



MASSACHUSETTS  
**Department of  
Early Education and Care**



# April EEC Board Meeting

April 8, 2026

# Agenda

## **Routine Business:**

- Approval of minutes from March 11, 2026 Meeting – VOTE

## **Items for Discussion and Action:**

- Family, Friend, and Neighbor Care (FFN) Overview & Recommendations for Next Steps
- Standards for the Licensure of Residential Programs, Regulation Revisions
- IT Modernization: Family Portal Update



# Family, Friend, and Neighbor Care (FFN) Overview & Recommendations for Next Steps

# Family, Friend, and Neighbor Care

Alongside the licensed child care landscape, Massachusetts working families depend on family, friend, and neighbor (FFN) caregivers they know and trust.

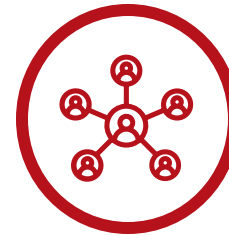
Language included in the **FY25 State Budget (Outside Section 186)**, directed EEC to report on:

- Feasibility of implementing and overseeing an FFN Network
- Department structures necessary to evaluate and support a network
- Long-term sustainability of the network
- Legislative changes required to support the recommendations

In assessing the current landscape for FFN care and how to better understand how to support this aspect of the early education and care sector, EEC hosted focus groups with ICC and FFN caregivers. **EEC is collaborating with a broad range of partners, including:**



Regional Child Care  
Resource & Referral  
(CCR&R) Agencies



Coordinated Family &  
Community Engagement  
(CFCE) Programs



New England Community Project  
Brockton Workers Alliance  
Brookview House  
Community Labor United  
SEIU 509

# What is FFN Care?

**FFN care is generally defined as care provided for by someone a child/family knows like a grandparent, aunt, or neighbor.**

- It can be paid or unpaid and is generally informal
- It's flexible, personal, and often fits cultural and family values.
- For some families, it's their **first choice**, not a backup option.
- It's not licensed care, but it's trusted and often preferred by some families.
- Operates outside of the purview of EEC unless the family receives Child Care Financial Assistance



Many families rely on Family, Friend, and Neighbor (FFN) care.



FFN care supports parents who work non-traditional hours or have limited options.



FFN care provides stability and continuity for children in familiar setting

# FFN Care Within The EEC System

EEC refers to Family, Friend, and Neighbor (FFN) care as Informal Child Care (ICC). ICC is defined as license-exempt care provided by a relative or non-relative for a child receiving Child Care Financial Assistance (CCFA).

ICC caregivers and families must be approved by EEC in order to receive CCFA reimbursement payments.

## Qualifying for FFN Care with EEC



### Caregivers must

- Be identified as a potential provider by a family approved for CCFA
- Complete the application and approval process through the regional CCR&R, including required background checks and health and safety training (e.g., EEC Essentials, First Aid/CPR)
- Comply with applicable licensing monitoring and safety requirements



### Families must

- Be approved for CCFA
- Identify that they are seeking care from a relative or non-relative
- Provide information about the potential caregiver including contact information, relationship to the child and location of care (in the child's home/caregiver home)
- Acknowledge that the caregiver must complete EEC required ICC requirements before care begins

# ICC Caregiver Rates

ICC CCFA daily reimbursement rates are standardized statewide based on part-time and full-time care (not based on age or region).

Provider Type	Part-Time	Full-Time
RIRH-Relative In Relatives Home	\$10.40	\$17.33
IHR- Relative in the Child's Home	\$12.20	\$20.33
IHNR- Non-Relative in the Child's Home	\$14.74	\$24.57

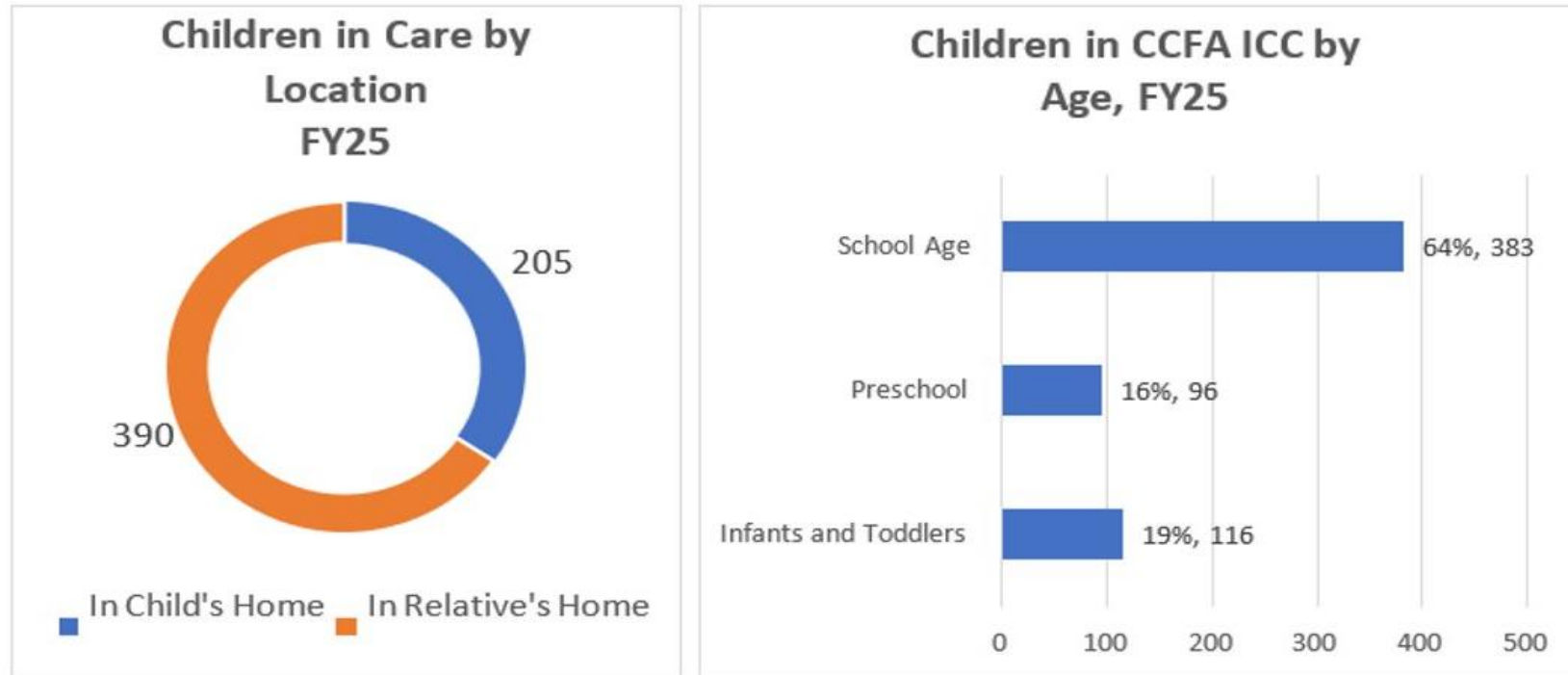
## Rates vary based on where care is provided:

- Lower rates apply when care is provided by a relative in the relative's home.
- Higher rates apply when care is provided in the child's home (relative or non-relative).

ICC rates are significantly lower than those for licensed programs and total spending represented less than 1% of the total CCFA budget or approximately **\$2 million** in FY25.

# Informal Child Care (ICC) at a Glance

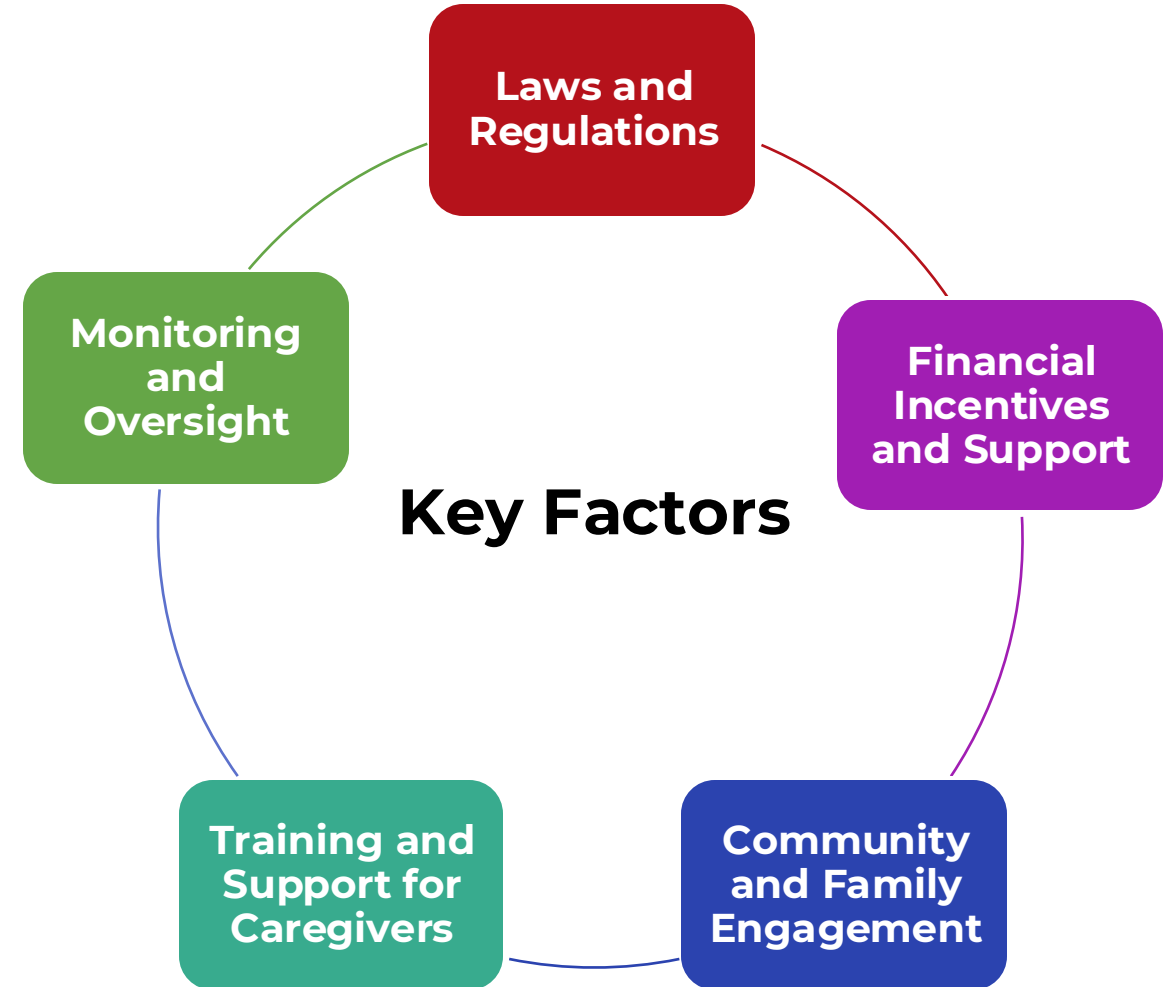
DATA AS OF FY2025



Over two-thirds (69%) of the care was funded through Income Eligible placements, with a little less than one-third (29%) funded through Department of Transitional Assistance (DTA) placements and a small number (less than 3% total) through the Department of Children and Families (DCF) or Executive Office of Housing and Livable Communities (EOHLC) placements.

# Considerations for building an FFN Network

- Laws and regulations may need to be changed
- ICC provider reimbursement rates are low and they identify needing stronger support
- Additional funding may need to be coupled with enhanced oversight and training
- Families and caregivers should be engaged in the process
- EEC does not currently have staff capacity dedicated to supporting FFN providers



# Structures, Sustainability, Legislative Changes

TO BUILD AND RUN A STRONG FFN NETWORK

## EEC Role and Structures



- Refine/formalize health and safety expectations, supports and guidance
- Work in partnership with FFN providers, CCRRs, Care that Works, unions and community groups
- Build staff capacity to support and oversee/monitor FFN providers regularly

## Sustainability



- Value FFN as a child care choice for families
- Greater integration with formal early education system
- Provide access to professional development opportunities and other resources to FFN providers

## Future Considerations



- Explore alternative approaches for structure, quality supports and coordination to incorporate in laws, regulations and oversight
- Potential to enhance health and safety standards and set quality standards for FFN
- Formalizing FFN care within the State system may disrupt or be in conflict with the unique, informal nature of FFN





# FFN Learnings From Other States

Several states including California, Louisiana, Minnesota, New York, and Washington have implemented strategies to strengthen Family, Friend, and Neighbor (FFN) care while preserving its informal nature.

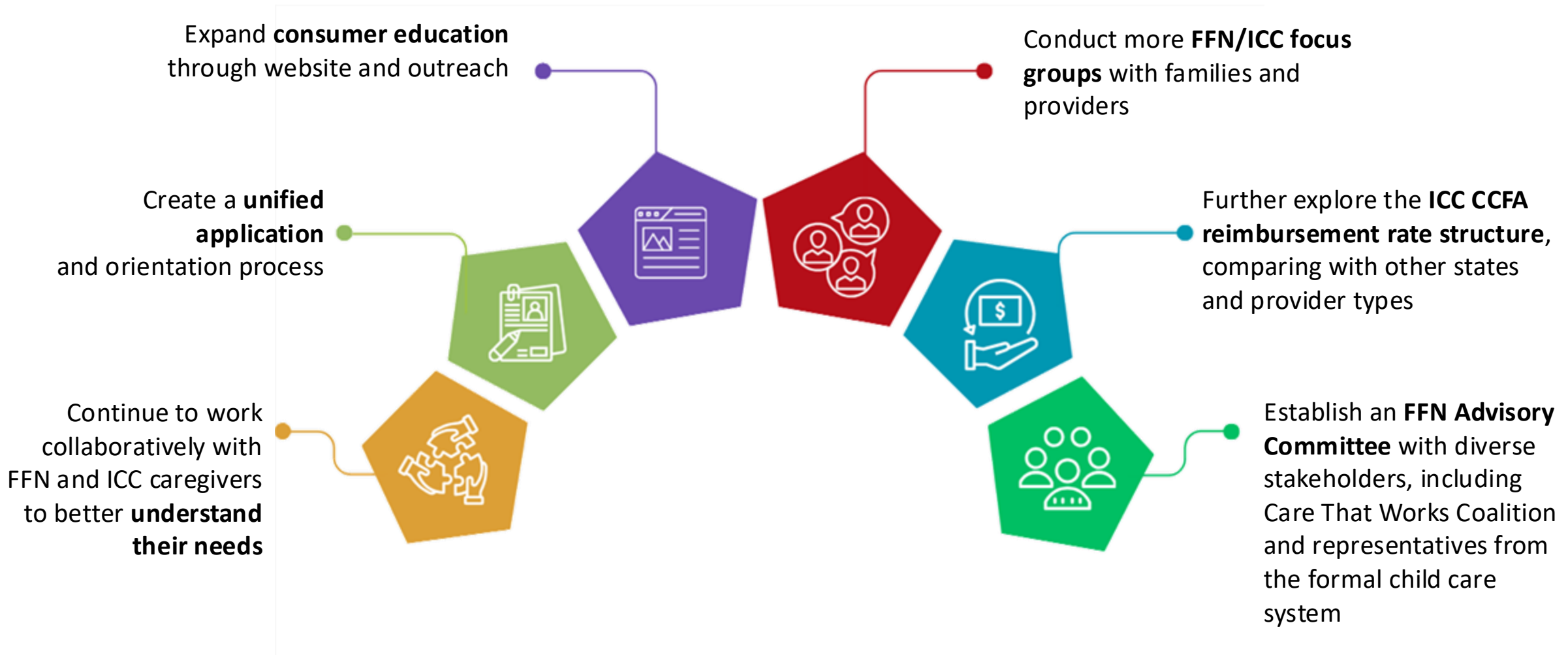
Across states, approaches generally focus on two core strategies:

- **Reducing barriers to access** for FFN caregivers and families
- **Investing in caregiver support, training, and quality improvement**

## Examples of State Approaches:

<b>California</b> 	<b>Louisiana</b> 	<b>Minnesota</b> 	<b>New York</b> 
Coaching, home visits, and stipends for training and materials to support quality and stability	Outreach and technical assistance to support pathways into registered family child care	FFN Navigators providing individualized, culturally responsive guidance and connections to resources	Statewide CCR&R network offering multilingual training and information to improve access to supports

# Proposed Next Steps





# Standards for the Licensure of Residential Programs, Regulation Revisions

# Overview of Residential Programs

EEC licenses residential care programs, foster care placement agencies, and adoption agencies operating in Massachusetts. These programs provide services to thousands of children, young adults, and families.

## Residential Programs

- Serve residents up to age 18 (or 22, for certain children living with disabilities).
- Many of the residents at these programs have complex behavioral health and or social-emotional needs or are otherwise in need of additional complex support.
- Provide care and housing for residents in a group care setting outside of their family home.
- Operate under regulations and contracts from multiple state agencies beyond EEC.



## Group Care Programs

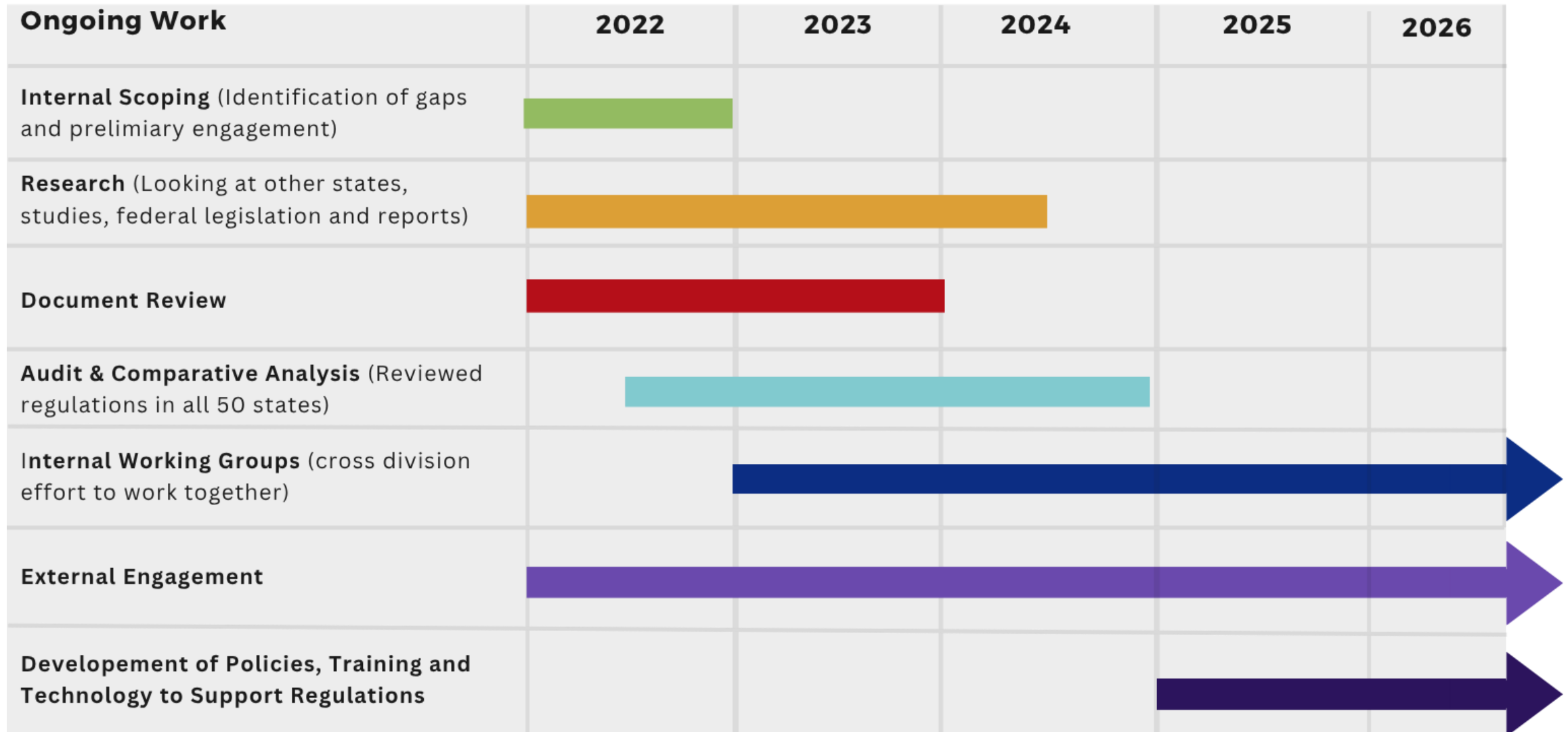
- Serve residents in a residential setting for more than 45 days
- Include multiple types of care
- 311 currently licensed programs
- Licensed Capacity – 5,286



## Temporary Shelter Programs

- Provide residential care and services to residents under 18 for less than 45 days
- Provide specialized care, including clinical services and community-based acute treatment (CBAT)
- 23 currently licensed programs
- Licensed Capacity – 345

# Brief Project History: Current & Historical Work



# Primary Goals of Revision

[606 CMR 3.00](#) govern EEC's oversight and licensing of residential programs. These regulations have not seen a comprehensive revision since **1995**.

*\*There have been targeted revisions since that time, most recently in **2015**, regarding the use of prone, mechanical, and chemical restraints in the residential programs EEC licenses.*

## Goals of Revision



Center the **experience** of the **children and families** that are served by these programs.



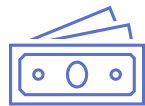
**Eliminate** provisions, practices, and language that are **outdated** or no longer applicable.



**Streamline** to ensure better **efficiency** and less duplication.



Utilize **research and evidence-based best practices** to **inform** revisions and recommended policy changes.



**Minimize financial impact** and added costs on programs.



**Enhance** compliance, accountability, & transparency.



Foster the **development** of a **stable, skilled workforce**.



**Promote inclusive, dignified language & best practices** that **reflect the needs** of the population served and **improve outcomes**.

# Key Areas of Reform



## Modernize, Streamline and Align Language

- ✓ Promote inclusivity
- ✓ Enhance alignment with sister agencies
- ✓ Improve accessibility for readers



## Evidence-Based Approach

- ✓ Incorporate trauma-informed and responsive lens
- ✓ Enhanced Health and Safety
- ✓ Prioritize permanency
- ✓ Improve outcomes for persons served
- ✓ Better support workforce



## Enhance Clarity

- ✓ Compliance
- ✓ Transparency
- ✓ Accountability
- ✓ Accessibility for readers

# Collaborative & Inclusive Engagement

EEC has worked collaboratively with key partners towards the promulgation of sound, equitable regulations centered around voices of persons served and with a shared goal of improving outcomes for those residing in EEC licensed programs across the Commonwealth.

## Engagement Goals

- Ensure feasibility of practical application
- Enhance compliance through clarity
- Limit/eliminate potential for unintended consequences
- Streamline across agencies for efficiency and improved child/family/staff experience
- Build relationships and promote further and ongoing collaboration
- Identify and problem solve potential barriers to implementation
- Identify and address gaps in current document
- Incorporate the voices of persons with lived experience



# Thank You to Our Partners!

## Residential Working Group

met with our team throughout the process to deep dive on key areas of reform

- Melmark
- Evergreen
- Guild
- St. Ann's
- St. Vincent's
- Key
- Baystate
- Chamberlain
- Centerboard
- Italian Home
- Wayside
- Gandara
- Judge Rotenberg Educational Center (JRC)
- North American Family Institute (NFI)
- Justice Resource Institute (JRI)
- Association for Behavioral Healthcare
- New England Center for Children (NECC)
- Old Colony YMCA
- Children's League of MA
- The Massachusetts Association of Approved Special Education Schools (MAAPS)
- Disability Law Center

## State Agency Partners

detailed review of draft revisions providing feedback to enhance alignment and best practice

- **Executive Office of Education**
  - Department of Elementary & Secondary Education
- **Executive Office of Health & Human Services**
  - Department of Youth Services
  - Department of Children & Families
  - Department of Public Health
  - Department of Mental Health
- **Office of the Child Advocate**
- **Disabled Persons Protection Commission**

# Overview Public Comment

EEC received a total of **26 written comments** throughout the public comment period which ran from December 11 through January 12.

Comments came in from trade groups, advocacy groups, individual providers, legislators, and persons served. All comments were carefully considered across the key areas of reform, including:

Modernize, Streamline and  
Align Language

Evidence-Based Approach

Enhance Clarity

A consistent request from commenters was to extend the effective date of the regulatory changes to allow more time for policy development and staff training.

# Public Comment Overview

Modernize, Streamline and Align Language



- **Terminology Update:** “Child” vs. “Resident” – language updated/reverted to “Resident”
- **Inclusive Language:** “Physician” replaced with “licensed physician or practitioner” to reflect broader eligibility
- **Staff Medical Documentation:** Requirement for immunization and TB records removed due to HIPAA and employment law concerns, recognizing heightened confidentiality protections
- **Seclusion Definition:** Maintain language alignment with DESE Seclusion regulations; provide further clarification in sub-regulatory policy

# Public Comment Overview



## Evidence-Based Approach

- **Permanency Planning:** Clarified roles between programs and placement agencies/referral sources; language updated to emphasize documenting efforts to assist in planning — not full responsibility
- **New Waiver Request Process:** No change; existing variance process remains available for programs to request flexibility
- **Training Requirements:** Updated to align more closely with DESE — full curricula no longer required for submission, but must be available upon request (Behavior Support curricula still required to be submitted)

# Public Comment Overview

Enhanced Clarity



- **Media Inquiry Reporting:** Removed due to concerns about subjectivity, unpredictability, and overly broad scope; serious incidents covered by other reporting requirements
- **Board Reporting Requirements:** Clarified that Board involvement is limited to reviewing overall agency performance — not individual personnel matters
- **Use of Surveillance/Cameras:** No change to new language; provide further clarification in sub-regulatory policy as to when EEC may require use of cameras

# Next Steps

In collaboration with sister agencies, programs, and community partners we will finalize next steps for implementation:



Finalize language changes and revisions on items to be incorporated based on public comment



Finalize training and implementation timeline with proposed effective date of August 17, 2026



Provide final redlined version to Board members in advance of May Board Meeting



Vote to promulgation at May Board meeting

## EEC will continue to make progress ongoing work:

- Teams from policy, IT, and training will be working throughout the spring and summer with the R & P licensing team to build and implement the systems and supports necessary to ensure successful implementation.
- These teams will continue to monitor these systems and supports for efficacy through the end of the year.
- Provider workgroups will remain in place to facilitate feedback.
- Ongoing technical assistance will be available for providers/programs.



# IT Modernization: Family Portal Update

# Guiding Principles

EEC is committed to modernizing its Child Care Financial Assistance Programs and IT Systems for families and providers by:



01

## Incremental Improvements

to business processes and technology



02

## Centralized Intake

move to a more centralized, statewide, administration of intake and eligibility



03

## New Eligibility System

build a new statewide eligibility determination system



04

## Reduce Admin Burden

focus on what is easy and what fits into how people already perform their tasks



05

## Engage Collaborators

work with families and providers as we make and implement changes

# What is MyChildCareMA?

**MyChildCareMA** is a new digital portal and case management system, replacing the current KinderWait system in phase 1. MyChildCareMA is part of the **MyMassGov** state services platform, with two separate interfaces, accessed from an EEC mass.gov webpage.

## For Families

- Apply for CCFA, and join the waitlist
- Upload waitlist application documents
- See waitlist application status
- Receive email notification when action is needed
- Read and respond to notices from your Family Access Administrator

## For Administrators (FAAs)

- Review & process waitlist applications
- Determine likely CCFA eligibility
- Provide families with status updates, record touchpoints, and send communications
- Manage current waitlist, including issuing Income Eligible funding offers

# Launching MyChildCareMA

## Timing

Two initial launch phases, with additional improvements following on a rolling basis:



## Accessibility

- All portal functionality will be accessible on a mobile device (phone, tablet) or standard laptop
- Families can choose if they want their content to be in English, Spanish, Portuguese, Haitian Creole, Russian, Arabic, or Chinese (simplified)

# What's Next for Families

After May 6, 2026, families newly applying for CCFA will have access to a self-service application to provide information on their household and child care needs. Existing families will work with FAAs to ensure access to the portal and renew their spot over time.



## Communication

- Email to all families in current system ahead of launch
- Mailed letter to any family who does not have an email in current system
- Other family-facing materials (EEC mass.gov website updates, flyers)



## Access

- Those already on the waitlist (KinderWait) will be migrated automatically with waitlist date
- Families will log in with existing MyMassGov credentials + Multi-Factor Authentication (MFA), or create a new account if first-time user

# What's Next for Partners

After May 6, 2026, Family Access Administrators will use the MyChildCareMA system complete all CCFA waitlist activities for both newly applying and existing families.



## Communication

- Notification to State and External Stakeholders
- Communications to Contracted, Agency and Community Partners
- MyChildCareMA Toolkit (website language, flyer, talking points)



## Access

- FAAs will log in with existing work-based MyMassGov credentials + MFA, or create a new account if needed
- EEC will set up MyChildCareMA user access for all Family Access Administrator staff during Phase 1, and support users in registering for a MyMassGov business account.

# Training and Support Plan

## CCFA Policy and Procedure



- Training sessions with all Family Access Administrators on new waitlist policies, and supporting procedural guide
- Includes consolidated CCFA policies to bring all interim guidance and advisories together

## System Training



- Module-based training content for what to do in the MyChildCareMA system
- Short, self-paced videos with an associated Manual that users can access any time

## Ongoing Support



- Space for Mass211, CCRR and contracted providers to bring questions, issues, and receive support
- Use feedback to iterate on functionality and improvements
- Ensure resources are responsive to experience of users



# Thank you!

View Agency KPI Dashboards (updated monthly) [here](#).

Next Meeting: May 13, 2026 (TBD)