mattress and a clean fitted sheet. Only mattresses designed for the specific product should be used. Mattresses should be firm and should maintain their shape even when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the wall of the crib, bassinet, portable crib, or play yard. Pillows, cushions, and mattress toppers designed to make the sleep surface softer must not be used as substitutes for mattresses or in addition to a mattress. Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. To demonstrate that the crib or other sleeping equipment meets the current CPSC crib standards, one of the following must be observed on any equipment used for sleeping children: A tracking label, which is a permanent, distinguishing mark on the crib that contains, at minimum, the source of the product, the date of manufacture (any date on or after June 28, 2011 will be accepted), and cohort information, such as batch or run number; a registration form including the manufacturer's name and contact information, model name, model number, and a date of manufacture on or after June 28, 2011; and a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab demonstrating compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. The use of soft objects or loose bedding in and around the crib is prohibited. Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys must not be placed in the crib with the baby. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing, or weighted objects are prohibited. Dress infants appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Evaluate the infant for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. Avoid over-bundling and covering of the face and head. Do not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Bottles must never be propped, and babies should not

suck on a bottle while sleeping. Propping the bottle increases the risk of choking and of ear infections. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All staff working with infants under 12 months of age must be trained on safe sleep practices prior to caring for infants. In accordance with the EEC Essentials Policy, Infant Safe Sleep Practices and Shaken Baby Syndrome trainings must be completed prior to working with infants and toddlers in an unsupervised capacity. An educator trained in safe sleep practices must be present at all times where there is a sleeping infant. Programs serving infants must: place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing; nap infants in an individual crib, porta crib, playpen or bassinet; ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas; ensure that slats on cribs are no more than 2 3/8 inches apart; ensure that cribs, porta cribs, playpens or bassinets used for sleeping infants younger than 12 months of age do not contain pillows, comforters, stuffed animals or other soft, padded materials. The licensee must have a written health care policy that includes a plan to ensure that all children 12 months of age or younger are placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing. The educator must visually observe napping children at least every 15 minutes. When children are placed in a separate room for naps, the door must remain ajar. 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. Additional policy standards state: Infants must be placed on a firm, flat, non-inclined sleep surface. Each infant must have access to an individual crib, port-a-crib, playpen, or bassinet with a firm, properly fitted mattress and a clean fitted sheet. Only mattresses designed for the specific product should be used. Mattresses should be firm and should maintain their shape even when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the wall of the crib, bassinet, portable crib, or play yard. Pillows, cushions, and mattress toppers designed to make the sleep surface softer must not be used as substitutes for mattresses or in addition to a mattress. Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be**

checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. To demonstrate that the crib or other sleeping equipment meets the current CPSC crib standards, one of the following must be observed on any equipment used for sleeping children: A tracking label, which is a permanent, distinguishing mark on the crib that contains, at minimum, the source of the product, the date of manufacture (any date on or after June 28, 2011 will be accepted), and cohort information, such as batch or run number; a registration form including the manufacturer's name and contact information, model name, model number, and a date of manufacture on or after June 28, 2011; and a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab demonstrating compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. The use of soft objects or loose bedding in and around the crib is prohibited. Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys must not be placed in the crib with the baby. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing, or weighted objects are prohibited. Dress infants appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Evaluate the infant for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. Avoid over-bundling and covering of the face and head. Do not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Bottles must never be propped, and babies should not suck on a bottle while sleeping. Propping the bottle increases the risk of choking and of ear infections. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **All staff working with infants under 12 months of age must be trained on safe sleep practices prior to caring for infants. In accordance with the EEC Essentials Policy, Infant Safe Sleep Practices and Shaken Baby Syndrome trainings must be completed prior to working with infants and toddlers in an unsupervised capacity. All adults caring for infants must follow safe sleep practices as recommended by the American Academy of Pediatrics and EEC Safe Sleep Policy. Infants shall be**

placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing. Infants who are younger than six months of age at the time of enrollment shall be under direct visual supervision at all times, including while napping, during the first six weeks they are in care. Infants shall be placed to nap in an individual crib, port-a-crib, or bassinet. All cribs, port-o-cribs, playpens, toddler beds, or bassinets used for sleeping shall meet current Consumer Product Safety Commission and American Society for Testing and Materials safety requirements. Crib slats shall be no more than 2 3/8 inches apart. Cribs shall have a firm, properly fitted mattresses with a clean fitted sheet. Cribs used for sleeping infants younger than 12 months of age shall not contain any potential head entrapment areas. Cribs, port-a-cribs, playpens or bassinets used for sleeping infants younger than 12 months of age shall not contain pillows, comforters, blankets, bumper pads, stuffed animals, or any other soft, padded materials. Car seats, swings, and other sitting devices shall not be used for infant sleep. Additional policy standards state: Infants must be placed on a firm, flat, non-inclined sleep surface. Each infant must have access to an individual crib, port-a-crib, playpen, or bassinet with a firm, properly fitted mattress and a clean fitted sheet. Only mattresses designed for the specific product should be used. Mattresses should be firm and should maintain their shape even when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the wall of the crib, bassinet, portable crib, or play yard. Pillows, cushions, and mattress toppers designed to make the sleep surface softer must not be used as substitutes for mattresses or in addition to a mattress. Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. To demonstrate that the crib or other sleeping equipment meets the current CPSC crib standards, one of the following must be observed on any equipment used for sleeping children: A tracking label, which is a permanent, distinguishing mark on the crib that contains, at minimum, the source of the product, the date of manufacture (any date on or after June 28, 2011 will be accepted), and cohort information, such as batch or run number; a registration form including the manufacturer's name and contact information, model name, model number, and a date of manufacture on or after June 28, 2011; and a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab demonstrating compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. The use of soft objects or loose bedding in and around the crib is prohibited. Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys must not be placed in the crib with the baby. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing, or weighted objects are prohibited. Dress infants appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Evaluate the infant for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the

touch. Avoid over-bundling and covering of the face and head. Do not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Bottles must never be propped, and babies should not suck on a bottle while sleeping. Propping the bottle increases the risk of choking and of ear infections. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All staff working with infants under 12 months of age must be trained on safe sleep practices prior to caring for infants. In accordance with the EEC Essentials Policy, Infant Safe Sleep Practices and Shaken Baby Syndrome trainings must be completed prior to working with infants and toddlers in an unsupervised capacity. All adults caring for infants must follow safe sleep practices as recommended by the American Academy of Pediatrics and EEC Safe Sleep Policy. Infants shall be placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing. Infants who are younger than six months of age at the time of enrollment shall be under direct visual supervision at all times, including while napping, during the first six weeks they are in care. Infants shall be placed to nap in an individual crib, port-a-crib, or bassinet. All cribs, port-o-cribs, playpens, toddler beds, or bassinets used for sleeping shall meet current Consumer Product Safety Commission and American Society for Testing and Materials safety requirements. Crib slats shall be no more than 2 3/8 inches apart. Cribs shall have a firm, properly fitted mattresses with a clean fitted sheet. Cribs used for sleeping infants younger than 12 months of age shall not contain any potential head entrapment areas. Cribs, port-a-cribs, playpens or bassinets used for sleeping infants younger than 12 months of age shall not contain pillows, comforters, blankets, bumper pads, stuffed animals, or any other soft, padded materials. Car seats, swings, and other sitting devices shall not be used for infant sleep. The provider shall have a safe sleep policy that is communicated to parents and is in accordance with EEC Safe Sleep Policy Additional policy standards state: Infants must be placed on a firm, flat, non-inclined sleep surface. Each infant must have access to an individual crib, port-a-crib, playpen, or bassinet with a firm, properly fitted mattress and a clean fitted sheet. Only mattresses designed for the specific product should be used. Mattresses should be firm and should maintain their shape even when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the wall of the crib, bassinet,**

portable crib, or play yard. Pillows, cushions, and mattress toppers designed to make the sleep surface softer must not be used as substitutes for mattresses or in addition to a mattress. Car seats and other sitting devices are not allowed for sleep. Cribs and toddler beds must meet current U.S. Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (Now called ASTM International) safety standards. Each piece of equipment used for sleeping and resting infants must be checked regularly to make sure it has not been recalled, is not missing any hardware, and is in good repair. To demonstrate that the crib or other sleeping equipment meets the current CPSC crib standards, one of the following must be observed on any equipment used for sleeping children: A tracking label, which is a permanent, distinguishing mark on the crib that contains, at minimum, the source of the product, the date of manufacture (any date on or after June 28, 2011 will be accepted), and cohort information, such as batch or run number; a registration form including the manufacturer's name and contact information, model name, model number, and a date of manufacture on or after June 28, 2011; and a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab demonstrating compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220. Co-sleeping is prohibited. Infants must not be placed to sleep or rest on an adult bed or sofa. The use of soft objects or loose bedding in and around the crib is prohibited. Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys must not be placed in the crib with the baby. Swaddling is prohibited for any child who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing, or weighted objects are prohibited. Dress infants appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment. Evaluate the infant for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. Avoid over-bundling and covering of the face and head. Do not place hats on infants when indoors. Room temperature should be maintained between 68-72 degrees Fahrenheit. Bottles must never be propped, and babies should not suck on a bottle while sleeping. Propping the bottle increases the risk of choking and of ear infections. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed. Areas used for infant sleep must be free of hazards, such as dangling cords, electric wires, and window-covering cords, and any potential strangulation risks. Spaces used for sleeping infants must be lit enough to allow supervising staff to see each infant's face and skin color. Home monitors or commercial devices marketed to reduce the risk of SIDS must not be relied upon for the supervision of sleeping babies.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **School Age Programs (OST) only serve**

children age 5 to 14

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The licensee must have a written plan for staff orientation, which must include health care policy, including medication administration. All educators must be trained in the program's medication administration procedures. 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. 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. 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 Massachusetts Department of Public Health (MDPH) can be substituted with approval from MDPH. The licensee must ensure that each educator, including those educators who do not administer medication, receives training in recognizing generic medication side effects and adverse interactions among various medications, and potential side effects of specific medications administered in the program. The licensee must have a written policy regarding administration of prescription and nonprescription medication. The policy must provide for the administration of medications ordered by a child's health care practitioner. 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. 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. 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. 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. Those medications found in United States Drug Enforcement Administration (DEA) Schedules II through V must be kept in a secured and locked place at all times when not being accessed by an authorized**

individual. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38°F and 42°F. Emergency medications such as epinephrine auto-injectors must be immediately available for use as needed. Each licensee shall have a written policy on medication disposal. 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. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. Each time 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 for topical medication applied to diaper rash. 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. 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. The educator must document all medication or treatment administration, whether scheduled or unanticipated, in the child's medication and treatment log. 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. 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. 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. Educators must wash their hands before and after administration of medication. The licensee must provide to families in writing, prior to enrollment of their child, the program's policy regarding administration of medication. The licensee must maintain an individual written record for each child that includes written consent for the use of unanticipated, non-prescription and topical, non-prescription medications, if applicable. 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. The licensee must maintain ongoing records which include a record of any medications administered to the child. The licensee must inform parents immediately of any injury which requires any medical care beyond minor first aid or of any emergency

administration of non-prescription medication. The licensee must immediately report to the Department any medication error which occurred while the child was in care and which required hospitalization or emergency medical treatment, or which resulted in a child receiving the wrong medication.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: All educators must be trained in the program's medication administration procedures. 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. 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. 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 Massachusetts Department of Public Health (MDPH) can be substituted with approval from MDPH. The licensee must ensure that each educator, including those educators who do not administer medication, receives training in recognizing generic medication side effects and adverse interactions among various medications, and potential side effects of specific medications administered in the program. The licensee must have a written policy regarding administration of prescription and nonprescription medication. The policy must provide for the administration of medications ordered by a child's health care practitioner. 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. 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. 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. 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. Those medications found in United States Drug Enforcement Administration (DEA) Schedules II through V must be kept in a secured and locked place at all times when not being accessed by an authorized individual. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38°F and 42°F. Emergency medications such as epinephrine auto-injectors must be immediately available for use as needed. Each licensee shall

have a written policy on medication disposal. 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. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. Each time 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 for topical medication applied to diaper rash. 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. 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. The educator must document all medication or treatment administration, whether scheduled or unanticipated, in the child's medication and treatment log. 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. 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. 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. Educators must wash their hands before and after administration of medication. The licensee must provide to families in writing, prior to enrollment of their child, the program's policy regarding administration of medication. The licensee must maintain an individual written record for each child that includes written consent for the use of unanticipated, non-prescription and topical, non-prescription medications, if applicable. 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. The licensee must maintain ongoing records which include a record of any medications administered to the child. The licensee must inform parents immediately of any injury which requires any medical care beyond minor first aid or of any emergency administration of non-prescription medication. The licensee must immediately report to the Department any medication error which occurred while the child was in care and which required hospitalization or emergency medical treatment, or which resulted in a child receiving the wrong medication.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Prescription medications shall be in the containers in which they were originally dispensed and labeled by the pharmacist, including the date the prescription was filled and clear instructions for administration. Over the counter medications shall be dated and kept in the original manufacturer's packaging. The container should be labeled by the parent/guardian, including: the child's first and last name; specific instructions given by the prescribing physician or pharmacist's order for the dosage and administration, if applicable. Medications shall be stored under the proper conditions for sanitation, preservation, security, and safety at all times. All medications shall be stored out of the reach of and completely inaccessible to children, unless otherwise specified in a child's individual health care plan. All medications that are considered controlled substances shall be kept in a secured and locked place at all times, when not being accessed by an authorized individual. All medications shall be stored at the proper temperature. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children, in a refrigerator maintained at temperature between 38°F and 42°F. All medications shall be stored away from food. Emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, shall be immediately available for any children for whom they have been prescribed. The program shall have clear, written policies for the documentation, administration, handling, and disposal of all medications, in accordance with EEC requirements. All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, shall be provided by the child's parent. No medication shall be administered without written parental consent. Providers may administer routine, scheduled medication or treatment to a child with a chronic medical condition in accordance with written parental consent and licensed Health Care Practitioner authorization. Providers administering routine, scheduled medication or treatment to the child with a chronic medical condition shall 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 Care Consultant that specifically addresses the child's medical condition, medication, and other treatment needs. Each time a medication is administered, providers shall 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. Missed doses shall also be documented, along with the reason(s) why the dose was missed. The program shall ensure that at least one adult with training in medication administration is present at any and all times when children are in care. Medications shall not be used beyond their date of expiration. Unused medication shall be returned to the parent/guardian for disposal. If medication cannot be returned to the parent/guardian, the program shall have a written policy on medication disposal in accordance with the recommendations of the Department of Public Health, Drug Control Program.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Medications administered to a child by the provider, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, shall be provided by the child's parent. No medication shall be administered without written parental consent. Prescription medications to be administered by the provider shall be in the containers in which they were originally dispensed and labeled by the pharmacist, including the date the prescription was filled and clear instructions for administration. Medications shall be stored under the proper conditions for sanitation, preservation, security, and safety at all times. All medications shall be stored at the proper temperature, away from food, and inaccessible to children at all times, unless otherwise specified in the child's health care plan. Provider shall document all medications administered, in accordance with EEC guidelines, including the name of the medication, dosage, time and method of administration.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The licensee must have a written plan for staff orientation, which must include health care policy, including medication administration. All educators must be trained in the program's medication administration procedures. 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. 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. 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 Massachusetts Department of Public Health (MDPH) can be substituted with approval from MDPH. The licensee must ensure that each educator, including those educators who do not administer medication, receives training in recognizing generic medication side effects and adverse interactions among various medications, and potential side effects of specific medications administered in the program. The licensee must have a written policy regarding administration of prescription and nonprescription medication. The policy must provide for the administration of medications ordered by a child's health care practitioner. 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. 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. 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. 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. Those medications found in United States Drug Enforcement Administration (DEA) Schedules II through V must be kept in a secured and locked place at all times when not being accessed by an authorized individual. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38°F and 42°F. Emergency medications such as epinephrine auto-injectors must be immediately available for use as needed. Each licensee shall have a written policy on medication disposal. 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. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. Each time 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 for topical medication applied to diaper rash. 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. 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. The educator must document all medication or treatment administration, whether scheduled or unanticipated, in the child's medication and treatment log. 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. 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. 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. Educators must wash their hands before and after administration of medication. The licensee must provide to families in writing, prior to enrollment of their child, the program's policy regarding administration of medication. The licensee must maintain an individual written record for each child that includes written consent

for the use of unanticipated, non-prescription and topical, non-prescription medications, if applicable. 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. The licensee must maintain ongoing records which include a record of any medications administered to the child. The licensee must inform parents immediately of any injury which requires any medical care beyond minor first aid or of any emergency administration of non-prescription medication. The licensee must immediately report to the Department any medication error which occurred while the child was in care and which required hospitalization or emergency medical treatment, or which resulted in a child receiving the wrong medication.

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **The licensee must maintain an individual written record for each child that includes written consent for the use of unanticipated, non-prescription and topical, non-prescription medications, if applicable. 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. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. 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. 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The licensee must maintain an individual written record for each child that includes written consent for the use of unanticipated, non-prescription and topical, non-prescription medications, if applicable. 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. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. 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. 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.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The Program shall maintain a complete, accurate, and confidential file for each child, which shall include written parental consent for the use of unanticipated, non-prescription and topical medications. All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, shall be provided by the child's parent. No medication shall be administered without written parental consent. Providers may administer routine, scheduled medication or treatment to a child with a chronic medical condition in accordance with written parental consent and licensed Health Care Practitioner authorization.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Medications administered to a child by the provider, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, shall be provided by the child's parent. No medication shall be administered without written parental consent.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The licensee must maintain an individual written record for each child that includes written consent for the use of unanticipated, non-prescription and topical, non-prescription medications, if applicable. 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. No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. 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. 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.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The program must**

have a written health care policy that includes: a plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic. Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. The program must maintain an individual written record for each child that includes 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. The licensee must post the following information in an area easily visible to parents, educators and visitors, in a manner that protects the privacy of each child: 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 a list of allergies and/or other emergency medical information provided by the parent for each child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The program must have a written health care policy that includes: a plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic. Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. The program must maintain an individual written record for each child that includes 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. The licensee must post the following information in an area easily visible to parents, educators and visitors, in a manner that protects the privacy of each child: 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 a list of allergies and/or other emergency medical information provided by the parent for each child.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The program shall have and follow a written health care policy that includes a plan for meeting individual children's specific health care needs, including, but not limited to procedures for identifying children with allergies and protecting children from that to which they are allergic, if applicable. The program shall follow the directions of the parents and /or the child's physician regarding any allergies, food preparation, and feeding of special diets to children. The program shall ensure that information about allergies and other known medical conditions are easily and readily available at all times and accompany the children anytime they leave the facility in the care of staff. The program shall post the following information in an area easily visible to parents, providers, and visitors, in a manner that protects the privacy of each child: 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 a list of allergies and/or other emergency medical information provided by the parent for each child.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider shall have procedures for identifying children with allergies and protecting children from that to which they are allergic. The provider shall follow the directions of the parents and /or the child's physician regarding any food allergies, preparation, and feeding of special diets to child. Information about allergies and other known medical conditions shall be easily and readily available at all times and shall accompany the child whenever leaving the home under the provider's supervision. During child care hours, the provider shall ensure that emergency information is easily accessible, on and off the child care premises. Emergency information shall include the location of all emergency or life-saving medications, including but not limited to epinephrine auto-injectors, inhalers, and anti-seizure medications, that specifies to which child/children they belong, and a list of allergies and/or other emergency medical information provided by the parent for each child.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The program must have a written health care policy that includes: a plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children from that to which they are allergic. Educators must follow the directions of the parents and /or the child's physician regarding any food allergies of a child. The program must maintain an individual written record for each child that includes 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. The licensee must post the following information in an area easily visible to parents, educators and visitors, in a manner that protects the privacy of each child: 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 a list of allergies and/or other emergency medical information provided by the parent for each child. 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. 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.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The program must post the following information in an area easily visible to parents, educators, and visitors, in a manner that protects the privacy of each child, a list of allergies and/or other emergency medical information provided by the parent for each child. 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. The licensee must maintain an individual written record for each child that includes: 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. 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: information about allergies and known medical conditions; emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, for any children for whom they have been prescribed; telephone numbers for emergency services; authorizations for emergency care for each child. 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. 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.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The program must post the following information in an area easily visible to parents, educators, and visitors, in a manner that protects the privacy of each child, a list of allergies and/or other emergency medical information provided by the parent for each child. 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. The licensee must maintain an individual written record for each child that includes: 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. 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: information about allergies and known medical conditions; emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, for any children for whom they have been prescribed; telephone numbers for emergency services; authorizations for emergency care for each child. 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.**

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.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The program must post the following information in an area easily visible to parents, educators, and visitors, in a manner that protects the privacy of each child, a list of allergies and/or other emergency medical information provided by the parent for each child. At least one staff member with current age-appropriate CPR and First Aid Certification shall be present at all times while children are in care, including at least one person in each vehicle transporting children and at least one person accompanying children during activities off site. Coursework toward such certification must include basic training in food choking hazards, asthma, and anaphylaxis, and must include hands-on training, in accordance with EEC policy. The Program shall maintain a complete, accurate, and confidential file for each child, in one central location on-site, that should be immediately available to the child's caregivers/Providers (who should have Parental/guardian consent for access to records), the child's Parents/guardians, and EEC staff upon request. The individual file for each child shall include Permission to transport the 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.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider must be aware of allergies and/or other emergency medical information provided by the parent for each child. Information about allergies and other known medical conditions shall be easily and readily available at all times, and shall accompany the child whenever leaving the home under the provider's supervision.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The program must post the following information in an area easily visible to parents, educators, and visitors, in a manner that protects the privacy of each child, a list of allergies and/or other emergency medical information provided by the parent for each child. 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. The licensee must maintain an individual written record for each child that includes: 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. 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: information about allergies and known medical conditions; emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, for any children for whom they have been prescribed; telephone numbers for emergency services; authorizations for emergency care for each child. 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. 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.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **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. Every program that is not located in a residence and every program that has a licensed capacity of more than ten children must provide a certificate of inspection from the Department of Public Safety or the local building inspector certifying that the facility complies with the applicable 780 CMR: The State Building Code. The licensee shall submit evidence of compliance with applicable fire codes. The licensee must submit copies of current pool and pool roof inspections as required by applicable law or statute. The licensee must maintain the interior and exterior of the program in good repair, free of chipping, flaking, or peeling paint or broken plaster. 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. 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. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. Suitable barriers, including but not limited to bulkhead doors, must be installed to prevent falls into outdoor stair or window wells. Porches and decks must be inspected and approved by the Department before use by child care children. 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. Barricades must be sturdy and**

constructed in a way that will prevent a young child from going underneath, over, or through them. Stairs must be safely barricaded whenever the porch or deck is in use by children younger than three years old. Additional precautions may be required as deemed necessary. 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. 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. The licensee must provide running water in sinks used by children. Water temperature must not exceed 120°F. 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. Stairways must be equipped with handrails. 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. Open stairways used by children younger than school age must have railings or banisters installed along the open or unprotected side(s). 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. All play equipment, fences and structures must be free of entrapment hazards. Riding toys must not be used in any room where there is access to falling hazards. 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. 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. If a program serves any child younger than five years old, the licensee must provide evidence of a lead paint inspection from the local board of health, or the Massachusetts Department of Public Health, or a private lead paint inspection service and compliance with The Department of Public Health regulations at 105 CMR 460.000: Lead Poisoning Prevention and Control. A licensee that obtained evidence of a lead paint inspection and compliance with 105 CMR 460.000 from the local board of health or the Massachusetts Department of Public Health or a private lead paint inspection service prior to July 1, 1978, will not be required to comply with additional deleading requirements unless: a. ordered to do so by the local board of health or the Massachusetts Department of Public Health to remain in compliance with 105 CMR 460.000; or b. expanding to space not previously approved by the Department. If chipping, peeling, flaking or otherwise loose paint or plaster is discovered in a previously compliant facility built prior to 1978, the Licensee must obtain new evidence of compliance with 105 CMR 460.00. Programs must

document compliance with the Integrated Pest Management program of the Department of Agricultural Resources. Pea gravel and wood chip nuggets must not be used in outdoor areas used by infants and toddlers.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: 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. Every program that is not located in a residence and every program that has a licensed capacity of more than ten children must provide a certificate of inspection from the Department of Public Safety or the local building inspector certifying that the facility complies with the applicable 780 CMR: The State Building Code. The licensee shall submit evidence of compliance with applicable fire codes. The licensee must submit copies of current pool and pool roof inspections as required by applicable law or statute. The licensee must maintain the interior and exterior of the program in good repair, free of chipping, flaking, or peeling paint or broken plaster. 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. 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. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. Suitable barriers, including but not limited to bulkhead doors, must be installed to prevent falls into outdoor stair or window wells. Porches and decks must be inspected and approved by the Department before use by child care children. 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. Barricades must be sturdy and constructed in a way that will prevent a young child from going underneath, over, or through them. Stairs must be safely barricaded whenever the porch or deck is in use by children younger than three years old. Additional precautions may be required as deemed necessary. 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. 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. The licensee must provide running water in sinks used by children. Water temperature must not exceed 120°F. 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. Stairways must be equipped with handrails. 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. Open stairways used by children younger than school age must have railings or banisters installed along the open or unprotected side(s). 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. All play equipment, fences and structures must be free of entrapment hazards. Riding toys must not be used in any room where there is access to falling hazards. 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. 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. If a program serves any child younger than five years old, the licensee must provide evidence of a lead paint inspection from the local board of health, or the Massachusetts Department of Public Health, or a private lead paint inspection service and compliance with The Department of Public Health regulations at 105 CMR 460.000: Lead Poisoning Prevention and Control. A licensee that obtained evidence of a lead paint inspection and compliance with 105 CMR 460.000 from the local board of health or the Massachusetts Department of Public Health or a private lead paint inspection service prior to July 1, 1978, will not be required to comply with additional deleading requirements unless: a. ordered to do so by the local board of health or the Massachusetts Department of Public Health to remain in compliance with 105 CMR 460.000; or b. expanding to space not previously approved by the Department. If chipping, peeling, flaking or otherwise loose paint or plaster is discovered in a previously compliant facility built prior to 1978, the Licensee must obtain new evidence of compliance with 105 CMR 460.00. Programs must document compliance with the Integrated Pest Management program of the Department of Agricultural Resources. Pea gravel and wood chip nuggets must not be used in outdoor areas used by infants and toddlers.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: Exits and evacuation routes shall be kept clear of obstructions. The Program shall be able to provide evidence of compliance with all applicable fire code. The indoor space shall be safe, clean, in good repair, and free from hazards and clutter. Providers shall monitor the environment daily to identify and remove or repair any hazards that may cause injury to children. 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, shall be kept out of children's reach. All electrical outlets within the reach of children younger than school age shall be

made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. All electrical cords shall be arranged so they are not a hazard to children. Electrical cords shall not be frayed or damaged. All windows used for ventilation shall include screens in good repair. Windows and glass doors shall be constructed, adapted, or adjusted through the use of window guards or other means to prevent injury to children. The interior of the child care program shall be clean and maintained free from vermin. Safe and effective means of eliminating vermin shall be provided. Pesticides may not be used on the child care premises during child care hours. Stairways shall be equipped with handrails. In programs serving children younger than 2.9 years old, barriers shall be placed at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Barriers shall be permanently installed at the top of stairways. Pressure gates may not be used at the top of stairs. Open stairways used by children younger than school age shall have railings or banisters installed along the open or unprotected side(s). All indoor equipment, materials, and furnishings shall be sturdy, safely constructed and installed, non-tippable and/or anchored securely, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children. Riding toys shall not be used in any room where there is access to falling hazards. Pea gravel and wood chip nuggets must not be used in areas used by infants and toddlers. The outdoor play area shall be free from hazards including, but not limited to: entrapment hazards, 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 shall be removed or fenced by a sturdy, permanently installed barrier which is at least four feet high or otherwise protected or removed, as appropriate. The outdoor play space shall not be covered with a dangerously harsh, abrasive, or toxic material. All outdoor play equipment, fences and structures shall be free of entrapment hazards. The program shall ensure that the outdoor space is routinely checked and cleared of all hazardous objects, including but not limited to hazardous debris, matches, lighters, toxic materials, sharp objects, plastic bags. The program shall be able to provide copies of current pool and pool roof inspections as required by applicable law or statute.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All indoor space used for child care shall be monitored daily to ensure that it is safe, adequately maintained, and free from hazards and immediate health risks. 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, shall be kept out of children's reach. Electrical outlets within the reach of children younger than school age shall be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. Electrical cords shall be arranged so they are not a hazard to children. Electrical cords shall not be frayed or damaged. Stairways used by child care children shall be equipped with handrails. Water temperature in sinks used by children shall not exceed 120°F. All**

outdoor space used for child care shall be monitored daily to ensure that it is safe, adequately maintained, and free from hazards and immediate health risks, 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. The provider shall use approved barriers to restrict access to any unsafe areas, including but not limited to windows, pools, standing water, wells, wood and coal burning stoves, fireplaces, heating units, hot tubs and whirlpools, a busy street or parking lot, dangerous machinery or tools, and weather-related and environmental hazards. All windows and glass doors accessible to children shall include secure screens in good repair. Windows used for ventilation shall be securely barricaded through the use of window guards or other means to prevent injury to children, or opened from the top. Providers serving children younger than three years old, shall place approved barriers at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Whenever pools are not in use, they shall be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. All hot tubs, whether indoors or outdoors, shall be inaccessible to children. Porches and decks that are more than three feet from grade level shall be surrounded by a protective barricade. Porch and/or deck stairs shall be safely barricaded whenever the porch or deck is in use by children younger than three years old. Barricades shall be sturdy and constructed in a way that will prevent a young child from going underneath, over, or through them. At least two separate exits to the outside shall be accessible, safe, easily identified, and kept clear of obstructions at all times, in accordance with EEC policy.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: All indoor space used for child care shall be monitored daily to ensure that it is safe, adequately maintained, and free from hazards and immediate health risks. 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, shall be kept out of children's reach. Electrical outlets within the reach of children younger than school age shall be made inaccessible by use of a safety device or covering that prevents access to the receptacle openings. Electrical cords shall be arranged so they are not a hazard to children. Electrical cords shall not be frayed or damaged. Stairways used by child care children shall be equipped with handrails. Water temperature in sinks used by children shall not exceed 120°F. All outdoor space used for child care shall be monitored daily to ensure that it is safe, adequately maintained, and free from hazards and immediate health risks, 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. The provider shall use approved barriers to restrict access to any unsafe areas, including but not limited to windows, pools, standing water, wells, wood and coal burning stoves, fireplaces, heating units, hot tubs and whirlpools, a busy street or parking lot, dangerous machinery or tools, and weather-related and

environmental hazards. All windows and glass doors accessible to children shall include secure screens in good repair. Windows used for ventilation shall be securely barricaded through the use of window guards or other means to prevent injury to children, or opened from the top. Providers serving children younger than three years old, shall place approved barriers at the top and bottom of stairwells opening into areas used by children, unless prohibited by building or fire department regulations. Whenever pools are not in use, they shall be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. All hot tubs, whether indoors or outdoors, shall be inaccessible to children. Porches and decks that are more than three feet from grade level shall be surrounded by a protective barricade. Porch and/or deck stairs shall be safely barricaded whenever the porch or deck is in use by children younger than three years old. Barricades shall be sturdy and constructed in a way that will prevent a young child from going underneath, over, or through them. At least two separate exits to the outside shall be accessible, safe, easily identified, and kept clear of obstructions at all times, in accordance with EEC policy.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **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. For programs that offer swimming, boating, or other water activities, the program 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. The program 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. 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. Wading pools must be emptied immediately after use and sanitized between uses and whenever contaminated. All hot tubs, whether indoors or outdoors, must be inaccessible to children. 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. When children are swimming in a swimming pool, an adult must be present who is aware of the pump location and is able to turn the pump off in the event of an emergency. 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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. For programs that offer swimming, boating, or other water activities, the program 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. The program 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. 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. Wading pools must be emptied immediately after use and sanitized between uses and whenever contaminated. All hot tubs, whether indoors or outdoors, must be inaccessible to children. 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. When children are swimming in a swimming pool, an adult must be present who is aware of the pump location and is able to turn the pump off in the event of an emergency. 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.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The outdoor play area shall be free from hazards including, but not limited to: entrapment hazards, 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 shall be removed or fenced by a sturdy, permanently installed barrier which is at least four feet high or otherwise protected or removed, as appropriate. Whenever pools are not in use, they shall be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. All hot tubs, whether indoors or outdoors, shall be inaccessible to children. All swimming and wading pools used by children shall be treated, cleaned, maintained, and supervised according to sound health and safety practices and state and local guidelines and regulations. Wading pools shall be emptied immediately after use and sanitized between uses and whenever contaminated. Children shall be directly and actively supervised at all times during activities involving water, including tubs, pools, showers, or standing water. Provider/child ratios shall be sufficient to maintain the safety of children in or near water. When children are swimming in a swimming pool, an adult shall be present who is aware of the pump location and is able to turn the**

pump off in the event of an emergency. Whenever children are swimming (not including the use of wading pools) a second adult shall be on the premises available to assist in case of emergency. Whenever children participate in on-site or off-site swimming or water activities, at least one person supervising the activity shall be currently certified as a lifeguard and currently certified in CPR and first aid.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All outdoor space used for child care shall be monitored daily to ensure that it is safe, adequately maintained, and free from hazards and immediate health risks, 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. The provider shall use approved barriers to restrict access to any unsafe areas, including but not limited to windows, pools, standing water, wells, wood and coal burning stoves, fireplaces, heating units, hot tubs and whirlpools, a busy street or parking lot, dangerous machinery or tools, and weather-related and environmental hazards. Children shall be directly and actively supervised at all times during activities involving water, including tubs, pools, showers, or standing water. Whenever pools are not in use, they shall be made inaccessible to children through the use of fences, self-locking gates, or other appropriate barriers to child access. All hot tubs, whether indoors or outdoors, shall be inaccessible to children.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **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. For programs that offer swimming, boating, or other water activities, the program 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. The program 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. 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. Wading pools must be emptied immediately after use and sanitized between uses and whenever contaminated. All hot tubs, whether indoors or outdoors, must be inaccessible to children. 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. When children are swimming in a**

swimming pool, an adult must be present who is aware of the pump location and is able to turn the pump off in the event of an emergency. 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.

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **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. 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. The licensee must have a written plan for the safety and supervision of all children during transport. The plan must address the safety and supervision of children who walk and who arrive by public transportation.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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. 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. The licensee must have a written plan for the safety and supervision of all children during transport. The plan must address the safety and supervision of children who walk and who arrive by public transportation.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **The outdoor play area shall be free from hazards including, but not limited to: entrapment hazards, 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 shall be removed or fenced by a sturdy, permanently installed barrier which is at least four feet high or otherwise protected or removed, as appropriate. All providers shall exercise appropriate**

supervision of the children in their care in order to ensure their health and safety at all times. Such supervision shall include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. The program shall have a written plan for the safety and supervision of all children during transport. The plan shall address the safety and supervision of children who walk and who arrive by public transportation.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All outdoor space used for child care shall be monitored daily to ensure that it is safe, adequately maintained, and free from hazards and immediate health risks, 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. The Provider shall use approved barriers to restrict access to any unsafe areas, including but not limited to windows, pools, standing water, wells, wood and coal burning stoves, fireplaces, heating units, hot tubs and whirlpools, a busy street or parking lot, dangerous machinery or tools, and weather-related and environmental hazards. The Provider shall exercise active supervision of all children, appropriate to their ages and developmental levels and in order to ensure their health and safety at all times. Such supervision shall include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, and transportation.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **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. 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. The licensee must have a written plan for the safety and supervision of all children during transport. The plan must address the safety and supervision of children who walk and who arrive by public transportation.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate

the age of children it applies to for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The following practices are strictly prohibited: 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. This requirement applies to all programs, infants, toddlers, preschoolers, and school age children. All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Preventing Shaken Baby Syndrome and Protecting Children from Abuse and Neglect.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following practices are strictly prohibited: 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. This requirement applies to all programs, infants, toddlers, preschoolers, and school age children. All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Preventing Shaken Baby Syndrome and Protecting Children from Abuse and Neglect.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Written information shall be provided to families regarding the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. The following practices are strictly prohibited: spanking or other corporal punishment of children and 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 remark. All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Preventing Shaken Baby Syndrome and Protecting Children from Abuse and Neglect.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The following practices are strictly prohibited: spanking or other corporal punishment of children and 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 remark. The Provider shall have completed all required EEC Essentials 2.0 trainings, in accordance with EEC policy, including: Preventing Shaken Baby Syndrome and Protecting Children from Abuse and Neglect.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following practices are strictly prohibited: 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. This requirement applies to all programs, infants, toddlers, preschoolers, and school age children. All applicable Afterschool and Out-of-School (ASOST) time staff will enroll in and complete the 11-course package labeled "EEC Essentials for ASOST programs 2.0" including Protecting Children from Abuse and Neglect.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Any form of abuse or neglect of children while in care is strictly prohibited. The Licensee and all educators must operate the program in ways that protect children from abuse or neglect. The following practices are strictly prohibited: spanking or other corporal punishment of children; 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; 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; 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; 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 excessive time-out. All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Protecting Children from Abuse and Neglect.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Any form of abuse or neglect of children while in care is strictly prohibited. The Licensee and all educators must operate the program in ways that protect children from abuse or neglect. The following practices are strictly prohibited: spanking or other corporal punishment of children; 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; 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; 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; 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 excessive time-out. All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Protecting Children from Abuse and Neglect.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The program shall be operated in ways that protect children from abuse or neglect. Any form of abuse or neglect of children while in care is strictly prohibited. The following practices are strictly prohibited: spanking or other corporal punishment of children; 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; 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; 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; 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 excessive time-out. All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Protecting Children from Abuse and Neglect.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Any form of abuse or neglect of children while in care is strictly prohibited. The following practices are strictly prohibited: spanking or other corporal punishment of children; 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; 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; 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; 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 excessive time-out. The provider shall have completed all required EEC Essentials 2.0 trainings, in accordance with EEC policy, including Protecting Children from Abuse and Neglect.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Any form of abuse or neglect of children while in care is strictly prohibited. The Licensee and all educators must operate the program in ways that protect children from abuse or neglect. The following practices are strictly prohibited: spanking or other corporal punishment of children; 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; 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; 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; 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 excessive time-out. All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Protecting Children from Abuse and Neglect.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness
 - ☒ Training
 - ☒ Practice drills
- vi. Volunteer emergency preparedness
 - ☒ Training
 - ☒ Practice drills
- vii. ☒ Communication with families
- viii. ☒ Reunification with families
- ix. ☒ Continuity of operations
- x. Accommodation of
 - ☒ Infants
 - ☒ Toddlers
 - ☒ Children with disabilities
 - ☒ Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Educators must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote. 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. All disinfectant solutions must be stored in accordance with manufacturer’s instructions and in a secure place out of the reach of children. All sanitizing and disinfecting solutions should be used in areas with adequate ventilation and never near children. 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. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. Pesticides may not be used on the child care premises during child care hours. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents. 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. Drinking alcoholic beverages and smoking on the child care premises during child care hours are prohibited. Whenever transportation is provided or contracted by the licensee the licensee must ensure that 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.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Educators must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote. 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. All disinfectant solutions must be stored in accordance with manufacturer’s instructions and in a secure place out of the reach of children. All sanitizing and disinfecting solutions should be used in areas with adequate ventilation and never near children. 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. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. Pesticides may not be used on the child care premises during child care hours. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents. 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. Drinking alcoholic beverages and smoking on the child care premises during child care hours are prohibited. Whenever transportation is provided or contracted by the licensee the licensee must ensure that 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.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Educators must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote. The solution used to sanitize or disinfect equipment, materials, items, or surfaces shall be either a bleach solution prepared in accordance with EEC guidelines or a commercially prepared solution that has been registered as either a sanitizer or a disinfectant (as appropriate) by the Environmental Protection Agency. Cleaning, sanitizing, and disinfecting products shall not be used in close proximity to children. Adequate ventilation shall be maintained during use of all cleaning, sanitizing, and disinfecting products. All cleaning, disinfecting, and sanitizing products shall be stored in a secure place, inaccessible to children. The program shall follow infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood, bodily fluids or excretions that may spread infectious disease. Health 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. Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids. Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container. Contaminated clothing shall 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. The outdoor play space shall not be covered with a dangerously harsh, abrasive, or toxic material. Pesticides may not be used on the child care premises during child care hours. The program shall follow the recommendations of the Department of Public Health regarding the use of insect repellants.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Toxic substances, including but not limited to household cleaners, sanitizers, disinfectants, detergents, pesticides, rock salts, floor and furniture polish, and bleach shall be removed or stored out of sight, separately from food and medications, locked and inaccessible to children at all times. The solution used to sanitize or disinfect equipment, materials, items, or surfaces shall be either a bleach solution prepared in accordance with EEC guidelines or a commercially prepared solution that has been registered as either a sanitizer or a disinfectant (as appropriate) by the Environmental Protection Agency. Cleaning, sanitizing, and disinfecting products shall not be used in close proximity to children. Adequate ventilation shall be maintained during use of all cleaning, sanitizing, and disinfecting products. The provider shall follow infection control guidelines (per the Center for Disease Control) designed to protect individuals from exposure to diseases spread by blood, bodily fluids or excretions that may spread infectious disease. 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. Non-latex gloves shall be used for the clean-up of blood and all bodily fluids. All individuals present in the child care space and/or with child care children will not smoke, use, or be under the influence of drugs or alcohol during child care hours.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Educators must ensure that all hazardous objects, including toxic materials, are locked or inaccessible to children. Toxic substances must be stored separately from food and medications. All toxic substances must be labeled as to the contents and antidote. 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. All disinfectant solutions must be stored in accordance with manufacturer's instructions and in a secure place out of the reach of children. All sanitizing and disinfecting solutions should be used in areas with adequate ventilation and never near children. 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. The outdoor play space must not be covered with a dangerously harsh, abrasive, or toxic material. Pesticides may not be used on the child care premises during child care hours. Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents. 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. Drinking alcoholic beverages and smoking on the**

child care premises during child care hours are prohibited. Whenever transportation is provided or contracted by the licensee the licensee must ensure that 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.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. 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.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. 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.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. 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.**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **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. The licensee must have written parental consent for each child's individual transportation plan. Whenever the licensee provides or contracts for transportation for children, the licensee must establish policies and procedures that are intended to keep children safe during transport. The policies and procedures must specify: the name and telephone number of the transportation coordinator for the program; the names and telephone numbers of contact persons during transportation times; how transportation is provided, 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; who is responsible for the supervision of children while being transported prior to their arrival at the program; how the driver and/or monitor will respond to disruptive behavior, including children unbuckling seat belts or refusing to remain seated; how the driver and/or monitor will respond to a medical emergency; the system of communication available to the driver; 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; the actions the driver and/or monitor must take if the vehicle becomes disabled; to whom and by whom any moving violation or accident that occurs while children are being transported must be reported. The licensee must ensure compliance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Section 504. Whenever possible, children with disabilities should be transported in the same vehicles used to transport other children. The licensee must 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. The licensee must make a copy of the transportation policies and procedures available to educators, drivers, monitors and parents on request. Whenever transportation is provided or contracted by the licensee the licensee must ensure that: 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; 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; any and all vehicles used for transportation of children are registered and inspected in accordance with the laws of the state; the operator of any vehicle transporting children is licensed in accordance with the laws of the state; the driver and any other attendants on the vehicle have received an orientation to the transportation plan; at least one person on each vehicle is currently certified in first aid and CPR; the driver of the vehicle is alert and is not distracted by telephone, radio or other communications; one particular driver is regularly assigned to each route; there is a plan for the use of substitute drivers when the regularly assigned driver is unavailable; 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; 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. 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. 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 16 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. Children younger than 12 years old must not be transported in the front seat of a vehicle if the vehicle is equipped with airbags. When more than eight children are being transported, an attendant other than the driver is required. Children's emergency contact information must be carried in the vehicle whenever children are present. Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children. 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. 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. Children must not be regularly transported for periods longer than 45 minutes one way between their home or school and the program. A first aid kit, seat belt cutter and emergency numbers for the children must be easily available in all vehicles. A working mechanism for making emergency telephone calls must be available on each vehicle during transport. 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.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: 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. The licensee must have written parental consent for each child's individual transportation plan. Whenever the licensee provides or contracts for transportation for children, the licensee must establish policies and procedures that are intended to keep children safe during transport. The policies and procedures must specify: the name and telephone number of the transportation coordinator for the program; the names and telephone numbers of contact persons during transportation times; how transportation is provided, 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; who is responsible for the supervision of children while being transported prior to

their arrival at the program; how the driver and/or monitor will respond to disruptive behavior, including children unbuckling seat belts or refusing to remain seated; how the driver and/or monitor will respond to a medical emergency; the system of communication available to the driver; 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; the actions the driver and/or monitor must take if the vehicle becomes disabled; to whom and by whom any moving violation or accident that occurs while children are being transported must be reported. The licensee must ensure compliance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Section 504. Whenever possible, children with disabilities should be transported in the same vehicles used to transport other children. The licensee must 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. The licensee must make a copy of the transportation policies and procedures available to educators, drivers, monitors and parents on request. Whenever transportation is provided or contracted by the licensee the licensee must ensure that: 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; 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; any and all vehicles used for transportation of children are registered and inspected in accordance with the laws of the state; the operator of any vehicle transporting children is licensed in accordance with the laws of the state; the driver and any other attendants on the vehicle have received an orientation to the transportation plan; at least one person on each vehicle is currently certified in first aid and CPR; the driver of the vehicle is alert and is not distracted by telephone, radio or other communications; one particular driver is regularly assigned to each route; there is a plan for the use of substitute drivers when the regularly assigned driver is unavailable; 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; 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. 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. 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 16 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.

Children younger than 12 years old must not be transported in the front seat of a vehicle if the vehicle is equipped with airbags. When more than eight children are being transported, an attendant other than the driver is required. Children's emergency contact information must be carried in the vehicle whenever children are present. Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children. 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. 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. Children must not be regularly transported for periods longer than 45 minutes one way between their home or school and the program. A first aid kit, seat belt cutter and emergency numbers for the children must be easily available in all vehicles. A working mechanism for making emergency telephone calls must be available on each vehicle during transport. 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.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Any and all motor vehicle used for the transportation of children shall be maintained and operated in accordance with the requirements as contained in the pertinent sections of M.G.L c. 90, in particular §§ 7A, 7B, 7C and 7D, and with all applicable regulations within 540 CMR: Registry of Motor Vehicles. Any and all vehicles used for the transportation of children shall be registered and shall have passed an annual inspection in accordance with the laws of the state. The program shall maintain documentation of vehicle registration and passed annual inspection for each motor vehicle used to transport children. The program shall have a written plan for the safety and supervision of all children during transport. The plan shall describe how children are transported to and from the program, in an emergency, and on field trips. The plan shall also address the safety and supervision of children who walk and who arrive by public transportation. The plan shall include any special arrangements for children with disabilities and the plan shall ensure compliance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Section 504. Whenever possible, children with disabilities should be transported in the same vehicles used to transport other children. The program shall have written parental consent for each child's individual transportation plan. Whenever the program provides or contracts for transportation for children, the program must establish policies and procedures that are intended to keep children safe during transport. Whenever transportation is provided or contracted by the program, the program must ensure that: the operator of any vehicle transporting children is licensed in accordance with the laws of the state; at least one person on each vehicle is currently certified in first aid and CPR; 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; children's emergency contact information shall be carried in the vehicle whenever children are present; and the driver of the vehicle shall release children only to persons known or identified to the driver and authorized by the parent(s) in writing to receive the child. Programs are mandated to ensure that all transportation personnel are subject to a background record check pursuant to 606 CMR 14.00 et seq. The program shall ensure adequate provisions for transportation safety on each vehicle during transport, including but not limited to a first aid kit, a working mechanism to make emergency telephone calls, and a seat belt cutter. Sharp, heavy, or potentially dangerous objects shall be placed in the trunk or cargo area and securely restrained when transporting children. Suitable car seats, safety carriers, restraints or seat belts shall be provided for and used by each child, driver and attendant in all vehicles containing fewer than 16 passenger seats. All car restraints shall meet the U.S. Department of Transportation Federal Motor Vehicle Safety Requirements guidelines and shall be crash tested and child approved.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider shall have written parental consent to transport any child care children. The provider shall have a current, valid driver's license and a car registration for the vehicle used to transport child care children. The provider shall ensure adequate provisions for transportation safety on each vehicle during transport, including but not limited to a first aid kit, a working mechanism to make emergency telephone calls, and a seat belt cutter. Suitable car seats, safety carriers, restraints or seat belts shall be used by each child, driver and attendant in all vehicles. All car restraints shall meet the U.S. Department of Transportation Federal Motor Vehicle Safety Requirements guidelines and shall be crash tested and child approved.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **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. The licensee must have written parental consent for each child's individual transportation plan. Whenever the licensee provides or contracts for transportation for children, the licensee must establish policies and procedures that are intended to keep children safe during transport. The policies and procedures must specify: the name and telephone number of the transportation coordinator for the program; the names and telephone numbers of contact persons during transportation times; how transportation is provided, 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; who is responsible for the supervision of children while being transported prior to their arrival at the program; how the**

driver and/or monitor will respond to disruptive behavior, including children unbuckling seat belts or refusing to remain seated; how the driver and/or monitor will respond to a medical emergency; the system of communication available to the driver; 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; the actions the driver and/or monitor must take if the vehicle becomes disabled; to whom and by whom any moving violation or accident that occurs while children are being transported must be reported. The licensee must ensure compliance with the Americans with Disabilities Act and the Rehabilitation Act of 1973, Section 504. Whenever possible, children with disabilities should be transported in the same vehicles used to transport other children. The licensee must 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. The licensee must make a copy of the transportation policies and procedures available to educators, drivers, monitors and parents on request. Whenever transportation is provided or contracted by the licensee the licensee must ensure that: 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; 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; any and all vehicles used for transportation of children are registered and inspected in accordance with the laws of the state; the operator of any vehicle transporting children is licensed in accordance with the laws of the state; the driver and any other attendants on the vehicle have received an orientation to the transportation plan; at least one person on each vehicle is currently certified in first aid and CPR; the driver of the vehicle is alert and is not distracted by telephone, radio or other communications; one particular driver is regularly assigned to each route; there is a plan for the use of substitute drivers when the regularly assigned driver is unavailable; 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; 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. 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. 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 16 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. Children younger than 12 years old must not be

transported in the front seat of a vehicle if the vehicle is equipped with airbags. When more than eight children are being transported, an attendant other than the driver is required. Children's emergency contact information must be carried in the vehicle whenever children are present. Sharp, heavy or potentially dangerous objects must be placed in the trunk or cargo area and securely restrained when transporting children. 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. 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. Children must not be regularly transported for periods longer than 45 minutes one way between their home or school and the program. A first aid kit, seat belt cutter and emergency numbers for the children must be easily available in all vehicles. A working mechanism for making emergency telephone calls must be available on each vehicle during transport. 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.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **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. For center-based care, all educators must obtain within six months of employment, and must maintain thereafter, current certification of training in basic first aid appropriate to the population served. In center based funded programs, there shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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. For family child care, all licensees, certified assistants, and any educator who may be alone with children must maintain current certification of training in basic first aid. For center-based care, all educators must obtain within six months of employment, and must maintain thereafter, current certification of training in basic first aid appropriate to the population served. In center based funded programs, there shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **In center based funded programs, there shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **CCDF-eligible informal child care providers (ICCs) must be trained and certified in age-appropriate first aid at all times when children are present.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **In CCDF-eligible out-of-school programs, there shall be at least one staff member currently trained and certified in age-appropriate first aid at all times when children are present.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **For group and school age programs, the licensee must ensure that at least one educator currently certified in age-appropriate cardiopulmonary resuscitation (CPR) is present at any and all times when children are in care. CPR training must be renewed prior to the expiration date listed on the CPR certificate. For center-based funded (license-exempt) programs, there must be at least one staff member currently trained and certified in age-appropriate CPR at all times when children are present. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For family child care programs, all licensees, certified assistants, and any educator who may be alone with children must maintain current certification of training in age-appropriate CPR. CPR training must be renewed prior to the expiration date listed on the CPR certificate. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **For center-based funded (license-exempt) programs, there must be at least one staff member currently trained and certified in age-appropriate CPR at all times when children are present. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider**

shall maintain current Pediatric CPR certification. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Out-of-school programs (license-exempt) programs, there must be at least one staff member currently trained and certified in age-appropriate CPR at all times when children are present. For all, CPR training must be renewed prior to the expiration date listed on the CPR certificate. Only educators who are currently certified in first aid and CPR may provide first aid and CPR.**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Protecting Children from Abuse and Neglect. 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Protecting Children from Abuse and Neglect. 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.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Protecting Children from Abuse and Neglect. Every provider is a mandated reporter under M.G.L. c. 119, § 51A and shall make a report to the Department of Children and Families (DCF) 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.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
NA
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The provider shall have completed all required EEC Essentials 2.0 trainings, in accordance with EEC policy, including Protecting Children from Abuse and Neglect. Every child care provider is a mandated reporter under M.G.L. c. 119, § 51A and shall make a report to the Department of Children and Families whenever he/she has reasonable cause to believe a child in care 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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All educators and administrators working in EEC-licensed or funded programs are required to complete the EEC Essentials 2.0 training package, including Protecting Children from Abuse and Neglect. 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.**
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **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.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Every child care provider 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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **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.**
- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):
 - ☒ Yes, confirmed.
 - ☐ No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **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.**

- ii. Access to physical activity. Describe: **The licensee must have evidence of a plan describing how program activities support and engage children through specific learning experiences, which must provide for daily indoor and outdoor time periods, weather permitting, which include both small and large muscle activities, for at least 60 minutes in full day programs.**
- iii. Caring for children with special needs. Describe: **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.**
- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **In addition to interacting with children as required by regulations, all programs 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.**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers’ training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

appropriate)			
k. Child abuse and neglect recognition and reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **NA**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

☐ No

☒ Yes. If yes, describe: **In programs that only serve school-age children, staff are not required to take the orientation trainings on Preventing Shaken Baby Syndrome and Safe Sleeping Practices. Staff working in programs serving only school-age children are required to complete orientation training on all other topics.**

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when

monitoring licensed center-based providers?

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **EEC utilizes Differential Monitoring through the LEAD system (computerized licensing system). The system will indicate specific items that need to be viewed by the licensor depending on any complaints received and investigated during the year.**

EEC received a preliminary non-compliance for inspections for licensed CCDF providers in accordance with 45 CFR 98.42(b)(2)(i) on January 11, 2023. EEC does not currently include the full set of health and safety topics in the annual visits conducted by licensors. Though many of the topics do appear in a number of the visit tools, EEC is updating the checklists so that all of the health and safety topics appear in any tool that can be used during an annual visit. EEC is actively updating and testing the checklists which require collaboration with licensors and their union to ensure satisfactory working conditions. The estimated implementation date is December 31, 2024.

☐ No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **An EEC group and school-age licensor will complete the pre-licensing and annual monitoring inspections. Each municipality has a Building Inspector who provides the building certificate regarding zoning and building safety. The Fire Department of each municipality will issue the smoke and fire certificate. The Health Department of the municipality will issue the Health Inspection and certificate.**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

☒ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

☒ Annually.

☐ More than once a year. If more than once a year, describe:

☐ Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **EEC utilizes Differential Monitoring through the LEAD system (computerized licensing system). The system will indicate specific items that need to be viewed by the licensor depending on any complaints received and investigated during the year.**

EEC received a preliminary non-compliance for inspections for licensed CCDF providers in accordance with 45 CFR 98.42(b)(2)(i) on January 11, 2023. EEC does not currently include the full set of health and safety topics in the annual visits conducted by licensors. Though many of the topics do appear in a number of the visit tools, EEC is updating the checklists so that all of the health and safety topics appear in any tool that can be used during an annual visit. EEC is actively updating and testing the checklists which require collaboration with licensors and their union to ensure satisfactory working conditions. The estimated implementation date is December 31, 2024.

☐ No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **EEC completes the pre-licensing and annual monitoring inspections with licensed family child care providers. The licensor ensures that FCC programs have working smoke detectors and carbon monoxide detectors on each floor of the residence (tested on visits), two separate exits free of obstructions, and an evacuation plan.**

c. Licensed in-home CCDF child care providers

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

☒ No.

☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

☐ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

☐ Annually.

☐ More than once a year. If more than once a year, describe:

☒ Other. If other, describe: **EEC does not license in-home care providers**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **NA**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
☒ Annually.
☐ More than once a year. If more than once a year, describe:
☐ Other. If other, describe:
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
☒ No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **An EEC group and school-age licenser will complete the pre-licensing and annual monitoring inspections. Each municipality has a Building Inspector who provides the building certificate regarding zoning and building safety. The Fire Department of each municipality will issue the smoke and fire certificate. The Health Department of the municipality will issue the Health Inspection and certificate.**
- b. License-exempt CCDF family child care providers
 - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
☐ Annually.
☐ More than once a year. If more than once a year, describe:
☒ Other. If other, describe: **We do not have license-exempt family child care providers**
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
☒ No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **NA**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **EEC in-home child care providers are visited once a year using a pre-established monitoring tool. These providers are not part of differential monitoring and the monitoring visits are announced. Technical Assistance is also given on resources in the community.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **EEC conducts inspections for in-home child care providers.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. ☐ Pre-licensing inspection reports for licensed programs.
 - ii. ☒ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. ☐ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. ☐ Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. ☒ Date of inspection.
 - ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health

and safety violations are prominently displayed: **When EEC posts that an investigation has occurred, there is an area in the consumer website that will list the violations found by EEC.**

- iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider.
Describe: **For each violation, the provider can respond to the corrective action plan documented by the licensor.**
- iv. ☒ A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain:
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
<https://childcare.mass.gov/findchildcare> Once here, an individual can enter the programs name and it will bring the individual to the provider page which will list monitoring and investigative non-compliances, if any.
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **EEC informs the program that a corrective action plan is needed. The program is required to respond within 14 days. EEC then reviews and if approved will then publish to the consumer website for individuals to review.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
☒ Yes.
☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
☒ Yes.
☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
☒ Yes.
☐ No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **Licensors must have a Bachelor's degree or higher and at least five (5) years of full-time or equivalent part-**

time professional experience in the childcare field, including early childhood education in a nursery school, kindergarten, child development center or educational institution, family childcare or school age childcare; in residential or human services; or investigative, law enforcement or regulatory administration work, of which one year must have been in a leadership or supervisory capacity which may include classroom supervision and operating a child care program. Once hired, licensors are onboarded by the staff within their region in similar roles and in supervisory roles. Onboarding includes job shadowing and training on EEC policies and procedures.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **EEC has 100 licensors that cover about 8,259 providers across the Commonwealth of Massachusetts. The ratio works out to about 1 licensor for every 83 providers. New cases and programs are distributed equitably amongst staff within the applicable region.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **All applicable staff are required to take an annual EEC Essentials Refresher package which includes training on health and safety standards as required by CCDF Rule. These trainings are available in multiple languages on EEC's StrongStart Learning Management System (LMS) and completion is tracked by EEC licensing staff. All staff that are included in the count for the maintenance of licensing ratios and group size must complete the entire package, regardless of the frequency that they work. This includes volunteers, interns, and substitutes that are counted in ratio.**
- b. License-exempt child care centers: **All applicable staff are required to take an annual EEC Essentials Refresher package which includes training on health and safety standards as required by CCDF Rule. These trainings are available in multiple languages on EEC's StrongStart Learning Management System (LMS) and completion is tracked by EEC licensing staff. All staff that are included in the count for the maintenance of licensing ratios and group size must complete the entire package, regardless of the frequency that they work. This includes volunteers, interns, and substitutes that are counted in ratio.**

- c. Licensed family child care homes: **All applicable staff are required to take an annual EEC Essentials Refresher package which includes training on health and safety standards as required by CCDF Rule. These trainings are available in multiple languages on EEC's StrongStart Learning Management System (LMS) and completion is tracked by EEC licensing staff. All staff that are included in the count for the maintenance of licensing ratios and group size must complete the entire package, regardless of the frequency that they work. This includes volunteers, interns, and substitutes that are counted in ratio.**
- d. License-exempt family child care homes: **NA, we do not have license-exempt FCCs**
- e. Regulated or registered in-home child care: **NA, we do not license in-home child care providers**
- f. Non-regulated or registered in-home child care: **All applicable staff are required to take an annual EEC Essentials Refresher package which includes training on health and safety standards as required by CCDF Rule. These trainings are available in multiple languages on EEC's StrongStart Learning Management System (LMS) and completion is tracked by EEC licensing staff. All staff that are included in the count for the maintenance of licensing ratios and group size must complete the entire package, regardless of the frequency that they work. This includes volunteers, interns, and substitutes that are counted in ratio.**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
[x] Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only

name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
☒ Yes.
☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.
- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
☒ Yes.
☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.
- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?
☒ Yes.
☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
☒ Yes.
☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.
- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
☒ Yes.
☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.
- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?
☒ Yes.
☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
☒ Yes.
☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.
- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
☒ Yes.
☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.
- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?
☒ Yes.
☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
☒ Yes.
☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.
- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
☒ Yes.
☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.
- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.
☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

☒ Yes.

☐ No. If no, describe the disqualifying criteria:

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: **A child abuse or neglect finding on the in-state registry is not an automatic disqualification. EEC sends the finding to the candidate. The candidate is required to provide certain documentation to EEC for a discretionary review or they can dispute the accuracy of the finding with the appropriate agency. A discretionary review involves consideration of several factors delineated in EEC's Background Record Check Regulations. After review, EEC will determine whether or not the candidate has provided clear and convincing evidence that they are suitable for licensure, employment, or affiliation with an EEC licensed and/or funded program.**

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: **A child abuse or neglect finding on the interstate registry is not an automatic disqualification. EEC sends the finding to the candidate. The candidate is required to provide certain documentation to EEC for a discretionary review or they can dispute the accuracy of the finding with the appropriate agency. A discretionary review involves consideration of several factors delineated in EEC's Background Record Check Regulations. After review, EEC will determine whether or not the candidate has provided clear and convincing evidence that they are suitable for licensure, employment, or affiliation with an EEC licensed and/or funded program.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

☒ Yes.

☐ No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

☒ Yes.

☐ No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge

the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

☒ Yes.

☐ No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe:

- b. In-state criminal background check with fingerprints.
☒ Yes.
☐ No. If no, describe:
- c. In-state Sex Offender Registry.
☒ Yes.
☐ No. If no, describe:
- d. In-state child abuse and neglect registry.
☐ Yes.
☒ No. If no, describe: **EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks**
- e. Name-based national Sex Offender Registry (NCIC NSOR).
☐ Yes.
☒ No. If no, describe: **EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks**
- f. Interstate criminal background check, as applicable.
☐ Yes.
☒ No. If no, describe: **EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks**
- g. Interstate Sex Offender Registry check, as applicable.
☐ Yes.
☒ No. If no, describe: **EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks**
- h. Interstate child abuse and neglect registry check, as applicable.
☐ Yes.
☒ No. If no, describe: **EEC requires that prior to working with children in a provisional status, prospective staff members must have satisfactory results on fingerprint-based criminal background record checks and SORI checks**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
☐ Yes.
☒ No. If no, describe: **Presently, if EEC does not receive results from another state related to a candidate's criminal or child welfare information within 14 days, EEC will find the**

candidate suitable for employment or affiliation with an EEC licensed and/or funded program if all Massachusetts background checks are satisfactory. EEC received a preliminary notice of non-compliance regarding this practice as it relates to 45 CFR 98.43(d)(4) on May 12, 2023 because our process does not hold candidates for the full 45-day provisional status window. Instead, our provisional status can conclude at the end of 14 days if the candidate has a satisfactory in-state background check and federal fingerprint check.

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

☒ Yes.

☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☐ Yes.

☒ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **EEC is not the agency that responds to requests for background checks but other states seeking Massachusetts Department of Criminal Justice Information Services (DCJIS) information for individuals who resided in Massachusetts in the past five years may request this information by calling the DCJIS at (617) 660-4600 or by visiting their website at mass.gov/orgs/departments-of-criminal-justice-information-services. States seeking Massachusetts Sex Offender Registry information for individuals who resided in Massachusetts in the past five years may request this information by calling the Massachusetts Sex Offender Registry Board (SORB) at (978) 740-6400, Monday – Friday from 8 AM – 5 PM EST. To learn if an individual is on the registry, callers must have the individual's name and one of the following: an exact address, date of birth, driver's license number or Social Security number. For additional information you can go to their website**

at [mass.gov/orgs/sex-offender-registry-board](https://www.mass.gov/orgs/sex-offender-registry-board). States seeking Massachusetts Statewide Register of Child Abuse and Maltreatment (SCR) information for individuals who resided in Massachusetts in the past five years may request this information by contacting the Department of Children and Families at 857-338-3030, emailing MA.CPS.CHECK@MassMail.State.MA.US, or by filling out their form <https://www.mass.gov/doc/adam-walsh-child-protective-service-cps-background-record-request-form/download>.

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

☐ Yes. If yes, describe the current policy.

☒ No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **Programs can initiate a background check for a new educator by requesting a background record check through the BRC portal. Instructions on how to use the BRC portal can be accessed at <https://www.mass.gov/info-details/eec-brc-portal-trainings>. Other states can request background check information from the state of Massachusetts by referencing the information at <https://www.mass.gov/info-details/massachusetts-background-record-checks>.**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

i. ☒ Agency name

ii. ☒ Address

iii. ☒ Phone number

iv. ☒ Email

v. ☒ Website

vi. ☒ Instructions

vii. ☒ Forms

viii. ☐ Fees

ix. ☒ Is the State a National Fingerprint File (NFF) State?

x. ☐ Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: **EEC provides contact information for the agency that the individual should use to complete their interstate background**

check. The contact information includes a link to the agency's website which contains their address. The Massachusetts state agency that handles interstate background record check requests does not charge a fee and will provide any necessary forms to the individual. EEC does not indicate whether we are a National Crime Prevention and Privacy Compact State on our site as we are not a compact state, but Massachusetts has entered into a Memorandum of Understanding with the council.

c. Interstate sex offender registry (SOR) check:

- i. ☒ Agency name
- ii. ☒ Address
- iii. ☒ Phone number
- iv. ☒ Email
- v. ☒ Website
- vi. ☒ Instructions
- vii. ☒ Forms
- viii. ☐ Fees
- ix. If not all boxes above are checked, describe: **EEC provides contact information for the agency that the individual should use to complete their interstate SOR check. The contact information includes a link to the agency's website which contains their address. The Massachusetts state agency that handles interstate SOR check requests will provide any necessary forms to the individual and does not charge a fee.**

d. Interstate child abuse and neglect (CAN) registry check:

- i. ☒ Agency name
- ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?
- iii. ☒ Address
- iv. ☒ Phone number
- v. ☒ Email
- vi. ☒ Website
- vii. ☒ Instructions
- viii. ☒ Forms
- ix. ☐ Fees
- x. If not all boxes above are checked, describe: **EEC provides contact information for the company that the individual should use to complete their interstate CAN check. The contact information includes a link to the company's website which contains their address. The Massachusetts state agency that handles interstate CAN check requests will provide any necessary forms to the individual and does**

not charge a fee.

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

☐ No.

☒ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?
Relative providers are exempt from a portion of licensing requirements, all CCDF health and safety standards, a portion of training requirements, all monitoring requirements, and a portion of background check requirements. Relative providers must meet a limited number of requirements if they are to receive financial assistance. Child care may be provided by a relative of the child in a private residence if the caregiver is at least 18 years old and the caregiver may not be the child's parent, stepparent, foster parent or guardian. Relative caregivers include siblings, aunts, uncles, and grandparents, all of whom must submit evidence of their age and relationship to the child receiving care and of their age. If the relative caregiver is caring for children in his or her own home, the total number of his or her own children under the age of 13 and any other children under the age of 13 present in the home may not exceed six. Relatives are required to attend an orientation training prior to receiving CCDF funding to ensure that they are aware of basic health and safety requirements as they relate to children in their care. Relatives are only required to complete an in-state SOR check.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. ☒ Providing program-level grants to support investments in staff compensation.
 - ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. ☒ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.

- viii. **[x] Other. Describe: We also provide child care financial assistance to eligible staff working in early education programs through priority access to the waitlist and expedited enrollment. The entry income threshold is also increased to 85% for early education staff.**
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **EEC's C3 grant is provided to all licensed and funded providers that apply and the funding incorporates adjustments based on program staffing levels which the program can then invest in compensation increases. Data gathered over the past two and a half years of grant funding have shown increases in educator salaries over time and most programs report that they were able to do this without relying on tuition increases to cover these increased costs. EEC is also developing a new educator credentialing system, which will include potential professional pathways for credentialed educators. Once implemented, the credential will provide a framework around which recommendations and expectations for compensation can be developed.**
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **EEC is using data from the C3 grantees to understand the current field's access to benefits. In the future, this information will support planning around ways to provide systemic support for access to benefits that are not well supported in the field. By leveraging insights gained from this data, EEC aims to implement targeted strategies to expand access to benefits such as health insurance, paid sick, personal, and parental leave, as well as retirement benefits for educators across Massachusetts. These efforts will be focused on addressing gaps in coverage and ensuring that all educators have access to essential benefits, thereby promoting their well-being, professional development, and retention within the early education and child care workforce.**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **EEC funds a regional network of Early Childhood Mental Health Grantees who provide consultation and support to early education and care programs across each licensing region. Clinicians experienced in behavioral and mental health consult with classroom teachers on children exhibiting challenging behaviors in the classroom. The clinicians are able to provide coaching and support to classroom teachers and Family child care educators on specific approaches to manage their classroom effectively. These grantees also provide mental health supports such as book groups and other self-care and stress reduction approaches for the early education and child care workforce. We also recently hired mental health specialists who will assist in supporting and managing the Early Childhood Mental Health grantees, working with Commonwealth Preschool Partnership Initiative (CPPI) Grantees who engage in expansion of special education services to community partners, and engaging with licensors and regional office staff on programs that work to prevent suspensions and expulsions.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **EEC has been working with the Executive Office of Labor and Workforce Development (EOWLD) to establish registered apprenticeship models aimed at recruitment and retention of early childhood teachers. The registered apprenticeship model provides a structure and a set of**

foundational standards that can be readily incorporated into the classroom experience. Coaching and mentoring of newcomers to the field is also included to provide support and assistance as part of a retention strategy. Apprenticeships also offer incremental pay increases as part of the recruitment and retention design. In addition, EEC is soliciting vendors to develop and implement supported workforce pipeline programs and mentor training for all program types, including FCC. We also partnered with the Massachusetts Department of Elementary and Secondary Education (DESE), identifying alignment within the emerging workforce in the Chapter 74 early childhood education vocational programs, and dual enrollment and Early College courses offered at many traditional high schools. Students enrolled in these programs have opportunities to explore the field, earn college credit toward an ECE certificate or degree, and realize the benefits of the articulation agreements available among high schools and community colleges. We also provide child care financial assistance to eligible staff working in early education programs through priority access to the waitlist and expedited enrollment. The entry income threshold is also increased to 85% for early education staff. Finally, we fund the Early Childhood Mental Health Consultation grant to send out clinicians experienced in behavioral and mental health to consult with classroom teachers on children exhibiting behaviors that challenge in the classroom. The clinicians are able to provide coaching and support to classroom teachers and Family child care educators on specific approaches to manage their classroom effectively. EEC is also developing a Family Child Care (FCC) Supported Pathways Toolkit which will provide potential FCC providers with all information and forms required to become a licensed provider in Massachusetts.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **EEC funds a Professional Development Academy where Family Child Care Programs and Leaders of Center Based and After and Out of School Time Programs can receive business training. The program offers synchronous instruction online, coaching and opportunities for reflective practice.**
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
 - i. ☒ Fiscal management.
 - ii. ☒ Budgeting.
 - iii. ☒ Recordkeeping.
 - iv. ☐ Hiring, developing, and retaining qualified staff.
 - v. ☐ Risk management.
 - vi. ☐ Community relationships.
 - vii. ☒ Marketing and public relations.
 - viii. ☒ Parent-provider communications.
 - ix. ☒ Use of technology in business administration.
 - x. ☐ Compliance with employment and labor laws.

- xi. ☐ Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **Child Care Resource and Referral agencies, contracted providers and FCC systems hire staff that represent the diversity of the communities they are serving, and to the extent possible, provide training, technical assistance and support for child care financial assistance management in languages other than English. CCRRRs are also required to contact providers as outlined in the scope of work within their contract. This includes hosting provider information sessions in languages other than English. EEC also ensures that professional learning opportunities are available in multiple languages to the extent possible. All courses available on the learning management system are translated into Spanish at minimum and, in most cases also include Portuguese and Chinese. The Professional Development Centers also hire staff who reflect local demographics and dominant languages to ensure opportunities are available and accessible to educators that speak languages other than English.**
- b. Providers and staff who have disabilities: **Accessibility is also a core principle behind the development of all learning opportunities. The courses on the learning management system meet accessibility guidelines and the Professional Development Centers ensure the accessibility of all offerings.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

☐ Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

☒ No.
- b. Did the Lead Agency consult with other key groups in the development of their

professional development framework?

☒ Yes. If yes, identify the other key groups: EEC has begun the process of developing a new credentialing system that will include ongoing professional development requirements. As part of this development work, EEC has consulted with representatives from the community colleges and other professional learning providers. The state also has a legislatively mandated Workforce Advisory Council that has been consulted along with the Board of Early Education and Care including consultation with a committee of the Board that met to consider and advise on EEC's planning of workforce development initiatives.

☐ No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:
 - i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **EEC program licensing regulations define the professional standards and expectations for early education and care professionals. These standards identify a set of core areas of study for higher education courses and define the number and focus of credit-bearing courses necessary for early educators to advance professionally. Fourteen categories of study have been identified including; child growth and development, planning programs and environment, curriculum for early childhood settings, child and classroom management, advanced or specialized early childhood development, children with special needs, infant and toddler development, health and safety, families and community, child care policy , staff supervision, child observation, documentation and assessment, child care administration, and topics specific to out of school time. The Categories of Study Content Guide provides trainers and educators with the specific content, training objectives, and student learning outcomes, required for each category of study to be counted toward certification. Ongoing training hours are also required. Family child care educators are required to demonstrate experience working with children and engagement in ongoing training. Out of school time providers have requirements around minimum age and degree attainment for different roles as well as ongoing training requirements. In an effort to support workforce recruitment efforts, minimum hiring requirements have been put in place as a guide for the professional standards and competencies necessary at each level of classroom support and as a pathway to grow in skills and expertise. The requirements are also intended to support early childhood and out of school time programs in adequately staffing classrooms and meeting ratio regulations. Effective May 8, 2024, all new educators are required to take the EEC Essentials 2.0 training prior to any direct contact with children, and all educators currently in the field are required to complete the new training package no later than June 30, 2025 (annual refresher trainings will then be required of all early educators thereafter). The training covers all health and safety topics required by OCC and is**

accessible on the EEC learning management system in multiple languages including English, Spanish, Portuguese, and Chinese. New hires have up to six months post hire date to complete a three-credit Child Growth & Development course from an accredited college to meet teacher certification requirements. Those currently in the field can pursue optional certifications for teacher, lead teacher, and director roles. Importantly, the minimum hiring requirements for educators are intended to address urgent needs related to educator recruitment while EEC reestablishes and promotes optional certifications and rolls out the next stage of educator supports. Upcoming additional educator supports include a Professional Registry (a centralized resource where all records related to an educator's employability may be stored and accessed) as well as the launch of a new teacher credentialing system. EEC strives to address the professional standards and competency needs of early education and out-of-school time educators across Massachusetts, including current and future educators. EEC is particularly committed to supporting the workforce in obtaining skills and competencies specific to the practice of providing quality care and education to children. Additionally, EEC places a strong emphasis on the development of the profession through the attainment of industry-recognized credentials, including certificates and degrees. Primary to this work is ensuring access to higher education and preparation programs through initiatives such as the Career Pathways Grant and Early Childhood Educator (ECE) Scholarships.

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. Our current career pathway is delineated by requirements in licensing regulations for teachers, lead teachers, and two levels of directors in infant and toddler settings or preschool settings. For school age programs, there are a set of requirements for assistant group leaders, group leaders and two levels of administrative roles. This structure creates a very linear and hierarchical system in which professionals move from entry level educator roles to administrative roles if they choose to advance in their career. EEC has provided the fifteen Massachusetts community colleges with Career Pathways grant funding to support educators across all regions in accessing the coursework necessary to advance in this system. EEC is also committed to supporting the workforce pipeline and the recruitment of new educators into the profession as the sector works to rebuild and repair after the pandemic. EEC supports this initiative in partnership with MassHire Boards, the Massachusetts Department of Apprenticeship Standards, and Professional Pathways initiatives designed to address recruitment and higher education navigation and placement. As a result of these efforts, EEC is working to promote clear and compelling career pathways for educators working in the mixed delivery system across a variety of positions and roles. EEC is currently developing a new career pathways structure to be organized around professional competencies by level of experience, depth of knowledge, and demonstration in practice inclusive of family, group, and out of school time educators as well as roles beyond the classroom. The competency-based approach is intended to support educators in expanding and deepening professional skills across multiple pathways. The development and organization of these pathways is currently in process with a plan to pilot competency expectations and professional learning opportunities for advancement across

educator and administrator levels (both credit bearing and non-credit bearing) in FY25. Development of the higher levels of this credential as well as specialized endorsements aimed at supporting a wide range of expertise are in early development in FY25.

- iii. **Advisory structure.** For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Board of Early Education and Care is also the State Advisory Council for Early Childhood Education and Care.** EEC meets with the Board ten times a year and consults regularly on the development of workforce expectations. EEC also works with a legislatively mandated Workforce Council that includes representation from across the field of early education, higher education, the business community and the formal workforce development system. EEC also has an Advisory Council on early education and care. The Advisory Council members represent a reasonable geographic balance and reflect the diversity of the Commonwealth in race, ethnicity, gender and sexual orientation. All appointees have a special expertise or interest in high quality early childhood education and care and represent a mix of representatives of the early childhood community, the civic, labor, and business communities, academics, parents, teachers, social service providers, and health care providers. The Advisory Council reviews and offers comments on any rules or regulations before promulgation by the Board and makes recommendations to the Board that it considers appropriate for changes and improvements in early education and care programs and services. EEC staff meet with the Council quarterly.
- iv. **Articulation.** For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **EEC has established Career Pathways programs with the fifteen Massachusetts community colleges and Urban College.** The Career Pathways programs aim to support early educators in the pursuit of their individual professional career aspirations. As part of this partnership, EEC and the colleges are currently identifying opportunities where credit for prior learning can be counted toward credit attainment and formalized in articulation agreements. In addition, the fifteen community colleges and Urban College are engaged in a collaborative effort to establish a foundational certificate in early childhood education available across the Commonwealth, consisting of a comprehensive sequence of courses designed to meet the needs of newcomers to the field, and support those currently in the field and interested in going beyond a certificate to earn a degree. The newly developed foundational certificate comprised of 16-credits, is designed in alignment with the MassTransfer Compact. MassTransfer is a well-established transfer agreement among the fifteen community colleges, the state universities, and the UMass University system, and is rooted in associate to bachelor's degree pathways (A2B Mapped Pathways). The ECE Foundational Certificate is structured to seamlessly contribute to the requirements within the ECE associates degree at each of the community colleges and meet the transfer articulation agreements. Graduates from a Massachusetts community college with at least a "B" average are guaranteed admission to a state university or UMass to complete the junior and senior year with no application fees or essays.

In addition, EEC works collaboratively with the Massachusetts Department of Higher Education (DHE) on an ongoing basis, in the implementation and dissemination of the EEC Scholarship. The scholarship is inclusive of family, group, out of school time, and residential program positions, with funding for up to nine credits per semester, books, materials, and related costs. Recipients of the scholarship may pursue certificates, associates, bachelors', or masters' degrees. Mass Reconnect and Mass Educate have also been established to offer free community college throughout the Commonwealth. Mass Reconnect is a new program designed for MA residents that are 25 years or older that have not previously earned an associate or bachelor's degree, and are willing to enroll in at least six credits per semester, and Mass Educate, has been established to include all ages and intended for Massachusetts residents who have not yet earned a bachelor's degree, and includes tuition, fees, and an allowance for books and supplies.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. The demand for courses in languages other than English, along with supports for English language learning, remains high. The early education and care profession is culturally, racially, and linguistically diverse. This diversity brings incredible value to the field as children and families can connect with providers where they feel represented. Additionally, ensuring access to high quality credit-bearing coursework in languages other than English supports equity and inclusion of educators within the professional pathways EEC has designed and funded. As a result, EEC has established funding and collaboration with institutions of higher education (fifteen community colleges and Urban College of Boston) to provide courses, academic supports, cohort development, and the build out of pathways for educators who speak languages other than English. The programmatic design aims to engage a range of educator types (family child care, center-based and out of school time) in professional growth and optional attainment of a higher education degree in early childhood education. Educators working in EEC-licensed or funded programs serving children from birth through school age, regardless of setting, must create an individual educator profile in EEC's Professional Qualifications Registry (PQR) and update it annually. EEC's PQR gathers important information on the size, composition, education, and experience of our current workforce. It also stores information about the retention and turnover of educators working in early education and out-of-school time programs. The information collected from the PQR will help EEC respond to the needs of all early educators and programs in Massachusetts. EEC intends to build a new registry and credentialing system to correspond with the launch of a new credentialing system. Participation in the registry will be required for credentialing and program staff rosters will link by role to individuals in the registry.
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. EEC in partnership with the Department of Higher Education has established several funding streams to support the early childhood workforce in obtaining credit-bearing professional development, certificates, and degrees. The Career

Pathways programs have been strategically developed within the fifteen Massachusetts community colleges and Urban College. It was designed to provide an entry point to higher education whereby early educators can begin with one course, leverage wrap-around supports (tutoring, academic advising, coaching, etc.) and build upon their success with subsequent courses. Educators seeking degree attainment are then encouraged to apply for the DHE EEC Scholarship. This funding provides the opportunity for educators to pursue associates, bachelor's, and master's degrees at both public and private colleges provided they are living and working in Massachusetts. Educators are awarded scholarships for up to nine credits per semester with awards that go beyond the cost of tuition and fees so that materials, books, and related costs are covered. In addition to Career Pathways and the DHE EEC Scholarship, Mass Reconnect has been established to offer free community college throughout the Commonwealth. Mass Reconnect is a new program designed for MA residents that are 25 years or older that have not previously earned an associate or bachelor's degree, and are willing to enroll in at least six credits per semester

b. Does the Lead Agency use additional elements?

☒ Yes.

If yes, describe the element(s). Check all that apply.

- i. ☒ Continuing education unit trainings and credit-bearing professional development. Describe: **Credit bearing course work or continuing education units are required for certification to work as an educator or director in the field.**
 - ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **All state funded professional learning providers consult regularly with EEC around statewide needs for the early education workforce and ongoing training development. Similarly, EEC provides grant funding to all community colleges with early education departments and works in a similar manner to coordinate access to courses and ongoing planning and development of the new credential.**
 - iii. ☐ Other. Describe:
- ☐ No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The current certification requirements apply to educators working in center-based early education programs only. This system ensures educators in these programs have training in core areas of study related to their professional responsibilities and, not that educators do not have to have certification to work in the field, those that meet these qualifications are recruited and provided incentives to remain in programs, supporting retention. PQR data demonstrates that our current field of certified educators**

reflects the diversity of families served. In addition, the regional organization of professional learning supports allows for tailoring to the unique needs of the communities. This system does not fully support family child care educators and school age educators. EEC is in the process of developing a credential that will apply to educators in all programs, including out of school time and family child care and will provide multiple pathways to advancement to reflect the diversity of the field. EEC will ensure that school age after-school credentialing reflects the unique aspect of the out-of-school time workforce compared to the early education workforce.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The current career pathways do not have a required wage ladder associated with it, but data collected as part of the Commonwealth Care for Children (C3) program demonstrates that salaries do create a defacto ladder, with directors making higher salaries, on average, than lead teachers who make higher salaries, on average than teachers. This wage ladder can be identified for both center-based early education professionals as well as out of school time staff. In family child care, it is more difficult to identify wages, as FCC owners typically do not receive a salary, but benefit from the profits of their business. The one structure that does shape the opportunities FCC educators have to increase revenues are licensing requirements that increase professional qualifications expectations as FCC educators increase the licensed capacity of their program. EEC is in the process of developing a recommended salary scale tied to the new credential, which will support all program types.**
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The diversity of representation of the Workforce Council ensures that their consultation supports EEC in recognizing the needs of a diverse workforce across program types and attends to issues related to recruitment and retention. EEC does have PDG funding and is using that grant to support the development of recommended salary expectations. An initial cost analysis reviewed current salaries and compared these to a variety of benchmarks including living wage estimates and public-school salaries to develop a preliminary set of recommendations that informed cost modelling. These were reviewed by the EEC Board (the State Advisory Council).**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Representatives of higher education and professional learning providers are included on the state's Workforce Council. EEC is currently supporting expansion of opportunities for early educators coming to the field with different levels of experience with higher education and supporting pathways to enter higher education, including credit for prior learning, entry scholarships and other mechanisms. These efforts better support a diversity of educators and build access to higher education opportunities to foster stable careers and ongoing professional learning.**
- e. Workforce information. For example, does the Lead Agency have data on the existing

wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **EEC currently collects salary and benefits information at the program level through the monthly C3 grant application process. Almost 90% of early education and care providers participate. This data is helping EEC track the extent to which programs are successfully retaining educators and filling open positions with qualified staff, thereby supporting improved program quality and workforce stability in the field. Professional qualification registry data is available to support the agency in identifying the diversity of the field, but is limited in the extent to which changes over time can be tracked. Because this information is at the program level, disparities across individual educator characteristics cannot be identified but EEC is developing a new educator registry which will include salary information and will support such analyses.**

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **EEC does not currently set any salary or benefit requirements. However, the C3 grants are available to all programs and have demonstrated effectiveness at supporting salary increases while mitigating tuition increases. Programs currently report growing success at recruiting and retaining educators with this funding and data collected indicate that salaries have increased for all educators across the three years that this funding has been available. In particular, programs serving diverse families who also typically hire educators reflective of the families they serve have been able to improve compensation and retain educators. Programs also report using funding to support ongoing professional learning opportunities for educators, thereby increasing the quality of the education provided.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Educators in Large Group and School Age Child Care working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. Educators in small group and school age child care must complete ten hours of professional development activities per year. A Note about Diverse Learners: At least one third of the required professional development must address diverse learners. Diverse learners are defined as, 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.

- b. License-exempt child care centers: **1. Educators in Large Group and School Age Child Care funded programs working fewer than ten hours per week shall complete a minimum of five hours of professional development activities per year; 2. Educators working at least ten but fewer than 20 hours per week shall complete a minimum of 12 hours of professional development activities per year; 3. Educators working 20 or more hours per week shall complete a minimum of 20 hours of professional development activities per year. Educators in small group and school age child care must complete ten hours of professional development activities per year. A Note about Diverse Learners: At least one third of the required professional development must address diverse learners. Diverse learners are defined as, 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.**
- c. Licensed family child care homes: **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. A Note about Diverse Learners: At least one third of the required professional development must address diverse learners. Diverse learners are defined as, ☐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.☐**
- d. License-exempt family child care homes: **EEC does not have license-exempt FCCs**
- e. Regulated or registered in-home child care: **EEC does not have licensed ICCs**
- f. Non-regulated or registered in-home child care: **All informal funded child care providers are required to complete the 3 hour EEC Essentials Refresher training annually.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **All EEC-funded training and professional learning opportunities are available and offered free of charge to all educators in the state regardless of program type and location. This includes educators in tribal communities.**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency;

children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? Our network of Professional Development Centers, located in each region throughout the state, provides training at no cost both through synchronous online sessions and in person. Trainings are provided in English, Spanish, Portuguese, Mandarin and Cantonese to reflect the main language needs of our workforce. The Professional Learning Communities, as they are called, include training in the following domains: Learning Environments and Curriculum; Guiding and Interacting with Children and Youth; Professionalism and Leadership; Observation, Assessment and Documentation; Partnering with Families and Communities; Program Planning and Development; Health, Safety and Nutrition; Understanding the Growth and Development of Children. In addition, EEC's partnerships with the fifteen community colleges and Urban College of Boston are centered on the diverse professional development needs of the communities they serve. The Career Pathways grant prioritizes reducing barriers to higher education by providing access to courses in languages other than English. Wrap around supports, including tutoring, mentoring, and academic advising, are part of the design and aim to encourage early educators to pursue additional courses beyond the initial EEC certification requirements. The Professional Development Centers and Professional Development Academy deliver a number of trainings specific to educators working with infants and toddlers. The training entitled 'Baby Love' is a two part series regarding the fundamentals of working with infants and toddlers including interactions, transitions and routines. 'Reality Bites' is another popular training that focuses on why toddlers bite, how to respond and how to prevent biting from occurring. The 'Empowering Early Years: Developmentally Appropriate Practices for Infants and Toddlers' training focuses on the concept of developmentally appropriate practice tailored to children aged infant through toddler. Fostering Social Development and Emotional Health in Young Children, focuses on the importance of developing social competence in young children and fostering positive mental health while supporting educators in understanding challenging behaviors. The training, 'Responsive Environments for Infants and Toddlers', teaches strategies to provide a responsive environment for infants and toddlers in all child care settings, including educators' roles in building positive relationships with children and their families. 'Building Blocks: Infants' is a training designed to support educators who are new to working with infants; it provides content specific to caring for infants, including the importance of high-quality interactions with babies, safe sleep practices, responsive feeding, and effective diapering routines. To support school-aged children and educators working in after school and out-of-school time programs, EEC's Professional Development Centers offer a number of training opportunities including, 'Building Blocks: Working with School Age Children'. The 'Building Blocks' training guides educators working with school-age children on how to build a safe, healthy, and happy environment where educators will strive to meet the emotional, social, and physical needs of the school-age child. The 'Exploring Engagement Through School-Age Curriculum' training supports educators in recognizing the range of developmental needs of school-age children, how to engage and adjust curriculum and learning activities to best meet the needs of the children in the program. Another opportunity, 'Out of School Time- Let's break the Ice!', focuses on the inclusion of play throughout the day to support the emotional and physical development of school-age children specifically. 'Preventing Summer Learning Loss Out of School Time programs/Afterschool Programs' provides a framework for summer educational engagement and the importance of doing so to avoid summer learning loss by providing information, resources, tools, and discussions that will help school-age programs strengthen the role that they can play in supporting students and helping them to retain their school-year skills. The Professional Development Centers also focus training on various special needs. There are specific

trainings for Autism Spectrum and ADHD as well as an entire series using the Pyramid Model which discusses interventions that improve experiences for all children but especially children with behaviors that challenge. ‘Dual-Language Learners in Early Childhood Education’ teaches strategies for creating a learning environment that welcomes and affirms children’s home language, in this training educators learn developmentally appropriate strategies for supporting young children’s language development and the benefits of multilingualism. Educators also learn strategies for communicating and engaging with families whose language may be different from your own. The ‘Identifying Red Flags in Children’s Development’ training helps educators to identify red flags in development, understand typical developmental milestones, common developmental delays, the importance of observation and communicating sensitive information to families. In the training opportunity, ‘Understanding Attention Deficit Disorder (ADHD)’, educators learn the definition of attention deficit hyperactivity disorder, exhibiting factors to a diagnosis, referral to specialists for assessments and diagnosis, and adapting curriculum to meet the needs of students. ‘Understanding the Autism Spectrum’ is a training opportunity that teaches the five signs and symptoms of autism spectrum disorder (ASD), explains the social, communication, and behavior red flags of ASD, and provides strategies that assist ASD children in the classroom. In addition, the ‘Working with Children with Special Diets, Allergies and Specialized Feeding Issues’ training introduces educators to the health and safety needs of children with food allergies, food sensitivities and other feeding issues. These trainings are available to all educators including Native American educators. We do not offer specific training for Native American educators.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Providers can access development screening information through local school district Child Find efforts. In addition to federal law, Massachusetts state law requires “the school committee of every city, town or school district” to “identify children ages 3 to 21 residing therein who have a disability,” as well as “diagnose and evaluate the needs of such children, propose a special education program to meet those needs, provide or arrange for the provision of such special education program.”** These efforts include consistent outreach to all local childcare agencies/programs with regard to conducting developmental screenings and assistance with accessing appropriate services or interventions as needed. In addition to Child Find efforts, programs are also able to access information and instructions on conducting developmental screenings, such as the Ages and Stages Questionnaire (ASQ) through local Coordinated Family and Community Engagement (CFCE) programs and the Commonwealth Preschool Partnership Initiative efforts. Programs use this ASQ as a Parent Centric approach to pinpoint development progress and identify delays in developmental areas including social, emotional, physical, or linguistic.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. ☒ Research-based.
 - ii. ☒ Developmentally appropriate.
 - iii. ☒ Culturally and linguistically appropriate.
 - iv. ☒ Aligned with kindergarten entry.
 - v. ☒ Appropriate for all children from birth to kindergarten entry.
 - vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. ☒ Cognition, including language arts and mathematics.
 - ii. ☒ Social development.
 - iii. ☒ Emotional development.
 - iv. ☒ Physical development.
 - v. ☒ Approaches toward learning.
 - vi. ☐ Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **Massachusetts early learning and developmental guidelines are encompassed in many documents, all developed at different timelines by both EEC and the Department of Elementary and Secondary Education. As a result, updates occur at different times, with the most recent revision completed this past year on the preschool health and physical education curriculum guidelines.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
<https://www.mass.gov/eec-learning-standards-and-curriculum-guidelines>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **EEC**

and the Department of Elementary and Secondary Education provide training and technical assistance in the use of the standards to inform curriculum implementation and ongoing formative assessment.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.
 - iv. ☒ Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on

activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **EEC gathers information on ongoing program quality improvement efforts and the needs of the field through multiple mechanisms.** Licensors visit programs regularly and, in addition to reviewing compliance with regulations, also attend to the needs and opportunities for growth for each program. Based on their assessment of program needs, licensors will provide technical assistance or refer programs to the regional quality specialist for further consultation. Regional program quality staff have developed a regional consultation system to work with licensors and program support staff to review common issues and goals arising from programs as well as identify professional learning opportunities and other supports to meet these needs. This process is building a deep understanding of local strengths and challenges and informs ongoing design of program supports. EEC has developed a robust system of free and low-cost quality supports for programs, including formal systems that provide home visiting to family child care educators, mental health consultation, coaching and training from regional professional development centers, in-depth training in implementing the Pyramid Model, and planful educational leadership supporting ongoing job-embedded learning for educators and staff. EEC also works closely with programs contracted to provide child care for children receiving CCDF funded financial aid. Through this process, EEC maintains close relationships with programs providing these services, including family child care systems, and provides ongoing consultation and support in quality improvement. EEC also gathers information about program engagement and classroom quality from programs enrolled in some of the agency's higher intensity professional learning opportunities, including the Commonwealth Preschool Partnership Initiative and the Early Childhood Support Organizations. This data provides a window into the level of professional learning engagement that is possible for programs and the level of program quality in these programs. EEC also shares these results and consults regularly with the Board of Early Education and Care, Advisory and Workforce Councils to reflect on the needs of the field and consider changes necessary to the supports provided. EEC has recently launched a family advisory which provides family feedback on the current and future directions of program quality policies. EEC has also used PDG needs assessment funds to gather information from families about their preferences when choosing programs for their children, which will be used to inform ongoing program quality design. All of these activities occur on an ongoing basis.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Ongoing review of all of the above information has identified a desire for a clearly articulated pathway of supports for programs, starting with quality focused interactions with licensors, basic training of educational leaders to build program level skills in supporting on-going continuous quality improvement and professional learning, to more intensive and comprehensive supports designed to develop high levels of practice.** We understand that finding the right level of support for each program is essential to ensuring effective engagement in meaningful improvement, as is ensuring the field has access to professional learning opportunities aligned with program needs. Classroom observation data from programs engaged in more comprehensive quality improvements provide the benchmark we use and measure against as programs engage in quality improvement. Educational leaders play a critical role in supporting such

improvement and will need strong leadership skills in order to effectively make use of such opportunities. Information from families suggests that the strong licensing requirements currently in place are important to family as an indicator of safety for their children. Educator skills are also important to families, suggesting that the ongoing investment in professional expectations, compensation, and educator retention will help families find programs with the skilled professionals that they desire.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **Our ACF 218 will be added to the state plan page on the EEC website: <https://www.mass.gov/lists/child-care-and-development-fund-ccdf-state-plans>**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **EEC contracts with six different entities, five regional Professional Development Centers (PDCs) and one state-wide academy, to provide universal access to free professional learning opportunities across the state. The PDCs coach program leaders on an array of topics and assist leaders in setting quality goals for their programs. Coaching topics often drive the PDCs’ development of regional trainings. The PDCs work closely with the regional licensors, Program Quality Specialists, and Early Childhood Mental Health Consultation Programs to provide seamless support for programs. EEC also maintains an online learning management system that makes self-paced asynchronous and instructor-led courses available to all educators. Additionally, EEC contracts with family child care systems (FCC Systems) to provide professional development and onsite support to affiliated FCC educators through the child care financial assistance contract. FCC Systems provide monthly onsite visits, professional development days, and other resources to support quality practices, curriculum planning and, in some cases, training on business practices. Targeted professional development initiatives are in place to build organizational capacity to engage in continuous quality improvement in key areas, including support for social emotional learning and educational leadership. EEC contracts with a vendor to expand access to support for implementation of the Pyramid Model, with attention to establishing models that meet the needs of**

different program types in the mixed-delivery system. EEC contracts with three Early Childhood Support Organizations to provide multi-year intensive coaching and training to educational leaders in center based early education and care programs, including support for enhanced approaches to selection and implementation of high-quality curriculum, child assessment, adult child interactions, and instruction. EEC also intends to develop more training focused on the needs of the out-of-school-time workforce.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- iii. Developing, implementing, or enhancing a quality improvement system.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **EEC is currently developing a process for supporting programs in engaging in continuous quality improvement, including guidance and training on the process, support in implementing standardized observations and other data collection, ongoing identification of professional learning opportunities, and other resources to support quality improvement plans.**

- iv. Improving the supply and quality of child care services for infants and toddlers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The C3 grant program supports recruitment and retention of staff, quality investments, and funding is structured to match the increased costs of running infant and toddler classrooms, thereby supporting these classrooms and providing an incentive for expansion of such services. Additionally, the Professional Development Centers and Academy provide training that focuses on skills in working with infants and toddlers. EEC also provides a Support Services daily rate for EEC's Priority Population and claims the funding tied to infant and toddler children. The Support Service funds mental and behavioral health as well as social services for priority population infants and toddlers. The contract re-procurement for FY25 aims to secure more contracted slots for infants and toddlers, increasing the dedicated financial assistance for these population. Our infant and toddler rates experienced the largest increases in FY24 due to a recognition of higher costs for quality care of those age groups.**

- v. Establishing or expanding a statewide system of CCR&R services.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **EEC re-procured the Child Care Resource and Referral services in FY23, for contract execution on 7/1/2023. Through this new contract, CCRRs are required to support existing providers who accept child care financial assistance as well as recruit new providers into the child care financial assistance system. CCRRs are also required to connect providers with trainings and technical assistance to start, maintain, and grow their**

businesses and improve their services. This includes areas related to early childhood mental health, professional learning supports, and continuous quality improvement planning.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. EEC uses CCDF funds to support licensure, audit, and background record check salaries at the agency. The licensors are tasked with ensuring child care programs are complying with health and safety standards outlined in CCDBG and included in EEC's regulations and policies. Auditors are tasked with ensuring sub-recipients are complying with EEC's approved State Plan when making eligibility determinations. Background Record Check staff are ensuring that the individuals who work in a child care program or child care home are suitable to have contact with children. EEC also funds multiple entities to support compliance, including the Strong Start Professional Development Centers, the Early Childhood Mental Health Grantees, the Strong Start Learning Management System, the Pyramid Model Consortium and the Early Childhood Support Organizations. Each of these grantees is required to collect information to allow EEC to track program participation and support received by providers. Support ranges from basic health and safety, to trainings, to in-depth coaching and consultation. In the future, we will develop the capacity to track the extent to which programs sustained targeted practices when direct support ends.

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. EEC currently funds EEC Program Quality Specialists and external vendors in achieving reliable rater certification from Teachstone to conduct classroom observations using the CLASS tool. These investments are designed to build an infrastructure to gather classroom quality data across various program investments, including ECSO participants, CPPI grantees, and contracted providers.

- viii. Accreditation support.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. EEC continues to invest in resources to support programs in understanding and working towards the state's quality domains and goals. These include continuous quality improvement

training and resources, training and professional learning supports aligned with the specific expectations of each domain, and the alignment of the credential development with these standards. Much of this work is conducted by the statewide professional learning Academy and other contracts funded with CCDF funds. We have also hired Behavioral Health Specialists who will support and manage the Early Childhood Mental Health grantees, work with Commonwealth Preschool Partnership Initiative Grantees who engage in expansion of special education services to community partners and engage with licensors and regional office staff around programs that have children who exhibit challenging behaviors in an effort to prevent suspensions and expulsions

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results

of the coordination: **The state's Board of Early Education and Care serves as the State Advisory Council on Early Childhood Education and Care in Massachusetts. The Board is required to meet 10 times per year and the Commissioner of EEC formally serves as the Secretary of the Board. EEC works closely with the Board to discuss our work in expanding access to child care services and continuity of care and to formally advance regulatory enhancements. These meetings also represent an important opportunity to share meaningful updates with the Board, stakeholders, and the general public, as well as promote increased understanding and recognition of impactful changes that EEC has made in recent years.**

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **EEC currently engages with the Aquinnah and Mashpee Wampanoag tribal organizations through an Interagency Tribal Partners working group through the MA Department of Public Health related to learning more ways in which health, human services, and education programs interface with tribes. The Head Start Collaboration Office Director is the EEC liaison on this group, with the responsibility of being a support for Native early education and care programs. EEC is hoping to establish a more direct and formalized relationship in the future.**

☐ Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Department of Public Health (DPH), which sits within the Executive Office of Health and Human Services (EOHHS), is the Lead Agency responsible for administering Part C of the IDEA, whereas Part B of the IDEA is administered by the Department of Elementary and Secondary Education (DESE), which sits within the Executive Office of Education (EOE). The Secretaries of both EOHHS and EOE serve as ex officio members of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies. In addition, DESE and EEC have continued an interagency service agreement (ISA) that supports joint professional development for the early education workforce on issues related to inclusion and supporting children with special needs. EEC has also partnered with DPH's Early Intervention Services program to establish and support Regional Consultation Programs (RCPs) to assist children with disabilities by providing expertise on inclusion and effective transition practices to early education and care programs. EEC is also a participating member of DPH's Interagency Collaborating Council (ICC), which is a federally mandated statewide inter-agency group that advises and assists DPH on issues related to Early Intervention services. EEC outlines expectations in contracts with child care programs to allow services such as Early Intervention into programs for services as needed. EEC encourages providers to coordinate with the public schools and parents to allow children to return to the program after receiving services through the public schools. EEC is in the process of implementing a data sharing agreement with the DESE which will help EEC better understand the supply and demand for early education and care among children**

with disabilities.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Massachusetts Head Start Collaboration Office (HSCO) is a unit within EEC's Family Access and Engagement Division. This allows for close collaboration with the CCDF Director, to whom the Head Start Collaboration Office Director reports. Results of this collaboration include the following: Inclusion of Head Start voice in reforms; recognition of Head Start eligibility and enrollment practices in updated protocols; and increasing access through improved coordination across the CCFA mixed delivery system. HSCO's placement within EEC allows for the following collaborations as well: Head Start inclusion in Community Preschool Partnership Initiative (CPPI); consideration of Head Start/Early Head Start curricula in Early Literacy/Literacy Launch; alignment between Head Start educator requirements and planning for Educator Credentialing & Certification; inclusion of Head Start/Early Head Start staff in Career Pathways initiatives and EEC scholarships; inclusion of Head Start's "grow your own" models and Apprenticeship Programs; consideration for Massachusetts' most vulnerable children and families through Commonwealth Cares for Children (C3); alignment of approaches to supports for Continuous Quality Improvement; alignment between Office of Head Start 1303 facilities projects and EEOST facilities improvements; crosswalk of Head Start Program Performance Standards (HSPPS) and EEC Licensing Regulations; consideration of HSPPS in Child Care Licensing Regulation Revision; and identification of Head Start/Early Head Start programs in LEAD. In addition, the HSCO Director collaborates across several state agencies to achieve EEC's goals, including goals related to CCDF. These partnerships include units within Department of Public Health, Department of Children and Families, Department of Elementary and Secondary Education, Office of the Child Advocate, and Department of Mental Health and Department of Transitional Assistance.**
- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Massachusetts Department of Public Health (DPH), which sits within the Executive Office of Health and Human Services (EOHHS), is the lead agency responsible for public health in the Commonwealth. The Secretary of EOHHS serves as an ex officio member of the Board of EEC, which meets a minimum of ten times annually to decide high level policy issues, including issues impacting all CCDF funded programs and services. The broad membership and regular meeting schedule of the EEC Board allows for substantial and ongoing consultation and coordination with EEC's stakeholders and key partner agencies. EEC immunization and health record requirements are informed by DPH guidelines. Through funding from DESE and an Interagency Service Agreement from EEC to the Department of Public Health (DPH) Regional Consultation Program (RCPs,) resources are available to families to facilitate transitions from Early Intervention to Early Education and Care Programs and to support children eligible for Special Education Services. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a conceptual framework of evidence-based practices and is widely accepted as best practice in the field of early childhood. This initiative coordinates Pyramid Model efforts with the Department of Public Health (DPH), Early Intervention (EI) program, and the Department of Elementary and Secondary Education (DESE).**
- f. State/Territory agency responsible for employment services/workforce development.

Describe the coordination and results of the coordination: EEC has been working with the Executive Office of Labor and Workforce Development (EOLWD) to establish registered apprenticeship models aimed at recruitment and retention of early childhood teachers. As part of this partnership, EEC is supporting the expansion of registered apprenticeships funding by EOLWD and working with the Department of Apprenticeship Standards to align requirements to EEC industry standards. In addition, EEC is planning to provide targeted resources to enhance administrative and coordination capacity at a regional level, support the development of apprenticeship programs to meet the diverse needs of the workforce, and provide flexible funding to EEC programs hosting apprentices, to accelerate the accessibility of apprenticeships and to expand on the funding provided by EOLWD. Also, the Secretary of Labor and Workforce sits on the MA Governor Healey's Early Education and Child Care taskforce with EEC's commissioner working towards a whole government approach to make child care more affordable and accessible. This taskforce was established in January 2024 through Executive Order 625 (<https://www.mass.gov/doc/executive-order-625-establishing-an-inter-agency-task-force-on-ensuring-affordable-high-quality-child-care/download>).

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: EEC has partnered with the Massachusetts Department of Elementary and Secondary Education (DESE) on many initiatives to set standards, support coordination between districts and EEC licensed programs, and build tools and support systems to further children's school success. Most recently, EEC has worked with teams at DESE to support ongoing collaboration between districts and EEC-licensed programs to coordinate services to expand access to preschool that is inclusive of full day, full year options for families, provides special education services across the mixed delivery system and implements aligned curriculum and joint professional development opportunities, with particular attention to building strong early language and literacy skills, social emotional skills, and helping families navigate the transition to Kindergarten. This builds on past work collaborating on the development of early learning standards and supporting out of school time programs in implementing high quality, play-based curriculum.
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: EEC is the child care licensing authority in Massachusetts. EEC's licensing and financial assistance units work closely to meet the agency's goals of protecting the health and safety of child care children and promoting continuity of care. For example, if EEC's licensing unit identifies a child care program with significant health and safety concerns, it will work closely with EEC's financial assistance unit to ensure any families receiving CCDF are transferred to another CCDF program with as little disruption to the family as possible.
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: EEC has coordinated extensively with the Department of Elementary and Secondary Education (DESE) to grow and support the CACFP. CACFP staff visit regional EEC offices to share updates on USDA requirements and attend regional 'Working Together' meetings on a regular basis. CACFP staff also regularly complete visits to programs and providers and will share updates and data with EEC. In addition, CACFP provides training to EEC providers and staff. Finally, to help with continuous improvement of the program,

EEC recently hosted CACFP listening sessions with Project Bread and Strategies for Children.

- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **EEC has a close relationship with the Statewide Homeless Coordinator/McKinney-Vento Coordinator at the Department of Elementary and Secondary Education through the Head Start Collaboration Office. Given the shelter crisis in Massachusetts, the McKinney-Vento Coordinator meets biweekly with EEC staff. This ensures that our homeless populations receive information about our services in a timely and respectful manner. Additionally, EEC sits on two statewide working groups comprised of local community organizations and state agencies focused on meeting the holistic needs of homeless families through improved coordination of services from access to basic needs to child care and workforce supports. Through this coordination, EEC has worked with local agencies and Coordinated Family and Community Engagement grantees to provide onsite playgroups and play spaces in hotels that serve as shelters. Lastly, EEC partners with The MA Office of the Child Advocate and MA Center for Well Being and Trauma to provide a series of training on supporting new arrival and displaced families in a trauma-informed and responsive way.**
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **EEC regularly engages with the Department of Transitional Assistance (DTA), the agency administering the state's TANF program. This is done through biweekly meetings specific to child care for priority populations to discuss any policy or process items. Both agencies also communicate regularly to promote local collaboration between the child care resource and referral (CCRR) agencies and DTA engagement staff. This has improved the experience of the families by providing a more unified and streamlined process for our DTA involved populations.**
- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called MassHealth. EEC is a partner in the MassHealth Children's Behavioral Health Initiative (CBHI) to ensure that children with MassHealth coverage who have significant behavioral, emotional and mental health needs and their families get the services they need for success in home, school, community, and throughout life.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **EEC meets with the Department of Mental Health (DMH) on a monthly basis to coordinate statewide responses to mental health needs specific to EEC populations served. EEC also collaborates with the Department of Elementary and Secondary Education (DESE) and the Department of Public Health (DPH) to ensure information, training, and resources on social and emotional behavior are provided to the entire mixed-delivery system, which includes those working in family child care homes, center-based programs, and those that are exempt from licensing. EEC also coordinates Pyramid Model efforts with the DPH, Early Intervention (EI) program, and DESE in an effort to build cross sector, system-wide supports for early education and care programs to support the healthy social, emotional, and behavioral health of all children, and to strategically build the capacity of programs through supporting community-wide implementation, while maintaining fidelity of the Pyramid Model approach and reducing**

external support and coaching.

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The child care resource and referrals agencies (CCRRs) are EEC partners in the administration of child care financial assistance and resource and referral information for families seeking assistance or child care related information. EEC meets weekly to biweekly with CCRRs to ensure families are receiving equitable access to early education and care assistance and resources. This includes tracking of child care referrals, applications and community resources with the goal of educating families of the availability of programs and assistance. We directly fund providers of professional development, through programs like the Professional Development Academy and Early Childhood Support Organization, and accept trainings provided by entities that are credited with Continuing Education Units (CEUs). We are also in the process of revising our approval process for other entities designing training for early education and care educators.**
- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **EEC collaborates with the Massachusetts Afterschool Partnership, an organization belonging to the \$50 Statewide Afterschool Network through which we can connect with afterschool advocates across the country for best practices. EEC also collaborates with a variety of afterschool entities to support the general operation of out-of-school time care and to ensure seamless transitions between early childhood programs and afterschool care. This coordination involves creating access to Child Care Stabilization funds to support general operations, including things like personnel costs, professional development and curriculum. EEC has asked ASOST stakeholders for feedback and input on the development of credentials for their provider type, which will align curricula, staff training, and programmatic standards to maintain high-quality care. Joint training sessions and professional development opportunities are organized to ensure that caregivers and educators in both early childhood programs and afterschool care settings are equipped with the necessary skills and knowledge to support children's holistic development. Children enrolled in early childhood programs benefit from smoother transitions to afterschool care, as schedules, routines, and curricula are coordinated between the two settings. Working families have greater access to full day child care services that meet their needs, as the coordination between early childhood programs and afterschool care extends the hours of available care. Finally, collaboration with statewide afterschool networks has fostered the exchange of best practices and the implementation of consistent quality standards across different care settings.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **EEC has engaged with the Massachusetts Emergency Management Agency (MEMA) in development of its emergency preparedness and response plan. The Executive Office of Education (EOE) or EEC designates staff from the agency to participate in MEMA's cross-agency emergency response team and works with them to ensure EEC programs are considered in all disaster response plans.**
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

- i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **EEC administers the Head Start State Supplemental Grant that supports all Head Start/Early Head Start (EHS) programs, including EHS-Child Care Partnerships programs. Additionally, in August 2024 the MA Head Start Collaboration Office (HSCO; housed within EEC) liaised with Head Start recipients to better understand the relationships between Head Start recipients and their community-based Head Start Child Care Partners, including Early Head Start-Child Care Partners. HSCO collected Head Start Child Care Partner program numbers, which allowed for the identification of Head Start Child Care Partner programs within LEAD. Identifying EHS-CCP and other Head Start Child Care Partner programs allows EEC and HSCO to disaggregate licensing data and better understand Head Start’s partnerships with community-based child care programs within cities/towns, regions, and across the Commonwealth. It also allows EEC to consider Head Start funded seats within Head Start Child Care Partner programs for the purposes of grants such as Commonwealth Cares for Children (C3).**
- ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: **EEC, in partnership with the Department of Higher Education, has worked closely to support access to scholarships funding for educators currently working in early education and out of school time programming. We have worked closely to ensure that scholarship funds are accessible and support degrees most closely relevant for those working in early education and out of school time programs. In addition this partnership has allowed EEC to improve outreach strategies and to explore opportunities to support students who are also parents as they continued their education.**
- iii. **[]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **HSCO partners with MIECHV to ensure coordination and collaboration. EEC’s HSCO Director meets with the MIECHV Director monthly to ensure open communication about programs whose children are served by both organizations, especially those serving children living in shelters and children experiencing homelessness.**
- v. **[]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
- vi. **[x]** State/Territory agency responsible for child welfare. Describe: **EEC serves children involved with the Department of Children and Families (DCF) as part of an entitlement program funded through the Massachusetts state budget. This program is administered through EEC contracts (grants) and vouchers specifically for DCF-involved families. Through contracts, EEC reserves space and sets requirements for the child care and support services provided to DCF-involved families. EEC provides enrollment information to DCF on a biweekly basis and meets biweekly with DCF to ensure alignment on supports for DCF-involved families, facilitate access, and manage contracts for providers that serve DCF-involved families. EEC also develops policies in conjunction with DCF and troubleshoots issues that could impact access for DCF-involved families. EEC also**

coordinates between contracted providers, CCRRs, and DCF to promote a positive experience for DCF-involved families. The newly hired EEC Priority Access Manager facilitates these conversations and works with their team of regional access specialists to provide a local focus on contracts and strengthening the partnership between EEC, DCF, contracted providers, and CCRRs. EEC works with state, regional and local DCF child care coordinators who share information with DCF case managers that distribute information directly to families that need help accessing care. This coordination has increased enrollment of DCF-involved families, improved service coordination and minimize disruptions to care for DCF-involved families .

- vii. ☒ Child care provider groups or associations. Describe: EEC engages with various provider groups and associations regularly, as the agency’s Advisory and Workforce Councils are primarily comprised of representatives from various provider groups, associations, and other stakeholder populations. The Massachusetts Head Start Collaboration Office Director meets on a monthly basis with directors and staff from Head Start/Early Head Start programs through the Massachusetts Head Start Association (MHSA). The HSCO Director also meets weekly with the Executive Director of MHSA to ensure open communication and partnership. These efforts have improved the relationship between EEC and the field, promoting an environment of partnership that has led to a state-wide approach for large-scale changes at EEC in recent years. One example is the work to improve child care financial assistance policies in response to pain-points identified by providers and systems in the field. EEC took a collaborative approach to updating policies which has led to changes that both EEC and the field support. Another example is the work that EEC has done in collaboration with Massachusetts Head Start to: consider Head Start educator requirements in planning for Educator Credentialing & Certification; include of Head Start/Early Head Start staff in Career Pathways initiatives and EEC scholarships; include Head Start's "grow your own" models in Apprenticeship Programs; and crosswalk Head Start Program Performance Standards (HSPPS) and EEC Licensing Regulations.
- viii. ☒ Parent groups or organizations. Describe: EEC recently hired its first Family Engagement manager who is developing a statewide strategy for family engagement and will lead all efforts related to engaging families including launching EEC's first parent council which is inclusive of connecting with parent groups .
- ix. ☐ Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. ☐ Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

☒ Title XX (Social Services Block Grant, SSBG)

☐ Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

☒ State- or Territory-only child care funds

☒ TANF direct funds for child care not transferred into CCDF

☐ Title IV-B funds (Social Security Act)

☒ Title IV-E funds (Social Security Act)

☒ Other. Describe: **Title XXI (Children's Health Insurance Plan, CHIP)**

- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **EEC pools funds to maximize the available federal revenue for the Commonwealth and to support full-day, full-year child care programming for working families and families who are in education and training programs.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

☒ Yes. If yes, describe which funds are used: **Commonwealth General Revenue funds**

☐ No.

b. Does the Lead Agency use donated funds to meet match requirements?

☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. ☐ Donated directly to the state.

ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

☒ No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☒ Yes.

☐ No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The current CCRR responsibilities include: (1) Services to families, including ensuring families have access to high quality consumer information about their child care options, providing resources and referrals that meet their specific needs, and providing eligibility assessments and access to EEC child care financial assistance; (2) provide services to providers including recruitment and contract management, training and technical assistance, and monitoring; (3) coordination with other agencies and programs, including EEC Regional Operations/Licensing, the Department of Transitional Assistance (DTA), the**

Department of Children and Families (DCF), Mass211, Coordinated Family Community Engagement (CFCE) grantees, Educator and Provider Support (EPS) grantees, and service area communities and the early education field; and (4) general CCRR administration and management. CCRRs are responsible for collecting and reporting data to EEC, including data on services under Section 619 and Part C of the Individuals with Disabilities Education Act and data on the supply of and demand for child care services in the state. There are six CCRRs contracted by EEC who also operate as a statewide network. EEC holds brief calls every week with the Network to coordinate urgent priorities. The Network also holds longer monthly meetings with each other and EEC to coordinate efforts across the Commonwealth.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **In service of improving program quality, EEC has been engaged in a public-private partnership with a venture philanthropic organization called New Profit since 2019 to jointly fund, manage and evaluate a pilot of the professional development services through the Early Childhood Support Organization (ECSO) initiative. New Profit has committed approximately \$8 million of funding to date, providing unrestricted funding to ECSO organizations in the initial scale up of the initiative, providing staff to coordinate the implementation of the initiative in partnership with EEC staff, and to fund an implementation and impact evaluation of the initiative. EEC's funding of the initiative increased each year and now fully funds the operational costs of the initiative. As the pilot phase of this initiative concludes in spring 2024, EEC plans to continue to fund the ECSOs and partner with New Profit to provide funding for the evaluation activities.**

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The agency's Disaster Plan was updated in 2018 in response to a gas explosion in Massachusetts.**

- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
- i. The plan was developed in collaboration with the following required entities:
 - ☒ State human services agency.
 - ☒ State emergency management agency.
 - ☒ State licensing agency.
 - ☒ State health department or public health department.
 - ☒ Local and State child care resource and referral agencies.
 - ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
 - iii. ☒ The plan includes guidelines for the continuation of child care services.
 - iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - ☒ Procedures for evacuation.
 - ☒ Procedures for relocation.
 - ☒ Procedures for shelter-in-place.
 - ☒ Procedures for communication and reunification with families.
 - ☒ Procedures for continuity of operations.
 - ☒ Procedures for accommodations of infants and toddlers.
 - ☒ Procedures for accommodations of children with disabilities.
 - ☒ Procedures for accommodations of children with chronic medical conditions.
 - vi. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.
 - vii. ☒ The plan contains procedures for staff and volunteer practice drills.
 - viii. If any of the above are not checked, describe:
 - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: <https://www.mass.gov/doc/eec-ccdf-state-plan-2019-2021-emergency-preparedness-plan/download>

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can

support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **An individual who wants to file a complaint against a licensed child care provider needs to call or email the regional office. Either the licenser or supervisor will create a case in EEC's licensing system. The complaint will then be assigned for an investigation.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **EEC is committed to accessibility for all individuals. If a licenser cannot speak to a person in their primary language, EEC has a contract with a language access provider who may be able to translate depending on the language. The language access provider has multiple employees that can both speak and translate for both the individual filing the complaint and the individual taking the complaint.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **A concerned party may contact the regional office that monitors providers via phone. If the concerned party needs accommodation to report their complaint, they may instead send an email describing the issue. The issue will then be triaged and sent to the appropriate regional office. Any follow-up conversations or requests for more details can happen over email or over the phone utilizing TTY services. This contact information for both phone and email is available online through our website. If the provider is unlicensed, there is a separate complaint form that can be completed online. Both mass.gov and our unlicensed care form are held to WCAG 2.1 standards for web accessibility. EEC is also in the process of publishing additional pages on accommodation and language access requests.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding

to complaints, including information about whether the process includes monitoring?

☒ Yes. If yes, describe: **When a complaint is filed, the licensor, along with their supervisor and Regional Director, will review the complaint and determine whether the complaint should be escalated to the Investigations unit, remain with the licensor, or be closed as there are no regulatory violations alleged. This determination will typically occur within 48 hours. The investigation will then occur and should be completed within 30 days. However, there are times when an investigation may take longer, such as when the complaint requires law enforcement involvement or when relevant medical information is not available within that timeframe. Depending on the allegation, a monitoring visit may occur when the investigation remains with the licensor. Visits are always conducted if the investigation is escalated to the Investigation's Unit. Once the investigation has been completed, all non-compliances will require a corrective action plan. Depending on the allegation and corrective action plan, a monitoring follow-up visit may be conducted at the program.**

☐ No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **All complaints, and subsequent investigations, are maintained in EEC's computerized licensing system (LEAD) and are directly linked to the provider.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Information about investigations can be accessed on the consumer education website. Any individual can also contact EEC for redacted copies of investigation reports.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency’s consumer education website homepage:
<https://www.mass.gov/orgs/department-of-early-education-and-care>
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
[x] Yes.
[] No. If no, describe:
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
[x] Yes.
[] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://www.mass.gov/child-care-program-licensing>**
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **<https://www.mass.gov/info-details/eec-licensing-policies-forms-and-technical-assistance>**
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **<https://www.mass.gov/lists/background-record-check-brc-policies>**
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **<https://www.mass.gov/lists/background-record-check-brc-policies>**

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
[x] Yes.
[] No. If no, describe:
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **<https://childcare.mass.gov/findchildcare>**
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:

☒ License-exempt center-based CCDF providers.

☐ License-exempt family child care CCDF providers.

☐ License-exempt non-CCDF providers.

☐ Relative CCDF child care providers.

☐ Other (e.g., summer camps, public pre-Kindergarten). Describe:

- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. ☒ All licensed providers. Describe: **Beyond the information listed above, results for all licensed providers and license-exempt CCDF center-based providers show**

information about the CCR&R they work with. The consumer education website also shows information about when a license was first issued and most recently re-issued, and their renewal status. Additionally, if the program provides this information, the search pages will display information about fee structure, national accreditation, information about the program's environment (for example, if air conditioning is available), information about transportation options, details about meals and snacks, and the availability of other types of financial assistance (for instance sliding scale fees or reduced rates for siblings).

- ii. ☒ License-exempt CCDF center-based providers. Describe: **Beyond the information listed above, results for all licensed providers and license-exempt CCDF center-based providers show information about the CCR&R they work with. The consumer education website also shows information about when a license was first issued and most recently re-issued, and their renewal status. Additionally, if the program provides this information, the search pages will display information about fee structure, national accreditation, information about the program's environment (for example, if air conditioning is available), information about transportation options, details about meals and snacks, and the availability of other types of financial assistance (for instance sliding scale fees or reduced rates for siblings).**
- iii. ☐ License-exempt CCDF family child care providers. Describe:
- iv. ☐ License-exempt, non-CCDF providers. Describe:
- v. ☐ Relative CCDF providers. Describe:
- vi. ☐ Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. ☐ Quality improvement system.
 - ii. ☒ National accreditation.
 - iii. ☐ Enhanced licensing system.
 - iv. ☐ Meeting Head Start/Early Head Start Program Performance Standards.
 - v. ☐ Meeting pre-Kindergarten quality requirements.
 - vi. ☐ School-age standards.
 - vii. ☐ Quality framework or quality improvement system.
 - viii. ☐ Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. ☒ Licensed CCDF providers. Describe the quality information: **The child care search page on EEC's website includes information about whether the program**

has accreditation from a national entity, such as NAEYC.

- ii. ☒ Licensed non-CCDF providers. Describe the quality information: **The child care search page on EEC's website includes information about whether the program has accreditation from a national entity, such as NAEYC.**
- iii. ☒ License-exempt center-based CCDF providers. Describe the quality information: **The child care search page on EEC's website includes information about whether the program has accreditation from a national entity, such as NAEYC.**
- iv. ☐ License-exempt FCC CCDF providers. Describe the quality information:
- v. ☐ License-exempt non-CCDF providers. Describe the quality information:
- vi. ☐ Relative child care providers. Describe the quality information:
- vii. ☐ Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. ☒ The total number of serious injuries of children in care by provider category and licensing status.
 - ii. ☒ The total number of deaths of children in care by provider category and licensing status.
 - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
 - iv. ☒ The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Providers must submit reports of serious injury or death to EEC using the LEAD tool. Providers must follow up directly with their licensor or, if the licensor is unavailable, must**

contact their regional office. EEC aggregates the number of cases on our website.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **A finding by the Department of Early Education and Care that a child in child care was abused or neglected, pursuant to 606 CMR 7.11(4)(c)(3).1**
- iii. The definition of “serious injury” used by the Lead Agency for this requirement: **An injury to any child which occurs while such child is in care which results in hospitalization or emergency medical treatment.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
https://eeclead.my.site.com/EEC_DeatChildAbuseSeriousInjuryReports

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
☒ Yes.
☐ No.
☐ Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information: **<https://www.mass.gov/info-details/child-care-resource-and-referral-agencies-ccrrs>**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
☒ Yes.
☐ No.
- b. Provide the direct URL/website link to this information:
https://childcare.mass.gov/eec_ccrrsearch

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect

to pay and policies for waiving co-payments?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to the sliding fee scale. <https://www.mass.gov/info-details/while-getting-child-care-financial-assistance>
<https://www.mass.gov/doc/parent-fee-chart-fy2024/download>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **EEC provides families with information through the Child Care Resource and Referral Agencies (CCR&Rs), Mass211, and EEC's network of Coordinated Family and Community Engagement (CFCE) grantees across the Commonwealth. Each of these entities have websites with downloadable materials and families can call for direct support. In addition to providing information about child care options, they may provide information on things like adult basic education and local and state agencies responsible for subsidized housing, shelter programs, etc. Referrals to families are provided to/from the entities within this network of organizations, ensuring that families are connected to the best resources to meet their needs. Partners include all of the entities listed above as well as Early Intervention, the Department of Elementary and Secondary Education (DESE), Department of Public Health (DPH), the Department of Mental Health (DMH), Department of Transitional Assistance (DTA), Department of Children and Families (DCF), and the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH). Information may be provided in-person, via telephone, through online resources, or in printed materials. EEC established a dedicated webpage for families, providers and the general public to obtain information on Early Childhood Mental Health (ECMH): www.mass.gov/eec/ecmh. Through funding from DESE and an Interagency Service Agreement from EEC to DPH's Regional Consultation Program (RCPs,) resources are available to families to facilitate transitions from Early Intervention to Early Education and Care Programs and to support children eligible for Special Education Services. The RCPs provide ongoing support to children with disabilities who participate in Early Education and Care programs. Family Access Administrators, Mass211 and CCRRs also provide information to families and providers as part of their contractual obligation. Families can receive individual consultations where these partners will inform families about other services available to them.**

The mechanisms used for distributing this information varies from entity to entity. Information related to child care programs is shared via email in a pdf format based on the information that the family has provided to entity. For Mass211 and CCRRs this information is provided through

direct verbal communication. email , mail or text to families. EEC requires that all entities contracting with EEC provide all informational materials to families in the families preferred mode of communication which includes preferred language. EEC provides access to telephonic and written translation services for all entities with contracts with EEC as it relates to CCDF administration. Additionally, EEC's website provides general information on eligibility for child care financial assistance, child care program searches, EEC grants, and other EEC services directly on its website.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **EEC shares information through direct communication via our state, regional and community- based partners, by addressing a family's specific need on an individual basis, or through general communication across communities, which may include newsletters, email blasts and/or dissemination of online resources. EEC developed, in partnership with the WGBH Educational Foundation and Boston Children's Museum Resources for Early Learning, a media-rich site of educational resources to help support adults, families and educators who teach, nurture, and care for children from birth to age five. These resources were developed by a team of early childhood experts, educators, and parents. WGBH's Resources for Early Learning contains activities for parents and early educators to engage with young children, parenting education videos, WGBH-themed videos and interactive games for young children that focus on language and science concepts, curricula for early educators, and professional development for early educators. These materials are available at: <http://www.resourcesforearlylearning.org>. Various research and best practice resources are also available on EEC's website at: <https://www.mass.gov/info-details/child-development-guidance-for-parents-of-young-children>. EEC supports parents in every community in the Commonwealth through a network of early educators who provide playgroups, developmental screening, referrals to other services, and parent education groups in easily accessible venues through the Coordinated Family and Community Engagement (CFCE) network and their website <https://www.mass.gov/info-details/coordinated-family-and-community-engagement-cfce-network>; Early Intervention Resources for Families: <https://www.mass.gov/orgs/early-intervention-division>; Early Childhood Development Screenings in partnership with the United Way: <https://www.sharedservicesma.org/marketing-home/drive-screening-with-asq/>; and PreK and Kindergarten Standards in Social-Emotional Development and Approaches to Play and Learning: <https://www.mass.gov/eec-learning-standards-and-curriculum-guidelines>. EEC also collaborates with the DESE and the DPH to ensure information, training and resources on social and emotional behavior is provided to the entire mixed-delivery system, which includes those working in family child care homes, center-based programs, and those that are exempt from licensing. EEC's partners include CCRRs, CFCE grantees, Mass 211, Educator and Provider Support (EPS) grantees, United Way, Head Start, and contracted providers, as well as state partners like DCF, DPH, and DTA. In addition, EEC has Pyramid Model Consortium trainings available on our educator professional development Learning Management System StrongStart: <https://www.mass.gov/guides/eecs-strongstart-online-professional-development-system>. Users include educators, administrative team leaders, and internally- based coaches. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a conceptual**

framework of evidence-based practices and is widely accepted as best practice in the field of early childhood. This initiative coordinates Pyramid Model efforts with the Department of Public Health (DPH), Early Intervention (EI) program, and the Department of Elementary and Secondary Education (DESE). The overarching goal is to build cross sector, system-wide supports for early education and care programs to support the healthy social, emotional, and behavioral health of all children, and to strategically build the capacity of programs through supporting community-wide implementation, while maintaining fidelity of the Pyramid Model approach and reducing external support and coaching.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **EEC has a long- standing commitment to implement the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children in programs across the state in order to encourage healthy social emotional development. The Pyramid Model is a conceptual framework of evidence-based practices and is widely accepted as best practice in the field of early childhood. EEC offers self-paced trainings on the Pyramid Model in multiple languages, as well as a training focused on providing trauma-informed care, to all providers via our professional development Learning Management System, StrongStart. EEC has also facilitated synchronous online courses targeted to special populations such as family child care and infants and toddlers. Users include educators, administrative team leaders, and internally- based coaches. This initiative coordinates Pyramid Model efforts with the Department of Public Health (DPH), Early Intervention (EI), and the Department of Elementary and Secondary Education (DESE). The overarching goal is to build cross sector, system-wide supports for early education and care programs to support the healthy social, emotional, and behavioral health of all children. EEC also provides programs with opportunities to engage in multi-year coaching on the model and continues to develop related training and professional learning opportunities to build broad-based familiarity with these practices. Our Early Childhood Mental Health Consultation Program includes six regional partners who respond to requests from programs, within the mixed delivery system, to provide consultation regarding children presenting challenging behavior. The consultants offer program and classroom level support after observing and using tools such as the DECA Early Childhood Observation or the Pyramid Model TPOT (Teaching Pyramid Observation Tools) or TPITOS (Teaching Pyramid Model Infant-Toddler Observation Scale). They also make referrals to behavioral health providers and support families in understanding their child's needs and supporting healthy development. EEC has recently hired mental health specialists who will assist in: supporting and managing the Early Childhood Mental Health grantees, working with Commonwealth Preschool Partnership Initiative Grantees who engage in expansion of special education services to community partners, and engaging with licensors and regional office staff on programs that work to prevent suspensions and expulsion. EEC shares information with families,**

providers, and the general public regarding the social emotional and behavioral and mental health of young children through the Coordinated Family Community Engagement (CFCE) Network, specifically through each CFCE Network's Local Advisory Council. Covering all cities and towns in the Commonwealth, the CFCE grantees provide families with playgroups that model best practices for brain development in children birth to school age. CFCEs are also a hub for services, shared through their community-based Local Advisory Councils, which meet a minimum of four times per year. Local Advisory Councils are comprised of parents of young children, Early Intervention providers, literacy- based home visiting programs, providers of early education and care, CCRRs, libraries, WIC, Children with Disabilities representatives, public schools, and other stakeholders in the success of young children. Each CFCE has multiple channels to reach families, including websites, social media, and email lists. Additionally, Local Advisory Council members share resources and information with families to connect them to a comprehensive array of service providers and information sources.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: EEC currently has a policy that discourages the use of suspension and expulsion and provides high-level technical assistance (TA) regarding best practices for child guidance. The current policy requires licensees to describe in writing the program's procedures for avoiding the suspension or expulsion of a child from the program due to challenging behavior. The procedures to avoid suspension and termination must include: 1) providing an opportunity to meet with parents to discuss options other than suspension or expulsion; 2) offering referrals to parents for evaluation, diagnostic or therapeutic services; 3) pursuing options for supportive services to the program, including consultation and educator training; 4) developing a plan for behavioral intervention at home and in the program. EEC will implement updated policies during the FY25-27 plan cycle that will limit the suspension or expulsion of children from programs to extraordinary circumstances as a last resort. Suspension and expulsion may only be considered if a child's behaviors present a serious ongoing threat to the health or safety of themselves or others and the program has worked with caregivers and other appropriate team members to design and implement documented accommodations and interventions that did not reduce risk to the health and safety of the child or others. Programs are strongly encouraged to engage with their Early Childhood Mental Health Consultation (ECMHC) grantee for at least three months before any suspension or expulsion may be considered and are expected to demonstrate a good faith effort to implement the strategies identified and clearly documented in the consultation before imposing exclusionary practices on any child. Programs can also gain support and TA from ECHMC or a Behavior Health Specialist from EEC around creating their own child guidance policy that is in alignment with EEC policies that can be shared with families. All future policies and regulations will be posted on the Mass.Gov website. Additional support for programs and providers around child guidance and challenging behaviors can be obtained through EEC Professional Development Centers, the Pyramid Model Contract with UMASS Donahue Institute, and EEC's Behavioral Health Team. EEC is also implementing an Inclusion and Support Toolkit, as a method to highlight support strategies to avoid the use of suspension and expulsion.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: EEC currently has a policy that discourages the use of suspension and expulsion and provides high-level technical assistance (TA) regarding best practices for child guidance. The current policy requires licensees to describe in writing the program's procedures for avoiding the suspension or expulsion of a child from the program due to challenging behavior. The procedures to avoid suspension and termination must include: 1) providing an opportunity to meet with parents to discuss options other than suspension or expulsion; 2) offering referrals to parents for evaluation, diagnostic or therapeutic services; 3) pursuing options for supportive services to the program, including consultation and educator training; 4) developing a plan for behavioral intervention at home and in the program. EEC will implement updated policies during the FY25-27 plan cycle that will limit the suspension or expulsion of children from programs to extraordinary circumstances as a last resort. The policies will be the same for both birth to 5' and school-aged children. Suspension or expulsion of children will be limited to extraordinary circumstances and used only as a last resort. Suspension and expulsion may only be considered if a child's behaviors present a serious ongoing threat to the health or safety of themselves or others and the program has worked with caregivers and other appropriate team members to design and implement documented accommodations and interventions that did not reduce risk to the health and safety of the child or others. Programs are strongly encouraged to engage with their Early Childhood Mental Health Consultation (ECMHC) grantee for at least three months before any suspension or expulsion may be considered and are expected to demonstrate a good faith effort to implement the strategies identified and clearly documented in the consultation before imposing exclusionary practices on any child. Programs can also gain support and TA from ECMHC or a Behavior Health Specialist from EEC around creating their own child guidance policy that is in alignment with EEC policies that can be shared with families. All future policies and regulations will be posted on the Mass.Gov website. Additional support for programs and providers around child guidance and challenging behaviors can be obtained through EEC Professional Development Centers, the Pyramid Model Contract with UMASS Donahue Institute, and EEC's Behavioral Health Team. EEC is also implementing an Inclusion and Support Toolkit, as a method to highlight support strategies to avoid the use of suspension and expulsion.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk

of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
☒ Yes.
☐ No. If no, describe:
- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
☒ Yes.
☐ No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **As part of the subsidy intake process, Child Care Resource and Referral (CCRR) agency staff ensure developmental screenings are provided to all parents through a two-step process that connects parents with the Coordinated Family and Community Engagement (CFCE) Network. CFCEs provide the Ages and Stages Questionnaire®, ASQ®-3, to all families who choose to take it. Each family who applies for financial assistance receives a flyer from a CCRR about CFCE services. In addition to administering ASQs, CFCEs offer playgroups, parent education, and other local resources to support families. In addition, CCRRs send CFCEs a list of all families who were added to the financial assistance waitlist on a monthly basis. The CFCE coordinator then invites those families to participate in available programs including developmental screenings. CFCEs produce ASQ flyers that are distributed to all families. ASQ screening information is stored confidentially at the program level and at the aggregate level by Brookes Publishing ASQ Enterprise System. CFCEs completed over 6,000 ASQs in FY23.**
☐ No. If no, describe:
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
☒ Yes.
☐ No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **EEC organizes units by core functions for clear delineation of authority and responsibilities; we have increased staffing to allow more delegation of duties and multiple sign-offs in decision making. We have clear segregation of duties within and between units to ensure that no one person is completing all steps in a single process. We have created a Project Management Office (PMO) to help with cross-unit communication and coordination of activities. The PMO ensures that all relevant staff are included in any large-scale project and that information is disseminated to all staff who may need to know of the activity. Fiscal and program staff also have regular check-in meetings to ensure alignment across funding and contracting. We now have functionality within Child Care Financial Assistance System (CCFA) that requires a second review and approval of eligibility determinations. This has increased control through a second review and approval for all authorizations and reauthorizations. We have also established a Family Access and Engagement unit which is tasked with monitoring providers and offering technical assistance if a provider is committing errors regularly. The Audit Resolution Unit and the Financial Assistance Unit preliminarily investigate providers and recipients of financial assistance, respectively. When a contracted provider, voucher provider or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **Contract scope of works are reviewed by Program, Budget, Procurement, and Legal units to ensure that they comply with federal and state regulations. All child care expenditures including contracts, voucher (grant), and quality spending are tracked using service codes which allocate spending to the appropriate accounts. Reports related to ineligible service codes and parent fees paid by the agency are pulled on a monthly basis to ensure CCDF funds are not used for those purposes. Expenditures are also billed and tracked in EEC's Child Care Financial Assistance system, and the Budget unit uses reports from that system to disaggregate expenditures. Caseload reports are reviewed monthly by the Budget unit to track spending for certain types of care paid for with specific sources of funding. The Budget unit then meets with the Family Access and Engagement unit and the Commissioner to discuss next steps based on the budgetary impacts of current and projected caseload levels. The Budget unit also tracks all operating account expenditures through a monthly draw book to ensure that funds are being allocated accurately across all funding streams and federal benchmarks are being reached within each grant year. This draw book also ensures that EEC is meeting the obligation and liquidation deadlines for each funding stream. The Audit Resolution unit ensures that Child Care Resource and Referral agencies and contracted providers are in compliance with federal, state, and EEC policies and regulations. If non-compliance issues arise, it is the role of the head of the Audit Resolution unit and the Fiscal Monitors to assure audit resolution. This responsibility includes recouping federal financial assistance payments from Child Care Resource and Referral agency or contract providers due to a failure to comply with federal laws and regulations.**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **Contract scope of works are reviewed by Program, Budget, Procurement, and Legal units to ensure that they comply with federal and state regulations. All child care expenditures including contracts, voucher (grant), and quality spending are tracked using service codes which allocate spending to the appropriate accounts. Reports related to ineligible service codes and parent fees paid by the agency are pulled on a monthly basis to ensure CCDF funds are not used for those purposes. Expenditures are billed and tracked in EEC's Child Care Financial Assistance system, and the Budget unit uses reports from that system to disaggregate expenditures. Reports related to ineligible service codes and parent fees paid by the agency are pulled monthly to ensure CCDF funds are not used for those purposes. Caseload reports are reviewed monthly by the Budget unit to track spending for certain types of care paid for with specific sources of funding. The budget unit then meets with the Family Access and Engagement unit and the Commissioner to discuss next steps based on the budgetary impacts of current and projected caseload levels. The Budget unit also tracks all operating account expenditures through a monthly draw book to ensure that funds are being allocated accurately across all funding streams and federal benchmarks are being reached within each grant year. This draw book also ensures that EEC is meeting the obligation and liquidation deadlines for each funding stream.**

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Budget unit has clear policy and procedures (outlined in Budget Unit Policy and Procedure document) to ensure multi-level sign-off for federal fiscal reporting with estimated dates for task completion. One individual prepares the report, another individual reviews the report, and a third individual submits the report. For state fiscal reporting, the Governor’s budget team (Administration and Finance – ANF) sends deadlines for major milestones. The Budget unit drafts all fiscal reporting documents, which are approved to send to collaborating agencies (ANF, House and Senate Ways and Means). Any legislative fiscal reports are tracked by the Legislative Director.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **EEC is required to implement a system of written fiscal management practices that include department-specific statutory, regulatory, and internal policies and procedures. The Massachusetts Comptroller (CTR) identified fifteen fiscal management policies that must be implemented into EEC’s oversight of the CCDF expenditures. The policies identified by CTR that EEC has implemented as a form of practice include: Protocols for Audits, Audit Follow-up, Auditor Independence, Department Initiated Audit Activity, Funding Allotments, Expenditure Corrections, Expenditure Refunds, Inter-subsidiary Transfers, Contract Amendments, Contract Suspensions, Contract Terminations, Management of Federal Grants and Sub-grants, Federal Grant Accounting and Reporting, Sub-Recipient Monitoring, State Finance Law Compliance Roles and Responsibilities, Records Management, Interdepartmental Service Agreements and Chargebacks, Bill Payments, Vendor Management, Payroll and Labor Cost Management, and Systems Security.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **A series of checks and balances are employed across the fiscal unit to ensure Budget, Procurement, Accounting, and Contract units are all operating in coordination. The Budget Unit creates spend updates regularly to review all encumbrances and spending. If encumbrances have not been created after budgetary approval, the Budget unit will follow up with the Procurement unit and/or Contracts unit to ensure contracts are executed. The Accounting unit distributes expenditure reports to all contract managers to ensure spend down of their contracts and grants. If a contractor or grantee is behind in submitting invoices for services rendered, the Accounting unit follows up with the Contract or Grant manager. The Procurement unit maintains a list of current contracts with end dates and follows up with Contract Managers and the Budget unit to ensure services are procured in a timely fashion to minimize disruption to services.**
- c. How the results inform implementation. Describe: **EEC’s fiscal management practices ensure strong financial stewardship of both state and federal funds used to administer child care services for families across the Commonwealth. The close review of budget and expenditures informs decisions to limit or expand access to each type of care funded through child care financial assistance. This review/monitoring also creates ample opportunity to identify errors in a timely manner.**

- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **EEC acknowledges that risks occur at every level of EEC and are a result of external and internal factors. In identifying risks, EEC must consider the likelihood and the impact of the risk. When risks are identified or determined, adequate controls are put in place to mitigate the risk. EEC's Executive Team meets weekly to stay informed of current issues that may affect the integrity and/or ethics of the agency, as well as ongoing operational issues that may need to be addressed through policies and procedures. All administrators and staff generally meet monthly as a group. The major risks (identified as either low, moderate, or significant) and a mitigation analysis are identified within EEC's areas of risk. EEC believes that an assessment of risks from both internal and external sources is a crucial part of enhancing EEC performance. EEC has considered how it wants to manage risks by determining how to eliminate or reduce the risk to an acceptable level. EEC identifies risk externally through an assessment of its grants and contracts using a system to discuss, approve, and improve all activities, projects, and operations. EEC will also work with the external partner to determine how to avoid the risk, share the risk, or mitigate the risk through updated practices and policies. As required by the Comptroller for the Commonwealth of Massachusetts, EEC annually completes a risk assessment on the required fifteen fiscal management policies in conjunction with the annual Internal Control Certification to ensure effective fiscal management practices. The Provider Risk Assessment and Analysis Report (PRAAR) identifies where a contract provider and/or CCRR may have findings on independent audits and financial instability. The Child Care Financial Assistance (CCFA) System identifies risk through reports such as over-enrollment reports. Fiscal Monitoring identifies risk through the Subsidy Contract Spreadsheet and Subsidy Error Tracking Spreadsheets which are used to track audit results. The Comptroller has implemented a new Internal Control Certification (ICC) that all Executive Branch agencies (inclusive of the Department of Early Education and Care) must certify annually. This certification requires: a description of the system of written internal controls, training and monitoring in place as part of daily operations to achieve the department's mission, compliance with the Comptroller's published guidance, and prevention of fraud, waste, and abuse of Commonwealth resources. EEC completed the initial version of the Internal Controls Certification at the end of June 2024 and is working with the Comptroller's office to come into full compliance with any new requirements where EEC is identified as not yet compliant.**
- b. The frequency of each risk assessment. Describe: **Internal Risk Assessments on Operations and Financial Management are done annually in accordance with the Massachusetts Comptroller's Internal Control Certification schedule. The Provider Risk Assessment and Analysis Report (PRAAR) is done annually and when a new contract is issued. Child Care Financial Assistance (CCFA) System Risk Assessments are run monthly. The Subsidy error tracking report is updated after each completed fiscal monitoring visit. The error types and amounts of errors are reviewed on an ongoing basis.**
- c. How the Lead Agency uses risk assessment results to inform program improvement.

Describe: Financial Management policies and procedures are reviewed yearly to ensure efficient controls are in place to mitigate risks. EEC evaluates segregation of duties, changes in staffing structure, as well as mandates from the state legislature. The Provider Risk Assessment and Analysis Report (PRAAR) process utilizes corrective action plan findings to work with programs on evaluating and implementing the necessary controls to mitigate future findings. Child Care Financial Assistance (CCFA) System reports are used to make applicable updates to Financial Assistance Policy and Procedure manuals. In addition, the CCFA System may be updated to address functionality that may mitigate future errors. Fiscal Monitoring results are evaluated through the Subsidy Contract Spreadsheet which includes provider information, current and previous fiscal year risk assessment scores, Independent Audit Corrective Action Plan requirements (if applicable), the last monitoring visit, current monitoring visit type, current status of the monitoring visit, report release date, corrective action plan requirements (if applicable), and recoupment (if applicable). The Subsidy Error Tracking Spreadsheet includes the number of overall case files vs the number of case files reviewed; the type of program (income eligible, referral programs, Young Parent, and Homeless), the type of error i.e. non-payment error or improper payment error, and recoupment (if applicable). EEC uses these reports to determine an annual error rate, document areas where training is needed based on the error type, and make applicable updates to Financial Assistance Policy and Procedure manuals. In addition, the CCFA System may be updated to address functionality that could mitigate future errors.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Staff from the EEC Audit and Financial Assistance units meet weekly to discuss current policy concerns. In a separate weekly meeting, members from those units also meet with the Child Care Financial Assistance (CCFA) System team to review system changes, bugs, and request reports. These meeting cadences can be used to discuss the risk assessment process and evaluate effectiveness.**
- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **EC Internal Staff involved in CCDF administration are required to take the CCDF Fundamentals courses when offered by the Office of Child Care (OCC). In addition, program integrity trainings and webinars held by the National Center on Subsidy Innovation and Accountability (NCSIA) are attended by the Audit Unit. Materials and resources received from those trainings are stored for current and new staff. EEC most recently provided a statewide training series in response to our Fall 2023 regulation changes, and related policy and procedural updates. These trainings were required for all**

external partners who administer child care financial assistance (CCFA). These trainings were recorded and are available to any new and existing staff as an easily accessible resource. Where necessary, EEC will use materials provided by OCC and NCSIA within the trainings as suggested tools for effective program integrity. EEC also maintains a written policy guide, which is available on the agency's website, as well as any policy updates through policy advisories and virtual training sessions. As EEC refines their most recent policy guidance, a priority is building internal training capacity and creating opportunities for more regular feedback and training with all external partners. CCFA system webinars are held monthly and focus on topics related to attendance, billing, user management, intakes, authorizations, and adjustments. Lastly, newly developed policy advisories are distributed to all EEC staff and posted on EEC's website. The Audit and Family Access units receive training as policy advisories are released and changes are made. These trainings take place during weekly unit meetings as necessary. EEC is developing specified trainings for the referral agencies who administer the CCDF program such as DCF, DTA, and HLC.

Additionally, EEC has identified the positions of a Director of Learning, Development & Training and a Learning & Development Specialist as a hiring need FY25 to support training needs.

- ii. Describe how staff training is evaluated for effectiveness: **Staff training is typically evaluated for effectiveness through the observation of issues that may arise during fiscal monitoring reviews. If a common issue is identified, the team will review training materials and procedures to identify areas that need to be updated. EEC also evaluates effectiveness of internal staff training through the MassPerform Expectations and Feedback Development program. This is a coaching/check-in model that allows managers and employees to discuss assigned job duties, performance measures, and professional development loops. This methodology serves as an opportunity to review how the CCDF program and program integrity is applied to the day-to-day work. Where necessary, supervisors will address areas where additional trainings are needed in order for EEC staff to administer the CCDF requirements effectively. EEC will continue to explore additional avenues on how to evaluate the trainings for internal staff.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Staff training is typically evaluated for effectiveness through the observation and review of issues that may arise during fiscal monitoring reviews. If a common issue is identified, the team will review training materials and procedures to identify areas where updates are needed.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
 - i. Describe the training for providers around CCDF program requirements and program integrity: **EEC most recently provided a statewide training series in response to our Fall 2023 regulation changes, and related policy and procedural updates. These trainings were required for all external partners who administer**

child care financial assistance (CCFA). These trainings were recorded and are available to new and existing staff as an easily accessible resource. Where necessary, EEC will use materials provided by OCC and NCSIA within the trainings as suggested tools for effective program integrity. EEC also maintains a written policy guide, which is available on the agency's website, as well as any policy updates through policy advisories and virtual training sessions. As EEC refines their most recent policy guidance, the agency has prioritized building internal training capacity and creating opportunities for more regular feedback and training with all external partners. CCFA system webinars are held monthly and focus on topics related to attendance, billing, user management, intakes, authorizations, and adjustments. EEC is developing specific training for the referral agencies who administer the CCDF program such as DCF, DTA, and HLC.

- ii. Describe how provider training is evaluated for effectiveness: **EEC evaluates the effectiveness of trainings for providers through knowledge checks and polls conducted during trainings, fiscal monitoring reviews and the tracking of agency errors, and review of the types of inquiries submitted to the EEC Subsidy Management email to monitor trends on the types of questions and technical assistance needed.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **EEC performs yearly risk assessments on all providers and CCRRs. If providers are categorized as high risk, EEC may train providers on a topic or characteristic that the providers share to mitigate the risk. The contracts for CCRRs include Key Performance Indicators (KPIs) for various aspects of their duties. The KPI topics include Eligibility Services, Family Services, and Provider Services. KPIs are monitored on a quarterly basis and technical assistance is provided to a CCRR if they are not achieving their KPIs. Through the audit tracking reports, EEC tracks the type of errors that subrecipients are making. The Audit unit looks at the most frequent errors and tailors training to those topics. Training can either be individualized to a particular subrecipient, or, if the error is widespread, EEC would redo the training and offer to the entire field. EEC reviews error rate reports to determine the type of errors documented and the causes of the errors. Action steps detailed in the 'Error Rate' report include: additional financial assistance trainings to review common error types and steps on how to mitigate future errors; revisions of the 'Financial Assistance Procedures' manual; and technical assistance from Family Access Specialists. The specialists will provide technical assistance and coaching to the Child Care Resource and Referral Agencies (CCRR) and contracted providers participating in EEC Child Care Financial Assistance (CCFA). In addition, EEC is updating their Memorandum of Understanding agreements (MOU) with referral agencies. The MOUs will include specific instructions if immigration status cannot be confirmed during the eligibility determination process as well as the process for conducting annual eligibility determination case reviews of children authorized for financial assistance through the referral agency.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **As a result of the Error rate review Triennial report results, EEC has adopted ongoing tracking and reporting of Fiscal Monitoring visit errors, non-payment errors, and improper payments. This tracking and reporting helps the Audit Compliance Resolution unit meet its overall objective to ensure transparency and accountability within the subsidy program while minimizing fraud, waste, and abuse. The two reports dedicated to tracking this information are the 'Subsidy Contract' spreadsheet and 'Subsidy Error Tracking' spreadsheet. Both reports are created each fiscal year to account for the current fiscal monitoring activities. This information is shared with EEC's CFO annually. EEC notifies all participating contract providers and CCRRs of the sampled files included in the error rate review triennial report. Where there were findings, EEC indicates to providers the importance of conducting a review of the finding(s) and ensuring that their current subsidy file checklist and internal intake process adheres to EEC's current policies and procedures for eligibility determination and the required documentation. EEC is in the process of revising the 'Financial Assistance Policy Guide and Procedures' Manual. The policy guide and procedures manual will provide clarity surrounding eligibility determinations by simplifying the application process, reducing the paperwork burden for families and programs, and clarifying the process for authorizations and placements. Family access specialists will provide technical assistance and coaching to the CCRRs and providers. The EEC Audit Unit will implement a fiscal monitoring schedule that will allow for an evaluation of the use of the subsidy file checklist and the implementation of the Financial Assistance Policy Guide. EEC currently meets with the Department of Transitional Assistance (DTA), Department of Children and Families (DCF), and Housing and Livable Communities (HLC) biweekly, to provide updates on financial assistance requirements. Ad hoc meetings for specific coordination are scheduled as needed. Based on the results of the 'Error Rate' report, the updated MOUs for these referral agencies will include the process to conduct annual eligibility determination case reviews of children authorized for financial assistance through the referral agency and specific instructions to the referral agency if during the eligibility determination process, immigration status cannot be confirmed.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Commonwealth of Massachusetts Comptroller's office engages in an annual Single State Audit. When EEC is selected for the Single State Audit, the Child Care Development Cluster Compliance Supplement is used to conduct the audit. EEC uses the results of the Single State Audit to determine the effectiveness of internal and external controls. Once results are received by the EEC Chief Financial Officer (CFO), they review the findings and work with the Audit unit and any other units implicated to determine corrective actions, revisions to policies and procedures, technical assistance, and monitoring. If an external partner is identified, the results are shared with them as well. Updates to policies and procedures are then implemented and monitored to confirm that the findings are resolved. Internal audits are handled in the same manner.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the

information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☐ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. ☒ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **One area of weakness that EEC intends to address within our internal controls is the time that has lapsed since the last version of our controls document was finalized, which was in 2016.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. ☐ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice::
- b. ☒ Run system reports that flag errors (include types).
 - i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **EEC audit staff utilize the following reports to aid in identifying intentional and unintentional program violations: over enrollment report, attendance reports, billing extract reports, and secondary approver reports. If a violation is found, the child care financial assistance (CCFA) audit log report is used to find the affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the**

reason for making an adjustment to each record, which helps with reviews conducted by the EEC Audit Unit. These types of reviews are denoted as a special reviews and a determination is made as to the type of error i.e., non-payment, improper payment, or substantiated fraud. In FY23 the Audit Unit was assigned twelve special reviews. None of these reviews resulted in an intentional program violation.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **EEC audit staff utilize the following reports to aid in identifying intentional and unintentional program violations: over enrollment report, attendance reports, billing extract reports, and secondary approver reports. If a violation is found, the child care financial assistance (CCFA) audit log report is used to find the affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the reason for making an adjustment to each record, which helps with reviews conducted by the EEC Audit Unit. As a result of these activities, EEC has updated the procedure manual to clarify guidance on using the CCFA system, informing better practices for internal and external teams regarding the use of flag reports to identify issues.**
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **EEC audit staff utilize the following reports to aid in identifying intentional and unintentional program violations related to agency errors: over enrollment report, attendance reports, billing extract reports, and secondary approver reports. If a violation is found, the child care financial assistance (CCFA) audit log report is used to find the affected client record, the type of record, the action taken, the date the action was taken, and user id of the individual that took the action. The record types included in the report are person, placements, attendance, and eligibility. CCFA requires subsidy administrators to state the reason for making an adjustment to each record, which helps with reviews conducted by the EEC Audit Unit. As a result of these activities, EEC has updated the procedure manual to clarify guidance on using the CCFA system, informing better practices for internal and external teams regarding the use of flag reports to identify issues.**
- c. **[x]** Review enrollment documents and attendance or billing records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **EEC's Audit Compliance and Resolution (ACR) Unit engages in risk assessment analysis, on-site monitoring, review of attendance records, review of billing records, and provides technical assistance through corrective action plans. EEC has adopted the Record Review Worksheet established by the Administration for Children and Families (ACF) as a result of Improper Payments Elimination and Recovery Act of 2010 (IPERIA). The worksheet was designed to identify improper authorizations which ACF believes are the source for improper payments. As part of the eligibility review, the fiscal monitors also interview staff, verify that both client and related provider files are organized, ensure accurate billings are submitted to EEC for payment, and review**

compliance with EEC's Financial Assistance Policy Guide. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. No Intentional Program Violations were discovered during these reviews.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: EEC's Audit Compliance and Resolution (ACR) Unit engages in risk assessment analysis, on-site monitoring, review of attendance records, review of billing records, and provides technical assistance through corrective action plans. EEC has adopted the Record Review Worksheet established by the Administration for Children and Families (ACF) as a result of Improper Payments Elimination and Recovery Act of 2010 (IPERIA). The worksheet was designed to identify improper authorizations which ACF believes are the source for improper payments. As part of the eligibility review, the fiscal monitors also interview staff, verify that both client and related provider files are organized, ensure accurate billings are submitted to EEC for payment, and review compliance with EEC's Financial Assistance Policy Guide. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. No Unintentional Program Violations were discovered during these reviews. As a result of these activities, EEC has updated the procedure manual to clarify guidance on using the CCFA system, informing better practices for documenting enrollment, processing billing, recording attendance, and determining eligibility.
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: EEC's Audit Compliance and Resolution (ACR) Unit engages in risk assessment analysis, on-site monitoring, review of attendance records, review of billing records, and provides technical assistance through corrective action plans. EEC has adopted the Record Review Worksheet established by the Administration for Children and Families (ACF) as a result of the Improper Payments Elimination and Recovery Act of 2010 (IPERIA). The worksheet was designed to identify improper authorizations which ACF believes are the source for improper payments. As part of the eligibility review, the fiscal monitors also interview staff, verify that both client and related provider files are organized, ensure accurate billings are submitted to EEC for payment, and review compliance with EEC's Financial Assistance Policy Guide. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing: 23 agency errors were discovered during these reviews. The Monitoring Review report details corrective action plan requirements when agency errors are discovered. The agency must utilize the EEC Financial Assistance Policy Guide, the EEC Financial Assistance Procedures Manual, the EEC Forms for Managing Financial Assistance, and the EEC Early Education subsidy checklist to ensure eligibility for families is determined correctly. The policy guide and checklists should be provided and reviewed with all staff that are responsible for completing parent enrollment and authorizations. The agency must establish or update their review procedure (i.e., a two-person review process) for all files to ensure compliance with all of EEC's regulations. A corrective action plan (CAP) template is used to respond to findings. This CAP template contains the following sections for completion: identified issues,

corrective measures, time frame, action deemed successful, means of evaluation, and name and title of person responsible for the issue. The CAP is reviewed and signed for approval by the EEC Audit Unit Supervisor as well as a senior leader from the agency. A follow up to the CAP is held during the next fiscal monitoring visit to ensure corrective measures have been implemented.

- d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.
- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **EEC conducts on-site monitoring to ensure quality. Where applicable, non-payment errors and payment errors are detailed in the on-site monitoring reports. Corrective action plans are required when the review results in nonpayment and payment errors. The ACR Unit Supervisor is responsible for conducting a secondary review of all intentional program violations reported by the ACR Fiscal Monitors as well as approving all final reports and corrective action plans. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. No Intentional Program Violations were discovered during these reviews. As a result of these activities, EEC has updated the procedure manual to clarify guidance on using staff and quality assurance reviews to identify program violations.**
- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **EEC conducts on-site monitoring to ensure quality. Where applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The ACR Unit Supervisor is responsible for conducting a secondary review of all intentional program violations reported by the ACR Fiscal Monitors as well as approving all final reports and corrective action plans. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. No Unintentional Program Violations were discovered during these reviews. As a result of these activities, EEC has updated the procedure manual to clarify guidance on using quality assurance reviews to identify unintentional program violations.**
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **EEC conducts on-site monitoring to ensure quality. Where applicable, non-payment errors and payment errors are detailed in the reports. Corrective action plans are required when the review results in nonpayment and payment errors. The ACR Unit Supervisor is responsible for conducting a secondary review of all intentional program violations reported by the ACR Fiscal Monitors as well as approving all final reports and corrective action plans. In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. Twenty-three Agency errors, comprised of 20 non-payment and 3 payment errors, were discovered during these reviews, resulting in a 2% error rate. Fifteen of the 34 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan. The Monitoring Review report details corrective action plan requirements when agency errors are**

discovered. The agency must utilize the EEC Financial Assistance Policy Guide, the EEC Financial Assistance Procedures Manual, the EEC Forms for Managing Financial Assistance, and the EEC Early Education subsidy checklist to ensure eligibility for families is determined correctly. The policy guide and checklists should be provided and reviewed with all staff that are responsible for completing parent enrollment and authorizations. The agency must establish or update their review procedure (i.e., a two-person review process) for all files to ensure compliance with all of EEC's regulations. A corrective action plan (CAP) template is used to respond to findings. This CAP template contains the following sections for completion: identified issues, corrective measures, time frame, action deemed successful, means of evaluation, and name and title of person responsible for the issue. The CAP is reviewed and signed for approval by the EEC Audit Unit Supervisor as well as a senior leader from the agency. A follow up to the CAP is held during the next fiscal monitoring visit to ensure corrective measures have been implemented.

- e. ☐ Audit provider records.
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- f. ☐ Train staff on policy and/or audits.
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- g. ☐ Other. Describe the activity(ies):
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **EEC and the Massachusetts Office of the State Auditor/Bureau of Special Investigations (BSI) work collaboratively through a Memorandum of Understanding to review and investigate fraud and overpayments.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. **[x] Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. Twenty-three Agency errors, comprised of 20 non-payment and 3 payment errors, were discovered during these reviews, resulting in a 2% error rate. Fifteen of the 34 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan. One of those non-payment errors had an improper payment that was less than \$150. The improper payments were not a result of fraud or intentional program violations. With the approval of the 2025-2027 State Plan, EEC will implement a minimum threshold of \$150 for reviews that result in an improper payment. This will minimize overly cumbersome processes in the CCFA system, freeing time for fiscal units to focus on more proactive and substantive activities. The process will be initiated through the Audit Unit's post monitoring activities if an improper payment is determined.**
 - ii. **[x] Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: EEC works closely with the Massachusetts Operational Services Division and the Attorney General's Office, Division of Public Charities, in reviewing and following up with providers whose annual financial reports and/or filings indicate that improper payments may have occurred. In FY23 the EEC Audit Unit completed 145 risk assessment and assigned risk scores by utilizing Operational Service Divisions Uniform Financial Report Database. The Attorney General's debarment list was used to confirm that no EEC Contract was debarred. When a contracted provider, voucher provider, or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation. EEC and/or the Auditor's Office may also refer the matter to the Attorney General's Office or District Attorney's Office for further civil or criminal legal action, which could include debarment and liquidation of assets. Between FY21-24, the Office of the State Auditor, who normally conducts audits on internal controls surrounding eligibility determinations, did not conduct any independent audits on EEC contractors. In FY 2023, EEC referred 23 cases of suspected fraud by a subsidy recipient to BSI. Of those, 3 resulted in a determination of fraud, 5 resulted in a determination of no**

fraud, and 15 either resulted in a determination of 'Completed Pending Court' or 'Non-Court Calculation'.

- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS), which includes prior fiscal year improperly authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to challenge the debt amount. In FY23, EEC had 303 clients on BARS with a total of \$1.7 million owed to date. In that time frame, EEC collected \$261,747.12 in revenue.**
- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Through EEC's automated eligibility and billing system called Child Care Financial Assistance System (CCFA), EEC can recoup any sums that must be repaid related to services provided within the current fiscal year from a provider's future payments. This includes payments that were improperly authorized for families who were ineligible for child care subsidies. EEC can also recoup any improper payments made to CCR&Rs through CCFA by reducing future payments for services provided within the current fiscal year. In FY23, the EEC Unit conducted 34 fiscal monitoring visits. Of those 34 visits, 3 providers required reduced payments through CCFA.**
- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other Commonwealth funds being paid to the debtor including, but not limited to, the intercept of tax refund payments. In FY23, 222 intercepts took place totaling \$86,075.37 collected in revenue.**
- vi. **[]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families, including family child care systems and CRRs, are subject to fiscal and compliance monitoring by EECs Audit Compliance and Resolution (ACR) Unit. The ACR Unit consists of four fiscal monitors and one supervisor overseeing the monitoring activities. The monitoring program consists of activities to confirm that families receiving care through these contracts are eligible to receive services according to state and federal regulations and EEC policies. In addition, the monitoring program corroborates contractor compliance by verifying financial information, confirming compliance with audits, and evaluating internal controls. The collection of improper payments, through payment adjustments in the Child Care Financial Assistance System (CCFA) and through the Billing and Accounts**

Receivable Subsystem (BARS), is completed by the EEC Accounting and Contracts Unit. This Unit consists of two payment specialists. In FY 2023, the ACR Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. Twenty-three Agency errors, comprised of 20 nonpayment and 3 payment errors, were discovered during these reviews, resulting in a 2% error rate. Fifteen of the 34 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan.

viii. ☐ Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

☐ No.

☒ Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. Twenty-three Agency errors, comprised of 20 nonpayment and 3 payment errors, were discovered during these reviews, resulting in a 2% error rate. Fifteen of the 34 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan. One of those nonpayment errors had an improper payment less than \$150. The improper payments were not as a result of an intentional program violation. With the approval of the 2025-2027 State Plan, EEC will implement a minimum threshold of \$150 for reviews that result in an improper payment. This will minimize overly cumbersome processes in the CCFA system, freeing time for fiscal units to focus on more proactive and substantive activities. The process will be initiated through the Audit Unit's post-monitoring activities if an improper payment is determined.**
- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS), which includes prior fiscal year improperly authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to**

challenge the debt amount. In FY23, EEC had 303 clients on BARS with a total of \$1.7 million owed to date. In that time frame, EEC collected \$261,747.12 in revenue.

- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Through EEC's automated eligibility and billing system, called Child Care Financial Assistance System (CCFA), EEC can recoup any sums that must be repaid related to services provided within the current fiscal year from a provider's future payments. This includes payments that were improperly authorized for families who were ineligible for child care subsidies. EEC can also recoup any improper payments made to CCR&Rs through CCFA by reducing future payments for services provided within the current fiscal year. In FY23, the EEC Unit conducted 34 fiscal monitoring visits. Of those 34 visits, 3 providers required reduced payments through CCFA.**
- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other Commonwealth funds being paid to the debtor including, but not limited to, the intercept of tax refund payments. In FY23, 222 intercepts took place totaling \$86,075.37 collected in revenue.**
- vi. **[]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families, including family child care systems and CCRRs, are subject to fiscal and compliance monitoring by EECs Audit Compliance and Resolution (ACR) Unit. The ACR Unit consists of four fiscal monitors and one supervisor overseeing the monitoring activities. The monitoring program consists of activities to confirm that families receiving care through these contracts are eligible to receive services according to state and federal regulations and EEC policies. In addition, the monitoring program corroborates contractor compliance by verifying financial information, confirming compliance with audits, and evaluating internal controls. The collection of improper payments, through payment adjustments in the Child Care Financial Assistance System (CCFA) and through the Billing and Accounts Receivable Subsystem (BARS), is completed by the EEC Accounting and Contracts Unit. This Unit consists of two payment specialists. In FY 2023, the ACR Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. Twenty-three Agency errors, comprised of 20 nonpayment and 3 payment errors, were discovered during these reviews, resulting in a 2% error rate. Fifteen of the 34 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan.**
- viii. **[]** Other. Describe the activities and the results of these activities:

- d. Does the Lead Agency investigate and recover improper payments due to agency errors?

☐ No.

☒ Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **In FY 2023, the Audit Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. Twenty-three Agency errors, comprised of 20 nonpayment and 3 payment errors, were discovered during these reviews, resulting in a 2% error rate. Fifteen of the 34 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan. One of those nonpayment errors had an improper payment less than \$150. The improper payments were a result of an administrative error. With the approval of the 2025-2027 State Plan, EEC will implement a minimum threshold of \$150 for reviews that result in an improper payment. This will minimize overly cumbersome processes in the Child Care Financial Assistance system, freeing time for fiscal units to focus on more proactive and substantive activities. The process will be initiated through the Audit Unit's post-monitoring activities if an improper payment is determined.**
- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **EEC places outstanding debts owed by contractors, providers, and/or subsidy recipients on the Commonwealth's Billing and Accounts Receivable Subsystem (BARS), which includes prior fiscal year improper authorized payments. Through BARS, invoices are generated to debtors that include instructions on how to make payments and notifications of any rights which the debtor may have to request a hearing to challenge the debt amount. In FY23, EEC had 303 clients on BARS with a total of \$1.7 million owed to date. In that time frame, EEC collected \$261,747.12 in revenue.**
- iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Through EEC's automated eligibility and billing system, called Child Care Financial Assistance System (CCFA), EEC can recoup any sums that must be repaid related to services provided within the current fiscal year from a provider's future payments. This includes payments that were improperly authorized for families who were ineligible for child care subsidies. EEC can also recoup any improper payments made to CCR&Rs through CCFA by reducing future payments for services provided within the current fiscal**

year. In FY23, the EEC Unit conducted 34 fiscal monitoring visits. Of those 34 visits, 3 providers required reduced payments through CCFA.

- v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **If the debtor fails to make any payments on a timely basis, the Commonwealth may initiate a collection action against the debtor and/or intercept any other Commonwealth funds being paid to the debtor including, but not limited to, the intercept of tax refund payments. In FY23, 222 intercepts took place totaling \$86,075.37 collected in revenue.**
 - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **All state and federally funded providers that contract with EEC to provide and/or manage subsidized child care for eligible families, including family child care systems and CCRRs, are subject to fiscal and compliance monitoring by EECs Audit Compliance and Resolution (ACR) Unit. The ACR Unit consists of four fiscal monitors and one supervisor overseeing the monitoring activities. The monitoring program consists of activities to confirm that families receiving care through these contracts are eligible to receive services according to state and federal regulations and EEC policies. In addition, the monitoring program corroborates contractor compliance by verifying financial information, confirming compliance with audits, and evaluating internal controls. The collection of improper payments, through payment adjustments in the Child Care Financial Assistance System (CCFA) and through the Billing and Accounts Receivable Subsystem (BARS), is completed by the EEC Accounting and Contracts Unit. This Unit consists of two payment specialists. In FY 2023, the ACR Unit was able to complete 34 fiscal monitoring reviews. A total of 1,209 child care slots were reviewed for eligibility, attendance, and billing. Twenty-three Agency errors, comprised of 20 nonpayment and 3 payment errors, were discovered during these reviews, resulting in a 2% error rate. Fifteen of the 34 fiscal monitoring reviews resulted in non-payment and/or payment errors that required a corrective action plan.**
 - viii. ☐ Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **In accordance with EEC's Financial Assistance Regulations, if Massachusetts determines that an applicant or recipient of subsidized child care committed fraud as part of their application, EEC reserves the right to disqualify the individual until the improper payment is repaid/recouped. Any time an applicant's child care subsidy is denied, terminated, or reduced or a recoupment is issued, the individual has the right to**

seek an appeal. If the individual does not agree with EEC's final decision, they may seek further appeal of the decision in Superior Court. EEC created a tiered sanctions system for Intentional Program Violations and Fraud with 12-, 24-, and 36-month disqualifications depending on the severity and number of occurrences. Parents' appeal rights have remained the same.

- ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **If a provider managing subsidized child care committed fraud as part of their role as a Subsidy Administrator, EEC reserves the right to terminate the subsidy contract until the improper payment is repaid/recouped. In FY23 there were no instances of provider disqualification.**
- iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **When a contracted provider, voucher provider, or subsidy recipient is suspected of committing fraud, the case is referred to the Office of the State Auditor/Bureau of Special Investigations (BSI), who may initiate an in-depth investigation. EEC and/or the Auditor's Office may also refer the matter to the Attorney General's Office or District Attorney's Office for further civil or criminal legal action, which could include debarment and liquidation of assets. We have not had any prosecutions since our last state plan.**
- iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		