

**On July 1, 2005 The Office of Child Care Services became part of the
Massachusetts Department of Early Education and Care.**



**CHILD CARE AND DEVELOPMENT FUND PLAN
FOR
FFY 2004-2005**

This Plan describes the CCDF program to be conducted by the State for the period 10/1/03 – 9/30/05. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires 05-31-2006)

**STATE PLAN FOR THE COMMONWEALTH OF MASSACHUSETTS
CHILD CARE & DEVELOPMENT FUND SERVICES
FOR THE PERIOD 10/1/03 – 9/30/05**

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Effective Date: October 1, 2003

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AMENDMENTS LOG

Child Care and Development Services Plan for
For the period: 10/1/03 -- 9/30/05

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

- Instructions:**
- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
 - 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
 - 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

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PART 1 -- ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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 appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency: The Office of Child care Services

Address of Lead Agency: One Ashburton Place, Room 1105, Boston, MA 02108

Name and Title of the
Lead Agency's Chief Executive Officer: Ardith Wieworka, Commissioner

Phone & Fax Numbers: Phone: (617) 626-2000; Fax: (617) 626-2028

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name and Title of the
State Child Care Contact (CCDF): Katherine Clark, General Counsel

Address of Contact: One Ashburton Place, Room 1105, Boston, MA 02108

Phone & Fax Numbers: Phone: (617) 626-2000; Fax: (617) 626-2028
E-Mail Address: Katherine.Clark@state.ma.us

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2003 through September 30, 2004. (§98.13(a))

- CCDF: \$103,775,824.
- Federal TANF Transfer to CCDF (if known): \$91,874,224.
- Direct Federal TANF Spending on Child Care (if known): \$92,000,000
- State CCDF Maintenance of Effort Funds: \$ 44,973,373.
- State Matching Funds: \$30,946,749.
- Total Funds Available: \$363,570,170.

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1.4 The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent): \$ 3,800,000. (1.7 %). (658E(c)(3), §§98.13(a), 98.52)

1.5 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

() Yes. – GO to Section 1.8.

(X) No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies. (658D(b)(1)(A), §98.11)

The Office of Child Care Services (OCCS) uses over thirty years of experience in promoting healthy, safe, and educational child care, its ability through CCDF to provide access to quality care for families and its state of the art technology to create a system of child care that is safe, accessible and promotes school readiness. The OCCS mission is to provide a strong and flexible system of child care that protects, educates and benefits children of all abilities and backgrounds, supports families, and strengthens communities. OCCS uses its licensing, contracting and monitoring, policy making, and professional development functions to advance its mission and strive toward a seamless system of child care that is accessible meets the diverse needs of families.

High Quality Learning Environments for Children

To develop a high quality system of child care services in Massachusetts OCCS has undertaken many initiatives. OCCS has taken the lead in developing and implementing quality initiatives that support children’s development and help children and their families get ready for school and succeed once they get there. OCCS will continue to focus its efforts on:

- implementing a seamless network of comprehensive services for children and families that fosters collaborations across child care programs;
- promoting school readiness with a particular focus on literacy curricula;
- developing technology that will increase efficiencies in service delivery;
- using resources to increase access to care for low income families;
- increasing data collection to conduct research projects that inform policies;
- increasing the safety and health of children through state of the art licensing standards;
- taking collaborative approaches to develop educational curricula; and
- developing strategies for building and sustaining a professional child care workforce.

OCCS will continue to develop new initiatives to support families and children and expand upon our current programs such as: tiered rates tied to literacy initiatives; mental health counselors in child care settings; non-traditional hours care; literacy and numeracy curriculum development; professional development; recruiting and retaining diverse child care work force; and maintaining the highest standards for safety and healthy development (physical and cognitive).

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A Leading Model for Funding Child Care

As the lead agency in Massachusetts, OCCS works closely with providers and child care resource and referral agencies (CCR&Rs) to provide high quality services for children and families. OCCS uses a variety of funding mechanisms including vouchers, contracts and grants. This is now the recommended model of funding because the mix of vouchers and contracts supplies stable funding for providers, especially those in low income neighborhoods; increases public/private partnerships; and provides for parent choice and supports comprehensive services. Through a system of vouchers, contracts and grants, OCCS provides high quality subsidized care to over 79,000 children a year, provides information and referral services and child care services, offers professional development trainings and materials to providers in a variety of languages, and reimburses providers.

A State of the Art Service Delivery System

OCCS manages those services that it does not directly provide through its state of the art, customized Child Care Information Management System (CCIMS). This system is in use by the CCR&Rs for voucher management and simplifies the intake process for families who receive child care subsidies so that there is a single point of entry into the subsidized child care system. CCIMS also streamlines the process of gathering and sharing information. This means that CCR&Rs are now able to electronically transmit all billing and payment information through OCCS' fiscal department into the state's bill processing system for more accurate and faster payment. In addition, the system transmits information about child care placements and vacancies on a daily basis from the CCR&Rs to OCCS. This allows OCCS to fine tune its use of resources and to more efficiently move children off of subsidized child care wait lists and into child care slots. This system has been installed and is in use at 15 CCR&Rs in Massachusetts. The electronic billing and transmission of placement information was completed in fiscal year 2002.

The electronic Child Care Information Management System (eCCIMS) is a web-based application that collects intake, eligibility, waitlist, and billing information from the agency's 260 contracted child care providers. eCCIMS will allow OCCS administrators to view vendor activity in real time, increasing efficiency and improving utilization of child care funding. The application is based upon an open framework and connects to CCIMS allowing providers and CCR&Rs the ability to view each other's data. The system was developed in 2002 and is currently being piloted statewide with rollout to all contracted providers over the next two years. In the near future, eCCIMS will be enhanced to automatically update MMARS, the state's accounting system, with billing information and allow providers to do a CORI check online. Connections with other state agencies participating in the child care process are forthcoming.

As part of CCIMS, OCCS has also developed a state-of-the-art website at www.qualitychildcare.org. OCCS' website includes an "eligibility wizard" that allows professional counselors, providers and families to quickly and easily make an initial determination to qualify the family for child care subsidies.

CCIMS is also used to help OCCS, CCR&Rs, the Department of Transitional Assistance (DTA), and the Department of Social Services (DSS) share their information on families that

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need subsidized child care. This will increase the efficiency and maximize the resources that are available to families. Currently, all CCR&Rs are able to share data with DTA.

Accountability and Flexibility Assures Increased Quality and Access

OCCS contracts with center-based child care programs, family child care systems, and CCR&Rs to provide direct child care services, training, information and referral, and voucher issuance and payment. OCCS' contracting system simplifies the contract amendment process for providers to be able to quickly meet the changing needs of families with children in care. This flexible contracting system reduces the administrative burden placed on contracted providers and at the same time provides accountability. All OCCS' income eligible and supportive child care contracts also include detailed performance objectives and measures for each provider to meet in order to retain a contract. OCCS requires contractors to report on these performance measures two times each year.

Before contractors can receive any funding from the Commonwealth, they must provide evidence of their financial viability. As part of this "pre-qualification" process, providers submit to OCCS or a sister agency providing the majority of their contract funds, documentation of their agency structure and finances. Each year contractors must file re-qualification information, demonstrating their continued financial health and ability to serve clients funded by the Commonwealth. This process helps ensure that providers can maintain their programs on a sound financial footing, that families will not unexpectedly lose their child care slots, and that resources are being maximized to serve children.

OCCS contract and monitoring coordinators work out of OCCS' five regional offices to maintain a close community connection. These contract and monitoring coordinators collaborate with OCCS' policy and training advisors and licensing staff that also work out of OCCS' five regional offices to ensure that provider-monitoring and technical assistance and training efforts are coordinated and consistent.

Once a provider formally contracts with OCCS, OCCS' Contract and Monitoring Coordinators ensure that they are complying with the terms of the contract and providing high quality services to the families and children enrolled in their programs. OCCS has instituted a formal monitoring process for CCR&Rs and contracted providers. As part of this process, the Contract and Monitoring Coordinators review contract billing, monthly slot utilization, licensing information, and administrative and fiscal information, and conduct on-site visits to child care providers.

Additionally, the Contract and Monitoring Coordinators also perform desk reviews of providers, including reviews of billing, service utilization data, licensing information, the provider's annual audit information, and feedback from collateral sources. These reviews are conducted annually and the information collected is used to conduct a risk assessment analysis. Among other variables, the risk assessment analysis considers the amount of funding a provider receives from OCCS and is used to prioritize OCCS' on-site monitoring visits by focusing on those providers that pose the greatest risk to the Commonwealth.

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OCCS provides technical assistance to providers on an ongoing basis to help them meet their contracting requirements and ensure that the best care is provided to children. If necessary, OCCS Contract and Monitoring Coordinators will work with contractors to develop a corrective action plan that will outline the required corrective measures and timelines for improvement. In the event that Contract and Monitoring Coordinators determine that a contractor has enrolled an ineligible family, the contractor is required to reimburse OCCS for payments made to the contractor for the ineligible family. In addition, the contract unit annually reviews a contractor's financial and administrative information through the re-qualification process discussed above. For those providers receiving \$300,000 or more in federal funding, a review of the provider's "A-133 Audit" also occurs.

OCCS' Policy and Training Advisors support providers and CCR&Rs in delivering high quality services by developing new policies and providing statewide training and technical assistance on them. Additionally, the Advisors coordinate resource development within OCCS and among child care professionals, respond to families' inquiries about eligibility for child care subsidies, and examine and resolve issues that may arise between a provider and a family receiving subsidized child care through OCCS' formal review process. Regardless of the outcome of any specific review, OCCS uses the information it receives from families to further monitor the quality of the child care services being delivered through OCCS' contracts. The OCCS CCR&R Special Projects Training Coordinator works closely with the CCR&Rs to develop and implement research-based professional training and career pathways for the child care workforce.

A Focus on Safety and Healthy Physical and Cognitive Development

OCCS' licensing standards provide a comprehensive system for ensuring children receive educational and developmentally appropriate care. Long recognized as a national leader, OCCS' licensing unit sets and enforces regulations and standards for providing children with safe, appropriate, and educational child care. Massachusetts requires that all child care programs have a license from OCCS, with the only exceptions being for care provided by public schools or in-home/relative caregiver and babysitting arrangements. OCCS licensors provide technical assistance and consult with programs as to how to comply with OCCS regulations. Licensors also conduct new and renewal provider orientations, host provider discussion groups, and offer training to providers. OCCS also has a Professional Qualifications Registry that issues certificates of qualification to staff working in group child care centers. About 5,000 applications are reviewed annually to determine the appropriate level of certification. Child care staff, employers, and licensors rely on the OCCS certificates to establish an individual's qualifications for employment and licensing purposes.

All licensed child care providers are monitored by the OCCS licensors who make both announced and unannounced compliance visits. As part of its licensing procedures, OCCS requires that all people who may have unsupervised contact with children in licensed child care centers and family child care homes have cleared a Criminal Offender Record Information (CORI) background check. If a complaint is filed against a child care provider, the OCCS investigation or licensing unit conducts a comprehensive investigation. If the complaint warrants that legal action be taken against the provider, the OCCS legal unit works closely with OCCS licensing, contracting, and policy units, as well as the CCR&Rs and other state agencies, to

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resolve the matter. This multi-lateral approach both ensures that children are protected and that federal and state monies being expended for care by that provider are properly accounted for while any legal issues are pending.

Although in-home/relative care providers need not be licensed, OCCS also promotes quality care in these environments. OCCS contracts with the local CCR&Rs to provide an orientation for both in-home and relative care givers. All in-home/relative care providers must attend this orientation prior to being paid. At this training, in-home/relative care providers learn important information on health, safety, and child growth and development, and are given resources to help them care for young children appropriately. In-home/relative care providers may not care for more than six children at one time, and must be at least 18 years old. In March 1999, OCCS also instituted a requirement of criminal background checks on all non-relative in-home providers to promote safety in these settings.

1.6 For child care services funded under §98.50 (i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families? YES ___ NO X
If NO, identify the name and type of agency that determines eligibility of non-TANF families for child care:

To have a system of providing high quality child care that is flexible and responsive to the needs of low income families, income eligibility determinations are made available to families at multiple entry points. For some families, their first contact with the child care system is at their local child care resource and referral agencies (CCR&Rs). For other families, their first contact is with a contracted child care provider. Consequently, both the CCR&Rs and individual contracted providers assist families in determining their eligibility for subsidized child care or income eligible vouchers. To maintain uniformity in these determinations, OCCS sets the state-wide eligibility criteria for subsidized child care for low income (non-TANF) families that the contracted providers and local CCR&Rs are required to follow in making individual determinations.

In March 2003, OCCS posted an updated income eligible policy manual on the OCCS website that includes all the information providers and CCR&Rs need to help them make eligibility determinations. A similar manual for supportive child care was posted on the website in February 2003, a teen parent child care services policy manual was posted in April 2003, and a voucher child care manual were distributed to voucher providers through the CCR&Rs. The policy and training unit has provided extensive training on all of OCCS' subsidy policies. By posting these manuals on the OCCS website, at www.qualitychildcare.org providers always have immediate access to the most up-to-date subsidy policies. They may also contact their Regional Policy and Training Advisor for a hard copy of the manual and for answers to any eligibility questions as they arise.

To ensure that families and providers can easily make a determination on whether the family is eligible, OCCS has also created a short "Desk Guide" for quick eligibility determinations. The Desk Guide gives the basic rules of eligibility, and points the reader to the proper section of the policy manual for further information. OCCS has distributed the Desk

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Guides for income eligible and teen parent child care to all CCR&Rs and contracted providers and they are available on OCCS' website.

OCCS Contract and Monitoring Coordinators ensure that CCR&Rs and contracted providers are making eligibility determinations correctly through monitoring reviews of programs. OCCS has conducted both desk reviews and on-site reviews of all CCR&Rs, and is currently conducting both reviews for all income eligible providers. The monitoring plan provides for at least one review of each program during the contract period. In addition, OCCS has formed a voucher monitoring subcommittee for the purpose of developing a tool to monitor voucher providers. The voucher monitoring process will mirror OCCS' contract monitoring program. Beginning in the fall of 2003, Contract and Monitoring Coordinators and the Policy and Training Advisors will conduct joint quarterly training meetings to provide policy clarifications on common findings from the contract monitor visits.

OCCS also has an "Eligibility Wizard" on the agency website to allow families in need of child care to determine if they are eligible for a subsidy. The site informs the family of where to go to apply for assistance and allows them to print a sheet with eligibility information required at the application site.

- Determine individual eligibility of TANF families? YES ___ NO X
If NO, identify the name and type of agency that determines eligibility of TANF families for child care:

For most families on or transitioning from public assistance (TANF), their first point of entry into the child care system is through their local area office of the Department of Transitional Assistance (DTA). At this area office, a TANF family receives the initial authorization for subsidized child care. DTA then refers each TANF family to a local child care resource and referral agency (CCR&R). The CCR&R assists the family in locating child care that meets the family's needs and actually issues the child care voucher. In order to assist families in a most efficient and effective way, CCR&Rs are stationed at DTA offices.

- Assist parents in locating child care? YES X NO ___
If NO, identify the name and type of agency that assists parents:

The key to a successful child care system is helping working families find safe, affordable child care. The OCCS website and OCCS help families to find suitable child care through its contracts with child care resource and referral agencies (CCR&Rs), and assists families by helping them locate and enroll their children in programs that meet their needs.

OCCS' website (located at www.qualitychildcare.org) has a search engine that allows a parent to quickly search for providers by entering the name of their community, city, or their zip code. This information is available 24 hours a day, 7 days a week. On the website, families can also search for a list of all the licensed child care providers in their area by the type of care provided (for example, family child care, or center-based school age or group child care programs). The website also gives families information about the different types of child care programming, suggests questions families might want to ask of prospective child care providers,

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and provides other helpful information so families can choose the program that best meets their needs. Families can also email questions to OCCS through the website.

For many families, their local CCR&R is the primary place they receive information on types of child care, availability, and subsidies. OCCS directly contracts with the local CCR&Rs to provide families with customized information and referral services to help each family locate the available child care program that meets its needs. The CCR&Rs work with families over the telephone and in person to help them find accessible, quality child care.

OCCS is preparing to re-bid all of its contracts to provide income eligible child care and other resources. The bid, which will be released in fall of 2003, will include income eligible, supportive, and non-traditional hours child care services as well as child care resource and referral services. The bid is being developed by a team of OCCS staff and experts from the child care community, including representatives from the Department of Education (DOE), the Department of Transitional Assistance (DTA), the Department of Public Health (DPH), the Department of Social Services (DSS), Division of Medical Assistance (DMA), Department of Mental Health (DMH), Department of Mental Retardation (DMR), the Commonwealth's Executive Office of Health and Human Services, the federal Administration for Children and Families Region 1 office, Head Start, and individual cities or towns. When membership on the team would not violate the Commonwealth's conflict of interest law, representatives from the statewide child care Advisory Council or other child care organizations will also be included. This procurement will be open to center-based programs and/or family child care system providers and child care resource and referral agencies. Contracts awarded through this procurement will begin on July 1, 2004 (fiscal year 2005).

OCCS contracts with a local CCR&R to operate a statewide toll-free telephone number (1-800-345-0131) for families seeking information and referral services. Families who call the toll-free number need only to know their zip code to be directed to a child care resource and referral agency that provides service to families in their particular city or town. Acting on a recommendation by the Governor's Commission on School Readiness, OCCS has expanded the information available through this toll-free number so parents can also access a resource directory for parenting, basic needs like food and housing, health and development, safety, and related issues.

To best assist families looking for care, the CCR&Rs have affiliated into regional groups to coordinate early childhood public awareness, training and education campaigns. In order to effectively serve an ethnically and culturally diverse population of children, families, and providers, the CCR&Rs have made their materials and trainings available in multiple languages. Most materials, including OCCS regulations, are available in English, Spanish, Cantonese, Khmer, and Portuguese.

- Make payments to providers? YES X NO ___

If NO, identify the name and type of agency that makes payments:

One of the primary concerns of child care providers is receiving timely payment for their services, so they can maintain their programs. To help ensure timely payment for services, OCCS pays all of its contracted child care providers directly. The child care resource and

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referral agencies (CCR&Rs) administer the voucher program and make payments to child care providers for their child care voucher slots.

1.7 Is any entity named in response to section 1.6 a non-governmental entity? (See section 1.6 of the guidance). (658D(b), §§98.10(a), 98.11(a))

No.

Yes, the following entities named in section 1.6 are non-governmental:

OCCS has contracts (including subcontracts) with a total of fifteen local child care resource and referral agencies (CCR&Rs). The CCR&Rs are non-governmental entities. In addition, OCCS has 238 contracts with non-governmental center-based school age and group child care programs and family child care systems, to provide some of the services described in Section 1.6. Please refer to Attachment 1 and Attachment 2 for the list of current contracts.

Section 1.8 - Use of Private Donated Funds

1.8.1 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

No. GO TO 1.9

Yes. The name and type of entity designated to receive private donated funds is:

Name: Child Care Quality Trust

Address: c/o Office of Child Care Services

One Ashburton Place, Room 1105

Boston, MA 02108

Contact: Janet McKeon

Type (see section 1.6 of the guidance): non-TANF state agency

Section 1.9 - Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

No.

Yes,

_____ The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

_____ Estimated % of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the

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MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

- No.
 Yes, and

20 % : Estimated % of the Matching Fund requirement will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

OCCS and the Massachusetts Department of Education (DOE) work together to ensure that the state's pre-K programs help expand the availability of child care services in the Commonwealth. Many of the slots purchased by the DOE Community Partnerships For Children Program (CPCs) are reserved for full-day, full-year child care that meets the needs of working families. While OCCS is completing development of its technologically innovative Electronic Child Care Management Information System (eCCIMS), OCCS and DOE are collaborating to analyze and plan how eCCIMS can be deployed for both CPC providers and OCCS providers, thus ensuring both one-stop shopping for low-income families seeking a child care subsidy. OCCS is piloting eCCIMS in a number of OCCS contracted programs now.

The electronic Child Care Information Management System (eCCIMS) is a web-based application that collects intake, eligibility, waitlist, and billing information from the agency's 260 contracted child care providers. eCCIMS will allow OCCS administrators to view vendor activity in real time, increasing efficiency and improving utilization of child care funding. The application is based upon an open framework and connects to CCIMS allowing providers and CCR&Rs the ability to view each other's data. The system was developed in 2002 and is currently being piloted statewide. In the near future, eCCIMS will be enhanced to automatically update MMARS, the state's accounting system, with billing information and allow providers to do a CORI check online. Connections with other state agencies participating in the child care process are forthcoming.

To best serve the needs of low-income families, in fiscal year 2002, OCCS established continuity of care as a priority of the subsidized child care system for families who meet CCDF income guidelines and who are working, or enrolled in a training or educational program. (OCCS continuity of care allows certain groups of children to receive immediate access to OCCS-funded child care or remain in child care as their families' needs change). Because DOE only funds preschool programs for three- and four-year olds through their CPCs under this policy, OCCS gave immediate access to children moving from DOE-funded preschool programs into OCCS-funded school age programs. However, due to budget limitations in fiscal year 2003,

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OCCS temporarily changed its continuity policy. OCCS still prioritizes school age care for children transitioning from DOE-funded preschool programs.

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents (§98.53(h)(2)):

OCCS and DOE are both committed to providing the highest quality pre-Kindergarten services that provide children with tools necessary for school success and to meet family needs. DOE has funded child care for three- and four-year olds through the Community Partnership Programs (CPCs). The CPCs have provided flexible funding through grants to local communities to provide subsidies to working families with preschool aged children and to fund related quality activities.

OCCS and DOE are collaborating to implement an on-line common data collection and payment system for both agencies. In January 2003, the agencies signed a “Memorandum of Understanding” agreeing that eCCIMS, OCCS’ electronic child care information system, will be enhanced by OCCS for use by CPCs for eligibility and placements, attendance tracking, billing, and grants administration. The eCCIMS is a secure on-line system that meets all the relevant security and privacy standards. Once a common database can be established for both types of funding streams, the Commonwealth will have a “children’s data warehouse” for significant data mining, research and future trend analysis.

OCCS’ eCCIMS will enable CPCs, CCR&Rs and OCCS contracted providers to access current statewide referral and child care waitlist information at any given moment. This will allow for more efficient service provision to the pre-Kindergarten population and will reduce any duplication of services. In addition, OCCS and DOE are working to develop a plan to best serve the pre-Kindergarten population. For example, DOE has worked with OCCS in developing OCCS’ procurements and contract performance measures and ensures that the CCR&Rs have an active role with the local CPCs.

In addition, OCCS and its sister human service agencies are currently engaged in a restructuring process that will assure a common vision and mission and promote collaborations that will further coordinate services for children, youth and their families by building upon existing expertise within the Executive Office of Health and Human Service agencies and DOE.

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Part 2--DEVELOPING THE CHILD CARE PROGRAM

2.1 - Consultation and Coordination

2.1.1 Consultation. Describe the consultation the Lead Agency held in developing this Plan and the results of that consultation. At a minimum, the description must include the following:

- Representatives of local governments;
- Tribal organizations when such organizations exist within the boundaries of the State. (658D(b)(2), §§98.12(b), 98.14(b))

In developing its CCDF-funded quality child care activities, OCCS partners and collaborates with other entities, including the federal Administration for Children and Families (ACF), state agencies, providers, child care resource and referral agencies, advocacy groups, and academic institutions. The collaborative process allows OCCS to develop policies and initiatives that are based on input from many different viewpoints and constituencies. This approach allows OCCS to view the needs of children and families from different perspectives and to meet those needs with a multifaceted approach.

Although collaboration is part of all of OCCS' work, more formal processes for consulting with others include the following:

Contracting for child care services: Before OCCS contracts to purchase child care, resource and referral services, training or other child care related services, OCCS issues a Request for Response (RFR) and completes a competitive bid process. In developing each RFR, OCCS convenes a Procurement Management Team that consists of OCCS staff and a team of experts from the child care community, including representatives from the Department of Education (DOE), the Department of Transitional Assistance (DTA), the Department of Public Health (DPH), the Department of Social Services (DSS), Division of Medical Assistance (DMA), Department of Mental Health (DMH), Department of Mental Retardation (DMR), the Commonwealth's Executive Office of Health and Human Services, the federal Administration for Children and Families Region 1 office, Head Start, and individual cities or towns. When membership on the team would not violate the Commonwealth's conflict of interest law, representatives from the statewide child care Advisory Council or other child care organizations are also included.

In order to maintain a child care system that is flexible and responsive to the needs of families and child care providers, OCCS also seeks public comment, feedback and questions from families, child care providers, and/or advocacy groups on each major RFR, and incorporates that information into the current child care model. Consequently, with almost every program and service described in the State Plan for which OCCS contracts with a provider or agency, OCCS has consulted with other federal, state, and local officials, as well as members of the early childhood community. OCCS is currently involved in an open and competitive re-procurement process for contracted services relating to income eligible, supportive, non-traditional child care, and CCR&R services.

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OCCS is preparing the open and competitive bid for subsidized child care services to be issued in the fall of 2003. This procurement will be open to center-based programs and/or family child care system providers and CCR&Rs. Contracts awarded through this bid will begin on July 1, 2004 (fiscal year 2005).

To assist in the development of this procurement, OCCS formed a Procurement Management Team (PMT) made up of federal and state agency staff with knowledge and experience in these services, and held focus groups with child care providers and child care resource and referral agencies across the state. OCCS developed a Request for Information (RFI) that outlines new contracting elements and programmatic initiatives. Through a series of statewide public hearings and written comments OCCS will receive feedback that will be incorporated into the procurement. Through that process, OCCS will again collect feedback on any new ideas it proposes for its upcoming procurement.

Child Care Advisory: The Child Care Advisory consists of child care providers, parents, CCR&R staff, representatives from state agencies such as DSS and DTA, representatives from for-profit and not-for-profit child care trade organizations, including groups such as the Latino Family Child Care Association, and advocates for providers and families. The child Care Advisory meets in each of OCCS' five regions and centrally in Boston. This allows for discussion of both statewide initiatives and the particular needs of families in a region of the state. On a semi-annual basis, the Executive Committee of the Advisory meets with OCCS' Commissioner.

Nuts and Bolts: Every month OCCS staff meets with providers who work in center-based, school age, and family child care homes to talk about the current experiences and specific, practical issues that providers are facing and to get feedback on OCCS' activities. This allows providers and OCCS the opportunity for important dialogue on how best to serve children and families, and helps in the formulation of specific and concrete initiatives to improve business practices.

In addition to the Nuts and Bolts group, OCCS, DOE, public school systems, and the Out-of-School Time Community are partnering to address how after-school programs and MCAS academic programs can collaborate to better meet the needs of school-age children and help them successfully pass Massachusetts MCAS requirements.

After school programs: OCCS, DOE, public school systems, and the Out-of-School Time Community are partnering to address children's needs after school. In part, the group is working on finding ways to help after-school programs and MCAS academic programs collaborate to better meet the needs of school-age children and help them successfully pass Massachusetts MCAS requirements.

Consultations with building inspectors: Since December 2002, OCCS has been meeting with the state Board of Building Regulatory Standards, the Department of Fire Safety, and local building and fire inspectors. The group focuses on issues in the state building code that impact family child care homes and group child care centers, such as access to buildings. OCCS will consult further with this group as the group and school age child care regulations are revised.

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2.1.2 Coordination. Lead Agencies are required to coordinate with other Federal, State, local, tribal (if applicable), and private agencies providing child care and early childhood development services.

Check any of the following services provided by agencies with which the Lead Agency coordinates. In each case identify the agency providing the service and describe the coordination and expected results:

- Public health including programs that promote children's emotional and mental health
- Employment services
- Public education
- TANF
- State Pre-K programs
- Head Start programs
- Programs that promote inclusion for children with disabilities
- Others (please identify) (658D(b)(1)(D), §98.12(a), 98.14(a)(1) & (2))

OCCS works in collaboration with other early childhood professionals, state agencies, advocates and families to further the quality of child care programming in Massachusetts. OCCS uses coordination, collaboration, and linkages among child care agencies, both public and private, to further the goal of one integrated system that is flexible and meets the individual needs of each family. OCCS works closely with the Department of Transitional Assistance, the Department of Social Services, the Department of Education, the Department of Public Health, the Federal Administration of Children and Families' Region 1 Office, the local child care resource and referral agencies (CCR&Rs), and contracted child care providers. While most of these collaborations are more fully described elsewhere in the State Plan, below is a summary of the results of these collaborations.

Public Health

Coordination with the Department of Public Health: OCCS works closely the Department of Public Health (DPH) Healthy Child Care America project, known as the Max Care: Maximizing the Health and Safety of Children in Out-of-Home Care to assure the health and safety of all children in child care settings. Max Care guarantees public health resources are appropriately linked to the child care community by working to improve access to health information through training, technical assistance, data collection and greater access to trained health consultants for child care providers. Training is conducted for child care providers, health consultants, and licensers. Technical assistance has ensured appropriate policies, procedures, and regulations around topics such as sleep position and SIDS, skin cancer prevention and safe sun practices, window guards, trampolines, and portable wading pools. Post September 11th, Max Care facilitated discussions between OCCS legal counsel and the DPH Radiation Control Program to pre-distribute potassium iodide to providers in 18 communities surrounding nuclear power plants.

Safety in child care: OCCS and DPH are working together to expand the requirements for safe food service in child care programs, and train providers in safe food handling.

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Emergency Preparedness: After hearing from child care providers at a number of training sessions, OCCS and the Massachusetts Emergency Management Agency (MEMA) staff worked together in preparing an emergency preparedness manual for use by all providers in natural and man-made disasters. This manual has been well received by the child care community and has been updated several times to address new challenges and current concerns. The manual is available both on the OCCS web site, www.qualitychildcare.org, as well as on the Administration for Children and Families' National Child Care website, www.nccic.org. Additionally, OCCS and MEMA have conducted numerous joint workshops at conferences and provider groups across the state to help providers prepare for disasters in child care settings. The joint presentations are currently offered an average of six times per year. Since 1994, OCCS and MEMA have shared information and collaborated on training to address the concerns of child care programs located near nuclear power plants.

Outreach to uninsured children: The Department of Public Health (DPH), through an on-going program, awards OCCS-contracted child care organizations and CCR&Rs small grants to conduct outreach efforts to uninsured or underinsured children. Through these projects, along with other materials that are developed and distributed collaboratively, contracted providers are made aware of Medicaid expansion, the Child Health Insurance Program, and Women Infants and Children (WIC) services for themselves and children in their care.

Comprehensive Mental Health for Child Care (CMHCC). OCCS and DMA are co-administering the Comprehensive Mental Health for Child Care Project (CMHCC) to ensure that OCCS supportive contracted programs have comprehensive mental health services for children and their families on-site at their child care program.

OCCS, DMA, Massachusetts Behavioral Health Partnership (MBHP), and the Department of Mental Health (DMH) held trainings for all OCCS contracted supportive child care providers on how to best access the mental health services available in Massachusetts. After gathering survey information from supportive child care programs regarding children's most prevalent risk factors and mental health expertise availability, OCCS and DMA brought on-site comprehensive mental health services to supportive child care programs across the state.

Currently there are 16 supportive child care programs and MBHP mental health clinics in Massachusetts that are funded by OCCS and DMA. Through this partnership, the child care program and mental health clinic jointly hire a clinician who is stationed at the program and considered to be part of their child care staff. DMA and MBHP directly bill the family's insurance for one third of the clinician's salary and OCCS funds the remaining two thirds of the clinician's salary. This allows the clinician to provide a broad range of training and support to children, their families, and the child care staff beyond the billable therapeutic and assessment services they can normally provide. The clinician also helps families access a full range of mental health services at the partnering clinic.

Mental Health Commission for Children: In May 2002, the Massachusetts Legislature established a three-year Commission at the Executive Office of Health and Human Services (EOHHS) to collect data on which children are waiting for services or placements and which children are "stuck" in inappropriate settings. The Commission expanded its efforts beyond this

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mandate to identify gaps in the existing mental health system and determine how existing resources can be used more effectively and efficiently to address those needs. OCCS has taken on an important role in this work by articulating the need for mental health services for young children and preventive screening so risk factors can be addressed early in a child's life. Critical to this work will be increasing the competency of front-line providers like child care workers in identifying possible mental health issues and connecting children and families with the resources they need.

Employment services

Massachusetts Child Care Apprenticeship Program: Through a grant from the Federal Department of Labor, the Division of Apprenticeship Training (DAT) and OCCS are piloting a statewide child care apprenticeship program to promote a stable, healthy child care environment for children by recruiting and retaining qualified, skilled staff. The Apprenticeship Program promotes the development of credentialed child care practitioners through a registered apprenticeship model. The Program's focus is to increase and maintain a diverse child care workforce by encouraging career advancement, increasing compensation, and enhancing access to opportunities for individuals who are low-income and represent different geographic, ethnic and cultural backgrounds. OCCS and DAT share coordination of the program, the monitoring of the three pilot models, and the child care centers employing the apprentices. A multi-agency advisory, including state agencies, provider groups, CCR&Rs, labor unions, state colleges and others has been created to guide the program's development and plan for its sustainability and replication. Based on funding availability, OCCS intends to expand, replicate and make the apprenticeship training available for all types of early childhood and school age programs.

Public Education

Using eCCIMS to coordinate with DOE: OCCS and DOE have signed a Memorandum of Understanding, which will govern future collaboration between the two agencies using OCCS' Electronic Child Care Information Management System (eCCIMS). OCCS and DOE are engaged in a collaboration project to use eCCIMS to coordinate information on DOE's pre-school slots for three- and four- year old children funded through the Community Partnership Councils (CPCs) and OCCS' child care slots. In addition to making better use of the Commonwealth's resources, OCCS and DOE will have a flexible method of meeting the various needs of working families, and facilitate smooth transitions for families between funding streams. OCCS and DOE are also evaluating the tasks and timelines required to make eCCIMS fully deployable at all DOE CPC programs.

OCCS has also collaborated with DOE to form a committee that addresses how OCCS-funded after-school programs and DOE 21st Century-funded academic support programs can better meet the needs of school age children and help them successfully pass Massachusetts MCAS requirements.

TANF

Department of Transitional Assistance: To serve families on or transitioning from public assistance (TANF), OCCS coordinates with the Department of Transitional Assistance (DTA)

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and the local child care resource and referral agencies (CCR&Rs). By working closely with DTA, OCCS has been able to increase the quality and timeliness of services delivered to TANF families. Both agencies also work with the CCR&Rs to enable TANF families to receive the child care services they need in a timely manner. DTA, OCCS and the CCR&Rs have also undertaken coordinated projects to improve the quality of care, address transportation issues, and increase accessibility. In order to make their services readily available and accessible to the TANF families, CCR&R representatives are periodically stationed at DTA offices. OCCS, DTA and the CCR&Rs are jointly developing a workshop to present to DTA social work staff regarding child care vouchers and OCCS eligibility requirements.

State Pre-K programs

School Readiness Indicators Project: Massachusetts has been awarded a three-year grant by the Packard and Ford Foundations to develop a statewide system of school readiness indicators. OCCS has been a key player in this initiative, working closely with the Executive Office of Health and Human Services, the Department of Education, the Department of Public Health, the Department of Mental Health, the United Way, and other private agencies to identify indicators that can be tracked to measure how ready Massachusetts' children are for success in school.

Head Start Programs

Head Start Collaboration: OCCS' bid to provide income eligible child care services encouraged collaboration with Head Start and Early Head Start programs by providing a Head Start/Early Head Start Partnership rate. As a result, OCCS provided Head Start and Early Head Start funding to many contracted child care programs for child care during the hours before and after when Head Start and Early Head Start programs are open and full days when these programs are closed in the summer or for school vacations. This coordination means that OCCS and Head Start or Early Head Start programs have the flexibility to provide services for families who want to enroll their children in Head Start or Early Head Start programs, and also need additional hours of child care.

Head Start Step Training Initiative from Good Start Grow Smart: In summer and fall of 2002, OCCS and the CCR&R Network participated in the new Head Start Step Training Initiative presented to Head Start programs and child care administrators throughout the country. This new Head Start literacy and mentoring training inspired OCCS to apply some of the training principles to non-Head Start child care programs. The literacy training for child care is entitled "Early Literacy for School Readiness," and will feature foundations for early literacy and strategies for involving children in age-appropriate language and early literacy experiences using information from Head Start's STEP Initiative. The objective of the training is to demonstrate various research-based approaches for use in early childhood programs that will help children to build a strong foundation for learning, reading, and school success. OCCS hopes to have the Head Start-trained mentors provide the training and mentoring for child care programs across the state.

Massachusetts Head Start-State Collaboration Project: OCCS is a member of the Massachusetts Head Start-State Collaboration Project. The project helps to improve the lives of

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low-income children and their families by improving the way services and support for young children are designed, delivered, coordinated, and organized. A key part of the collaboration is to encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives, as well as to increase Head Start partnerships in the Commonwealth's child care community. On its website, OCCS makes available a Family Resource Guide that was produced by the Collaboration project. The Guide includes information on how to contact services that can help families with food; clothing housing; financial aid; health; safety; legal aid; parenting and family support; early care and education; jobs and training; disability services; and advocacy.

Programs for inclusion

The Early Intervention/Behavioral Health Early Child Care Inclusion Project (Inclusion Project): OCCS has a successful history of supporting inclusion of special needs children in a variety of child care settings. The OCCS licensing standards have long required that child care programs accept children with special needs and develop individual plans to meet their needs. To ease the challenges for families with children with disabilities or special needs, OCCS has partnered with Massachusetts Department of Public Health's (DPH) Early Intervention (EI) Services; the Early Intervention Services' Regional Consultation Programs (RCPs); the Division of Medical Assistance (DMA); DMA's vendor agency, the Massachusetts Behavioral Health Partnership (MBHP); the Department of Education (DOE); and the statewide network of child care resource and referral agencies (CCR&Rs) to ensure that children and their families receive individualized services from specialists wherever it is required.

The aim of providing such services is to give children with special needs a successful child care experience as they transition from home into a child care program and then as they move into a school setting. OCCS and its partnering agencies share a common vision and work closely together to develop inclusion initiatives such as those described below.

Regional Consultation Programs (RCPs). OCCS and DPH's Early Intervention Services jointly fund Regional Consultation Programs (RCPs) across Massachusetts to support the individual care that infants and toddlers with disabilities require and provide on-site expertise at child care programs that will make children's experiences in child care successful. The RCPs conduct trainings at the CCR&Rs. The RCPs are staffed by knowledgeable early intervention specialists who use their expertise to support children's referrals into suitable child care settings and help them succeed once they are enrolled.

OCCS has also earmarked 160 income eligible child care vouchers as "Early Intervention-Income Eligible vouchers" (EI-IE vouchers) for infants and toddlers identified by RCPs as qualifying for immediate access to an OCCS-subsidized child care program and once enrolled needing early intervention individualized support on-site at the child care program. The RCPs refer these children to the CCR&Rs, who in turn identify the most appropriate child care placement for the family and issue the EI-IE voucher. Both the RCP and the CCR&Rs then work with the family and child care provider to assure that the necessary early intervention services are on-site at the child care program to support the child's placement.

Other collaborations

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Colleges and Universities: Responding to the recommendations made by the Governor's Commission on School Readiness, OCCS is taking the lead with the Massachusetts Board of Higher Education, the Massachusetts Department of Education, two- and four-year state colleges, and child care resource and referral agencies (CCRAs), in an initiative to craft a statewide Transfer Compact between two- and four-year state colleges. The compact would satisfy OCCS teacher qualifications while allowing community college graduates, with Associate Degrees in Early Childhood Education, to transfer their credits to enter the Bachelors program in Education as a junior at a four-year state college. The goal is to create a pathway for child care professionals to achieve Bachelors degrees and become certified as public school teachers. It is anticipated that the Early Childhood Transfer Compact will be in effect for September 2004.

Distance Learning: The Massachusetts School Age Coalition (MSAC), OCCS and five Massachusetts community colleges will be working together in the next fiscal year to incorporate the school-age distance learning modules into the community colleges' course offerings. Once these distance learning training modules are complete, staff in school-age programs will be able to take one or all of the four modules for college credit through their local CCR&R.

Department of Revenue (DOR): OCCS and the Department of Revenue are exploring the feasibility of exchanging data to determine child care staff turnover rates and earnings. Such an exchange would enable OCCS to track earnings over time and to examine the effect of policy initiatives on staff earnings.

The Department of Social Services: OCCS contracts with programs that provide "supportive child care" to families who have active protective cases with the Department of Social Services (DSS). OCCS' supportive child care program is designed in a flexible way that both allows providers to readily meet the needs of the individual children and families referred by DSS while at the same time assuring accountability. Through 194 supportive child care contracts, OCCS purchases child care supportive services such as transportation, case management and social services to these children and their families. The services provided to each family are customized to that family's needs and are intended to assist in alleviating family stress and monitoring the health and safety of the child(ren). OCCS reimburses providers at a base rate for child care, the provider then delivers to the family the additional supports based on the family's needs, and then the provider bills OCCS for those services. OCCS worked closely with DSS when developing the bid proposal for this type of care, and now works with DSS to coordinate the supportive child care services. This coordination of care is vital to ensuring that families who are involved with DSS get the high quality child care and additional services that they need.

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OCCS' Regional Policy and Training Advisors have provided DSS social work supervisors and DSS coordinators in each area DSS office with supportive child care policy training. OCCS Regional Policy and Training Advisors, supportive contracted providers, and representatives from DSS have worked together to develop an additional training for DSS social work staff. The purpose of the training is to enhance the connections between DSS social work staff and the supportive child care providers and improve the social workers' utilization of the supportive child care slots. Supportive child care providers will deliver the training to social work staff in the DSS area offices.

The Massachusetts Family Literacy Consortium (the Consortium): OCCS is part of the Consortium's efforts to address the issue of child literacy. The Consortium includes members from private organizations, state and federal agencies such as the Department of Education, Head Start, the Children's Trust Fund, the Department of Social Services, the Department of Mental Health, and the Department of Youth Services, among others. The Consortium works to create linkages in which family literacy programs can be developed and supported. OCCS has a particular focus on helping child care providers create literacy-rich environments in child care settings.

Investing in Children: OCCS co-sponsors and participates in the Investing in Children initiative. This initiative grew out of a conference that was held in October 2000 to explore methods of financing early care and education in Massachusetts. The initiative consists of members of the professional child care community, including CCR&Rs, for-profit and not-for-profit child care programs, educators and advocacy organizations. The initiative is working to identify and explore strategies to improve child care businesses in this economy and develop a career ladder for child care professionals. Among the methods explored are strategies such as: exploring collaborations to enable small child care providers to access health insurance and small business loans; developing a means for improving program quality; and recruiting and retaining child care professionals.

New England Workforce Partners for Early Care and Education (NEW Partners): Funded by a grant from the U.S. Department of Health and Human Services Administration for Children and Families, OCCS and its sister agencies in the New England states (Connecticut, Maine, New Hampshire, Rhode Island and Vermont) have created a regional coalition of public and private agencies. The coalition's purpose is to compile and analyze data on the child care workforce in New England. NEW Partners seeks to use that information to guide future initiatives to increase the recruitment, retention and quality of New England's child care workforce.

Encouraging coordination among others: When OCCS issues Requests for Responses (RFRs) before contracting for any child care or related services, the Office requires that bidders consider and report on how they will reach out to child care providers and related agencies to establish linkages that will benefit the children and families they serve. The result is better coordination of service between and among the child care providers, family child care systems, and CCR&Rs, and higher quality care for children and families in Massachusetts.

Restructuring to promote coordination: OCCS and its sister human service agencies are currently engaged in a restructuring process that will assure a common vision and mission and

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promote collaborations that will further coordinate services for children, youth and their families by building upon existing expertise within the Executive Office of Health and Human Service agencies and the Department of Education.

2.2 - Public Hearing

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must indicate:

- Date(s) of statewide notice of public hearing: see below
- Manner of notifying the public about the statewide hearing: see below
- Date(s) of public hearing(s): see below
- Hearing site(s): see below
- How the content of the plan was made available to the public in advance of the public hearing(s) (658D(b)(1)(C), §98.14(c)): see below

Public comment on State Plan:

OCCS sought public oral and written comments on the draft state plan from the child care community. OCCS sent a letter requesting feedback on the state plan to child care professionals including the following: members of provider groups and associations; the child care resource and referral agencies; family child care systems; members of OCCS' Nuts and Bolts advisory committee; members of the Regional Advisories; Massachusetts EOHHS agencies; and DOE. OCCS received direct input from local communities, other state agencies, CCR&Rs and providers, and when appropriate, incorporated that feedback into the final state plan.

Copies of the draft State Plan were made available at OCCS' central and five regional offices and a copy was posted on OCCS' website. OCCS presented a draft of its State Plan to the child care community through a series of public hearings. Hearings were held in each of OCCS' six geographic regions as follows:

State Plan Review – May 28th through June 2, 2003

REGION	LOCATION	DATE & TIME	STAFF
<u>Region 1</u>	<u>Wed. May 28</u> 10:00- 1:00 p.m.	OCCS – Region 1 53 Capital Drive Wet Springfield, MA	Erin Craft Eric Lieberman

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<u>Region 2</u>	<u>Wed. May 28</u> 10:00 – 12:00	OCCS – Region 2 180 Turnpike Drive Westboro, MA. 01581	Donna Cohen Donna Marshall
<u>Region 3</u>	<u>Mon. June 2</u> 10:00 – 12:00 pm.	OCCS – Region 3 66 Cherry Hill Drive Peabody, MA. 01915	Jerry Curley Susan Fletcher
<u>Region 4</u>	<u>Wed. May 28</u> 2:00 – 4:00	OCCS – Region 2 180 Turnpike Drive Westboro, MA. 01581	Donna Cohen Donna Marshall
<u>Region 5</u>	<u>Wed. May 28</u> 2:00- 5:00 p.m.	OCCS – Region 5 109 Rhode Island Rd. Lakeville, MA. 02347	Mike Avery Gail Hanssen
<u>Region 6</u>	<u>Mon. June 2</u> 10:00 – 1:00 p.m.	DTA Office 1 Cliveden Street Quincy Ma, 02169	Alina Lopez Kindreth Taylor

Although the federal government does not require OCCS to solicit written comments, OCCS offered the child care community and other interested parties the opportunity to review OCCS' draft State Plan, and gave the community approximately one month to submit written comments. Written comments were due to OCCS by June 13, 2003. As appropriate, OCCS integrated those comments and suggestions into the final State Plan.

2.3 - Public-Private Partnerships

- Describe the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, including the results or expected results. (658D(b)(1), §98.16(d)):

While public sector funding and involvement in child care is important in helping children and families, the public sector alone cannot provide all the services that are needed. OCCS realizes the importance of promoting and establishing public-private partnerships and private-sector involvement to effectively provide services for the Commonwealth's families. When conducting the competitive bid processes to contract with child care resource and referral agencies (CCR&Rs) and with child care providers, OCCS looks for bidders who have established or propose to establish public-private partnerships to encourage private sector involvement in the child care community. Child care providers and CCR&Rs will continue these collaborations and partnerships throughout the term of the OCCS contracts.

OCCS has also been involved with, or plans to promote, public/private partnerships in the following areas:

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Child Care Quality Fund Grants: The Commonwealth has established a Child Care Quality Fund to hold the revenues received from sales of “Invest in Children” automobile license plates. The money from this fund is awarded as grants on an ongoing, quarterly basis by OCCS to non-profit organizations to improve the delivery of child care services within the Commonwealth and to assist children to progress effectively in learning environments. The license plate fund exceeded \$1,000,000 in November of 2002. The first grants were awarded in fiscal year 1999, and OCCS has since awarded grants for professional development training, accreditation supports, educational materials, and educational equipment. OCCS has a special focus on initiatives that support staff recruitment and retention of a diverse workforce.

Distance Learning: The Massachusetts School Age Coalition (MSAC), OCCS and five Massachusetts community colleges will be working together in the next fiscal year to incorporate the school-age distance learning modules into the community colleges’ course offerings. Once these distance learning training modules are complete, staff in school-age programs will be able to take one or all of the four modules for college credit through their local CCR&R.

Keeping Kids On Track: OCCS, the United Way of Massachusetts Bay, and DOE have partnered to initiate a first-of-its-kind research collaboration to support the case for expanding quality after-school programs throughout Massachusetts. Each partner knows the importance of quality after-school opportunities and how such programs positively impact youths’ academic and social competence, provide safe alternatives after the school day ends, and enable parents to work productively, knowing their children are in safe, enriching environments. The goal of this unique public-private partnership is to increase communication, information sharing, and alignment among key funders and enhance providers’ ability to collect, report, and use performance information to improve their programs. The partners will build on established and more recent after-school research by using data available from DOE, OCCS, and United Way-funded programs, and include data from after-school program staff, schoolteachers, parents, students and schools. This project will help inform Massachusetts about what the best possible investment decisions for after-school are.

Child Care for Working Families: Access to affordable quality child care makes families more productive in the workplace, increases employee recruitment and reduces employee turn-over. To encourage the creation of affordable quality child care for working families, Massachusetts requires that all businesses with 50 or more employees that hold contracts with the Commonwealth provide their employees with on-site, nearby, or subsidized child care, or the option to participate in a dependent care assistance programs (DCAP). This requirement applies to the company regardless of where the company is located as well as to all of its employees. OCCS has established regulations for this program, and works closely with the state's Operational Services Division who oversees the program.

Growing Your Child Care Business: Recognizing the important economic impact of child care on individual families and on the state as a whole, OCCS partnered with the office of Senator John Kerry, the U.S. Small Business Administration and others to address the need for resources that help child care providers open and expand successful programs. An Advisory Committee of child care and business professionals was formed that included, child care providers, the United Way, the Center for Women and Enterprise, CCR&Rs, micro-lenders, and other public and private child care and business leaders. The Committee’s efforts resulted in a

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detailed resource guide, with accompanying training, for both family child care and center-based providers on how to start and expand a fiscally sound child care business. OCCS funded the development of a related training that will be offered to child care providers across Massachusetts through the CCR&R network. OCCS Commissioner Ardith Wieworka also recently testified before the United States Senate Committee on Small Business in favor of legislation that would make non-profit child care providers eligible for Small Business Administration loans.

Computer Technology in the Early Childhood Environment: OCCS and IBM have collaborated to provide computer technology grants to early childhood programs. Through the grants, a select number of not-for-profit child care programs receive a customized computer system and software programs that are designed for young children. In order to enhance school readiness skills and the overall early childhood curriculum, OCCS and IBM have developed early childhood computer technology training. The training is designed to provide hands-on information on use of the KidSmart computers as well as computer technology implementation strategies to maximize learning.

Literacy Initiative: Television station WGBH has collaborated with twelve child care programs contracted by OCCS to provide low-income families with financial assistance child care. The programs have volunteered to participate in a theme-based literacy program that utilizes WGBH television programming and additional literacy activities to develop children's literacy skills. OCCS will evaluate the success of this program during this fiscal year and expand it based on its success and funding availability.

Minority and Women Owned Businesses: OCCS has a strong record of contracting with minority and women owned businesses. In fiscal year 2001, OCCS spent \$39.5 million on minority owned businesses and \$15.0 million on women owned businesses. In fiscal year 2002, OCCS went on to spend \$40.3 million on minority owned businesses and \$18.2 million on women owned businesses.

Book Distribution: In an effort to increase the resources made available to child care providers in the Commonwealth, OCCS solicited a donation of books from the Houghton/Mifflin Company. The Boston-based publishing company responded generously to the request by donating 3,000 books to OCCS in September of 2002. This was an exciting opportunity for OCCS to collaborate with the private sector to provide resources to programs and aid in the education and literacy development of children in child care programs in the Commonwealth.

The books were divided among OCCS' regional offices for distribution by licensors to child care providers throughout the state during their announced and unannounced visits. The books ranged in subject matter and age group so as to be appropriate for various OCCS program types and classroom levels. Titles such as Curious George Goes to School, Annie and the Wild Animals, The Biggest Bear and Hurricane were included among the books donated. OCCS continues to work with the Houghton/Mifflin Company and will be making this opportunity available again in 2003.

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PART 3 -- CHILD CARE SERVICES OFFERED

Section 3.1 - Description of Child Care Services

REMINDER: The Lead Agency must offer certificates for services funded under 45 CFR 98.50. (98.30) Certificates must permit parents to choose from a variety of child care categories, including center-based care, group home care, family child care and in-home care. (§98.30(e))

3.1.1 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

() No.

(X) Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

The Contracting System

OCCS has developed a comprehensive system of contracts and vouchers that is designed to deliver high quality child care that meets the needs of all children and their families regardless of a family's income level. All contracted child care providers may perform the initial intake for a family into the child care subsidy system and make an eligibility determination for subsidized child care. Contracted providers maintain the wait lists for eligible families, coordinate continuity of care for children whose "status" is about to change (e.g., from an infant slot to a toddler slot as the child ages, etc.), and refer families to other services they may need. In addition, contracted providers refer families to other sources of information, such as the child care resource and referral agencies (CCR&Rs) and the OCCS website, www.qualitychildcare.org, where the public can learn about other types of child care in Massachusetts.

Income eligible child care: OCCS has 238 contracts with child care providers throughout the Commonwealth for child care slots for the children of income eligible families. OCCS contracts with center-based school age and child care programs and, for family child care, OCCS contracts with family child care systems. The income eligible contracts include the following program types: family child care; infant; toddler; preschool; school age; and care before and after Head Start/Early Head Start hours.

Supportive Child Care: OCCS contracts with programs that provide "supportive child care" to families who have active protective cases with the Department of Social Services (DSS). OCCS' supportive child care program is designed in a flexible way that both allows providers to readily meet the needs of individual children and their families referred by DSS and at the same time assure accountability. Through 194 supportive child care contracts, OCCS purchases child care supportive services such as transportation, case management and social services to these children and their families. The services provided to each family are customized to that family's needs and are intended to assist in alleviating family stress and monitoring the health and safety of the child(ren). OCCS reimburses providers at a base rate for child care, the provider delivers

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to the family the additional supports based on the family needs, and then the provider bills OCCS for those services. OCCS worked closely with DSS when developing the bid proposal for this type of care, and now works with DSS to coordinate the supportive child care services. This coordination of care is vital to ensuring that families who are involved with DSS get the high quality child care and additional services that they need.

Non-Traditional Hours Child Care: Working families may have difficulty in locating affordable quality child care during non-traditional work hours and, as a result, have difficulty in locating or retaining employment. Many of the jobs that are available for people transitioning from receiving Transitional Assistance for Families with Dependent Children (TAFDC) require non-traditional hours. In response to a growing need for this type of child care in Massachusetts, in February 2001, OCCS issued an RFR to contract with providers who can provide care before 8:00 a.m. and after 6:00 p.m., as well as on the weekends. Currently OCCS purchases 80 non-traditional slots and has a total of seven contracts for pilot programs throughout the state. In addition, for the past two years OCCS has employed a consultant who has worked closely with OCCS' non-traditional child care contractors and some of the families enrolled in their programs to assess the effectiveness of the different pilot program models. The consultant will release a formal report of his findings in June 2003. By expanding the availability of licensed, quality care during non-traditional hours, OCCS is helping families increase their employment opportunities.

Teen Parent Child Care Services: OCCS purchases approximately 602 child care slots through forty-four contracts for the children of teen parents. Teen parents need child care services that provide education and developmental activities for children and allow teens to develop their parenting skills while attending school or developing career skills. Teen parents also need social supports designed to encourage teens to stay in school, decrease the likelihood of repeat teen pregnancies, and lower the risk that they or their children will be abused or neglected. In addition to child care, the teen parent child care services include transportation for the teen and her child, mentoring, parenting skills classes, counseling, and support to help teens finish high school or get their GED. Because teen parents often receive services from numerous community agencies, OCCS designed its teen parent program to require contractors to fully assess a teen's needs prior to delivering services. Thus, contractors can only provide and bill for those services that are not being provided to the teen by other community programs. This flexible contracting method helps to maximize resources and minimize duplication of services to teens and their children.

Child Care for children affected by HIV/AIDS: OCCS purchases specialized child care support services for children and their families who are infected with and/or affected by HIV/AIDS and who reside in Boston and the greater Boston area. The provider with whom OCCS contracts to provide these services has the distinction of being the only medically-specialized child care program in New England that serves this particular population. The children enrolled in this specialized program are offered medical, mental health and educational services, which they can access through the program's close affiliation with a large medical center based in Boston. In many cases, children and families who are dealing with the HIV/AIDS illness feel isolated and overwhelmed emotionally by the demands of this disease. The purpose of specialized child care services is to provide a stable, safe and nurturing resource

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for children and their families experiencing the daily disruption and stress of living with this illness. OCCS anticipates expanding these specialized services through its next procurement.

Homeless Child Care: Through ten contracted programs located throughout the state, OCCS purchases 85 specialized child care slots from center-based programs for the children of homeless families. The goal of this program is to provide homeless children with a stable, nurturing and stimulating environment that meets their individual developmental, behavioral and emotional needs and at the same time offer the children's parents counseling services to inform them about community support services and public assistance benefits they may access while they seek housing and employment.

Fall 2003 Procurement: In the fall of 2003, OCCS will be releasing a new procurement that combines income eligible, supportive, and non-traditional child care and child care resource and referral services. Contracts resulting from this procurement will begin on July 1, 2004. To assist in the design of this procurement, OCCS has developed a procurement management team comprised of representatives from OCCS and other state purchasing agencies with a stake in the services OCCS purchases. Through this procurement, OCCS intends to build on the strengths of its existing comprehensive child care system and enhance areas where current gaps may exist. Particular emphasis will be placed on increasing flexibility between the contract and voucher system to better serve families, enhancing contractors' sound business practices to increase effectiveness of child care administration, and developing local partnerships to improve economies of scale in service delivery

3.1.2 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

- () No.
(X) Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

To further ensure that children are in safe and secure child care environments, OCCS requires that criminal background checks (CORI) be completed for all non-relative, in-home care providers. Only those non-relative, in-home care providers who are approved in the criminal background checks process will be eligible to receive state subsidy payments. OCCS also requires providers to be at least 18 years old, and limits the number of children a provider can care for to six or less. To further increase the quality of care provided by in-home/relative care providers, OCCS also requires all in-home/relative care providers to attend an orientation and training session conducted by the CCR&Rs prior to receiving any state reimbursements for providing care. These trainings were developed by OCCS and the CCR&Rs and cover topics such as health and safety issues, age appropriate activities, and appropriate child guidance techniques. As part of the orientations, the CCR&Rs provide in-home/relative care providers with a resource packet with information on educational resources available to them in their community.

3.1.3 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

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- (X) Yes
() No, and the following are the localities (political subdivisions) and the services that are not offered:

Section 3.2 - Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided as Attachment 3. The attached payment rates are effective as of July 1, 2001.

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed: December 2002. (§98.43(b)(2)) A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment 4.
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))
- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))
- If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

To facilitate equal access to child care for families who receive subsidized child care, OCCS completed a new market rate survey in December 2002. See Attachment 4. OCCS' current reimbursement rates are based on the market rate survey completed in 2000. OCCS' payment rates continue to reflect individual rates for the full range of child care providers who serve children and families within the Commonwealth. OCCS pays providers at a rate that varies according to the region and the type of care.

Payment Rates

To ensure that OCCS' payment rates allow for equal access to high quality child care, OCCS did not include any subsidized rates in either the 2000 or the 2002 market rate surveys. This ensured that the market rate survey reflects the full rates that are paid for child care in the Commonwealth and that OCCS' rates reflect the actual rates that parents pay for quality child care in Massachusetts. According to a December 2000 Urban Institute study, Massachusetts' private child care rates were among the highest in the nation. The 2002 market rate survey confirmed that finding. OCCS hopes to increase its rates based on the new 2002 market rate survey when the Commonwealth's fiscal situation allows.

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In compliance with §98.30, the Commonwealth offers parents the choice to enroll a child with an eligible child care provider that has a contract for the provision of child care services, if such services are available, or to receive a child care certificate (voucher). To ensure equal access, the Commonwealth pays providers holding contracts and providers holding certificates (vouchers) the same regional rate for the same type of service. The Commonwealth does not exclude any category of care or type of providers as defined in §98.2.

Section 3.3 - Eligibility Criteria for Child Care

By statute, all eligible children must be under the age of 13, or under age 19 if physically or mentally incapable of self-care, or under court supervision, and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (658E(c)(3)(B), 658P(3), §98.20(a))

3.3.1 Complete column (a) in the matrix below. Complete Column (b) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

Family Size	(a) 85% of State Median Income (SMI) (\$/month)	IF APPLICABLE	
		(b) Income Level, lower than 85% of SMI, if used to limit eligibility	
		\$/month	% of SMI
1			At initial application 50% SMI
2	3,322	1954	50%
3	4,104	2414	50%
4	4,885	2874	50%
5	5,667	3333	50%

The Lead Agency uses the State Median Income (SMI) of the year 2000.

If applicable, the date on which the eligibility limits detailed in column (b) became effective: July 1, 2001.

3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the

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household excluded? Please describe and/or include information as Attachment 5. (§§98.16(g)(5), 98.20(b))

Income

For purposes of eligibility for subsidized child care, income includes wages/salary; self-employment income; social security benefits; dividends' interest income from estates or trusts; rental income; royalties; pensions and annuities; unemployment compensation; alimony or child support; and public assistance payments.

Child support or alimony paid to another household is deducted from a household's gross monthly income.

The following are not included in determining income: money received from the sale of property; tax refunds; gifts; the value of the coupon allotment under the Food Stamp Act of 1964; loans and grants that cannot be used for living expenses; and income earned by children under the age of 18. A complete list of excluded sources of income is included as Attachment 5.

3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- No
 Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

For a family who does not currently have an income eligible contracted slot or voucher, the family's income must be at or below 50% of the state median income (SMI) in order to access the subsidized child care system. Once a family has a subsidy, a family will remain eligible until their income reaches 85% of the SMI. A family with a child with a documented disability is eligible for subsidized care if their income is at or below 85% of the SMI. In addition, any family that has a child with a documented disability who is in child care is eligible for subsidized care for any other children if their income is at or below 85% of the SMI. Children with disabilities and their siblings may continue to receive a subsidy until their family's income is up to 100% of the SMI.

3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

- Not Applicable, CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.
 No
 Yes

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- 3.3.5 Does the Lead Agency allow child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))
- No
 Yes, and the upper age is 16.
- 3.3.6 Does the Lead Agency allow child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))
- No
 Yes, and the upper age is ____.
- 3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))
- Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
 No.
- 3.3.8 Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))
- Yes.
 No.

Section 3.4 - Priorities for Children

- 3.4.1 The following describes the priorities for serving CCDF-eligible children including how priority required by the statute is given to children of families with very low family income and children with special needs: (Terms must be defined in Appendix 2) (658E(c)(3)(B))

Priorities

To best serve the needs of low-income families who meet CCDF income guidelines and are working, conducting a job search, or enrolled in a training or educational program, OCCS has established continuity of care as a priority of the subsidized child care system. Children currently receiving subsidized child care are given priority within the system. Children whose care was terminated less than three months prior and who remain otherwise eligible are also given priority within the system as well as families on an eight-week maternity leave. To enable OCCS to best manage these priorities and move children into care as quickly as possible, four times a year OCCS compiles an unduplicated list of families waiting for income eligible child care.

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In fiscal year 2003, through legislation 500 slots were awarded to OCCS to support foster parents needing child care in order to work. All of these slots will be utilized by September 2003. OCCS is also allowing immediate access to child care for families in the military who meet low income guidelines and are deployed.

Due to budget limitations in fiscal year 2003, OCCS has temporarily revised aspects of its continuity of care policy. Below is a description of OCCS' current enrollment priorities (in no specific order):

- Children enrolled in OCCS Income Eligible child care¹ and OCCS Teen Parent child care who must transition into another prototype because they are about to exceed the age limits for the slots they are currently enrolled in;
- Children enrolled in OCCS Income Eligible child care and Teen Parent child care who need child care at another program due to the relocation of the family;
- Children in OCCS Income Eligible child care who need to be re-enrolled into a program within 3 months after a temporary termination of care due to either the child's illness, an accident, parent/guardian's extended vacation leave, or interruption in parent/guardian's service need that is not a result of the parent's failure to complete the reassessment process prior to the voucher or authorization end date;
- Children whose parents are post-transitional DTA clients who need to return to care within 3 months after a temporary termination of care due to either the child's illness, an accident, parent/guardian's extended vacation leave, or interruption in parent/guardian's service need;
- Siblings of children whose parents are post-transitional DTA clients;
- School age children who are not currently receiving an OCCS subsidy during the academic year but previously received an OCCS subsidy and need care during the summer months, school holidays, school vacations or other school closings²; and
- Children whose parents are about to exceed OCCS' age requirements for its Teen Parent child care program and meet OCCS' Income Eligible service need and income guidelines.

In order to promote continuity of care for children enrolled in subsidized child care, OCCS has developed an innovative tool that is flexible enough to meet the ever changing needs of families and their children. If a provider does not have a contract slot available for a child enrolled in their program who meets the criteria outlined in OCCS' continuity of care policy, the provider may request access to funding that OCCS has set aside (called the "flexible pool") to allow the child to remain in subsidized care. In this way, families who are already in the subsidized child care system do not need to experience a break in child care services.

¹ Including children on IE-Early Intervention vouchers.

² School age children whose subsidized care was interrupted for longer than one calendar year do not qualify for continuity of care.

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The flexible pool gives contracted providers temporary use of additional child care slots to meet the continuity of care needs of families until permanent slots become available. OCCS requires contracted providers to move children in flexible funding into a slot as soon as one is identified. Children in supportive child care are prioritized first.

A continuity of care issue may arise when a child is in transition between age groups (for example, from preschool to school-age) or between eligibility categories (see list above) and the contracted child care provider or CCR&R does not have any child care slots available for that age group or category. Continuity of care issues also arise when families have siblings that need to enter the child care system, but the child care provider or CCR&R does not have any available slots for the otherwise eligible sibling. In those instances, the flexible pool enables providers and OCCS to ensure that children in the priority categories receive the child care they need.

All other eligible families can enroll in openings on a first come, first served basis for contracted child care. For voucher child care, OCCS requires the CCR&Rs to prioritize approximately 85% of slots for low-income working families, 10% for families in education and training programs and 5% for families who have an incapacitated family member or a child with special needs.

To access the Commonwealth's subsidized child care system, families must meet both financial and service need criteria. When families first enter the system for a child care subsidy, their gross income must be at or below 50% of the state median income. Once they have entered the system, families remain financially eligible until their income exceeds 85% of the state median income. To meet the service need requirements, parents must be working, in a training or education program, or the family must be receiving protective services.

There is an exception to these requirements for families with a child who is disabled or a parent who is incapacitated. These families are financially eligible to enter the subsidized child care system if their gross income is at or below 85% of the state median income. If a child who needs care has a documented disability or a parent is incapacitated, the family meets the service need requirement.

3.4.2 The following describes how CCDF funds will be used to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

OCCS will continue its practice of granting immediate access to child care subsidies for families who are receiving TAFDC when the parent is either working or in an education or training program. This also applies to children in families who are in their first year of work after leaving TAFDC. After these families complete their first year of work after leaving TAFDC, their children may remain in subsidized child care as long as the parent is financially eligible and continues to work.

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The Department of Transitional Assistance (DTA) is the lead agency in the Commonwealth responsible for establishing TANF criteria and definitions. Due to the importance of child care in helping many families transition from public assistance, OCCS and DTA have partnered to ensure that TANF families have good information regarding their eligibility for child care and how to find child care to meet their specific needs. OCCS contracts with local child care resource and referral agencies (CCR&Rs) to deliver information to TANF families and to issue vouchers. The terms of OCCS' contracts require that the family's local CCR&R meet with them in person or consult over the phone to determine what the service needs of the family are and present them with a range of child care options such as family child care, center-based, and in-home/relative care. The CCR&Rs also distribute information packets to TANF families on selecting child care, on eligibility for child care, and on basic child development and safety information. OCCS has made this information available in many languages. In addition, CCR&Rs have staff who are located in the local DTA welfare offices or are in close proximity to their local office, to ensure that TANF families are receiving the information they need to make an informed child care choice.

OCCS and DTA have collaborated to develop materials for TANF families regarding child care options and eligibility. OCCS and DTA jointly wrote a brochure on child care for TANF families and updated the child care desk guide that is distributed and used by every individual DTA case worker to make initial eligibility determinations. DTA is also a member of OCCS' policy and training development team, and works with OCCS on the development and evaluation of many of OCCS' competitive bids for child care services. OCCS ensures that TANF families can get to and from child care.

Many former TANF recipients, upon entering the employment market, must accept jobs that require non-traditional hours. It is often difficult for families to find licensed quality child care during these hours. In order to assist families transitioning off TANF, and other low income working families in obtaining and maintaining employment, OCCS and DTA worked together on developing a bid for non-traditional child care. OCCS expects that increasing the availability of quality non-traditional hours child care in OCCS contracted center-based and family child care systems will be an important tool in assisting families in getting off and remaining off TANF. OCCS currently contracts with seven providers statewide to provide non-traditional hours care.

3.4.3 The following describes how the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies:

OCCS provides child care subsidies for families who have children between the ages of 0 to 12 and whose gross income is 50% or below the state median income level. These families may apply for a child care subsidy at their local CCR&R or directly at their local child care program. Current funding is not sufficient to serve all low income families who apply for a child care subsidy in Massachusetts. OCCS maintains a statewide unduplicated and up-to-date waitlist to track information regarding low income families waiting for subsidized child care. OCCS' collects up-to-date waitlist information from CCR&Rs and contracted providers through its reporting requirement procedures. The procedures can be reviewed by the public on OCCS' website www.qualitychildcare.org.

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OCCS established a comprehensive policy with contracted provider and CCR&R procedures for uniform updating and reporting on waitlists. OCCS policy clarifies which families can be on the waitlist, how and when to communicate with families to update the waitlist, how to maintain records on waitlist tracking, and when to report. An element of the policy requires that waitlists be shared between CCR&Rs and contracted child care providers to avoid duplication. It further clarifies that non-compliance with this OCCS policy would result in sanctions. The CCR&R policy and procedure was implemented in November 2002 and the contracted provider procedure was implemented in February 2003. Additionally, OCCS' Child Care Information Management System (CCIMS) system has the ability to update, track and report child and family waitlist information. In May 2003, this procedure will be implemented as an internet-based CCR&R and contracted provider waitlist collaboration process to streamline the sharing of information.

Section 3.5 - Sliding Fee Scale for Child Care Services

3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as Attachment 6.

The attached fee scale is effective as of July 1, 2001.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- () No.
(X) Yes, and the following describes any additional factors that will be used to determine a family's contribution including, but not limited to, a maximum amount (family cap), number of children in care, cost of care, and/or whether care is full or part-time:

The amount of a family's contribution toward the cost of child care services depends on the number of children in subsidized care within one family. Families with more than one child receiving subsidized child care pay a discounted fee for each additional child beyond the first in need of subsidized child care. OCCS has revised its sliding fee scale to reflect annual changes in the State Median Income and federal poverty levels. Effective 2001, families with incomes under the federal poverty level were no longer required to make co-payments. Families with income under 50% of the SMI will pay no more than 10% of their income.

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

- (X) Yes
() No, and other scale(s) and their effective date(s) are provided as Attachment _____.

3.5.3 The Lead Agency may waive contributions from families whose incomes

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are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$14,160. per year.

The Lead Agency must elect ONE of these options:

- (X) ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- () ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- () SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. A description of these families is:

3.5.4 Does the Lead Agency have a policy that prohibits a child care provider from charging families any unsubsidized portion of the provider's normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

- () No
- (X) Yes, please describe:

The state pricing regulations that apply to all child care providers who contract with OCCS require that contractors accept the payments made by OCCS as full payment. Contractors are prohibited from supplementing their payments by charging families any additional fee for those services paid for by OCCS.

3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

As previously described, access to federally subsidized child care is prioritized for families who earn below 50% of the state median income (SMI). OCCS estimates that 94% of families receiving federally subsidized child care services earn below 50% of the SMI. For these families, the fees are based on a gradually increasing sliding fee scale ranging from 1% to 10% of their gross income. Effective July 2001, there was no co-payment for families with incomes that are below the federal poverty line as established in fiscal year 2002.

Families whose income increases above 50% of the SMI, but does not exceed 85% of the SMI may continue to receive federally subsidized child care services. OCCS estimates that 8% of the families receiving federally subsidized child care services earn between 50% and 85% of the SMI. The fee scale for these families ranges between 10.5% and 16% of their gross median income. Families with income under 50% of the SMI pay no more than 10% of their income. Families under the poverty level pay no fee.

Section 3.6 - Certificate Payment System

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for child care services from a variety of providers including community and faith-based providers (center-based, group home,

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family and in-home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), 658P(2), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))

Describe the overall child care certificate payment process, including, at a minimum:

3.6.1 A description of the form of the certificate: (§98.16(k))

OCCS contracts with the local child care resource and referral agencies (CCR&Rs) to administer the Voucher Management Program (certificates). Vouchers permit increased flexibility and choice for families, because families who receive vouchers to pay for child care services may use the voucher at any participating program they choose.

A voucher is a certificate issued to families who provide proof (according to OCCS income eligible policy) of their income and service need. After the family has established eligibility, the family visits prospective programs and decides themselves what type of care (family child care, center-based or informal in-home/relative) they would prefer for their child. Once the family has decided on a child care program that has an opening for their child, the voucher (certificate) is issued for the family at the child care program. The child care program must hold an agreement with the CCR&R to accept child care subsidy vouchers. If the family chooses a program that does not current hold a voucher agreement, the CCR&R will visit the program and complete an agreement with them. (In the case of Informal care, both the provider and the parent visit the CCR&R to sign the agreement and the informal provider signs up for an orientation before they can receive payment through the State for their services.)

Families who are on or transitioning from public assistance (TANF families) receive priority for a child care voucher, while income eligible families may access a child care voucher if sufficient funding is available. TANF families who are either employed or participate in qualifying education and training programs will receive authorization from the Department of Transitional Assistance (DTA) for a child care voucher. The family is then referred to the local CCR&R, which issues the child care voucher and helps the family locate child care that meets the family's needs.

For families who are not receiving TANF but are income eligible, the CCR&Rs determine whether the family is eligible to receive a child care voucher based on the requirements set by OCCS as discussed in Section 3.3.2. In addition, if funding permits, families can also receive child care vouchers if a member of the family has a documented disability or the parent is seeking employment.

Both in-home/relative caregivers and licensed child care providers (including all program types: family child care providers; group child care; and school age providers) are eligible to accept child care vouchers once they have completed a current voucher agreement with their local CCR&R.

To be sure that providers understand how to use vouchers, OCCS wrote a voucher manual. The manual explains the roles and responsibilities of voucher providers, and gives an overview of eligibility requirements for families. OCCS distributed the voucher manual in

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spring 2001 to CCR&Rs, who are responsible for giving the manual to all providers who accept vouchers.

- 3.6.2 A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider: (658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) & (e)(1) & (2))

Once a voucher has been approved for an eligible family by the local CCR&R, CCR&Rs help families to locate the type of child care that best suits the needs of the individual family. Parents are provided with information about all child care settings, such as family or large family child care homes, school age and group child care center-based programs, and in-home/relative care, and are informed about the characteristics that are specific to each type of child care. Parents are given the option of visiting child care programs prior to making any selection about the type of care for their children. If a parent has already decided to use a licensed child care provider or a current registered in-home/relative provider, the CCR&R can immediately issue a voucher. Otherwise, the CCR&R issues the voucher when a parent selects a provider.

For a voucher to be issued for use at a licensed child care provider, the licensed provider must hold a provider agreement with the CCR&R specifying the rate that the CCR&R will pay to the provider. Non-licensed in-home/relative care providers must also register with the local CCR&R and attend an orientation prior to being authorized to accept voucher payments. During the registration process, providers must complete a check list certifying that they have received and reviewed information on building and physical premises safety. In-home/relative providers must have a plan for evacuating the children from the home including escape routes from each floor level and a method of contacting the fire department or other authorities after the home has been evacuated. In-home/relative providers must also have smoke detectors throughout the home and a working telephone at the home at all times. In addition to attending the orientation, in-home, non-relative providers must have a cleared criminal offender record information (CORI) background check before they can receive payment for providing care.

- 3.6.3 If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))

OCCS offers child care services through a large number of contracted sites and supplies an equal number of vouchers (certificates) for child care slots. The Commonwealth has found that a system based on both contracts and vouchers provides stability for providers while maintaining flexibility for parents. Information for parents on voucher programs is readily available at one of the local CCR&Rs, and through center-based providers and family child care systems. OCCS has created a voucher manual for providers that explains how the voucher system works, and the roles and responsibilities of providers who accept vouchers.

PART 4 - PROCESSES WITH PARENTS

4.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

- How parents are informed of the availability of child care services and about child care options;
- Where/how applications are made;
- Who makes the eligibility determination;
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4; and
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs.
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.

Access to Child Care

OCCS makes a concerted effort to help families find and access child care that best meets each family's needs. In order to reach the greatest number of families possible, OCCS has created a flexible public awareness campaign to reach parents at each entry point into the child care system, as well as through the use of different media (e.g. print, verbal, electronic, etc.).

Most families' first contact with the Commonwealth's subsidized child care system is through the local Department of Transitional Assistance (DTA) office, their local child care resource and referral agency (CCR&R), or a child care provider. Each point of entry works slightly differently, in order to accommodate the needs and questions of the families who seek child care. By ensuring that families can apply for child care services at several different points of entry, the Commonwealth can provide the flexibility to ensure that families learn about and access care in the manner that works best for each individual family.

To meet the needs of families on or transitioning from public assistance (TANF families), including teen parents who are on or transitioning from public assistance, TANF families can receive applications for child care subsidies at their local DTA area office. The local DTA area office will process the application and make all child care eligibility determinations for TANF families. If a family is eligible, DTA will issue the family an authorization for subsidized child care and refer the TANF family to the local CCR&R for assistance in child care that meets the family's needs. The authorization is valid for six months, and may be renewed (subject to eligibility verification) at the local DTA office. Once DTA has issued a child care authorization, the CCR&Rs assist families by giving information about child care and helping families locate child care. So that families can more easily obtain their assistance, the CCR&Rs post staff in or near local DTA offices.

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The family's DTA worker will explain to families looking for child care how DTA and OCCS can help, and any exceptions to the penalties associated with the work requirement. To make the process of applying for child care as clear as possible, OCCS worked with DTA to produce a brochure specifically geared towards TANF families needing child care - "Important Information Concerning Child Care." DTA workers and area office staff distribute this brochure to TANF families throughout the state. The brochure informs TANF families step-by-step of the process to obtain subsidized child care services and of the available child care options. The brochure also describes a family's eligibility for subsidized child care services after it is no longer receiving TANF. DTA now routinely sends information to TANF recipients on child care eligibility. DTA and the Department of Public Health have established a hot line for DTA recipients who are leaving public assistance that addresses issues of child care eligibility. Every TANF family also has child care as part of an ongoing plan for transitioning from public assistance.

When a family has an active abuse or neglect case with the Department of Social Services (DSS), DSS can use supportive child care as one aspect of the family's service plan. For these families, DSS makes the eligibility determination and gives the family information about their child care options. DSS clinical staff refer a child to the DSS area office where a DSS Coordinator makes the eligibility determination. OCCS Policy and Training Advisors have trained the DSS Coordinators on how to make appropriate referrals, how to determine family eligibility, what to expect from supportive child care, and how to locate child care in their community. OCCS has made the supportive child care contracts flexible, so that DSS can refer an eligible family to the best type of child care for that child and family. OCCS contracts with supportive child care providers in family child care homes, and in centers that serve infants, toddlers, pre-school children, and school age children. This ensures that OCCS and DSS can maximize the child care resources available to them.

Some low-income families, including some TANF families, first look for child care through their local CCR&R. To accommodate these families, the CCR&Rs provide information to families about the range of their child care options and availability. Families may apply for income eligible child care subsidies at the CCR&R, which will also review the application and make eligibility determinations. After the family is screened for eligibility, the CCR&Rs provide families with a number of referrals so that the family can choose the child care that best suits their needs. Families of children with disabilities also receive specialized information and referral services and on-going support to ensure successful placement. The CCR&Rs give parents information through phone consultation, face to face meetings, parenting seminars, brochures, child care provider profiles and lists of community resources. The local CCR&Rs also provide, for no fee, basic information and referral services to all families, regardless of the family's income. Families and corporations may also purchase more extensive child care referral services.

Families may also apply for income eligible child care subsidies through contracted providers, who will also review the applications and determine eligibility. The length of eligibility for an income eligible family depends on changes in the family's income and service need, but reassessments are performed every six months. OCCS has created a short "Desk Guide" for quick eligibility determinations. The Desk Guide gives the basic rules of eligibility,

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and points the reader to the proper section of the policy manual for further information. OCCS gave the Desk Guide to all CCR&Rs and contracted providers.

Because more and more families have access to the Internet through a computer at home, work, school or the local library, OCCS is using state of the art technology to make accessing affordable child care easier and more helpful for families. OCCS has developed a website (www.qualitychildcare.org) that helps families easily access information about their child care options. Families can search for a list of all the licensed child care providers in their area by the type of care provided (e.g. family child care homes, center-based school age and group child care centers, etc.). The OCCS website also gives families helpful information about the different types of child care, questions to ask any prospective child care providers, and other helpful information so families can choose the child care providers that best meet their needs. The website contains an “eligibility wizard” that permits families to estimate whether they are eligible to access a child care subsidy. The website also contains OCCS’ child care regulations, policies, procedures and helpful forms. The website also includes information about special programs and some technical assistance.

The OCCS website is one part of a new technology system developed by OCCS called the “Electronic Child Care Information Management System” (eCCIMS). eCCIMS streamlines the intake process for child care subsidies by creating a single process for the entire subsidized child care system. Using eCCIMS, professional counselors and providers can quickly and easily determine whether a family qualifies for a subsidy. The system allows for billing and payment to be electronically downloaded into the state's bill processing system for more accurate and faster payment to providers. Also, on a daily basis, the system will download the information on child care placements and vacancies that were entered into CCIMS by child care resource and referral agencies for OCCS’ use. This will allow OCCS to fine tune its use of resources and to more efficiently move children off of wait lists for subsidized child care. This system was made available for all the contracted providers during fiscal year 2003 with enhancements being added in fiscal year 2003-2004.

To be sure that all contracted providers are able to use eCCIMS, OCCS added funding to the contracts so providers could buy suitable computers and software in fiscal year 2001. As the software is being rolled out, OCCS held training sessions around the state. In addition, OCCS is continuing to offer an on-line Help Desk for support.

4.2 The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

As the state agency mandated to set and enforce the rules and regulations for all child care providers, OCCS has over a quarter of a century of experience protecting children who are placed in child care. OCCS investigates each complaint to ensure that children are free from harm and that child care providers are in compliance with OCCS’ rules and regulations.

OCCS has a statewide computerized complaint tracking system to log and track all complaints. This system allows appropriate OCCS staff access to all open and completed complaints and investigations. When an OCCS staff member receives a complaint, the staff

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member enters the complaint information into the system, including the name of the provider and the nature of the complaint. This year all OCCS staff received complaint intake training. The written formats for that and other trainings are posted on an internal training website available to all OCCS staff.

When taking a complaint, OCCS requests the name of the complainant and her/his relationship to the provider (e.g. parent, neighbor, etc.), though the Office does not require that information to complete the intake. Once the complaint is logged into the tracking system, it is assigned to staff for investigation. When the complaint investigation is completed, a visit or investigation report is completed and entered into the tracking system. A printed copy of the report is sent to the child care provider, and the complainant, if requested, and is made a part of the provider's licensing file. This system allows licensors and investigators to have access to a complete complaint history on any of OCCS' 16,000 licensed child care providers, including a provider's history of regulatory violations, identified by regulation number and date of violation. As discussed below, parents and other members of the public can receive all public information, such as substantiated regulatory violations. Because the complaint tracking system contains some information that is not public, such as anonymous complaints about providers, OCCS does not release this information directly.

In addition to the statewide complaint tracking system, OCCS' regional offices maintain licensing files for each licensed facility within that region. Each licensing file contains all documents about the licensed provider, including the initial and any subsequent applications, monitoring visits, investigation activities, compliance history and legal activities that occur regarding the licensee. All records documenting complaint intakes, complaint investigation activities, and investigation findings are maintained in each licensing file.

In order for parents to make informed child care choices, parents need access to information about their current or potential child care providers. Massachusetts laws mandates that each person has an absolute right to access any public information held by OCCS, including any substantiated complaint or investigatory materials. Public information would generally include all information regarding a child care provider that is not confidential. Examples of confidential information include social security numbers, medical history or information regarding the complainant or children. Requests may be either verbal or in writing. For verbal requests, OCCS will release information about regulatory violations that were found during a visit or an investigation. It is OCCS' policy to release information as completely as possible while maintaining appropriate confidentiality. Therefore, OCCS does not verbally release information describing any allegations or unfounded complaints. If additional information is requested, OCCS staff will recommend that a written request for copies of public documents be submitted to OCCS.

All written requests for public information are forwarded to the appropriate OCCS regional office prior to release to the public. The requested documents are reviewed and any information that may violate the provider's personal privacy or other confidentiality laws is removed. Investigatory activities, regulatory violations and the facts supporting the findings are subject to public release and would be included in the response to the request.

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- 4.3 The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

OCCS' regulations require that all licensed child care programs give parents access to their children whenever children are in care. (See 102 CMR 7.04(4) for group and school age child care centers and 102 CMR 8.15(7) for the family child care providers.) Specifically, the programs must permit and encourage unannounced visits by parents to the program and to their child's room while their child is present. To ensure that parents are aware of this requirement, OCCS requires that providers have a written policy regarding parents' unlimited access to their children and that providers include that policy in the parent handbook that they give to parents when children are enrolled in the program.

- 4.4 The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: the Department of Transitional Assistance.

- "appropriate child care":
- "reasonable distance":
- "unsuitability of informal child care":
- "affordable child care arrangements":

DTA does not have specific definitions for these terms. However, the DTA regulations state the following:

Good cause for failure to participate in the required work program may exist if "suitable state-standard child care is totally unavailable, or unavailable during the recipient's hours of training or employment, including additional commuting time, or arrangements for child care have broken down or have been interrupted. State standard child care is child care which is licensed or is exempt from licensure under M.G.L. Chapter 28A." (DTA regulations 106 CMR 207.190(A)(1).)

Verification of the lack of suitable, state-standard child care must consist of "a written, dated and signed statement from an appropriate official of the designated agency under contract with the Department, stating that such services are unavailable during the hours of the grantee's employment or training. If there is a breakdown of such care not provided through a designated agency under contract with the Department, a statement from the child-care provider, or, if not

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available from the provider, a written, dated and signed statement from the grantee, must be submitted.” (DTA regulations 106 CMR 207.190(B)(1).)

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**PART 5 - ACTIVITIES & SERVICES TO IMPROVE
THE QUALITY AND AVAILABILITY OF CHILD CARE**

5.1 - Quality Earmarks and Set-Asides

5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities.

Infants and Toddlers

Research into the importance of early brain development has served to highlight the necessity of high quality child care for infants and toddlers. OCCS has established strong licensing standards for family child care homes and group child care centers for infant/toddler care. OCCS works with both the public and private sector to coordinate resources for infant/toddler providers, and to develop increased capacity and improve the quality of infant/toddler child care by providing training, quality grants, and on-site consultation.

OCCS' family child care regulations have been revised to include new safety requirements and additional curriculum requirements that support school readiness. The new curriculum requirements will include developmentally, individually, and culturally appropriate practices that meet school readiness recommendations. The new requirements will be in effect by July 1, 2003.

OCCS participates in the Infant Toddler Services Summit, a collaborative project with other federal and state human service agencies and members of the child care community. The goal of the Summit is to assess current services for children, ages birth to three, and their families, and to develop a comprehensive plan for the future of these services. In the previous year, the Summit completed a survey of services for infants and toddlers. The Summit is now focusing its efforts in two areas: child care workforce development and mental health services for infants and toddlers. OCCS is a member of the Summit's Steering Committee and two Summit workgroups. The workforce development workgroup has created and replicated pilot programs aimed at exposing high school students to the rewarding careers available in early childhood education. Additionally, the infant/toddler mental health workgroup is working with the Children's Mental Health Commission to inform the Commission about the particular mental health needs of this age group.

For child care providers who live in parts of the state where access to college level classes is difficult, OCCS has developed Distance Learning courses with various Massachusetts colleges, universities, and child care advocacy groups to improve the accessibility to infant/toddler college level courses. These courses enable providers to pursue their professional development at home. The courses are coordinated and facilitated for providers by the CCR&Rs. "A Caring Curriculum for Infants and Toddlers" is a distance learning course developed by OCCS to assist child care programs in understanding infant/toddler development

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and appropriate infant/toddler curricula. Infant/toddler providers who complete a distance learning course can earn credit toward a degree in early care and education.

To improve the ability of infants and toddlers with disabilities to access child care and receive early intervention services in their child care settings, OCCS and the DPH Early Intervention Program began a collaboration in July of 2001. OCCS and DPH's Early Intervention Services jointly fund Regional Consultation Programs (RCPs) across Massachusetts to support the individual care that infants and toddlers with disabilities require and provide on-site expertise at child care programs that will make children's experiences in child care successful. The RCPs are staffed by knowledgeable early intervention specialists who use their expertise to support children's referrals into suitable child care settings and help them succeed once they are enrolled.

OCCS has also earmarked 160 income eligible child care vouchers as "Early Intervention-Income Eligible vouchers" (EI-IE vouchers) for infants and toddlers identified by RCPs as qualifying for immediate access to an OCCS-subsidized child care program and once enrolled, needing early intervention individualized support on-site at the child care program. The RCPs refer these children to the CCR&Rs, who in turn identify the most appropriate child care placement for the family and issue the EI-IE voucher. Both the RCP and the CCR&Rs then work with the family and child care provider to assure that the necessary early intervention services are on-site at the child care program to support the child's placement.

Teen Parent Child Care Services: OCCS purchases approximately 602 child care slots through forty-four contracts for the children of teen parents. The program emphasizes child care for infants and toddlers. Teen parents need child care services that provide education and developmental activities for children and allow teens to develop their parenting skills while attending school or developing career skills. Teen parents also need social supports designed to encourage teens to stay in school, decrease the likelihood of repeat teen pregnancies, and lower the risk that they or their children will be abused or neglected. In addition to child care, the teen parent child care services include transportation for the teen and her child, mentoring, parenting skills classes, counseling, and support to help teens finish high school or get their GED. Because teen parents often receive services from numerous community agencies, OCCS designed its teen parent program to require contractors to fully assess a teen's needs prior to delivering services. Thus, contractors can only provide and bill for those services that are not being provided to the teen by other community programs. This flexible contracting method helps to maximize resources and minimize duplication of services to teens and their children

OCCS' teen parent policies and desk guide are located on the OCCS website. In the spring of 2003, OCCS Policy and Training Advisors trained all of the CCR&Rs and teen parent programs on the teen parent policies.

In April 2001, OCCS instituted a rate increase for all contracted child care providers. The rate increases included both contracts with OCCS and vouchers managed through the CCR&Rs and were retroactive to July 1, 2000. OCCS linked the rate increases to the achievement of specific quality standards, with an emphasis on literacy. Specifically for infants and toddlers, programs had to demonstrate they had age-appropriate books, toys, and activities. Programs were required to compare their daily curriculum with literacy standards provided by

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OCCS, and had to submit to OCCS a curriculum plan that included daily literacy activities for school readiness. As part of their curriculum plan, programs are expected to: have sufficient educational materials so that infants and toddlers have a variety of choices available to them at all times; read or repeat nursery rhymes with individual infants and toddlers daily; provide a variety of activities that promote literacy and school readiness; and encourage participation by all children. Infant and Toddler programs that accept the tiered reimbursement rate associated with participation in the self-assessment initiative must assess their program at least annually using the ITERS quality assessment environmental rating scale tool and implement a plan for improvement in their program based on their findings.

Resource and Referral Services

OCCS went through a competitive bid process in 1998 to enable OCCS to purchase high quality, standardized child care resource and referral services. The result of this bid was that OCCS contracted with local CCR&Rs that could address the unique geographic and demographic needs of the communities within each of the six human service delivery areas. These contracts were for an initial term that expired on June 30, 2001, with two options to renew for one year for each option. OCCS has exercised its options to renew. During this time, OCCS is developing a new procurement for CCR&R services. This procurement is being developed in coordination with OCCS' procurements of Income Eligible and Supportive Child Care. By coordinating the procurement processes, OCCS will be able to maximize resources and ensure that families can receive flexible, responsive child care and related services. The new contracts from these procurements will begin on July 1, 2004.

The mission of the CCR&Rs is to serve the needs of families and children seeking child care. To ensure coordinated services between and among the CCR&Rs, OCCS requested that the CCR&R agencies create an affiliated network, the Massachusetts Child Care Resource and Referral Network (CCR&R Network), to develop a strategic plan to provide coordinated, comprehensive regional CCR&R services. The OCCS CCR&R special projects training coordinator develops and implements training with the CCR&R statewide training network. Once the training is implemented, she then approves training content and assures that training is consistent through monitoring.

CCR&Rs assume a primary role in providing information, data management and linkages to local communities for four major child care groups: families seeking child care, individuals and organizations that provide child care services, OCCS, and local communities. The CCR&Rs' primary responsibilities include providing resource and referral services to families seeking child care, managing and issuing vouchers through an intake and eligibility determination process and providing technical assistance and training to child care providers and organizations. To provide opportunities for more efficient and effective delivery of direct services to families, OCCS requires that each CCR&R maintain a strong local presence through linkages with existing organizations. In addition, most CCR&Rs have staff located at local Department of Transitional Assistance (DTA) offices, to work with families who are eligible for or are seeking TAFDC.

CCR&Rs provide families with critical information on care options, how to select appropriate child care, and referrals to licensed programs. CCR&Rs also inform parents about

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subsidized child care options. CCR&Rs screen income eligible families and inform parents of the child care choices that exist. The CCR&R provides referrals to parents to ensure families find the child care that best suits their needs. Families of children with disabilities also receive specialized education information and referral services and on-going support to ensure successful placement. CCR&Rs give parents information through phone consultation, face to face meetings, and parenting seminars.

CCR&Rs are also essential to assessing and increasing the availability of child care. Information on local supply and demand for child care is collected and disseminated by the CCR&Rs, which provide data to inform and support child care initiatives and policies. CCR&Rs also educate and make information available to the business community, thereby increasing the awareness of providing child care benefits to employees.

CCR&Rs train child care providers in all types of programs. They continually assess their local child care community's needs and remain current on research in the field. The CCR&Rs work closely with the OCCS CCR&R special projects coordinator to provide appropriate trainings to help providers meet those needs. In order to ensure that their trainings are accessible to the providers in their community, many of the CCR&Rs provide trainings in languages other than English. Specifically, CCR&Rs have conducted training in Spanish, Portuguese and Khmer. Recent trainings have included: child growth and development; how to run a small business; how to include children with special needs in a child care setting; CPR training; and workshops that help providers achieve accreditation and obtain continuing education units, as well as credits toward advanced degrees in early childhood education.

Some CCR&Rs purchase slots in courses provided by local colleges, and then give scholarships to providers who are interested in attending the classes. These classes have included child growth and development; infant/toddler care; and Spanish language child growth and development classes. In fiscal year 2001, the CCR&Rs and OCCS collaborated on providing the nation's first statewide training on domestic violence awareness specifically designed for the child care community and provided by domestic violence experts. This training remains ongoing for the child care community through the CCR&Rs.

To support their training function, the CCR&Rs have available for providers lending libraries with text books, training videos, children's books, and child care equipment. In addition, the CCR&Rs provide pamphlets, brochures and other child care information to the public.

Starting in March 2001, the CCR&Rs and OCCS began training providers to use the Environmental Rating Scales to assess the quality of their program, and identify areas for improvement. OCCS believes the successful functioning of a program is dependent upon its ability to periodically conduct guided self evaluations and identify and achieve goals for improvement. The Environmental Rating Scales are proven assessment tools that can help improve the quality of child care programs. There are rating scales for four areas: family child care; infant/toddler care; preschool; and school age. The CCR&Rs are instrumental in coordinating and conducting the training sessions for providers. The CCR&Rs are also facilitating additional OCCS-developed trainings in the areas of literacy and self-assessment to

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support providers who were observed as having difficulties in understanding the concepts that make their self-assessment or their curriculum for literacy successful.

Collaborating with OCCS and the child care and business communities is also a large part of the CCR&Rs responsibilities. CCR&R agencies collaborate with OCCS on both a central and regional level to improve communication between OCCS and the CCR&Rs, to support efforts to expand collaboration and linkages in the child care community, and to identify child care issues that are unique to the needs of children and families. CCR&R agencies also establish and enhance local provider networks, as well as develop collaborations with local businesses, state agencies and child care services. Additionally, CCR&R agencies are required to help with regional planning efforts with other state agencies that provide services to children and families.

The CCR&Rs are also a resource for in-home/relative providers. While in-home/relative care is not a licensed form of care, OCCS and the CCR&Rs have collaborated to increase the quality of informal care by training the caregivers. All caregivers must participate in an orientation program at their local CCR&R where the topics include health and safety issues, age appropriate activities, and appropriate behavior management. In addition, the CCR&Rs give in-home/relative care providers a resource packet including information about educational resources in their local communities. The CCR&Rs are also available for additional training or support for in-home/relative providers, and informal providers can take advantage of the CCR&Rs lending libraries.

Please refer to Attachment 1 for a list of all the local child care resource and referral agencies.

School-age child care

School-age child care is the fastest growing type of care in Massachusetts. To meet this need OCCS has provided an increased amount of funding for start-up, training, and other supports to providers who began or expanded school-age services. In April 2001, OCCS increased child care rates for all center-based and family child care programs that contracted to provide income eligible, supportive, and teen parent child care. This rate increase benefits all school-age providers, as well as providers of other types of care. OCCS has been working closely with the school-age provider community and the Massachusetts School Age Coalition (MSAC) to collect information and feedback regarding their suggestions for new language in the school-age licensing regulations as the regulations are revised. Two provider groups were already convened to get their suggestions for change in the school age licensing regulations.

OCCS is also working closely with the Department of Education (DOE) and providers who have received 21st Century funding to assure that OCCS licensing and subsidy policy support academic success for children and families engaged in these programs. OCCS is working with the MSAC to incorporate MSAC core competencies into professional development trainings for school-age programs facilitated by the CCR&Rs and to build a statewide professional development training system for school-age programs.

In summer 2001, OCCS increased the funding available to school-age providers to pay for additional summer activities and is continuing the funding this year. School-age programs

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are paid the same rate for child care and activities throughout the year. To help support programs' increased activities with school-age children during the summer OCCS is making a flexible pool of funding available for such activities as field trips, transportation to off-site activities, and beach or park memberships.

OCCS also permits programs to apply for funds through OCCS' flexible funding pool for transporting school age children from school to their after-school program, if other transportation is unavailable as well as special needs flexible funding to support children in their programs who need additional supports in order to make their child care experience a success. This flexible funding includes hiring an additional staff person, training, consultation, and special equipment supports. Some of the comprehensive mental health services on-site at supportive school-age programs are specifically designated for supporting school-age children. In September 2002, OCCS awarded additional school age vouchers to CCR&Rs to continue support for school-age children.

In April 2001, OCCS instituted a rate increase for all contracted child care providers. The rate increases included both contracts with OCCS and vouchers managed through the CCR&Rs and were retroactive to July 1, 2000. OCCS linked the rate increases to the achievement of specific quality standards, with an emphasis on literacy. Specific for school-age programs are requirements for programs to demonstrate that they had an appropriate curriculum to meet the developmental needs of school-age children. Programs had to submit to OCCS a curriculum plan and were expected to have sufficient educational materials, books and games to provide the children with a variety of enriching choices when spending time alone or in small and large groups. School-age programs that accept the tiered reimbursement rate associated with the self-assessment initiative must assess their program at least annually using the School-Age Environmental Rating Scale (SACERS) quality assessment environmental rating scale tool and implement a plan for improvement in their program based on their findings.

Additionally, OCCS has developed three college level, self-study, distance learning courses that providers can participate in from home. The modules include information relevant to school-age programming such as middle childhood development, promoting and maintaining relationships between children, their caregivers and peers, and core competency requirements in a school-age program. OCCS has revised the course into five distance learning training modules and the Massachusetts School Age Coalition (MSAC) has been helping OCCS to revise the distance learning modules to include national CORE competencies for school-age programming.

MSAC, OCCS and five Massachusetts community colleges will be working together in the next fiscal year to incorporate the school-age distance learning modules into the community colleges' course offerings. Once these distance learning training modules are complete, staff in school-age programs will be able to take one or all of the four modules for college credit through their local CCR&R.

OCCS, DOE and the Out-of-School Time Community are partnering to address how after-school programs and MCAS academic programs can collaborate to better meet the needs of school-age children and help them successfully pass Massachusetts MCAS requirements.

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Because OCCS has recognized that school-age programs are seeing a higher incidence of behavioral issues in children enrolled in their programs, OCCS is releasing a new child guidance technical assistance paper with a question and answer document to assist school age programs that need support in making their school age program a successful experience for these children.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 11,521,866. (5.1 %)

- 5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Yes No

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Comprehensive consumer education; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grants or loans to providers to assist in meeting State and local standards; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Monitoring compliance with licensing and regulatory requirements; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Professional development, including training, education, and technical assistance; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Improving salaries and other compensation for child care providers; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Activities in support of early language, literacy, pre-reading, and numeracy development; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Activities to promote inclusive child care; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2)) |

- 5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

Comprehensive Consumer Education

OCCS' Website – www.qualitychildcare.org: OCCS' website went on-line in February 1999. In 2001 the website was upgraded and enhanced to a state of the art site in terms of design, content and utility. The site currently informs families about CCDF-funded child care service options and offers parents the opportunity to locate child care providers on line. The website also contains OCCS' child care regulations, policies for both licensing and subsidies, information about OCCS' special programs, technical assistance and training documents, and links to other child care and family-related sites. Website users can search for any word or phrase within the site. In 2002-2003 the site has been improved to allow providers to

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electronically transmit waitlist data to OCCS. The pilot of a system allowing all contracted providers to transmit all data electronically is being implemented in fiscal year 2003.

Child Care Resource and Referral Agencies: The CCR&Rs inform parents of the possible child care options. The CCR&Rs provide consumer education and direct referrals to parents to ensure the family finds the child care that best suits their needs. Families of children with disabilities also receive specialized information and referral services and on-going support to ensure successful placement. CCR&Rs give parents information through phone consultation, face to face meetings, and parenting seminars.

CCR&Rs are also critical to increasing the availability of child care. Information on local supply and demand for child care is collected and disseminated by the CCR&Rs, which provide evidence supporting child, care initiatives. CCR&Rs also educate and make information available to the business community, thereby increasing awareness of the benefits of providing child care benefits to employees.

Parent Information Brochures: OCCS distributes informational child care brochures to parents and other interested parties. One brochure, entitled “What to Look For in Child Care” was recently revised and distributed by the CCR&Rs and OCCS to parents and others who request information on child care. In addition, OCCS collaborated with the Department of Transitional Assistance (DTA) to produce a brochure for families that receive TANF who also need child care. DTA workers and area office staff distribute the “Important Information Concerning Child Care” brochure to all eligible families at DTA area offices. The brochure informs TANF families step-by-step of the process for obtain subsidized child care services and of the available child care options. The brochure also describes a families’ eligibility for continuing subsidized child care services after they are no longer receiving TANF.

Translation Materials: OCCS believes that child care for providers and families is a vital component of a quality child care system. Integral to any successful education and training program is the ability to communicate with the target population in their primary language(s). Therefore, OCCS will continue to translate materials such as licensing regulations, OCCS forms, orientation packets, and policies as well as educational brochures into providers’ and parents’ first languages. OCCS translates materials into five languages: Spanish, Portuguese, Chinese, Cambodian (Khmer), and Vietnamese. Currently, OCCS has translated the family child care regulations and the parent questionnaire into all five languages. The next document that will be translated into all five languages is the family child care application.

Toll-Free Referral Services: OCCS contracts with a local CCR&R to operate a statewide toll-free telephone number (1-800-345-0131) for families seeking information and referral services. Families who call the toll-free number need only to know their zip code, and will be directed to one of the local child care resource and referrals agencies that provides service to families in their particular city or town. Acting on a recommendation by the Governor’s Commission on School Readiness, OCCS has expanded the information available through this toll-free number so parents can also access a resource directory for parenting, basic needs like food and housing, health and development, safety, and related issues.

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“The Dialogue” Newsletter: OCCS issues a newsletter to all its licensed child care providers, members of the child care community, legislators, and the public on a quarterly basis. The newsletter provides important relevant information about child care issues and events occurring within the state.

Back to Sleep Campaign: In coordination with other Commonwealth of Massachusetts agencies, OCCS has promoted a brochure printed in English and Spanish called “Back to Sleep”. The brochure offers technical assistance to family and center-based child care programs and parents about reducing the risk of Sudden Infant Death Syndrome (SIDS). The CCR&Rs have also been facilitating trainings conducted by the SIDS campaign that includes the latest information about risk reduction activities. The revised family child care regulations include the requirement for providers to notify parents about risk reduction activities including napping children on their back and giving them “tummy time” floor activities when they are awake.

Regional Consultation Teams (Early Intervention Support): To help providers serve children with disabilities, and to educate families that may need special services for their children how to work with their providers, OCCS collaborated with the Department of Public Health (DPH). Using funds contributed by both OCCS and DPH, DPH has contracted with seven regional consultation teams. The teams, working in cooperation with the CCR&Rs, help the CCR&Rs provide information and referral to families with children with disabilities; respond to general questions regarding integrating children with special needs into the classroom; work one-on-one to assist with specific integration needs of programs and children; and provide trainings on Early Intervention Services to providers.

Grants or Loans to Providers

Child Care Quality Fund Grants: The Commonwealth has established a Child Care Quality Fund to hold the revenues received from sales of “Invest in Children” automobile license plates. The money from this fund is awarded as grants on an ongoing, quarterly basis by OCCS to non-profit organizations to improve the delivery of child care services within the Commonwealth and to assist children in progressing effectively in learning environments. The license plate fund exceeded \$1,000,000 in November of 2002. The first grants were awarded in fiscal year 1999, and OCCS has since awarded grants for professional development training, accreditation supports, educational materials, and educational equipment. The RFR soliciting grant applications has a special focus on initiatives that support staff recruitment and retention of a diverse workforce.

Computer Technology in the Early Childhood Environment: OCCS and IBM have collaborated to provide computer technology grants to early childhood programs. Through the grants, a select number of not-for-profit child care programs receive a customized computer system and software programs that are designed for young children. In order to enhance school readiness skills and the overall early childhood curriculum, OCCS and IBM have developed early childhood computer technology training. The training is designed to provide hands-on information on use of the KidSmart computers as well as computer technology implementation strategies to maximize learning.

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Start-Up Funding: In order to expand the availability of affordable quality child care, OCCS has made start up funding available to providers who want to increase the capacity of their child care programs. In all of OCCS' recent bids for contracted child care services, OCCS allowed providers to access up to \$1,000 for each new slot for items such as movable playground equipment, desks, toys, and books that directly benefit the children and enhance the child care programs.

OCCS also makes flexible funding available for child care programs to hire additional staff or purchase the special equipment needed to care for children who may otherwise have an unsuccessful experience in the child care setting because of a diagnosed disability or special need.

CDA Scholarship Fund: OCCS provides scholarship funding to qualified applicants who are pursuing their Child Development Associates (CDA) credentials to enhance their skills and professionalism in the child care field. Through this scholarship, OCCS pays the costs of the assessment fee required for any child care provider who seeks CDA credentials. This scholarship is available to both center-based and family child care providers.

Improving the Monitoring of Compliance with Licensing and Regulatory Requirements

OCCS staff routinely make announced and unannounced monitoring visits to all licensed child care programs where they observe the program and review the program's compliance with OCCS licensing standards. A review of OCCS' regulatory requirements is completed during license renewal visits every three years for family child care homes and every two years for group child care and school-age programs. The OCCS child care regulations, which go beyond health and safety to address each child's growth and development, set some of the highest standards in the country. Additionally, OCCS is currently reviewing these high quality standards to incorporate stronger curriculum and program planning language in family, group, and school-age child care regulations. These program standards are mandatory for all early childhood programs licensed by OCCS.

To make it easier for programs to file required information with OCCS, and to help OCCS monitor compliance with licensing and regulatory requirements, all providers are now able to submit much required paperwork electronically. This streamlines the licensing renewal process, and increases the time OCCS licensors have available to work with providers.

Complaint and Licensing Tracking System: OCCS has enhanced its computerized tracking system. All complaints about providers are immediately entered into the database, which is then used to track the progress of the complaint investigation system to log and track all complaints. This system gives all OCCS staff access to all open and completed complaints and investigations. When an OCCS staff member receives a complaint, the staff member enters the complaint information into the system, including the name of the provider and the nature of the complaint. Once the complaint is logged into the tracking system, it is assigned to staff for investigation. When the complaint investigation is completed, a visit or investigation report is completed and entered into the tracking system. A printed copy of the report is sent to the child care provider, and also placed in the provider's licensing file. This system allows licensors and investigators to have access to a complete complaint history on any of OCCS' 17,000 licensed

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child care providers. The tracking system is also used to monitor injury reports made by licensees, and other licensing information.

Professional Development, Training, Education, and Technical Assistance

OCCS, both directly and through contracts with the local CCR&Rs, provides on-going training for the child care community on a statewide basis. Such trainings include: staff presentations at orientation sessions conducted for new and renewal applicants; training members of child care support groups; teaching college and high school courses; and presenting and participating in community outreach presentations. Starting in fiscal year 2004, all CCR&R trainings will fall under one of three major topic areas: fundamental program quality requirements, trainings based on recent research developments, and professional development.

Below is a listing of current researched-based and professional development trainings that OCCS has developed with the CCR&Rs for the child care community. Current trainings that offer participants higher education or continuing education credits include:

- Growing a Child Care Business was developed by OCCS in collaboration with the Small Business Association and Senator John Kerry's office. It provides training for center-based and family child care providers on: financial literacy; identification of and introduction to local and regional business resources; integration of sound business development and management with licensing requirements; development of a viable business plan; record keeping; and administration. A comprehensive resource guide that helps providers navigate the regulatory and business requirements for starting and expanding a child care business accompanies the training.
- H.E.A.L.T.H.Y. Kids Move was developed in collaboration with the Harvard School of Public Health and the USDA Nutrition Education Program at DOE and addresses concerns about the national increase in childhood obesity and related diseases.
- Computer Technology in the Early Childhood Environment is an initiative on which OCCS and IBM have collaborated to provide computer technology grants to early childhood programs. Through the grants, a select number of childcare programs receive a customized computer system and software programs that are designed for young children. In order to enhance school readiness skills and the overall early childhood curriculum, OCCS and IBM have developed an early childhood computer technology training. The training is designed to provide hands-on information on use of the KidSmart computers as well as computer technology implementation strategies to maximize learning.
- Understanding Domestic Violence and the Restraining Order Process in the Massachusetts Court System was developed in collaboration with the Governor's Commission on Domestic Violence and uses domestic violence experts and child-witness-to-violence experts to conduct trainings for the child care community. This is the first domestic violence training in the nation specifically designed for the child care community and it is provided in both English and Spanish.

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- A Caring Curriculum for Infants and Toddlers is a distance learning course developed by OCCS to assist child care programs in understanding infant/toddler development and appropriate infant/toddler curricula.
- Building Relationships in the School-Age Environment is a distance learning course developed by OCCS that is separated into five individual distance learning modules. The modules include information relevant to school-age programming such as middle childhood development, promoting and maintaining relationships between children, their caregivers and peers, and core competency requirements in a school-age program. The school-age distance learning modules are undergoing revisions that will incorporate national CORE competencies. MSAC, OCCS and five Massachusetts community colleges will be working together over the next fiscal year to incorporate the school-age distance learning modules into the community colleges' course offerings. Once these distance learning training modules are complete, staff in school-age programs will be able to take one or all of the four modules for college credit through their local CCR&Rs.
- Inclusion in Child Care is a distance learning course developed by OCCS that helps providers identify and understand children's specific disability issues and gives providers a guide for individualizing a child care program to meet a particular child's needs.

Other important trainings for the child care community include:

- Assessing and Improving Quality – Environmental Rating Scale Tools was developed by OCCS to train and support the child care community in using environmental rating scales to assess and improve their programs. Starting in March 2001, OCCS began training providers to use the environmental rating scales to assess the quality of their programs and identify areas for improvement. OCCS believes the successful functioning of a program is dependent upon its ability to periodically conduct self-guided evaluations and identify and achieve goals for improvement. The environmental rating scales are proven assessment tools that can help increase the quality of child care programs. There are rating scales for four areas: family child care; infant/toddler care; early learning preschool; and school-age. OCCS has made the providers' use of the rating scale a condition of achieving a quality tier in the fiscal year 2001 rate increase.
- Understanding, Identifying, and Referring Families with Substance Abuse Issues is provided by Massachusetts health and recovery experts and assists the child care community in understanding, identifying and referring families with substance abuse to community social service programs.
- Understanding Lead Poisoning Prevention is provided by the Department of Public Health Lead Prevention Program and assists the child care community in understanding lead poisoning prevention.
- Ready to Learn Literacy Initiative is a collaboration between television station WGBH and twelve OCCS contracted child care programs to provide low-income families with financial assistance for child care. The child care programs have volunteered to participate in a theme-based literacy program that utilizes WGBH television

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programming and additional literacy activities to develop children's literacy skills. OCCS will evaluate the success of this program during this fiscal year and expand it based on its success and funding availability.

- Early Intervention Regional Consultation Programs provide training to the child care community regarding identifying and referring children with special needs and the availability of on-site early intervention services.
- In-Home/Relative Care Orientations: While in-home/relative care is not a licensed form of care, OCCS has taken steps to increase the quality of informal care by funding training for caregivers. All caregivers must participate in an orientation program at their local CCR&R where the topics include health and safety issues, age appropriate activities, and appropriate behavior management.
- An on-line family child care orientation is currently being developed for implementation in the summer of 2003. The orientation will be available through OCCS' website, www.qualitychildcare.org, and will provide information about becoming licensed and running a child care business.
- Outreach to potential providers: OCCS staff conducts trainings in vocational high schools throughout Massachusetts that have child care programs. OCCS uses these presentations to inform students about the credentials they need to become child care providers and how they can access ongoing educational opportunities.
- The Massachusetts Family Literacy Consortium (the Consortium): OCCS is part of the Consortium's efforts to address the issue of child literacy. The Consortium includes members from private organizations, state and federal agencies such as the Department of Education, Head Start, the Children's Trust Fund, the Department of Social Services, the Department of Mental Health, and the Department of Youth Services, among others. The Consortium works to create linkages in which family literacy programs can be developed and supported. OCCS has a particular focus on helping child care providers create literacy-rich environments in child care settings.

Improving Salaries and other Compensation for Child Care Providers

One of the greatest challenges facing child care providers is the ability to recruit and retain high quality teachers and staff. Providers who care for children of families that receive child care subsidies find it increasingly difficult to offer competitive wages and benefits.

Apprenticeship: OCCS is piloting a nationally-recognized professional credentialing program for child care apprentices with the Department of Labor's Division of Apprenticeship and Training. The child care apprentice who completes this comprehensive training program will gain knowledge about appropriate child development practices and programming, compensation and financial incentives, academic advancement, and the viability of career in child care. The program's focus is to increase and maintain a diverse child care workforce by encouraging career advancement, increasing compensation, and enhancing access to opportunities for individuals who are low-income and represent different geographic, ethnic and

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cultural backgrounds. This program requires apprentices to complete higher education courses and obtain hours of experience on-site at their child care program. It also includes a mentoring component. A multi-agency advisory including state agencies, provider groups, CCR&Rs, child care labor unions, state colleges and others has been created to guide the program's development and plan for its sustainability and replication. Based on funding availability, OCCS intends to expand, replicate and make the apprenticeship training available for all types of child care and school age programs.

Market Rate: As described more fully in Section 3.2, to enable families who receive subsidized child care to have equal access to child care, OCCS completed a new market rate survey in December 2002. OCCS' current reimbursement rates are based on the market rate survey completed in 2000.

Rate increases: In April 2001, OCCS increased child care reimbursement rates for all center-based and family child care programs that contracted to provide income eligible, supportive, and teen parent child care. The rate increases included both contracts with OCCS and vouchers managed through the CCR&Rs and were retroactive to July 1, 2000. In instances where raising rates would cause hardship for private pay families, OCCS allowed providers to apply for professional development stipends. These stipends can be used by providers to pay for staff training, college courses and materials.

Activities In Support of Early Language, Literacy, Pre-reading, and Numeracy Development

Through its contracts for subsidized child care, OCCS is encouraging providers to increase children's school readiness. In fiscal year 2001, OCCS implemented a tiered reimbursement rate system for center-based and family child care providers who contracted with OCCS or held a voucher agreement with the CCR&Rs to provide families with financial assistance for child care. There are four reimbursement tiers available to child care providers plus a stipend option based on their participation in four quality initiatives. One of the quality initiatives is for literacy development, another is for enhancing program quality, the third is for professional development and the last one is for a longitudinal study to assess what pre-school program attributes are associated with favorable child outcomes. OCCS linked the rate increases to the achievement of specific quality standards, with an emphasis on literacy and professional development.

OCCS will re-procure its contracted child care subsidy and CCR&R services to begin in July of 2005. As part of the re-procurement process for contracted child care, OCCS is also reviewing the content areas of its tier initiatives. Based on funding availability, OCCS intends to incorporate a number of program quality indicators for success into the tiered reimbursement system. Examples of such program quality indicators include a program's ability to: attain and sustain good business practices; meet national accreditation standards; create a language-rich environment in their child care program; utilize high quality curriculum; and incorporate a family literacy component into their programming.

Head Start Step Training Initiative: In summer and fall of 2002, OCCS and the CCR&R Network participated in the new Head Start Step Training Initiative presented to Head Start programs and child care administrators throughout the country. This new Head Start literacy and

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mentoring training inspired OCCS to apply some of the training principles to non-Head Start child care programs. The literacy training for child care is entitled “Early Literacy for School Readiness,” and will feature foundations for early literacy and strategies for involving children in age-appropriate language and early literacy experiences using information from Head Start’s STEP Initiative. The objective of the training is to demonstrate various research-based approaches for use in early childhood programs that will help children to build a strong foundation for learning, reading, and school success. OCCS hopes to have the Head Start-trained mentors provide the training and mentoring for child care programs across the state.

Activities to Promote Inclusive Child Care

The Early Intervention/Behavioral Health Early Child Care Inclusion Project (Inclusion Project): OCCS has a formidable history of supporting inclusion of special needs children in a variety of child care settings. OCCS’ licensing standards have long required that licensed child care programs accept children with special needs and develop individual plans to meet their needs. To ease the challenges for families with children with disabilities or special needs, OCCS has partnered with Massachusetts Department of Public Health’s (DPH) Early Intervention (EI) Services; the Early Intervention Services’ Regional Consultation Programs (RCPs); the Division of Medical Assistance (DMA); DMA’s vendor agency, the Massachusetts Behavioral Health Partnership (MBHP); the Department of Education (DOE); and the statewide network of CCR&Rs to ensure that children and their families receive individualized services from specialists wherever it is required.

The aim of providing such services is to give children with special needs a successful child care experience as they transition from home into a child care program and then as they move into a school setting. OCCS and its partnering agencies share a common vision and work closely together to develop inclusion initiatives such as those described below into a single system that children and their families can navigate more easily.

OCCS has also earmarked 160 income eligible child care vouchers as “Early Intervention-Income Eligible vouchers” (EI-IE vouchers) for infants and toddlers identified by RCPs as qualifying for immediate access to an OCCS subsidized child care program, and once enrolled, needing on-site early intervention individualized support. The RCPs refer these children to the CCR&Rs, who in turn identify the most appropriate child care placement for the family and issue the EI-IE voucher. Both the RCP and the CCR&Rs then work with the family and child care provider to assure that the necessary early intervention services are on site at the child care program to support the child’s placement.

Regional Consultation Programs (RCPs): OCCS and DPH’s Early Intervention Services jointly fund Regional Consultation Programs (RCPs) across Massachusetts to support the individual care that infants and toddlers with disabilities require and provide on-site expertise at child care programs that will make children’s experiences in child care successful. The RCPs are staffed by knowledgeable early intervention specialists who use their expertise to support children’s referrals into suitable child care settings and help them succeed once they are enrolled.

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Comprehensive Mental Health for Child Care (CMHCC): OCCS and the Department of Medical Assistance (DMA) are co-administering the Comprehensive Mental Health for Child Care Project (CMHCC) to ensure that OCCS supportive contracted programs have comprehensive mental health services for children and their families on-site at their child care programs.

In January 2000, OCCS, DMA, the Massachusetts Behavioral Health Partnership (MBHP), and the Department of Mental Health (DMH) held trainings for all OCCS-contracted supportive child care providers on how to best access the mental health services that are available in Massachusetts. After gathering information from a survey distributed to supportive child care programs regarding mental health expertise availability and children's most prevalent risk factors, OCCS and DMA built comprehensive on-site mental health services in supportive child care programs across the state. Currently there are 16 supportive child care programs and MBHP mental health clinics in Massachusetts that are funded by OCCS and DMA and partner to provide such comprehensive mental health services. The supportive child care provider and the mental health clinic jointly hire a clinician who stationed at the program and considered to be part of its child care staff. DMA and MBHP directly bill the family's insurance for one third of the clinician's salary and OCCS funds the remaining two thirds of the clinician's salary that cannot be reimbursed by insurance. This allows the clinician to provide a broad range of training and support to children, their families, and the child care staff beyond the billable therapeutic and assessment services they normally can provide. The clinician also helps families access a full range of mental health services at the partnering clinic.

Healthy Child Care America and Other Health Activities Including Those Designed to Promote the Social and Emotional Development of Children

Healthy Child Care America: OCCS works closely with DPH's Healthy Child Care America project, known as the Max Care: Maximizing the Health and Safety of Children in Out-of-Home Care, to assure the health and safety of all children in child care settings. Max Care guarantees that public health resources are appropriately linked to the child care community by working to improve access to health information through training, technical assistance, data collection and greater access to trained child care health consultants for child care providers. Training is conducted for child care providers, child care health consultants, and licensors. Technical assistance has ensured appropriate policies, procedures, and regulations around topics such as sleep position and Sudden Infant Death Syndrome (SIDS), skin cancer prevention and safe sun practices, window guards, trampolines, and portable wading pools. Post-September 11th, Max Care facilitated discussions between OCCS legal counsel and the DPH Radiation Control Program to pre-distribute potassium iodide to providers in 18 communities surrounding nuclear power plants.

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Licensing: Massachusetts continues to set a national standard in its licensing and regulatory framework. The OCCS licensing process promotes the safety and healthy development of children child care programs and encourages school readiness. OCCS' regulatory framework is based upon research demonstrating that children's cognitive and language skills thrive in child care settings where teachers are well-trained and responsive.

OCCS' Technical Assistance and Training: In addition to the trainings listed in the above section on professional development, OCCS provides technical assistance and training through licensing, contracting and policy visits to programs. Documents pertaining to children's social and emotional development are on-line at the OCCS website, www.qualitychildcare.org. These documents include: "The Child Care Environment For Success," "Child Guidance," and "Child Guidance: Questions and Answers." OCCS is currently developing a child guidance technical assistance document specifically designed for school-age programs.

Other Quality Activities That Increase Parental Choice, and Improve the Quality and Availability of Child Care

Flexible subsidy system of contracts and vouchers: OCCS has built a flexible subsidy system through its contracting and voucher system and has established continuity of care as a priority of the subsidized child care system. In order to promote continuity of care for children enrolled in subsidized child care, OCCS has developed an innovative tool that is flexible enough to meet the ever-changing needs of families and their children. For instance, if a provider does not have a contract slot available for a child enrolled in their program who is aging out of care, the provider may request access to funding that OCCS has set aside (called the "flexible pool") to allow the child to remain in subsidized care. In this way, families who are already in the subsidized child care system do not need to experience a break in child care services. The flexible pool gives contracted providers temporary use of additional child care slots to meet the continuity of care needs of families until permanent slots become available.

Flexible funding for Transportation: OCCS strives to ensure that children who are eligible for subsidized child care can get the care they need. The supportive child care rates include funding for transporting children to and from child care. For other programs, if children cannot attend child care due to a need for transportation, OCCS permits programs to apply for funds through OCCS' flexible funding pool so that programs can provide the transportation. OCCS permits the flexible pool funds to be used for transportation for such reasons as the parents are physically incapacitated and unable to transport the child; the parents do not have access to a car or to public transportation; or where there is a conflict between the parents' work hours and the child care hours that prevents the parents from transporting the child.

In summer 2001, OCCS increased the funding available to school-age providers to pay for additional summer activities and is continuing the funding this year. School-age programs are paid the same rate for child care and activities throughout the year. To help support programs' increased activities with school-age children during the summer, OCCS is making a flexible pool of funding available for such activities as field trips, transportation to off-site activities, and beach or park memberships.

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Non-Traditional Hours Child Care: Working families may have difficulty in locating affordable quality child care during non-traditional work hours and, as a result, have difficulty in locating or retaining employment. Many of the jobs that are available for people transitioning from receiving Transitional Assistance for Families with Dependent Children (TAFDC) require non-traditional hours. In response to a growing need for this type of child care in Massachusetts, in February 2001, OCCS issued an RFR to contract with providers who can provide care before 8:00 A.M. and after 6:00 P.M. Currently OCCS purchases 80 non-traditional slots and has a total of seven contracts for pilot programs throughout the state. In addition, for the past two years OCCS has employed a consultant who has worked closely with OCCS' non-traditional child care contractors and some of the families enrolled in their programs to assess the effectiveness of the different pilot program models. The consultant will release a formal report of his findings in June 2003. By expanding the availability of licensed, quality care during non-traditional hours, OCCS is helping families increase their employment opportunities.

Teen Parent Early Child Care: OCCS purchases approximately 602 child care slots through forty-four contracts for the children of teen parents. Teen parents need child care services that provide education and developmental activities for children and allow teens to develop their parenting skills while attending school or developing career skills. Teen parents also need social supports designed to encourage teens to stay in school, decrease the likelihood of repeat teen pregnancies, and lower the risk that they or their children will be abused or neglected. In addition to child care, the teen parent child care services include transportation for the teen and her child, mentoring, parenting skills classes, counseling, and support to help teens finish high school or get their GED. Because teen parents often receive services from numerous community agencies, OCCS designed its teen parent program to require contractors to fully assess a teen's needs prior to delivering services. Thus, contractors can only provide and bill for those services that are not being provided to the teen by other community programs. This flexible contracting method helps to maximize resources and minimize duplication of services to teens and their children.

Child Care for children affected by HIV/AIDS: OCCS purchases specialized child care and support services for children and their families who are infected with and/or affected by HIV/AIDS and who reside in Boston and the greater Boston area. The provider with whom OCCS contracts to provide these services has the distinction of being the only medically specialized child care program in New England that serves this specialized population. The children enrolled in this specialized program are offered medical, mental health and educational services, which they can access through the program's close affiliation with a large medical center based in Boston. In many cases, children and families who are dealing with the HIV/AIDS illness feel isolated and overwhelmed emotionally by the demands of this disease. The purpose of specialized child care services is to provide a stable, safe and nurturing resource for children and their families experiencing the daily disruption and stress of living with this illness. OCCS anticipates expanding these specialized services through its next procurement.

Homeless Child Care: Through ten contracted programs located throughout the state, OCCS purchases 85 specialized child care slots from center-based programs for the children of homeless families. The goal of this program is to provide homeless children with a stable, nurturing and stimulating environment that meets their individual developmental, behavioral and emotional needs and at the same time offer the children's parents counseling services to inform them about

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community support services and public assistance benefits they may access while they seek housing and employment.

Foster Child Care: In fiscal year 2003, through legislation 500 slots were awarded to OCCS to support foster parents needing child care in order to work. Foster parents can access income eligible child care either through a voucher or a contract slot through OCCS flexible funding wherever the care is needed in the State. All of these slots will be utilized by September 2003.

Military Child Care Vouchers: OCCS is allowing immediate access to income eligible child care for families in the military who meet low income guidelines and are deployed.

Provider recruitment: To increase the availability of high quality child care providers, OCCS has mandated that the Massachusetts Resource and Referral Network (a coalition of CCR&Rs) must develop provider recruitment campaigns

Massachusetts Head Start-State Collaboration Project: OCCS is a member of the Massachusetts Head Start-State Collaboration Project. The project helps to improve the lives of low-income children and their families by improving the way services and support for young children are designed, delivered, coordinated, and organized. A key part of the collaboration is to encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives, as well as to increase Head Start partnerships in the Commonwealth's child care community. On its website, OCCS makes available a Family Resource Guide that was produced by the Collaboration project. The Guide includes information on how to contact services that can help families with food; clothing housing; financial aid; health; safety; legal aid; parenting and family support; early care and education; jobs and training; disability services; and advocacy.

OCCS' bid to provide income eligible child care services encouraged collaboration with Head Start and Early Head Start programs by providing a Head Start/Early Head Start Partnership rate. As a result, OCCS provided Head Start and Early Head Start funding to many contracted child care programs child care during the hours before and after when Head Start and Early Head Start programs are open and full days when these programs are closed in the summer or for school vacations. This coordination means that OCCS and Head Start or Early Head Start programs have the flexibility to provide services for families who want to enroll their children in Head Start or Early Head Start programs, and also need additional hours of child care.

Using eCCIMS to Coordinate with DOE Community Partnerships For Children: OCCS and DOE have signed a Memorandum of Understanding which will govern future collaboration between the two agencies using OCCS' Electronic Child Care Information Management System (eCCIMS). OCCS and DOE are engaged in a collaboration project to use eCCIMS to coordinate information on DOE's pre-school slots for three- and four- year old children funded through the Community Partnership Councils (CPCs) and OCCS' child care slots. In addition to making better use of the Commonwealth's resources, OCCS and DOE will have a flexible method of meeting the various needs of working families, and facilitate smooth transitions for families between funding streams. OCCS and DOE are also evaluating the tasks and timelines required to make eCCIMS fully deployable at all DOE CPC programs.

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OCCS Tiered Reimbursement Rate System: Through its contracts for subsidized child care, OCCS is encouraging providers to help children with school readiness. In fiscal year 2001, OCCS implemented a tiered reimbursement rate system for center-based and family child care providers who contract with OCCS or hold a voucher agreement with the child care resource and referral agencies (CCR&Rs) to provide families with financial assistance for child care. There are four reimbursement tiers available to the child care providers plus a stipend option based on their participation in four quality initiatives. One of the quality initiatives is for literacy development, another is for enhancing program quality, the third is for professional development and the last one is for a longitudinal study to assess what pre-school program attributes are associated with favorable child outcomes.

The first initiative, Literacy Development for School Readiness, is mandatory. Child care providers must participate in this initiative to be eligible for participation in any of the others. To qualify for this rate increase providers must develop and implement a curriculum plan for literacy that is approved by OCCS. OCCS also requires the statewide network of CCR&Rs to offer emergent literacy training developed by OCCS to help child care providers participating in this initiative develop an appropriate literacy curriculum. OCCS has also posted a technical assistance document on its website, www.qualitychildcare.org, that explains emergent literacy and provides examples of literacy curriculum best practice ideas.

The other three initiatives are optional:

The Program Assessment Initiative requires that the child professional participate in a training on administering the Environmental Rating Scale (ERS) quality assessment tool for their type of child care and then use the tool to assess their own child care program environment. Each program must then develop a plan to improve their child care program environment based on the ERS assessment findings. In 2001, the CCR&Rs participated in a three-day training conducted by the developers of the ERS. OCCS requires the CCR&Rs to conduct ERS training sessions for child care providers on a quarterly basis. This year the CCR&Rs are offering an additional training that will assist providers in developing and implementing their plan for improvement. OCCS has also posted a technical assistance document on its website, www.qualitychildcare.org, that explains the ERS quality assessment tools, the benefits of self-assessment, and OCCS' expectations for the program self-assessment initiative. This spring the CCR&Rs will use the ECERS-R environmental rating scale tool to evaluate child care programs selected to participate in the OCCS longitudinal study.

The Salary Incentive Program for Professional Development Initiative requires center-based child care providers to develop and initiate a salary incentive program for professional development that will improve the staffing quality in their programs. A family child care provider participating in this initiative must develop a professional development plan to improve their own skills in their family child care program. Some of the professional development plans submitted to OCCS for approval include completion of college or other course work, resulting in staff obtaining child development associate credentials or Associate or baccalaureate degrees in early childhood education.

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Lastly, OCCS is partnering with Professors Thomas Kochanek and Steven Buka, from the University of Rhode Island and Harvard School of Public health, respectively, in a longitudinal study to evaluate what pre-school program attributes are associated with favorable child outcomes in the early grades in school. This study will help OCCS understand how individual pre-school programs have developed and implemented specific activities to achieve each of these attributes. Previous research has shown that quality preschool experiences benefit children throughout their school careers. Results from this study will guide Massachusetts in developing policies and incentives to improve the quality of child care programs statewide. Results from this study will provide OCCS with information on pre-school classroom practices that can be universally implemented to help children from low-income families be ready to enter school.

OCCS will re-procure its contracted child care subsidy and CCR&R services to begin in July of 2005. As part of the re-procurement process for contracted child care, OCCS is also reviewing the content areas of its tier initiatives. Based on funding availability, OCCS intends to incorporate a number of program quality indicators for success into the tiered reimbursement system. Examples of such program quality indicators include a program's ability to attain and sustain good business practices, ability to meet national accreditation standards, create a language rich environment in their child care program, utilize high quality curriculum, and incorporate a family literacy component into their programming.

Research and Assessment: In the fall of 2001, OCCS was awarded an Administration for Children and Families State Data Capacity Grant. OCCS is using the funds from this grant to develop a research data warehouse to compile and store child care data from a number of internal and external sources. The data warehouse will allow OCCS flexible access to current child care information to address policy questions. OCCS has used grant funds to hire a Lead Research Analyst to perform statistical analyses of projects for evaluation purposes. The Lead Research Analyst will also assist with the data warehouse project and begin planning how the data and data sources will be merged. OCCS is updating a number of its systems to allow staff to use data more effectively:

- OCCS has developed a global subsidies database containing demographic information about providers, families receiving OCCS subsidies, and expenditures on child care. The database will generate federal reports, monthly caseload and expenditure reports, and Department of Transitional Assistance bill files.
- The Office has updated and simplified its system for computerizing tracking of licensing information on complaints and investigations.
- OCCS is planning to enhance its Teacher Qualification System, which will aid the Office in tracking data about the education and experience of teachers currently listed in OCCS' Teacher Qualifications (TQ) database.
- The Office has established a Statistical Package for Social Sciences (SPSS) database to collect and analyze information from programs, such as the Tiered Reimbursement Rate Initiative. For evaluation.

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- OCCS is working with the Department of Revenue to establish an information exchange between the two agencies that will aid OCCS in monitoring the status of the child care workforce by determining staff earnings and turnover rates in different parts of the Commonwealth.

Improving Quality and Availability of Child Care

OCCS' activities to improve the quality and availability of child care encompass all of OCCS' licensing, contracting and policy work, as well as the partnerships and collaborations OCCS is engaged in. The quality activities that OCCS wishes to highlight are listed below:

Operation Licensing: In 2001 OCCS began an internal evaluation of its licensing functions, and began to further improve the quality of the agency's practices. OCCS created several committees, each made up of staff from all regions and units within the agency, and gave the committees the mandate to re-think how OCCS does business. The committees were asked to identify areas ready for change, and make proposals, whether they required short-term or long-term solutions. From this OCCS has made revisions to several licensing procedures, developed technical assistance papers, decreased paperwork that providers must fill out, allowed required reports and documents to be submitted electronically, developed staff orientation and training for new licensors, and changed licensing forms. Many of these materials may be found on the OCCS web page www.qualitychildcare.org. OCCS is currently reviewing these high quality standards to incorporate stronger curriculum and program planning language in family, group, and school-age child care regulations. The OCCS Licensing Division is developing new tools for observing family child care homes and center-based group and school age programs. These revised observation tools will incorporate the changes to curriculum requirements in the revised licensing standards.

Meetings with Providers: OCCS licensing staff meets regularly with providers to give providers support and training, and to help build connections within the child care community. Among the regularly meetings are the following:

- New provider orientations: OCCS licensing staff provides orientations for people who are interested in applying for a child care license, and for newly licensed providers. These orientations give new providers an opportunity to meet the licensing staff, and to ask specific questions about how to run a high quality child care program.
- "Working Together" Meetings: OCCS licensing staff invites family child care providers to meet informally with OCCS licensing staff, representatives from food programs, CCR&Rs, and family child care systems to keep providers up to date on services that are available to help providers give quality child care.
- New Director's Forums: OCCS licensors regularly schedule meetings in the regions for new program directors. The meetings give new directors an opportunity to ask questions of OCCS staff and other directors, and to help directors begin to build connections within the child care community.

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Large Family Child Care Group: To encourage professional development and collaboration, the OCCS Beverly Regional Office arranges for large family child care providers to take part in informal meetings sponsored by OCCS at which they share their experiences and challenges with one another.

Child Care Advisory: The Child Care Advisory consists of child care providers, parents, CCR&R staff, representatives from state agencies such as DSS and DTA, representatives from for profit and not-for-profit child care trade organizations, and advocates for providers and families. The Advisory meets regularly with OCCS licensing, contracting and policy staff to give OCCS feedback on OCCS' initiatives, and to talk to OCCS about the issues that are important to members of the Advisory. In addition, the Commissioner of OCCS meets each quarter with representatives from the Advisory and other organizations that are involved with child care. At these meetings the Commissioner reports on what information OCCS has collected from the regional meetings, gets input on child care issues from a statewide perspective, and communicates OCCS' priorities for the year.

Nuts and Bolts: Every month OCCS staff meets with providers who work in center-based, school-age, and family child care homes to talk about the current experiences and issues that providers are facing, and to get feedback on OCCS' activities. By meeting regularly with providers, OCCS is able to keep informed about the day-to-day experiences of child care professionals, and can create policies, contracts, and licensing regulations that work effectively for providers. In addition, OCCS has begun meeting with MSAC, DOE and the school-age programs that receive 21st century academic funding to talk about their current experiences and develop policies with them that promote academics with children in after-school programs and 21st century academic programs.

In addition to the Nuts and Bolts group, OCCS, DOE, public school systems, and the Out-of-School Time Community are partnering to address how after-school programs and MCAS academic programs can collaborate to better meet the needs of school-age children and help them successfully pass Massachusetts MCAS requirements.

School readiness activities: In 2001, the Commissioner of OCCS was appointed co-chair of the Governor's Commission on School Readiness (the Commission). The Commission, consisting of educators, parent advocates, business leaders, legislators, and state agency staff focused on how to best deliver services to ensure that children enter school with the necessary skills. The Commission based its assessment of school readiness on children's ability to communicate, their physical and emotional well-being, social competence, cognitive skills, cultural, environmental and linguistic factors, and the involvement of parents and the community. OCCS is partnering with its sister agencies to further develop the Commission's recommendations.

As the Governor's Commission on School Readiness neared the end of its work in November 2001, Massachusetts was awarded a three-year grant by the Packard and Ford Foundations to develop a statewide system of school readiness indicators. OCCS has been a key player in this initiative, working closely with sister agencies, the Executive Office of Health and Human Services, the Department of Education, the United Way, and other private agencies. The

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goal of the project is to identify a common set of indicators across agencies that can be tracked to measure how ready Massachusetts' children are for success in school.

Interdepartmental Team: OCCS chairs a human services team made up of representatives from OCCS, the Department of Social Services, the Department of Mental Health, the Department of Mental Retardation, the Department of Youth Services, the Department of Education, and the Essex County District Attorney's Office. The team meets regularly to discuss human service initiatives, share resources, and address individual cases when it is unclear which agency should take the lead with a trouble family, child, or client. The training collaborative allows child care workers to access training opportunities in the various team member agencies.

In-home/Relative Care (Informal Care): OCCS has instituted measures to improve the quality of in-home/relative (informal) child care. While in-home/relative care is not a licensed form of care, OCCS has taken steps to increase the quality of informal care by funding training for caregivers. All caregivers must participate in an orientation program at their local CCR&R where the topics include health and safety issues, age appropriate activities, and appropriate discipline techniques. In addition, the CCR&Rs give in-home/relative care providers a resource packet of information regarding educational resources in their local communities.

In addition, since February 1999 OCCS has required a criminal background check (CORI) for all non-relative informal child care providers. To ensure that informal providers and giving quality care to children, OCCS permits a provider to care for no more than six children.

OCCS' in-home/relative care program has been highlighted at numerous national conferences, and OCCS has received many inquiries about duplicating this parent choice model elsewhere.

Parent Survey: OCCS is conducting an ongoing survey of parents whose children are in income eligible and supportive child care programs. Every parent is asked to respond to the survey, which tracks their satisfaction. Specifically, the survey asks about the aspects of the child care program that parents see as helpful, and where the programs' services are inadequate or unhelpful. OCCS enters the information into a database that the agency can use to track the trends in child care. The Contract and Monitoring Coordinators are tracking the information to see whether OCCS needs to make amendments to contracts to better serve families, and to identify changes that should be made in the next bid for supportive child care.

Longitudinal Study of the Relationship Between Pre-school Program Attributes and the Developmental Competency of Children in the Early Grades of School: In June 2003, OCCS will begin on-site observations of quality components of programs to identify specific attributes of child care environments that are associated with a positive impact on the developmental competency of children in the early grades of school. In addition to identifying these factors, OCCS is interested in understanding how individual child care programs have developed and implemented specific activities to achieve high quality for each of these attributes, and as such, encourage and assist other child care programs across the state to fully incorporate these factors in their programs as well.

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By understanding which attributes of child care programs are associated with positive developmental, academic, and social/emotional outcomes in children, strategies can be developed to help other programs achieve higher quality. Furthermore, OCCS can begin to look at how the programs that are strong in these important attributes achieved that level of quality, so that the strategies can be shared with all child care programs with the ultimate goal of improving school readiness and promoting developmental competence for all children.

OCCS, DOE and the Out-of-School Time Community are partnering to address how after-school programs and MCAS academic programs can collaborate to better meet the needs of school-age children and help them successfully pass Massachusetts MCAS requirements.

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

() No.

(X) Yes, the following entities named in this part are non-governmental:

- The child care resource and referral agencies are private not for profit agencies.
- The Regional Consultation Programs that are contracted to DPH to provide Early Intervention services are private not for profit programs.
- Small Business Associations located in communities across Massachusetts are private not for profit.
- The United Way of Massachusetts Bay is a private not for profit organization.
- The Massachusetts School Age Coalition is a private not for profit association.
- IBM Corporation is a private for profit business.
- Massachusetts Health and Recovery Program (contracted to DPH and DMH) is a private not for profit program.
- WGBH Television is a private not for profit organization.
- Mass Behavioral Health Partnership Programs (MBHP) (contracted to DMA) are private not for profit programs.

5.2 - Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

5.2.1 - Voluntary Guidelines for Early Learning

- Indicate which of the following best describes the current **status** of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds:

a) ___ Preliminary thinking or planning.

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- b) Guidelines are being developed.
- c) Guidelines are developed but need to be modified.
- d) Guidelines are developed and implementation is in progress.
- e) Guidelines are developed and implemented in pre-kindergarten programs but not in child care.
- f) Guidelines are developed and implemented.
- g) Other. Please describe:
- Describe the **process** that was used or is planned for developing the State's early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State's K-12 educational standards aligned? If they are not aligned, what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?

Development of Guidelines

OCCS is a key participant in many quality initiatives that support children's development and help children and their families get ready for school and succeed once they get there. Although each of these initiatives is important on its own, OCCS' intent is to assess their effectiveness and integrate them into a comprehensive system to support quality child care so as to better prepare Massachusetts' children and families for success. DOE has curriculum guidelines for Head Start and early childhood preschool programs that receive Community Partnership for Children (CPC) funds. (See Attachment 7.) The DOE curriculum guidelines are voluntary. OCCS thinks that the curriculum guidelines could be a beneficial tool for all center-based preschool programs and will be working with DOE to develop a plan for how the DOE curriculum can be used to enhance the quality in all preschool classrooms in Massachusetts.

OCCS is striving to implement a seamless network of comprehensive services for children and families that fosters collaborations across early childhood programs such as Head Start, Community Partnerships for Children, child care programs, child care resource and referral agencies, and Department of Public Health early intervention, health and medical programs. OCCS is grouped with other child, youth, and family services agencies within the Executive Office of Health and Human Services. Consequently, OCCS will continue to have valuable opportunities to develop a comprehensive early childhood system that includes educational, health and welfare services that address the "whole child." This system will enhance children's school readiness and social competence, make it possible for children and their families to access family-centered services that are comprehensive, welcoming, and culturally-sensitive, and prepare young children to be "healthy and ready to learn." OCCS and its sister human service agencies are currently engaged in a restructuring process that will assure a common vision and mission and promote collaborations that will further coordinate services for children, youth and their families by building upon existing expertise within the Executive Office of Health and Human Service agencies and DOE.

M.G.L. c. 28A, which was amended on July 10, 1997, created the Office of Child Care Services. To fulfill its mandate, OCCS provides regulatory oversight and technical assistance to

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all types of child care programs, including family child care homes, group child care centers, school-age programs, Head Start-funded preschool programs, Community Partnership-funded programs not administered by the local school districts, residential programs, and foster care and adoption placement agencies. OCCS child care regulations, which go beyond health and safety to address each child's growth and development, set some of the highest standards in the country. However, OCCS is currently reviewing these high quality standards to incorporate stronger curriculum and program planning language in family, group, and school-age child care regulations. These program standards are mandatory for all early childhood programs licensed by OCCS.

Legislation directs the Board of Education's Early Childhood Advisory Council to review standards for pre-kindergarten programs and make recommendations for their improvement. Pursuant to that directive, DOE's Early Learning Services Program has been developing a set of "Guidelines for Pre-school Learning Experiences" to ensure that early childhood pre-school programs meet particular educational standards. DOE has curriculum guidelines for Head Start and early childhood preschool programs that receive CPC funds. The new DOE curriculum guidelines are aligned with DOE's existing K-12 guidelines. Additionally, DOE is developing outcome measures and a checklist to accompany the guidelines. OCCS thinks that the curriculum guidelines could be a beneficial tool for all center-based preschool programs and will be working with DOE to develop a plan for how the DOE curriculum can be used to enhance the quality in all preschool classrooms in Massachusetts.

Head Start and Early Head Start programs must adhere to Head Start Performance Standards (HSPSS), which took effect in January 1998. These standards set out requirements for the quality of early childhood development and health services, family and community partnerships, and program design and management, and establish a set of expectations for the quality of services provided in child care settings. The Head Start Child Outcomes Framework (the Framework) is intended to guide Head Start programs in their ongoing assessment of the progress and accomplishments of children and in their efforts to analyze and use data on child outcomes in program self-assessment and improvement. OCCS supports the content and concepts contained in the Framework and to that end, OCCS will be encouraging Head Start and Early Head Start partnerships.

Other School Readiness Quality Activities

In 2001, the Commissioner of OCCS was appointed co-chair of the Governor's Commission on School Readiness (the Commission). The Commission, consisting of educators, parent advocates, business leaders, legislators, and state agency staff focused on how to best deliver services to ensure that children enter school with the necessary skills. The Commission based its assessment of school readiness on children's ability to communicate, their physical and emotional well-being, social competence, cognitive skills, cultural, environmental and linguistic factors, and the involvement of parents and the community. OCCS is partnering with its sister agencies to further develop the Commission's recommendations.

As the Governor's Commission on School Readiness neared the end of its work in November 2001, Massachusetts was awarded a three-year grant by the Packard and Ford

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Foundations to develop a statewide system of school readiness indicators. OCCS has been a key player in this initiative, working closely with sister agencies, the Executive Office of Health and Human Services, the Department of Education, the United Way, and other private agencies. The goal of the project is to identify a common set of indicators across agencies that can be tracked to measure how ready Massachusetts' children are for success in school.

OCCS Tiered Reimbursement Rate System

Through its contracts for subsidized child care, OCCS is encouraging providers to help children with school readiness. In fiscal year 2001, OCCS implemented a tiered reimbursement rate system for center-based and family child care providers who contract with OCCS or hold a voucher agreement with the child care resource and referral agencies (CCR&Rs) to provide families with financial assistance for child care. There are four reimbursement tiers available to the child care providers plus a stipend option based on their participation in four quality initiatives. One of the quality initiatives is for literacy development, another is for enhancing program quality, the third is for professional development and the last one is for a longitudinal study to assess what pre-school program attributes are associated with favorable child outcomes.

The first initiative, Literacy Development for School Readiness, is mandatory. Child care providers must participate in this initiative to be eligible for participation in any of the others. To qualify for this rate increase providers must develop and implement a curriculum plan for literacy that is approved by OCCS. OCCS also requires the statewide network of CCR&Rs to offer emergent literacy training developed by OCCS to help child care providers participating in this initiative develop an appropriate literacy curriculum. OCCS has also posted a technical assistance document on its website, www.qualitychildcare.org, that explains emergent literacy and provides examples of literacy curriculum best practice ideas.

The other three initiatives are optional:

The Program Assessment Initiative requires that the child professional participate in a training on administering the Environmental Rating Scale (ERS) quality assessment tool for their type of child care and then use the tool to assess their own child care program environment. Each program must then develop a plan to improve their child care program environment based on the ERS assessment findings. In 2001, the CCR&Rs participated in a three-day training conducted by the developers of the ERS. OCCS requires the CCR&Rs to conduct ERS training sessions for child care providers on a quarterly basis. This year the CCR&Rs are offering an additional training that will assist providers in developing and implementing their plan for improvement. OCCS has also posted a technical assistance document on its website, www.qualitychildcare.org, that explains the ERS quality assessment tools, the benefits of self-assessment, and OCCS' expectations for the program self-assessment initiative. This spring the CCR&Rs will use the ECERS-R environmental rating scale tool to evaluate child care programs selected to participate in the OCCS longitudinal study.

The Salary Incentive Program for Professional Development Initiative requires center-based child care providers to develop and initiate a salary incentive program for professional development that will improve the staffing quality in their programs. A family child care provider participating in this initiative must develop a professional development plan to improve

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their own skills in their family child care program. Some of the professional development plans submitted to OCCS for approval include completion of college or other course work, resulting in staff obtaining child development associate credentials or Associate or baccalaureate degrees in early childhood education.

Lastly, OCCS is partnering with Professors Thomas Kochanek and Steven Buka, from the University of Rhode Island and Harvard School of Public health, respectively, in a longitudinal study to evaluate what pre-school program attributes are associated with favorable child outcomes in the early grades in school. This study will help OCCS understand how individual pre-school programs have developed and implemented specific activities to achieve each of these attributes. Previous research has shown that quality preschool experiences benefit children throughout their school careers. Results from this study will guide Massachusetts in developing policies and incentives to improve the quality of child care programs statewide. Results from this study will provide OCCS with information on pre-school classroom practices that can be universally implemented to help children from low-income families be ready to enter school.

OCCS will re-procure its contracted child care subsidy and CCR&R services to begin in July of 2005. As part of the re-procurement process for contracted child care, OCCS is also reviewing the content areas of its tier initiatives. Based on funding availability, OCCS intends to incorporate a number of program quality indicators for success into the tiered reimbursement system. Examples of such program quality indicators include a program's ability to attain and sustain good business practices, ability to meet national accreditation standards, create a language-rich environment in their child care program, utilize high quality curriculum, incorporate a family literacy component into their programming, and using the DOE curriculum guidelines.

Research and Assessment

In the fall of 2001, OCCS was awarded an Administration for Children and Families State Data Capacity Grant. OCCS is using the funds from this grant to develop a research data warehouse to compile and store child care data from a number of internal and external sources. The data warehouse will allow OCCS flexible access to current child care information to address policy questions. OCCS has used grant funds to hire a Lead Research Analyst to perform statistical analyses of projects for evaluation purposes. The Lead Research Analyst will also assist with the data warehouse project and begin planning how the data and data sources will be merged. OCCS is updating a number of its systems to allow staff to use data more effectively:

- OCCS has developed a global subsidies database containing demographic information about providers, families receiving OCCS subsidies, and expenditures on child care. The database will generate federal reports, monthly caseload and expenditure reports, and Department of Transitional Assistance bill files.
- The Office has updated and simplified its system for computerizing tracking of licensing information on complaints and investigations.

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- OCCS is planning to enhance its Teacher Qualification System, which will aid the Office in tracking data about the education and experience of teachers currently listed in OCCS' Teacher Qualifications (TQ) database.
- The Office has established a Statistical Package for Social Sciences (SPSS) database to collect and analyze information from programs, such as the Tiered Reimbursement Rate Initiative. For evaluation.
- OCCS is working with the Department of Revenue to establish an information exchange between the two agencies that will aid OCCS in monitoring the status of the child care workforce by determining staff earnings and turnover rates in different parts of the Commonwealth.

Keeping Kids On Track: OCCS, the United Way of Massachusetts Bay, and DOE have partnered to initiate a first-of-its-kind research collaboration to support the case for expanding quality after-school programs throughout Massachusetts. Each partner values the importance of quality after-school opportunities to positively impact youths' academic and social competence, provide safe alternatives after the school day ends, and enable parents to work productively, knowing their children are in safe, enriching environments. The goal of this unique public-private partnership is to increase communication, information sharing, and alignment among key funders and enhance providers' ability to collect, report, and use performance information to improve their programs. The partners will build on established and more recent after-school research by using data available from DOE, OCCS, and United Way-funded programs, and include data from after-school program staff, schoolteachers, parents, students and schools. This project will help inform Massachusetts about what the best possible investment decisions for after-school are.

OCCS Comprehensive Resources at the Community Level

OCCS has a formidable history of supporting inclusion of special needs children in a variety of child care settings. The OCCS licensing standards have long required that licensed child care programs accept children with special needs and develop individual plans to meet their needs. To ease the challenges for families with children with disabilities or special needs, OCCS has partnered with Massachusetts Department of Public Health's (DPH) Early Intervention (EI) Services; the Early Intervention Services' Regional Consultation Programs (RCPs); the Division of Medical Assistance (DMA); DMA's vendor agency, the Massachusetts Behavioral Health Partnership (MBHP); the Department of Education (DOE); and the statewide network of child care resource and referral agencies (CCR&Rs) to ensure that children and their families receive individualized services from specialists wherever it is required.

The aim of providing such services is to give children with special needs a successful child care experience as they transition from home into a child care program and then as they move into a school setting. OCCS and its partnering agencies share a common vision and work closely together to develop inclusion initiatives such as those described below into a single system that children and their families can navigate more easily.

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OCCS contracts for supportive child care programs for children and families the Department of Social Services (DSS) identifies as having an active case of abuse or neglect. Supportive child care programs provide comprehensive child care services and additional social service supports such as case management coordination, mental health referrals and assessments, and transportation to and from the program for children, to provide families with the resources they may need to help them succeed. OCCS also funds child care spaces specifically for foster children as a support for their working foster parent(s).

Additionally, OCCS funds child care for homeless families living in shelters. These child care programs provide child care and social service supports on-site or through collaborations with community agencies. The programs support homeless families in accessing community services such as welfare, food stamps, health services, and Women, Infants and Children (WIC). They also help families develop a self-sufficiency and career plan, explain how to conduct a housing search, and provide them with mental health and/or domestic violence abuse support if it is needed.

OCCS also funds child care and school-age programs to provide child care during non-traditional hours (extended hour, evening and weekend care). These programs have proven particularly helpful to immigrant families in which parents work at multiple jobs.

OCCS also makes flexible funding available for child care programs to hire additional staff or purchase the special equipment needed to care for children who may otherwise have an unsuccessful experience in the child care setting because of a diagnosed disability or special need.

Through the re-procurement for contracted services and based on funding availability, OCCS seeks to: (1) expand mental health comprehensive services to other child care programs throughout the state; (2) encourage partnerships between “satellite” child care and other community agencies to achieve economies of scale in providing comprehensive services and support; (3) encourage child care programs to establish relationships with appropriate community resources for mental health screening and assessment; (4) provide children and families with individualized comprehensive services that will promote their success; and (5) offer incentives for Head Start/early education program partnerships, such as bringing Head Start comprehensive services on-site at children care programs.

- Describe the **domains** of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the web, provide the appropriate Web site address.

OCCS’ licensing guidelines already address curriculum and program planning, child guidance principles, staff-to-child ratios, group size, inclusion, family involvement, health and safety, and transportation services and can be coordinated with the DOE curriculum guidelines.

DOE’s curriculum guidelines relate to the content areas of English language arts, mathematics, science and technology/engineering, history and social sciences, comprehensive health, and the arts. The Guidelines interpret the DOE’s Curriculum Frameworks in the context

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of appropriate experiences for three- and four-year olds who are cared for in center-based pre-school and integrated preschool programs in the public schools that are funded through Community Partnerships for Children (CPCs). DOE is currently developing a checklist for outcomes to accompany the Guidelines.

The Head Start Child Outcomes Framework already includes the domains of language development, literacy, mathematics, science, creative arts, social and emotional development, approaches to learning, and physical health and development with outcome indicators for each domain element, and can be coordinated with the DOE Guidelines.

- Describe the process the State used or expects to use in **implementing** its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?

DOE's Early Learning Services Program has been developing Early Childhood Standards and Learning Guidelines (the Learning Guidelines) for three- and four-year olds. The Learning Guidelines are based on the Massachusetts Curriculum Frameworks, which are guidelines and standards for children in kindergarten through later grades. To develop a common set of program standards, the Early Learning Services' Childhood Advisory Council (the Advisory Council) brought together representatives from Head Start, private pre-school and early education programs, public school programs, early intervention and higher education programs, OCCS, and other agencies.

DOE has collected public comment and submitted the pre-school guidelines for approval to their Board in April 2003. OCCS is reviewing the current draft of the DOE Standards and Learning Guidelines to make final recommendations to DOE. OCCS will continue collaborations with DOE and Head Start to implement a common set of standards with outcomes for early education programs.

OCCS is striving to implement a seamless network of comprehensive services for children and families that fosters collaboration across early childhood programs such as Head Start, Community Partnerships for Children, child care programs, child care resource and referral agencies, DPH early intervention and DPH health and medical services. To this end, The Office of Child Care Services and its sister human service agencies are currently engaged in a restructuring process that will assure a common vision and mission, promote collaborations that further coordinate services for children, youth and their families, and build upon existing expertise within the Executive Office of Health and Human Service agencies and the Department of Education.

- As applicable, describe the State's plan for **assessing** its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be

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evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?

There is currently no such assessment plan in place. However, OCCS will continue its collaborations to develop a cohesive child care system that provides comprehensive services to all children and helps children and their families succeed.

Section 5.2.2 - State Plans for Professional Development

- Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

Apprenticeship and Training

OCCS is piloting a nationally-recognized professional credentialing program for child care apprentices with the Department of Labor's Division of Apprenticeship and Training. The child care apprentice who completes this comprehensive training program will gain knowledge about appropriate child development practices and programming, compensation and financial incentives, academic advancement, and the viability of career in child care. The program's focus is to increase and maintain a diverse child care workforce by encouraging career advancement, increasing compensation, and enhancing access to opportunities for individuals who are low-income and represent different geographic, ethnic and cultural backgrounds. This program requires apprentices to complete higher education courses and obtain hours of experience on-site at their child care program. It also includes a mentoring component. A multi-agency advisory including state agencies, provider groups, CCR&Rs, child care labor unions, state colleges and others has been created to guide the program's development and plan for its sustainability and replication. Based on funding availability, OCCS intends to expand, replicate and make the apprenticeship training available for all types of child care and school-age programs.

OCCS is actively engaged with the Massachusetts Board of Higher Education, DOE, two- and four-year state colleges, and CCR&Rs in an initiative to craft a statewide Transfer Compact. One of the recommendations from the Governor's Commission on School Readiness was to augment supports for the early childhood workforce by having state-funded colleges and universities implement articulation agreements that would make it easier for child care providers to complete degree requirements. The Compact specifies coursework that fulfills OCCS' professional early care and education qualifications, prepares the students for entry into a Bachelor's degree program approved for early childhood education, and guarantees admission to early childhood education licensure programs at Massachusetts state colleges or university campuses offering early childhood education licensure at the baccalaureate level. Much progress has been made on this initiative and draft recommendations will go to the Board of Higher Education for final approval in the near future.

OCCS Researched-Based and Professional Development Training

OCCS offers researched-based and professional development training to the entire early education and care community through its contracted statewide network of child care resource

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and referral agencies (CCR&Rs). Current trainings that offer participants higher education or continuing education credits include:

- Growing a Child Care Business was developed by OCCS in collaboration with the Small Business Association and Senator John Kerry's office. It provides training for center-based and family child care providers on: financial literacy; identification of and introduction to local and regional business resources; integration of sound business development and management with licensing requirements; development of a viable business plan; record keeping; and administration. A comprehensive resource guide that helps providers navigate the regulatory and business requirements for starting and expanding a child care business accompanies the training.
- Massachusetts Association For The Education of The Young Child (MAEYC) helps OCCS in providing professional development training for the child care workforce. MAEYC awards continuing education units (CEU) for professional trainings that consist of a minimum of 5 contact hours (the equivalent of .5 CEU), represent a coherent body of knowledge, use active adult learning principles, and are developmentally based. At least six of the OCCS trainings offered through the CCR&R statewide network this year were given CEU approval. These trainings included: Healthy Kids Move, Computer Technology in the Early Childhood Environment, Building Relationships in the School Age Environment, Understanding Domestic Violence, Caring For Infants and Toddlers, Inclusion in Child Care, and Growing Your Child Care Business.
- H.E.A.L.T.H.Y. Kids Move was developed in collaboration with the Harvard School of Public Health and the USDA Nutrition Education Program at DOE and addresses concerns about the national increase in childhood obesity and related diseases.
- Computer Technology in the Early Childhood Environment is an initiative on which OCCS and IBM have collaborated to provide computer technology grants to child care programs. Through the grants, a select number of child care programs receive a customized computer system and software programs that are designed for young children. In order to enhance school readiness skills and the overall early childhood curriculum, OCCS and IBM have developed an early childhood computer technology training. The training is designed to provide hands-on information on use of the KidSmart computers as well as computer technology implementation strategies to maximize learning.
- Understanding Domestic Violence and the Restraining Order Process in the Massachusetts Court System was developed in collaboration with the Governor's Commission on Domestic Violence and uses domestic violence experts and child-witness-to-violence experts to conduct trainings for the child care community. This is the first domestic violence training in the nation specifically designed for the child care community and it is provided in both English and Spanish.
- A Caring Curriculum for Infants and Toddlers is a distance learning course developed by OCCS to assist child care programs in understanding infant/toddler development and appropriate infant/toddler curricula.

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- Building Relationships in the School Age Environment is a distance learning course developed by OCCS that is separated into five individual distance learning modules. The modules include information relevant to school-age programming such as middle childhood development, promoting and maintaining relationships between children, their caregivers and peers, and core competency requirements in a school-age program.
- Inclusion in Child Care is a distance learning course developed by OCCS that helps providers identify and understand children's specific disability issues and gives providers a guide for individualizing a child care program to meet a particular child's needs.

Other Important Trainings

Other important trainings for the early education and care community include:

- Assessing and Improving Quality – Environmental Rating Scale Tools was developed by OCCS to train and support the child care community in using environmental rating scales to assess and improve their program.
- Understanding, Identifying, and Referring Families with Substance Abuse Issues is provided by Massachusetts Health and Recovery Experts and assists the child care community in understanding, identifying and referring families with substance abuse to community social service programs.
- Understanding Lead Poisoning Prevention is provided by the Department of Public Health Lead Prevention Program and assists the child care community in understanding lead poisoning prevention.
- Ready to Learn Literacy Initiative is a collaboration between television station WGBH and 12 OCCS-contracted child care programs to provide low-income families with financial assistance for child care. The 12 programs have volunteered to participate in a theme-based literacy program that utilizes WGBH television programming and additional literacy activities to develop children's literacy skills. OCCS will evaluate the success of this program during this fiscal year and expand it based on its success and funding availability.
- Early Intervention Regional Consultation Programs provide training to the child care community regarding identifying and referring children with special needs and availability of on-site early intervention services.
- The CCR&Rs provide an orientation for in-home/relative providers (informal care) prior to their receiving state funding for child care. In this training, in-home/relative providers learn about health and safety, child growth and development, literacy activities and community supports that are available to assist them with their care.
- An on-line family child care orientation is currently being developed for implementation in the summer of 2003. The orientation will be available through OCCS' website,

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www.qualitychildcare.org and will provide information about becoming licensed and running a child care business.

- Does the State have a child care provider professional development **plan**?
 - () Yes. Identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how.
 - (X) No. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and numeracy.

Massachusetts does not currently have a child care provider professional development plan in place. However, OCCS is collaborating with the Department of Education, sister agencies such as the Department of Public Health, child care providers and national accreditation state affiliate groups such as Massachusetts School Age Coalition (MSAC) and the Massachusetts Association for the Education of the Young Child (MAEYC) to develop a comprehensive and cohesive professional development system in Massachusetts for the child care community:

- OCCS and Head Start are exploring a collaboration for the Head Start “Step Training” initiative that focuses on children’s pre-reading and literacy development and provides training and mentoring for staff on how to better emphasize literacy and create a print-rich child care environment;
- OCCS and DOE are collaborating on a program called, “Advancing the Field Opportunities,” which seeks to construct and implement a career ladder for people entering or working in child care;
- OCCS and DPH’s Early Intervention Services have been exploring ways to collaborate on cross-training opportunities and credentialing for child care and early intervention professionals;
- OCCS and the Massachusetts School Age Coalition (MSAC) are collaborating to develop and offer basic competency training opportunities for administrators and their staff in school-age programs through the statewide CCR&R network;
- OCCS is actively engaged with the Massachusetts Board of Higher Education, DOE, two- and four-year state colleges, and CCR&Rs in an initiative to craft a statewide Transfer Compact. The compact specifies coursework that fulfills OCCS’ professional child care qualifications, prepares the students for entry into a Bachelor’s degree program

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approved for early childhood education and guarantees admission to early childhood education licensure programs at Massachusetts state colleges or university campuses offering early childhood education licensure at the baccalaureate level.

Additionally, OCCS' vision for a professional development system also includes collaborations to: (1) affiliate with high schools and work with students interested in child care careers; (2) make core literacy training available for providers with low literacy skills; (3) make early education and care career counseling available; (4) develop cohesive training curricula for the child care community; (5) refine and replicate the apprenticeship and training program; and, (6) assure that children are ready to learn by providing comprehensive services in a literacy-rich child care environment.

OCCS intends to weave all of the above training opportunities into a professional career path that supports quality child care and better prepares Massachusetts children and families for success.

- Are program or provider-level **incentives** offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

One of OCCS' tiered reimbursement rate initiatives, called The Salary Incentive Program for Professional Development, requires center-based child care providers to develop and initiate a salary incentive program for professional development that will improve the staffing quality in their programs. Family child care providers participating in this initiative must each develop a professional development plan that improves their own skills within their family child care programs. Once a child care provider's professional development plan is submitted and approved by OCCS, she receives a higher rate when providing an OCCS child care financial assistance subsidy to families. Some of the professional development plans submitted to OCCS for approval include completion of college or other course work, resulting in staff obtaining child development associate credentials or Associate or baccalaureate degrees in early childhood education.

Additionally, some Massachusetts family child care systems are developing individual professional development plans for each of the contracted family child care providers, based on providers' individual needs. These plans may include cultural awareness activities, early childhood courses, and training on how to develop a literacy and numeracy curriculum for children in family child care.

OCCS offers income-based scholarships to the child care community to cover the costs of the Child Development Associate (CDA) credentials assessment fee or the cost of renewing CDA credentials. CCR&Rs also offer Child Development Associate supports. For individuals with 27 months of work experience, OCCS accepts the CDA credential as an equivalent to the 12 education credits required to be a lead teacher. Since March 1, 2002, 145 people who completed this CDA credentialing process were awarded a scholarship by OCCS.

On a quarterly basis, OCCS awards Quality Fund Grants to non-profit programs statewide to improve the delivery of child care services within the Commonwealth and assist

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children in progressing effectively in learning environments. Thus far, these funds have assisted child care staff in their continuing education and career development and improved curriculum development for children and youth. Additionally, the grant monies have been distributed to support literacy initiatives for children and their parents, provide child care programs with accreditation support, and support initiatives that recruit and sustain a culturally diverse workforce.

Additionally, in an effort to increase the resources made available to child care providers in the Commonwealth, OCCS solicited a donation of books from the Houghton/Mifflin Company. The Boston-based publishing company responded generously to the request by donating 3,000 books to OCCS in September of 2002.

This was an exciting opportunity for OCCS to collaborate with the private sector to provide resources to programs and aid in the education and literacy development of children in child care programs in the Commonwealth.

The books were divided among OCCS' regional offices for distribution by licensors to child care providers throughout the state during their announced and unannounced visits. The books ranged in subject matter and age group so as to be appropriate for various OCCS program types and classroom levels. Titles such as Curious George Goes to School, Annie and the Wild Animals, The Biggest Bear and Hurricane were included among the books donated. OCCS continues to work with the Houghton/Mifflin Company and will be making this opportunity available again in 2003.

- What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

OCCS supports the goal of having all early childhood professionals obtain degrees, certifications, and/or credentials in the field of early education and care. In order for this to occur, a professional development system must be created to facilitate access to a cohesive career path that provides educational incentives and salary compensation for education accomplishments for all early education and youth workers.

In 2000, OCCS convened a task force of child care administrators, advocates, and other members of the child care community to look at the issue of staff recruitment and retention. As part of the study, OCCS hired a firm to study recruitment and retention in Massachusetts and make recommendations. Some of the recommendations included linking training to salary increases and offering mentoring programs for child care providers. OCCS believes that the apprenticeship and training program mentioned above will serve as an excellent method by which to link education and salary and offer a mentoring program to the child care workforce.

Section 5.2.3 - State Plan for Program Coordination

- Does the State have a **plan** for coordination across early childhood programs?

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Yes.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

No.

Indicate what steps are under way to develop a plan for coordination.

OCCS is currently participating in a reorganization of the Executive Office of Health & Human Services and the 15 agencies that serve under the Secretariat. In addition to achieving administrative efficiencies, the reorganization seeks to facilitate structural and cultural changes necessary to deliver services that are client-focused and more efficiently coordinated across state agencies. As part of the restructuring, the Office of Child Care Services will be placed within the Department of Children, Youth, and Family Services, which will include: the Departments of Social Services, Youth Services, Transitional Assistance, the Offices of Child Care Services, Refugees and Immigrants, and the Children's Trust Fund Board. In addition, OCCS and the other agencies in the Department of Children, Youth, and Families will work closely with the Department of Health, which will include the Departments of Public Health and Mental Health, to serve the needs of families in a comprehensive manner. OCCS will continue its collaboration with the Department of Education and will work closely with the Executive Office of Health & Human Services to ensure that programmatic objectives are aligned with the overarching mission and principles shared by the EOHHS agencies.

- Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

In addition to the changes resulting from reorganization that will lead to improved coordination of services, there are a number of specific efforts underway to address the unique needs of young children. The Massachusetts Early Childhood Comprehensive System (MECCS) grant, for which the Massachusetts Department of Public Health has recently applied from the Health Resources and Services Administration, is expressly focused on improved coordination of services for young children. OCCS looks forward to partnering fully in cross-agency efforts to accomplish the objectives of this grant and to develop comprehensive and coordinated services for children. The state is also developing, through the Executive Office of Health & Human Services, a number of specific objectives to coordinate services in order to ensure that children are healthy, supported, and ready to learn. OCCS will play an integral role in shaping this agenda and in developing and implementing appropriate programming. Efforts are underway to ensure that Head Start, the state School Readiness Indicators Project, OCCS procurement activities, and specific health and social services programs that serve young children are coordinated and share a common vision.

- Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

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OCCS and its sister human service agencies are currently engaged in a restructuring process that will assure a common vision and mission and promote collaborations that will further coordinate services for children, youth and their families by building upon existing expertise within the Executive Office of Health and Human Service agencies and the Department of Education.

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PART 6 - HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(ONLY THE 50 STATES AND THE DISTRICT OF COLUMBIA COMPLETE PART 6.
ONLY TERRITORIES COMPLETE PART 7.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>

Section 6.1 - Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- (X) YES, answer 6.1.2 and proceed to 6.2.
() NO, answer 6.1.2 and 6.1.3.

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2) & (3))

- (X) NO
() YES, and the changes are as follows:

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 6.2 - Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- (X) YES, answer 6.2.2 and proceed to 6.3.
() NO, answer 6.2.2 and 6.2.3.

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6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?
(§98.41(a)(2) & (3))

NO

YES, and the changes are as follows:

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 6.3 - Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

YES, answer 6.3.2 and proceed to 6.4.

NO, answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?
(§98.41(a)(2) & (3))

NO

YES, and the changes are as follows:

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 6.4 - Health and Safety Requirements for In-Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

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6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above? If:
() YES, answer 6.4.2 and proceed to 6.5.
(X) NO, answer 6.4.2 and 6.4.3.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan?
(§98.41(a)(2) & (3))

- (X) NO
() YES, and the changes are as follows

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

Before in-home providers can receive payment for their services, OCCS requires all in-home providers to attend an orientation and training session conducted by the CCR&Rs. The topics at the orientation include health and safety issues, age appropriate activities, and appropriate behavior management. At the orientation, in-home providers are given training in preventing and controlling disease. This includes the Department of Public Health (DPH) immunization guidelines and information about universal precautions and sanitizing procedures. During the registration process, an in-home provider must complete a check list certifying that they have received and reviewed information on prevention and control of infectious diseases including immunizations. Additionally, the in-home provider is required to immediately notify a parent if a communicable disease is introduced to the child care home.

- Building and physical premises safety

Providers are trained in home safety, injury prevention, poison prevention and fire safety. The CCR&R also gives all providers a resource packet.

In-home providers must have a plan for evacuating the children from the child care site including escape routes from each floor level and a method of contacting the Fire Department or other authorities after the child care site is evacuated. In-home providers are required to have smoke detectors in operative condition located throughout the home including each floor level and basement, and must have a working telephone at the child care site at all times and have emergency telephone numbers posted near the telephone. After the orientation, providers must complete a checklist certifying that they have received and reviewed information on building and physical premises safety.

- Health and safety training

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Providers are given training on OCCS' Back to Sleep Campaign, a SIDS informational brochure, safety training, first aid training and information on how to find CPR classes. During the registration process, an in-home provider must complete a check list certifying that they have received and reviewed information on health and safety training including first aid and CPR. In-home providers must also have a plan for medical emergencies that includes a method to notify parents immediately of any injuring requiring emergency treatment. Also, these providers are required to obtain written parental authorization to administer medication to a child and parental authorization for treating a child in a hospital.

OCCS distinguishes between in-home care that is provided by a relative of the child and that care provided by a non-relative for one aspect of its health and safety requirements. For those in-home child care providers who are not related to the children for whom they care, OCCS requires that a criminal background check (CORI) be completed. Only those providers who are approved in the criminal background process will be eligible to receive payment for child care services. Criminal background checks, however, are not completed for in-home providers who care for children to whom they are related (See Section 6.5).

Section 6.5 - Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- () All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- () All relative providers are exempt from all health and safety requirements.
- (X) Some or all relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

OCCS does not conduct criminal background checks on in-home relative providers. Otherwise, relative providers are subject to the same requirements as in-home, non-relative providers, as described in Section 6.4.

Section 6.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - () No

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- (X) Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

OCCS licensors make an announced visit to all licensees before a license is issued, and again within the first six months to one year after licensing. All licensees are subject to unannounced visits at any time. The licensing unit's goal is to make at least one unannounced visit per licensing cycle. Licensors also make more frequent unannounced visits if the licensee has difficulty maintaining compliance with OCCS' health and safety regulations. In those instances, the licensor makes unannounced visits on a regular basis. The most common unannounced follow-up visit schedule is once per quarter, but depending on the seriousness of the licensee's health and safety problems, the licensor may visit the provider monthly or on another schedule, as appropriate. Supervisors and managers review the licensor's monitoring schedules on a monthly basis.

In addition to routine unannounced visits, staff from the investigation unit, the licensor, or a supervisor make at least one unannounced visit when OCCS receives a complaint about a program.

- Are child care providers subject to background checks?
 - () No
 - (X) Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

OCCS requires criminal background checks for any person who provides child care in a residential program, a family child care home or center-based child care program, any in-home, non-relative provider, and, in family child care homes, any household member or person regularly on the premises who is 17 years of age or older. These people must receive criminal offender record information (CORI) approval before they have the potential for unsupervised contact with children.

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - () No
 - (X) Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable).

OCCS regulations require that child care providers must immediately report to OCCS the occurrence of any serious injury or illness that occurs to a child while the child is in care. OCCS tracks injury reports on the agency's state-wide computerized tracking system. This system gives all OCCS staff access to all open and completed injury reports and investigations. When an OCCS staff member receives an injury report, the staff member enters the information into the tracking system, including the name of the provider and the nature of the injury. Once the report is logged into the tracking system, it is assigned to staff for follow up or investigation. When the injury review or investigation is completed, a visit or investigation report is completed and entered into the tracking system. A printed copy of the report is sent to the child care provider, and also placed in the provider's licensing file. This system allows licensors and investigators to

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have ready access to a complete injury report history on any of OCCS' 17,000 licensed child care providers. Depending on the seriousness of the report and OCCS' review, OCCS may make the decision to make more frequent monitoring visits to the provider after receiving an injury report.

- Other methods used to ensure that health and safety requirements are effectively enforced:

OCCS licensing staff works closely with providers to ensure that OCCS' health and safety requirements are met in all child care settings. OCCS provides regular training and conferences with licensees to reinforce their knowledge and familiarity with the regulatory requirements. Among the training opportunities offered by OCCS are the following:

- New provider meetings
- License renewal meetings for group child care directors
- Director group forums
- Regional Advisory meetings
- Training on specific health or safety requirements
- "Working Together" meetings including providers, staff from OCCS, and staff from Child care resource and referral agencies
- OCCS staff presentations at workshops and conferences sponsored by provider organizations
- Individual technical assistance with a program

In addition to these proactive steps to ensure that providers' programs remain safe for children, the licensing unit has many options for enforcement if a licensee fails to comply with OCCS' health and safety regulations. These include:

- Regular unannounced visits and monitoring
- Enforcement letters sent to programs by a supervisor or director
- Regional enforcement meetings with an OCCS supervisor or director
- Freeze on a program's enrollment
- Sanctions on a program, such as requiring an outside consultant, or formal training for staff and administrators
- Legal action against a provider's license, including suspension or revocation of the license, if warranted

Section 6.7 – Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).

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- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

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PART 7 - HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

Section 7.1 - Health and Safety Requirements for Center-Based Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.2 - Health and Safety Requirements for Group Home Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.3 - Health and Safety Requirements for Family Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.4 - Health and Safety Requirements for In-Home Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.5 - Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate

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residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- () All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- () All relative providers are exempt from all health and safety requirements.
- () Some or all relative providers are subject to different health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

Section 7.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - () No
 - () Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

- Are child care providers subject to background checks?
 - () No
 - () Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

- Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - () No
 - () Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable).

- Other methods used to ensure that health and safety requirements are effectively enforced:

Section 7.7 – Exemptions from Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

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- _____ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- _____ Children who receive care in their own homes.
- _____ Children whose parents object to immunization on religious grounds.
- _____ Children whose medical condition contraindicates immunization.

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APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

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The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

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APPENDIX 2 - ELIGIBILITY AND PRIORITY TERMINOLOGY:

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- (1) *job training and educational program* – Full-time high school program; high school equivalency program (GED); or a combination of work and GED preparation; vocational training program (not including graduate, medical or law schools); ESL program plus training or work; an accredited college or university leading to an Associate's or Bachelor's degree.
- (2) *attending* (a job training or educational program; include minimum hours if applicable) – Service need for parents participating in full-time high school program is considered full-time, regardless of the program schedule. Parents participating in 12 credit hours of college courses are considered to have a 20 hour service need, (which can be supplemented by a maximum of 5 hours for travel between school and child care center, if applicable, and additional work hours to meet the 30 hour minimum for full-time care). Any credit hours in addition to the 12 required to meet the part-time (20 hour) service need are counted as follows: one credit hour equals one hour of service need. Service need for part-time college programs (less than 12 credit hours) and other education or training programs will be based upon the number of hours spent in the education or training activity each week. (one credit hour or one hour of training equals one hour of service need). Work and education or training hours may be combined to show a full-time service need.
- (3) *in loco parentis* – Massachusetts, for the purpose of the CCDF, allows those caring for a child on a full-time basis and acting as a foster parent, legal guardian or temporary legal guardian to be deemed as parent.
- (4) *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) – Physical, emotional, or mental disability of a child: a completed "Verification of Special Need of the Child's" form must be submitted. The form must be signed by a physician for a physical disability; psychiatrist, doctoral level psychologist or independent licensed clinical social worker for an emotional or mental disability; or by an early intervention program director, primary service coordinator, or special education staff stating that the child is eligible for their special education services. The responses must state the nature and the expected duration of the disability, and must include and explanation of why the disability necessitates child care.
- (5) *protective services* – Families are eligible for supportive child care services when they have active protective needs documented in a supported report of abuse or neglect within the previous 12 months or when there is a determination of need to begin or continue supportive child care at a Department of Social Services Progress Supervisory Review.
- (6) *residing with* – For purposes of determining eligibility for subsidized child care, a family is defined as one of the following: A parent and his/her dependent child(ren) and nay

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dependent grandparents who reside in the same household; or a teen parent and his or her children who reside in the same household.

- (7) *special needs child* – A child age zero through sixteen who has documented physical, mental, or behavioral disabilities.
- (8) *very low income* – Income below 50% of the State Median Income.
- (9) *working* (include minimum hours if applicable) – Thirty hours or more of paid employment qualifies as full-time work for the purposes of the service need of “working.” Between twenty to twenty-nine hours of paid employment qualifies as working part-time.
- (10) Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

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ATTACHMENT 1

Contracted Child Care Resource and Referral Agencies

Child Care of the Berkshires, Inc

Franklin Comm. Action Corporation, Inc

New England Farm Workers Council

Hampshire Community Action

Children's Aid & Family Service, Inc.

Family Service Org. of Worcester, Inc.

Community Day Care Center of Lawrence

Community Team Work, Inc

Child Care Resource Center. Inc.

Quincy Comm. Action Programs, Inc

Home Health & Child Care Services, Inc.

Community Action Committee of Cape & Islands, Inc.

People Acting in Community Endeavors

Action for Boston Community Development, Inc.

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ATTACHMENT 2

ADVANTICS, INC.
ATHOL AREA YMCA
BEAR CARE CENTERS LTD
BELCHERTOWN DAY SCHOOL
BERKSHIRE COUNTY HEAD START CHILD DEVELOPMENT PROG, INC.
BERKSHIRE CTR. FOR FAMILIES + CHILDREN
BETHEL CHILD CARE SERVICES INC.
CAPACIDAD
CHICOPEE CHILD DEVELOPMENT
CHILD CARE OF THE BERKSHIRES
CHILD DEVELOPMENT CENTERS AND SYSTEM, INC.
CLARENDON FAMILY DAY CARE
EARLY CHILDHOOD CTR OF SPRINGFIELD
EDUCARE FOR KIDS INC.
FRANKLIN COMMUNITY ACTION CORPORATION
GIRLS CLUB OF GREENFIELD
GIRLS INC. OF BERKSHIRE
GIRLS INCORPORATED OF HOLYOKE
HAMPSHIRE COMMUNITY ACTION COMMISSION
HAMPSHIRE REGIONAL YMCA
HAMPSHIRE/FRANKLIN DAY CARE
HOLYOKE DAY NURSERY
HOLYOKE YMCA
HOLYOKE/CHICOPEE/SPRINGFIELD HEADSTART
KIDS PLACE
KIDS UNLIMITED, INC.
LITTLE TOTS DAY CARE
MARKS MEADOW AFTER SCHOOL PROGRAM
MARTIN L. KING COMM. CTR.
MEADOWLARK, INC.
MONT MARIE CHILD CARE CENTER
NEW NORTH CITIZENS COUNCIL
NORTHERN EDUCATIONAL SERVICES
SO. HADLEY CHILD CARE ASSOC.
SPRINGFIELD DAY NURSERY
SPRINGFIELD GIRLS CLUB FAMILY CENTER
SPRINGFIELD PARTNERS FOR COMMUNITY ACTION, INC.
Univ.Of Mass. Amherst/Univ. Child Care
VALLEY HUMAN SERVICES
VALLEY OPPORTUNITY COUNCIL
WILLIAMSTOWN COMMUNITY DAY CARE
YMCA OF GREATER SPRINGFIELD, INC.
YMCA OF GREATER WESTFIELD

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YMCA PITTSFIELD
BETHEL CHILD CARE SERVICES INC.
CENTER FOR DEVT OF HUMAN SERVICES
CHILD DEVELOPMENT CENTERS AND SYSTEM, INC.
CHILDRENS AID & FAMILY SERVICE
CHILDRENS SERVICES OF ROXBURY INC
ELM PARK CTR. FOR EARLY CHILDHOOD EDUC.
GUILD OF ST. AGNES
HAPPY DAY CHILD CARE CENTER
KIDS UNLIMITED, INC.
MONTACHUSETT OPPORTUNITY COUNCIL
MONTACHUSETT REGIONAL YMCA
MOTHER HUBBARD PRESCHOOL CENTER
PAKACHOAG ACRES
RAINBOW CHILD DEVELOPMENT CENTER
TRAINING RESOURCES OF AMERICA
TRI COMMUNITY YMCA
WEBSTER SQUARE DAY CARE CENTER
WORCESTER COMPREHENSIVE CHILD CARE
YMCA OF GREATER WORCESTER
YWCA OF CENTRAL MASS
ACRE FAMILY DAY CARE
BETHEL CHILD CARE SERVICES INC.
BEVERLY CHILDRENS LEARNING CENTERS, INC
CATHOLIC CHARITABLE BUREAU OF BOSTON
CHILD DEVELOPMENT CENTERS AND SYSTEM, INC.
CHILD DEVT PGM OF CAPE ANN
CLARENDON FAMILY DAY CARE
COMM DAY CARE CTR OF LAWRENCE
COMMUNITY ACTION INC.
COMMUNITY TEAMWORK INCORPORATED
CURWIN CHILD CARE CTR.
GIRLS INC. OF GREATER HAVERHILL
GIRLS INCORPORATED OF LYNN
GREGG NEIGHBORHOOD HOUSE ASSOC.,INC.
GTR LAWRENCE COMMUNITY ACTION COUNCIL
HOUSE OF SEVEN GABLES SETTLEMENT ASSN
JOB OPTIONS INC
KID-START, INC
LOWELL DAY NURSERY ASSOCIATION
LYNN ECONOMIC OPPORTUNITY,INC.
MERRIMACK RIVER COMM CHILD CARE INC
MERRIMACK VALLEY YMCA
NEVINS FAMILY OF SERVICES
NORTH SHORE FAMILY DAY CARE,_INC.

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SALEMS COMMUNITY CHILD CARE, INC.
YMCA GREATER LYNN
YMCA OF THE NORTH SHORE, INC.
YMCA OF THE NORTH SHORE, INC.
YOUNG WOMENS CHRISTIAN HAVERHILL
YWCA_OF GREATER LAWRENCE
Associated Early Care & Education, Inc.
CAMBRIDGE COMMUNITY CENTER
CAMBRIDGE ECONOMIC OPPORTUNITY COMMITTEE
CAMBRIDGEPORT CHILDRENS CENTER
CATHOLIC CHARITABLE BUREAU OF BOSTON
CEREBRAL PALSY OF MASSACHUSETTS
CHILD DEVELOPMENT CENTERS AND SYSTEM, INC.
CITY OF CAMBRIDGE/DEPT. OF HUMAN SERVICE PROGRAMS
CITY OF SOMERVILLE/COMM. SCHOOLS
COMMUNITIES UNITED,INC.
COMMUNITY ART CENTER
COMMUNITY TEAMWORK INCORPORATED
DISCOVERY DAY CARE CENTER, INC.
ELIZABETH PEABODY HOUSE
ENABLE INC
HENRY BUCKNER SCHOOL
INDEPENDENCE ROUTE DAY CARE/KIDS STOP
JOLLY FARMS DAY CARE
LEMBERG CHILDRENS CENTER
MARGARET FULLER NEIGHBORHOOD HOUSE, INC.
MENTAL HEALTH & RETARDATION CTR OF C/S
METROWEST LATIN AMERICAN CENTER, INC.
METROWEST YMCA
MYSTIC LEARNING CENTER
NEWTON COMMUNITY SERVICE CENTER, INC.
OPEN CENTER FOR CHILDREN
OXFORD STREET DAY CARE
PLOWSHARES CHILD CARE PROGRAMS
PROSPECT TERRACE CHILDRENS CENTER
SMOC
SO. SHORE DAY CARE SERVICES
SOMERVILLE YMCA
SOUTHSIDE COMMUNITY DAY CARE
TRI CITY COMM MENTAL HLTH & RETARDATION
TRI-CITY COMMUNITY ACTION PROGRAM, INC
TUFTS EDUCATIONAL DAY CARE CENTER
WALTHAM BOYS AND GIRLS CLUB
WALTHAM DAY CARE CENTER
WOBURN COUNCIL OF SOCIAL CONCERN

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YMCA/GREATER BOSTON YMCA
YMCA/MALDEN YOUNG MENS CHRISTIAN ASSOC, INC.
YWCA MALDEN YOUNG WOMENS CHRISTIAN ASSOC.
BOYS AND GIRLS CLUB OF BROCKTON, INC.
BOYS AND GIRLS CLUB OF TAUNTON
BROCKTON DAY NURSERY INC
CAPE COD CHILD DEVELOPMENT PROGRAM INC
CAPE COD YMCA, INC
CENTER FOR CHILD CARE & DEVEL INC
CHILD DEVELOPMENT CENTERS AND SYSTEM, INC.
CHILDRENS SERVICES OF ROXBURY INC
CITIZENS FOR CITIZENS INC
CITY OF BROCKTON
CITY OF FALL RIVER
COMMONWEALTH FAMILY CHILD CARE
DEVALLES MEMORIAL FAMILY SERVICE CENTER, INC,
DOVES NEST DAY CARE CENTER
DOVES NEST FAMILY DAY CARE SYSTEM, INC.
EARLY LEARNING CHILD CARE INC
ENABLE INC
EXPANDING HORIZONS CHILDRENS CENTER
FAMILY SVC ASSOC OF GR FALL RIVER
J C H CHILD CARE CORP.
JOLLY FARMS DAY CARE
KENNEDY-DONOVAN CENTER INC.
KIDDIE KAMPUS,INC.
L.P. COLLEGE,INC.
LITTLE PEOPLES COLLEGE
MARKMAN CHILDRENS PROGRAM
MARTHAS VYD COMM SERVS
OLD COLONY Y
RAINBOW DAY CARE CTR.
SELF HELP, INC.
SGT CARNEY ACADEMY AFTER SCHOOL D.C. INC
SOUTH SHORE COMMUNITY ACTION COUNCIL INC
TRIUMPH INC
UNITED FRONT CHILD DEV. PROGRAMS
VIP CHILDCARE INC.
WECED WAREHAM EARLY CHILDHOOD ED. & DEVELOPMENT
WEST END DAY NURS OF NEW BEDFORD INC
YMCA NEW BEDFORD/YMCA SOUTHCOAST
YMCA OF GREATER FALL RIVER
YWCA_SOUTHEASTERN MA
A KANGAROOS POUCH INC.
ACTION FOR BOSTON COMM DEVT

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ALLSTON/BRIGHTON APAC
AMERICAN CHINESE CHRISTIAN EDUCATION AND SOCIAL SRVCS
Associated Early Care & Education, Inc.
BETHEL CHILD CARE SERVICES INC.
BOSTON CHINATOWN NEIGHBORHOOD CENTER
BRIDGE FUND, INC.
CATHOLIC CHARITABLE BUREAU OF BOSTON
CHILD DEVELOPMENT CENTERS AND SYSTEM, INC.
CHILDCARE PROJECT INC.
CHILDRENS SERVICES OF ROXBURY INC
CHILDRENS WORLD EDUCATIONAL CENTER, INC
CITY OF BOSTON/BOSTON CENTERS FOR YOUTH & FAMILIES
CLARENDON FAMILY DAY CARE
COLONEL DANIEL MARR BOYS CLUB OF DOR
COMMITTEE FOR BOSTON PUBLIC HOUSING INC
COMMUNITY ACTION PROGRAMS INTERCITY, INC
COMMUNITY FAMILY DAY CARE
CRISPUS ATTUCKS CHILDRENS CENTER
CRITTENTON HASTINGS HSE
DIMOCK COMMUNITY HEALTH CENTER
EAST BOSTON SOCIAL CENTERS,INC.
ELLIS MEMORIAL AND ELDREDGE HOUSE, INC.
FAMILY DAY CARE PROGRAM, INC.
FEDERATED DORCHESTER NEIGHBORHOOD HOUSES
FOR KIDS ONLY AFTER SCHOOL
FRANKLIN SQUARE HOUSE DAY CARE CENTR INC
HARBOR HEALTH SERVICES (NEPONSET)
HATTIE B COOPER COMMUNITY CENTER INC
HOME FOR LITTLE WANDERERS, INC.
INFANTS AND OTHER PEOPLE, INC.
INFANTS AND OTHER PEOPLE, INC.
INQUILINOS BORICUAS EN ACCION
JOHN F. KENNEDY FAMILY SERVICE CTR., INC
KIDS CHOICE EARLY CHILDHOOD CENTER
LENA PARK COMMUNITY DEVELOPMENT COPR.
LINCOLN-SEWALL DAYCARE, INC.
LITTLE FOLKS COMMUNITY DAY CARE CENTER
LITTLE SCHOLARS WORKSHOP, INC.
LITTLE SISTERS OF ASSUMPTION
N.I.C.E. DAY CARE
NEIGHBORHOOD DEVELOPMENT CORP OF JAMAICA PLAIN
PAIGE COMPANY INC.
PILGRIM CHURCH DAY CARE CENTER
PREVENTION NOW, INC.
ROCKWOOD DAY CARE CENTER, INC.

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ROSA PARKS DAY CARE CENTER
SALVATION ARMY - BERKELEY
SMILE/SPECIAL MOMENTS IN LEARNING EXPERIENCE
SOUTH BOSTON NEIGHBORHOOD HOUSE, INC.
SOUTH COVE COMMUNITY HEALTH CENTER
UNITED SOUTH END SETTLEMENTS
UNIV OF MASS/BOSTON
UPHAMS CORNER COMMUNITY CTR.
VIETNAMESE AMERICAN INITIATIVE FOR DEVELOPMENT, INC.
VILLAGE PRESCHOOL
VIP CHILDCARE INC.
WESLEY CHILD CARE CENTER, INC.
YMCA/GREATER BOSTON YMCA
YWCA BOSTON

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STATE PLAN FOR THE COMMONWEALTH OF MASSACHUSETTS
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ATTACHMENT 3

AMENDED 11/2000

MAXIMUM REGIONAL DAILY RATES BY PROGRAM TYPE

Effective 7/00

	CENTER-BASED					FAMILY DAY CARE SYSTEMS*			
	INFANT	INFANT TODDLER	TODDLER	PRE-SCHOOL	SCHOOL AGE BLENDED	SYSTEMS OVER 2 YRS OF AGE	SYSTEMS -UNDER 2 YRS OF AGE	PROVIDERS OVER 2 YRS OF AGE	PROVIDERS - UNDER 2 YRS OF AGE
REGION 1,2,5 Tier 1	\$41.25	\$39.50	\$37.50	\$29.00	\$17.00	\$31.15	\$34.40	\$22.00	\$25.25
Tier 2	\$41.50	\$39.75	\$37.75	\$29.25	\$17.25	\$31.40	\$34.65	\$22.25	\$25.50
Tier 3	\$41.75	\$40.00	\$38.00	\$29.50	\$17.50	\$31.65	\$34.90	\$22.50	\$25.75
Tier 4	\$42.00	\$40.25	\$38.25	\$29.75	\$17.75	\$31.90	\$35.15	\$22.75	\$26.00
REGION 3 Tier 1	\$42.50	\$40.50	\$38.50	\$30.00	\$18.00	\$31.65	\$34.90	\$22.50	\$25.75
Tier 2	\$42.85	\$40.85	\$38.85	\$30.35	18.35	\$32.00	\$35.25	\$22.85	\$26.10
Tier 3	\$43.20	\$41.20	\$39.20	\$30.70	18.70	\$32.35	\$35.60	\$23.20	\$26.45
Tier 4	\$43.50	\$41.50	\$39.50	\$31.00	19.00	\$32.65	\$35.90	\$23.50	\$26.75
REGION 4,6 Tier 1	\$46.50	\$44.00	\$41.50	\$31.50	\$18.50	\$32.50	\$35.75	\$23.00	\$26.25
Tier 2	\$46.85	\$44.35	\$41.85	\$31.85	\$18.85	\$32.85	\$36.10	\$23.35	\$26.60
Tier 3	\$47.20	\$44.70	\$42.20	\$32.20	\$19.20	\$33.20	\$36.45	\$23.70	\$26.95
Tier 4	\$47.50	\$45.00	\$42.50	\$32.50	\$19.50	\$33.50	\$36.75	\$24.00	\$27.25

* Systems must pay child care providers a minimum daily rate as listed above.

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ATTACHMENT 3 (continued)

PROFESSIONAL DEVELOPMENT STIPENDS
(Please see instructions for specific eligibility requirements)

	CENTER-BASED (INFANT, INFANT/TODDLER, TODDLER, PRE-SCHOOL, SCHOOL-AGE)	FAMILY CHILD CARE SYSTEMS (UNDER & OVER 2 YEARS OF AGE)
REGION 1,2,5	\$1.25/DAY	\$2.25/DAY
REGION 3	\$1.75/DAY	\$2.25/DAY
REGION 4,6	\$2.25/DAY	\$2.25/DAY

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ATTACHMENT 3 (continued)

INCREMENTS FOR GRANDFATHERED RATES *

	CENTER-BASED					FAMILY DAY CARE SYSTEMS*			
	INFANT	INFANT TODDLER	TODDLER	PRE-SCHOOL	SCHOOL AGE BLENDED	SYSTEMS	SYSTEMS	PROVIDERS	PROVIDERS
						OVER 2 YRS OF AGE	UNDER 2 YRS OF AGE	OVER 2 YRS OF AGE	UNDER 2 YRS OF AGE
REGION 1,2,5 Tier 1	\$1.00	\$0.90	\$0.80	\$1.20	\$0.80	\$3.30	\$4.05	\$2.50	\$3.25
Tier 2	\$1.25	\$1.15	\$1.05	\$1.45	\$1.05	\$3.55	\$4.30	\$2.75	\$3.50
Tier 3	\$1.50	\$1.40	\$1.30	\$1.70	\$1.30	\$3.80	\$4.55	\$3.00	\$3.75
Tier 4	\$1.75	\$1.65	\$1.55	\$1.95	\$1.55	\$4.05	\$4.80	\$3.25	\$4.00
REGION 3 Tier 1	\$1.20	\$1.20	\$1.20	\$2.00	\$1.60	\$3.80	\$4.55	\$3.00	\$3.75
Tier 2	\$1.55	\$1.55	\$1.55	\$2.35	\$1.95	\$4.15	\$4.90	\$3.35	\$4.10
Tier 3	\$1.90	\$1.90	\$1.90	\$2.70	\$2.30	\$4.50	\$5.25	\$3.70	\$4.45
Tier 4	\$2.20	\$2.20	\$2.20	\$3.00	\$2.60	\$4.80	\$5.55	\$4.00	\$4.75
REGION 4,6 Tier 1	\$1.20	\$1.20	\$1.20	\$2.00	\$1.60	\$3.30	\$4.05	\$2.50	\$3.25
Tier 2	\$1.55	\$1.55	\$1.55	\$2.35	\$1.95	\$3.65	\$4.40	\$2.85	\$3.60
Tier 3	\$1.90	\$1.90	\$1.90	\$2.70	\$2.30	\$4.00	\$4.75	\$3.20	\$3.95
Tier 4	\$2.20	\$2.20	\$2.20	\$3.00	\$2.60	\$4.30	\$5.05	\$3.50	\$4.25

*Providers with grandfathered rates may elect to use OCCS Maximum Regional Rates if they are higher than current rate + grandfather increment.

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STATE PLAN FOR THE COMMONWEALTH OF MASSACHUSETTS
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ATTACHMENT 3 (continued)

HEADSTART PARTNER RATES

	Before HS up to 2 hours	After HS min 4 hours	Before & After Head Start	Full Day HS Not in Session
REGION 1,2,5 Tier 1	\$5.80	\$17.40	\$23.20	\$29.00
Tier 2	\$5.85	\$17.55	\$23.40	\$29.25
Tier 3	\$5.90	\$17.70	\$23.60	\$29.50
Tier 4	\$5.95	\$17.85	\$23.80	\$29.75
REGION 3 Tier 1	\$6.00	\$18.00	\$24.00	\$30.00
Tier 2	\$6.10	\$18.25	\$24.30	\$30.35
Tier 3	\$6.15	\$18.45	\$24.60	\$30.70
Tier 4	\$6.20	\$18.60	\$24.80	\$31.00
REGION 4,6 Tier 1	\$6.30	\$18.90	\$25.20	\$31.50
Tier 2	\$6.40	\$19.15	\$25.50	\$31.85
Tier 3	\$6.45	\$19.35	\$25.75	\$32.20
Tier 4	\$6.50	\$19.50	\$26.00	\$32.50

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**SERVICES TO TEEN PARENTS & THEIR CHILDREN
RATES**

	Center-Based	Family Systems*	Family Providers*
REGION 1,2,5 Tier 1	\$58.25	\$51.25	\$25.25
Tier 2	\$58.50	\$51.50	\$25.50
Tier 3	\$58.75	\$51.75	\$25.75
Tier 4	\$59.00	\$52.00	\$26.00
REGION 3 Tier 1	\$59.25	\$51.75	\$25.75
Tier 2	\$59.60	\$58.10	\$26.10
Tier 3	\$59.95	\$58.45	\$26.45
Tier 4	\$60.25	\$58.75	\$26.75
REGION 4,6 Tier 1	\$60.50	\$52.25	\$26.25
Tier 2	\$60.85	\$52.60	\$26.60
Tier 3	\$61.20	\$52.95	\$26.95
Tier 4	\$61.50	\$53.25	\$27.25

- Systems must pay child care providers a minimum daily rate as listed above.
- Providers may receive additional reimbursement up to a maximum of \$9.00 per day per child based on their provision of additional services to the teen. There are three service groups: counseling related services; services related to skills training; and home visiting services. Each service group will be reimbursed at a rate of \$3.00 per child per day.

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ATTACHMENT 4

**2002 Child Care Market Rate Study
Summary of Range of Rates**

Introduction

In Spring 2002, OCCS contracted with Mills Consulting Group, Inc. (MCG) to conduct a survey of the current market rates being charged by licensed child care providers across the Commonwealth. MCG took the lead with implementing the survey and collecting the survey data, and subcontracted to Goodman Research Group, Inc. (GRG) to conduct the research and analytical services for the study. The study was conducted between May and December 2002.

This summary presents the range of child care daily published rates in Massachusetts, and within each of six local market areas in the state by type of care and age group, as established by the market rate study. OCCS defined daily published rates as the rates for private paying parents or parents who pay for child care without any state subsidies. The six local market areas are the six Executive Office of Health and Human Services (EOHHS) Administrative Regions in the state, including:

1. Western,
2. Central,
3. Northeast,
4. Metro West,
5. Southeast, and
6. Boston.

The three major types of care and their age/time of year subsets include:

1. Family child care (from 1 month through 12 years of age, and up to 16 if the child has special needs)
 - a. Children under the age of two years
 - b. Children over the age of two years
2. Center-based care
 - a. infants (0-15 months)
 - b. toddlers (16 months to 33 months)
 - c. preschooler children (34 months to the age the child is eligible to enter first grade)
3. School age care (a child that is either enrolled in kindergarten or is eligible to enroll in the first grade the next school year, through the age of 12, or under the age of 16 if the child has special needs)
 - a. before school
 - b. after school
 - c. vacation/holiday care
 - d. summer care

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Methods

Sample

The sample for the study included a total of 3,659 providers (29% of the 12,818 providers in the sampling frame) allocated among type of care as follows:

- 2,022 family providers (21% of 9,620 providers in the sampling frame)
- 1,165 group providers (51% of 2,289 providers in the sampling frame)
- 472 school age providers (52% of 909 providers in the sampling frame)

Using ZIP-code-level census data on the percentage of children ages 0-11 living in poverty, we created 54 “Child Care Market Areas,” where the child care market is believed to be a shared one, based on geography and social demographics. We then used a proportional allocation sampling strategy.

Measures

Data were collected through telephone interviews with the sample of providers. The research team used the three existing interview protocols – one each for family, group, and school age providers – that had been used in the 2000 MRS, with some modifications. The surveys contained screening questions and questions about rates. See Appendix A for copies of the surveys.

Data Collection and Response Rate

Interviews were conducted between late June and early November using a CATI system (Computer-Assisted Telephone Interviewing). Efforts to achieve an acceptable response rate included an advance letter and worksheet from MCG to alert providers to the specific information requested in the interviews, at least five calls to each provider, and the flexibility to conduct interviews in the evening. In addition, larger than needed samples of family child care and school age providers were drawn, and providers who could not be contacted or interviewed were randomly replaced. Of the 3,659 providers in the sample, 2,531 were interviewed, yielding an overall response rate of 69% (71% for family child care, 65% for child care centers, and 71% for school age). This is a solid response rate for a child care market rate survey.

RANGE OF RATES

A majority of centers providing preschool care, toddler care, and infant care reported a weekly preschool rate (58%, 61%, and 66%, respectively). More than half (56%) of family child care rates were reported using a weekly unit. Across all types of school age care, daily rates were most common, followed by weekly rates, and then monthly rates. Before data analysis, reported rates were converted into daily rates using the following formulas:

Unit	Conversion into Daily Rates
Hour	Hourly rate x # hours per day
Morning (school age)	No conversion – used as before school rate

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only)	
Half day	Half day rate / # hours per half day x # hours per day
Day	No conversion – daily rate
Week	Weekly rate / # days per week
Month	Monthly rate / 4.33 weeks per month / # days per week
Semi-monthly	Semi-monthly rate x 2 = Monthly rate; Monthly rate / 4.33 weeks per month / # days per week
Semester	Semester rate / # weeks per semester / # days per week
School year	School year rate / # weeks per school year / # days per week
Year	Yearly rate / # days per year
Summer	Summer rate /
Other	Other unit rate / # days per other unit

Observations of Ranges

- Center child care is more expensive than both family child care and school age care. (This is in keeping with the results of previous market rate studies.)
- Care for younger children is more expensive than care for older children, both at child care centers and in family child care homes. (Again, previous market rate studies found the same pattern.)
- Across all types of care and all age groups, region 1 has the lowest rates and region 4 has the highest rates. The exceptions are center care for infants and after school care (in which region 1 has the lowest rate, but region 6 rather than region 4 has the highest rates) and before school care for kindergarteners, and vacation/holiday and summer care for school age children (in which region 6 rather than region 1 has the lowest rate, and region 4 still has the highest rate). (In past studies, prices were also higher in region 4 than in other regions.)

Ranges

The following tables display the ranges of rates for the following groups:

- infant, toddlers, and preschool children in child care centers,
- children under two years of age and children over two years of age in family child care settings, and
- afterschool, vacation/holiday, and summer care in school age settings.

Child Care Centers: Range of Rates

Region	Type	N	n	Min	Max
1	INF	140	16	27.58	50.00
	TOD	140	32	24.00	46.50
	PS	140	54	21.43	37.23
2	INF	145	38	35.00	65.00

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	TOD	145	44	25.00	58.00
	PS	145	65	21.00	44.00
3	INF	201	37	38.80	71.40
	TOD	201	48	30.77	59.67
	PS	201	83	24.50	49.28
4	INF	332	65	41.00	80.88
	TOD	332	88	32.00	67.16
	PS	332	123	25.00	60.65
5	INF	209	45	37.00	53.40
	TOD	209	55	26.00	60.00
	PS	209	100	22.00	42.82
6	INF	137	17	44.00	81.62
	TOD	137	30	29.40	65.59
	PS	137	57	20.00	56.58

Family Child Care: Range of Rates

Region	Type	N	n	Min	MAX
1	< 2 yrs.	305	76	19.00	34.00
	≥ 2 yrs.	305	122	16.00	36.00
2	< 2 yrs.	335	98	18.00	45.00
	≥ 2 yrs.	335	148	15.00	41.25
3	< 2 yrs.	500	101	9.00	60.00
	≥ 2 yrs.	500	155	9.00	58.50
4	< 2 yrs.	343	102	20.00	70.00
	≥ 2 yrs.	343	138	12.00	70.00
5	< 2 yrs.	290	76	20.00	45.00
	≥ 2 yrs.	290	123	15.00	50.00
6	< 2 yrs.	248	32	17.80	50.00
	≥ 2 yrs.	248	63	12.00	45.31

SCHOOL AGE: AFTER SCHOOL RANGE OF RATES

Region	N	n	Min	Max
1	64	18	8.00	18.75
2	47	12	7.00	20.00
3	85	26	10.62	23.88
4	121	47	8.08	28.00
5	78	20	8.50	17.75
6	76	11	1.85	23.72

SCHOOL AGE: VACATION/HOLIDAY RANGE OF RATES

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Region	N	n	Min	Max
1	64	32	3.55	40.00
2	47	27	15.00	40.00
3	85	43	16.00	42.00
4	121	56	7.61	90.00
5	78	39	17.75	42.00
6	76	41	7.50	44.00

SCHOOL AGE: SUMMER RANGE OF RATES

Region	N	n	Min	Max
1	64	27	13.61	40.00
2	47	25	17.00	40.00
3	85	43	16.50	50.00
4	121	36	18.60	60.00
5	78	39	17.75	42.00
6	76	36	2.00	36.00

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OCCS' Child Care Provider Payment Rates

Type of Care	OCCS Rate Regions	Range of FY2002		Additional Payments Available to Providers across the state**
		Market Rate	OCCS Rate Range*	
INFANTS	1,2,5	\$27.58 - 65.00	\$41.25 - \$52.16	Transportation Services up to \$7.50 per day Services to providers for start up and special equipment up to \$1,000 per child Teen Parent up to an additional \$23.50 per day Enhanced Services for children in Supportive child care up to \$14.40 Family Child Care Systems can include all the services listed above. In addition, Family Child Care Systems provide marketing and accounting services, substitute care, and medical benefits to family providers at an additional cost of between \$8.40 and \$12.95 per day.
	3	\$38.80 - 71.40	\$42.50 - \$43.50	
	4 and 6	\$41.00 - 81.62	\$46.50 - \$52.06	
TODDLERS	1,2,5	\$24.00 - 58.00	\$39.50 - \$52.16	
	3	\$30.77 - 59.67	\$40.50 - \$41.50	
	4 and 6	\$29.40 - 67.16	\$44 - \$52.06	
PRESCHOOL	1,2,5	\$21.00 - 44.00	\$29.00 - \$35.70	
	3	\$24.50 - 49.28	\$30.00 - \$31.00	
	4 and 6	\$20.00 - 60.65	\$31.50 - \$33.30	
SCHOOL AGE	1,2,5	\$7.00 - 20.00	\$17.00 - \$17.75 (blended)	
	3	\$10.62 - 23.88	\$18.00 - \$19.00 (blended)	
	4 and 6	\$8.08 - 28.00	\$18.50 - 19.50 (blended)	
FAMILY Child Care <2	1,2,5	\$18.00 - 45.00	\$25.25 - \$26.00	
	3	\$9.00 - 60.00	\$25.75 - \$26.75	
	4 and 6	\$17.80 - 70.00	\$26.25 - \$27.25	
FAMILY Child Care >2	1,2,5	\$15.00 - 50.00	\$22.00 - \$22.75	
	3	\$9.00 - 58.50	\$22.50 - \$23.50	
	4 and 6	\$12.00 - 70.00	\$23.00 - \$24.00	

*Includes grandfathered rates above the OCCS maximum daily rate

**Additional Payment above the rates in the chart

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Appendix A: Questionnaires (Center, Family, School Age)

SURVEY FOR CHILD CARE CENTERS

Screening Questions

BEFORE WE BEGIN, I NEED TO ASK:

1. Are you currently providing child care services to children in your program? [PROBE: "child care services" includes types of programs such as: preschool programs, early childhood education programs, child development programs, Head Start programs, kindergarten programs, infant/toddler programs, early learning programs, early intervention programs, nursery schools, etc.]

1. NO _____

2. YES _____

If NO, continue

If YES, Go to 1B.

1a. Have you served any children within the past month or do you expect to serve any children within the next month?

1. NO _____

2. YES _____

If NO, continue

If YES, continue

**Thank you for participating
in this survey. That's all I need
to ask of you.**

**Please refer to these
children when I ask
you about children you are
currently serving.**

ENTER FINAL DISPOSITION.

GO to 1b.

1b. How many children are currently enrolled in your child care program at this site? [PROBE: this is not the licensed capacity, but the total number of children currently enrolled in your program at this site.]

_____ # of children

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2. Do you currently provide child care services for any children who are enrolled 30 hours or more per week at this site?

[TO INTERVIEWER: If respondent reports that they have more than one site, take information only for this site. If there is a question about the location of the selected site, read the address, program name and phone number to the respondent.]

1. NO _____

2. YES _____

If NO, continue.

If YES, Go to 2b.

- 2a. Have you served any children who were enrolled 30 hours or more per week at this site *within the past month* or do you expect to serve any children who will be enrolled 30 hours or more per week *within the next month*?

1. NO _____

2. YES _____

If NO, continue.

If YES, continue.

Thank you for participating in this survey. That's all I need to ask of you.
ENTER FINAL DISPOSITION.

Please refer to these children when I ask you about children you are currently serving.
GO to 2b

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22b. HOW MANY CHILDREN ARE CURRENTLY ENROLLED 30 HOURS OR MORE PER WEEK IN YOUR CHILD CARE PROGRAM AT THIS SITE? [PROBE: THIS IS NOT THE LICENSED CAPACITY, BUT THE TOTAL NUMBER OF CHILDREN CURRENTLY ENROLLED 30 HOURS OR MORE PER WEEK IN YOUR PROGRAM AT THIS SITE.] _____ # OF CHILDREN

32c. OF THE CHILDREN WHO ARE CURRENTLY ENROLLED 30 HOURS OR MORE PER WEEK AT THIS SITE, PLEASE *ESTIMATE* HOW MANY ARE IN SLOTS THAT ARE SUBSIDIZED BY THE STATE OR FEDERAL GOVERNMENT. THIS INCLUDES VOUCHERS, STATE CONTRACTS, LOCAL COMMUNITY PARTNERSHIP SLOTS, AND FEDERALLY FUNDED HEAD START SLOTS. [PROBE: THIS INCLUDES "FAMILY PRESERVATION" SLOTS. "STATE CONTRACTS" MAY BE REFERRED TO AS "PURCHASE OF CARE".] _____ # of children

INTERVIEWER: CALCULATE PERCENTAGE Q2c/Q2b

2d. 0% NONE

2e. Between 1% - 99%

2f. 100% (ALL)

GO TO Q3	<p>“When I ask you questions about your child care rates, tell me what you charge the <i>general public</i> for children that are <u>not</u> subsidized by the state or by the federal government. All of your answers should <i>only</i> refer to those children in "private paying" slots at this site."</p> <p>GO TO Q3</p>	<p>"Just to be sure, at this site, do you provide child care for <u>any</u> children who are enrolled 30 hours or more per week and whose parents <u>pay you directly</u> for their full child care tuition? [PROBE: this can be even for 1 child.]" IF NO = END. IF YES = READ: "These are the children we want information about. How many children is this? _____. These are the children we refer to as "private paying." GO TO Q3</p>
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FULL-TIME PRESCHOOLERS

3. For the private paying children currently enrolled in your program 30 hours or more per week, are any of these children preschoolers, ages 2 years 9 months through 5 years of age, including the kindergarten year? [PROBE: "private-paying" = parents pay for the child care, not the state or federal government.]

1. NO _____

2. YES _____

If NO, GO to
Q4

If YES, Continue

3a. Using our definition of full-time as 30 hours or more per week, what do you charge for your full-time preschool rate or tuition for private paying children? Please do not "add on" any additional fees above your regular rate, and, please do not deduct for any discounts or subsidies. [PROBE: Subsidies include a "sliding-fee scale" or a "sibling discount".]

(a) \$ _____ . _____ (per) (b) _____ (unit)

[TO INTERVIEWER: If respondent has more than one full-time schedule or full-time rate, ask for the rate for the full time _____ program that is *most used* by the private paying parents of the _____ preschoolers. If respondent states that there is no one program or rate most used by the parents, ask for the highest full-time preschool rate.]

[PROBE: "Private paying" = tuition paid by the parents, not by _____ the state or federal government.]

[DIRECTION FOR INTERVIEWER: For those who don't give a "unit" ask: "What unit is that?" and ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

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3b.

- 01.) PER HOUR How many hours per day? (average) _____
[PROBE: average number of hours/day
these preschoolers are enrolled.]
- 02.) PER 1/2 DAY: How many hours per 1/2 day? (avg.) _____
[PROBE: average number of hours/day these
preschoolers are enrolled.]
- How many hours per full day? (avg.) _____
[PROBE: average number of hours/day
preschoolers are enrolled full day.]
- 03.) PER DAY
- 04.) PER WEEK How many days per week? (avg.) _____
[PROBE: average number of day/week these
preschoolers are enrolled.]
- 05.) PER MONTH How many days per week? (avg.) _____
[PROBE: average number of day/week these
preschoolers are enrolled.]
- 06.) PER SEMI-
MONTHLY How many days per week? (avg.) _____
(PROBE: [PROBE: average number of day/week these
2x per month) preschoolers are enrolled.]
- 07.) PER
SEMESTER How many weeks in a semester?
(Please estimate.) _____
- How many days per week? (avg.) _____
[PROBE: average number of day/week these
preschoolers are enrolled.]
- 08.) PER
SCHOOL YR How many weeks in a school year? _____

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[PROBE: estimate the number of weeks in
the school year.]

How many days per week? (avg.) _____

[PROBE: average number of day/week these
preschoolers are enrolled.]

or if respondent cannot give that:

How many days in the school year? _____

(Please estimate.)

09.) PER YEAR How many days per year? _____

[PROBE: number of days/year the
program is operated. (Please estimate)]

10.) PER OTHER: _____
(Explain)

How many days in this unit? (avg.) _____

3c. For the full-time pre-school program
at this site, how many private paying
preschoolers are enrolled at the rate just
quoted? (Please estimate)

[PROBE: "full time" is 30 or more hours
per week. "Private paying" = the parents
pay for the child care, not the state, federal
government, or local Community Partnership
slots]

_____ # of preschool children

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FULL-TIME TODDLERS

4. For the private paying children currently enrolled in your program full-time, 30 or more hours per week, are any of these children toddlers, (from 15 months up to 33 months of age)?

1. NO _____

If NO, GO to

Q5

2. YES _____

If YES, Continue

4a. What do you charge for your full-time toddler rate or tuition for private paying children? Please do not "add on" any additional fees above your regular rate, and, please do not deduct for any discounts or subsidies. [PROBE: Subsidies include a "sliding-fee scale" or a "sibling discount".]

(a) \$ _____ . _____ (per) (b) _____ (unit)

[DIRECTION FOR INTERVIEWER: If the respondent reports that they only have an "infant and toddler rate," take that rate for the toddler rate.]

[DIRECTION FOR INTERVIEWER: For those who don't give a "unit" ask: "What unit is that? and ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

4b.

01.) PER HOUR How many hours per day? (average) _____

[PROBE: average number of hours/day these toddlers are enrolled.]

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02.) PER 1/2 DAY: How many hours per 1/2 day? (avg.) _____
[PROBE: average number of hours/day these
toddlers are enrolled.]

How many hours per full day? (avg.) _____
[PROBE: average number of hours/day
toddlers are enrolled full day.]

03.) PER DAY

04.) PER WEEK How many days per week? (avg.) _____
[PROBE: average number of day/week these
toddlers are enrolled.]

05.) PER MONTH How many days per week? (avg.) _____
[PROBE: average number of day/week these
toddlers are enrolled.]

06.) PER SEMI-
MONTHLY How many days per week? (avg.) _____
(PROBE: [PROBE: average number of day/week these
2x per month) toddlers are enrolled.]

07.) PER
SEMESTER How many weeks in a semester?
(Please estimate.) _____

How many days per week? (avg.) _____
[PROBE: average number of day/week these
toddlers are enrolled]

08.) PER
SCHOOL YR How many weeks in a school year? _____
[PROBE: estimate the number of weeks in
school year.]

How many days per week? (avg.) _____
[PROBE: average number of day/week these
preschoolers are enrolled.]

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or if the respondent cannot give that:

How many days in the school year? _____
(Please estimate.)

09.) PER YEAR How many days per year? _____
 [PROBE: number of days/year the
 program is operated. (Please estimate)]

10.) PER OTHER: _____
(Explain)

How many days in this unit? (avg.)

4c. For the full time toddler program
at this site, how many private paying
toddlers are enrolled at the rate just quoted?
(Please estimate)

[PROBE: full time is 30 or more hours
per week. "Private paying" = the parents
pay for the child care, not the state, federal
government, or local Community Partnership
slots.]

_____ # of toddlers

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FULL-TIME INFANTS

5. For the private paying children currently enrolled in your program full-time, are any of these children infants, (under 15 months of age)? [PROBE: full time is 30 or more hours per week.]

1. NO _____

2. YES _____

If NO, END.

If YES, Continue

5a. What do you charge for your full-time infant rate or tuition for private paying children? Please do not "add on" any additional fees above your regular rate, and please do not deduct for any discounts or subsidies. [PROBE: Subsidies include a "sliding- fee scale" or a "sibling discount".]

(a) \$ _____ . _____ (per) (b) _____ (unit)

[DIRECTION FOR INTERVIEWER: If respondent reports that they only have an "infant and toddler rate," take that rate for the infant rate.]

[DIRECTION FOR INTERVIEWER: For those who don't give a "unit" ask: "What unit is that?" and ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

5b.

01.) PER HOUR How many hours per day? (average) _____
[PROBE: average number of hours/day
these infants are enrolled.]

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02.) PER 1/2 DAY: How many hours per 1/2 day? (avg.) _____
[PROBE: average number of hours/day
these infants are enrolled.]

How many hours per full day? (avg.) _____
[PROBE: average number of hours/day
infants are enrolled full day.]

03.) PER DAY

04.) PER WEEK How many days per week? (avg.) _____
[PROBE: average number of day/week
these infants are enrolled.]

05.) PER MONTH How many days per week? (avg.) _____
[PROBE: average number of day/week
these infants are enrolled.]

06.) PER SEMI-
MONTHLY How many days per week? (avg.) _____
(PROBE: [PROBE: average number of day/week
2x per month) these infants are enrolled.]

07.) PER
SEMESTER How many weeks in a semester?
(Please estimate.) _____

How many days per week? (avg.) _____
[PROBE: average number of day/week
these infants are enrolled.]

08.) PER
SCHOOL YR How many weeks in a school year? _____
[PROBE: estimate the number of weeks
in the school year.]

How many days per week? (avg.) _____
[PROBE: average number of day/week
these infants are enrolled.]

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or if the respondent cannot give that:

How many days in the school year? _____
(Please estimate.)

08.) PER YEAR How many days per year? _____
 [PROBE: number of days/year the
 program is operated. (estimate)]

09.) PER OTHER: _____
(Explain)

How many days in this unit? (avg.)

5c. For the full time infant program at
this site, how many private
paying infants are enrolled
at the rate just quoted? (Please estimate)

[PROBE: "full time" is 30 or more hours
per week. "Private paying" = the parents
pay for the child care, not the state or
federal government.]

_____ # of infants

THANK YOU FOR YOUR HELP WITH THIS SURVEY
Have a nice day!

Family Child Care Survey

1. As a family child care provider, are you currently serving children in your program and receiving payment for your services?

1. no ____

If NO, got to 1B.

2. yes ____

If YES, continue to 1A.

1A. For the child care program that you operate during the day, how many children in total are enrolled, for whom you receive payment?

[PROBE: This does not mean your licensed capacity, but the total number of children for whom you currently provide child care.]

[PROBE: "During the day" means any hours between 6 A.M. and 6:30 P.M. "Children in total" means private paying children AND children subsidized by the state or by local Community Partnership slots.]

_____ # of children

GO TO Q2

1B. For the child care program that you operate during the day, did you serve any children within the past month who were enrolled 30 hours or more per week and/or do you expect to serve any children within the next month who will be enrolled 30 hours or more per week?

[PROBE: "During the day" means any hours between 6 A.M. and 6:30 P.M.]

1. no ____

If NO, READ END STATEMENT:

Thank you for participating
in this survey. That's all I need
to ask of you. Have a nice day.

END FINAL DISPOSITION

2. yes ____

If YES, go to 1C.

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1C. Were you paid or will you be paid for the children you served during the past month who were enrolled 30 or more hours per week, and/or will you be paid for the children you will serve within the next month who will be enrolled 30 or more hours per week?

1. no ____

If NO, READ END STATEMENT.

2. yes ____

If YES, go to 2D.

1D. How many children is this altogether?

[PROBE: Please give me the number of children you served within the past month and/or will serve within the next month who were or will be enrolled for 30 hours or more per week for whom you were paid or will be paid.]

READ: "Throughout this survey please refer to these children when I ask you questions about the children you are currently serving."

_____ # of children

GO TO Q3

2. Are you currently serving children in your family child care program who are enrolled 30 hours or more per week and receiving payment for your services?

1. no ____

If NO, go to 2B.

2. yes ____

If YES, continue to 2A.

2A. For the child care program that you operate during the day, how many children in total are enrolled 30 hours or more per week, for whom you receive payment?

[PROBE: "During the day" means any hours between 6 A.M. and 6:30 P.M.

"Children in total" means private paying children AND children subsidized by the state or by local Community Partnership slots.]

READ: "Throughout this survey please refer to these children when I ask you questions about the children you are currently serving."

_____ # of children

GO TO Q3

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2B. For the child care program that you operate during the day, did you serve any children within the past month who were enrolled 30 hours or more per week and/or do you expect to serve any children within the next month who will be enrolled 30 hours or more per week?

[PROBE: "During the day" means any hours between 6 A.M. and 6:30 P.M.]

1. no ____

2. yes ____

If NO, READ END STATEMENT:

If YES, go to 2C.

Thank you for participating
in this survey. That's all I need
to ask of you. Have a nice day.
END FINAL DISPOSITION

2C. Were you paid or will you be paid for the children you served during the past month, and/or will you be paid for the children you will serve within the next month?

1. no ____

2. yes ____

If NO, READ END STATEMENT:

If YES, go to 2D.

2D. How many children is this altogether? _____

[PROBE: Please give me the number of children you served within the past month and/or will serve within the next month who were or will be enrolled for 30 hours or more per week for whom you were paid or will be paid.]

READ: "Throughout this survey please refer to these children when I ask you questions about the children you are currently serving."

CONTINUE to Q3

3. Do you have the worksheet that we sent to you handy?

[PROBE: Could you get the worksheet so that it would be easier to keep track of the children? If NO, let's go ahead anyway. These questions are straightforward.]

Are any of the children in your child care program who are enrolled 30 hours or more per week subsidized by the state? This includes vouchers, state contracts, and local Community Partnership slots.

[PROBE: "State contracts" also includes "Family Preservation" slots. State contracts may be referred to as "Purchase of Care".]

1. no ____

2. yes ____

If NO, go to Q4

If YES, Continue to Q3A

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[DIRECTION TO INTERVIEWER: IF R. cannot answer this question, skip to Q3C.]

3A. How many children enrolled 30 hours or more per week are in slots subsidized by state vouchers, state contracts or local Community Partnership slots?

[PROBE: state contracts can be referred to as "Purchase of Care"]

_____ # of children

[DIRECTION TO INTERVIEWER: IF R. cannot answer this question, skip to Q3C.]

(CATI calculate percentage: Q3A/Q2A OR Q3A/Q2D)

IF 0%, go to Q4

3B. Between 1-99% READ:

For the questions I will be asking, please give me information and rates ONLY for the children that are "not-subsidized" by the state. We only want information about children who are enrolled 30 hours or more per week and whose parents pay you directly for their care.

[PROBE: we only want information about "private paying" children.]

On your worksheet, please cross off the names of the children who are in state-subsidized slots.

Now, how many children are left?

_____ # of children

[PROBE: If R. states that no parent pays her directly because she is in a family child care system, READ END STATEMENT.]

GO TO Q4

3C. 100% (ALL) READ:

Just to be sure, do you provide child care for any child (or children) who are enrolled 30 hours or more per week and whose parents pay you directly for their full pay child care tuition?

[PROBE: this can be for even 1 child.]

IF NO, READ END STATEMENT.

IF YES, READ: This is the child/children we want information about. How many children is this?

_____ # of children

These are the children we refer to as "private paying."

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	GO TO Q4
--	----------

4. READ: I will now be asking you questions about your enrollment and rates. I will be doing this for the children you are currently serving who are enrolled 30 hours or more per week and for whom you receive direct payment from their parents (those remaining on your worksheet). Please do not give me information about any child who is enrolled fewer than 30 hours per week or that you serve for free. If you have your worksheet handy, this would be a good time to use it.

[DIRECTION FOR INTERVIEWER: If respondent has over 7 OR MORE CHILDREN READ: "Please select six of the children you serve and give me information only for those six children. If possible, please select children of different ages.]

[DIRECTION FOR INTERVIEWER: If respondent has over three children, READ: "If you don't have the worksheet handy, you might want to jot down the names of the children and check off each child as you give me the information."]

CHILD 1

4. Let's start with the first child in your program. What is this child's age?

[PROBE: What is the age of the first "private paying" child in your program?]

___ YEARS ___ MONTHS

4a. What rate or tuition do you charge for care for this child? In quoting your rate, please do not add on any fees that are above your regular rate, and please do not deduct for any discounts. If you have already deducted for a "sliding-scale discount" or a "sibling discount", please tell me what the full rate is without the discount.

\$(a) _____ per _____(b) (unit)

[DIRECTION FOR INTERVIEWER: If Respondent reports

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that she has two or more children in care from one family and the family pays in one lump sum, say: "Please estimate an amount for this child."]

[DIRECTION FOR INTERVIEWER: If R. reports that she has more than one rate or tuition for this child, ask for the most frequently used rate for this child. If R cannot do this, ask for the highest rate that the provider charges for this child.]

[DIRECTION FOR INTERVIEWER: If R. reports that she doesn't receive a payment from the parents, but is paid a salary because she is in a family child care "system", say that we only want information about children whose parents directly pay the provider. If she has no such children, READ END STATEMENT.]

4b. If "unit" is given in 4a, ask question next to the unit reported. For those who don't give a "unit," ask question next to the unit quoted by the respondent.

01) Per hour

How many hours per day does this child usually attend your program? [PROBE: Please estimate an average number of hours per day.]

_____ . _____ HOURS

GO TO Q4C

IF RESPONDENT CANNOT GIVE THIS,
ASK:

"How many hours was this child in your care last week?"

_____ . _____ HOURS

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How many days did child attend last week?"
_____ . _____ DAYS

GO TO Q5

02) Per 1/2 day

How many hours per 1/2 day? (ave) _____.____
[PROBE: average number of hours per 1/2 day.]

How many hours per day? (average) _____.____

[PROBE: average number of hours per full day.]

GO TO Q4C

03) Per day

How many hours per day? (average) _____.____

[PROBE: average number of hours per
day the child attends.]

GO TO Q4C

04) Per week

How many days per week? ____ . ____ DAYS
[PROBE: average number of days per week the
child attends.]

How many hours per day? (average) _____.____

[PROBE: average number of hours per
day the child attends.]

GO TO Q5

05) Per month

How many days per week? ____ . ____ DAYS
[PROBE: average number of days per week the
child attends.]

How many hours per day? (average) _____.____

[PROBE: average number of hours per
day the child attends.]

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GO TO Q5

06) Per other

Please explain: _____

How many days in this unit? ____ . __ DAYS

How many hours per day? (average) ____.

[PROBE: average number of hours per day the child attends.]

GO TO Q4C

4C. Does this child attend your program 30 or more hours per week? (average)

_____ YES

_____ NO

[DIRECTION FOR INTERVIEWER: IF R. has a second child in her program, continue with CHILD 2. If not, READ END STATEMENT.]

CHILD 2

5. Let's go on to the second child in your program. What is this child's age?

_____ YEARS _____ MONTHS

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5a. What rate or tuition do you charge for care for this child? In quoting your rate, please do not add on any fees that are above your regular rate, and please do not deduct for any discounts.

[PROBE: If you have already deducted for a "sliding- scale discount" or a "sibling discount", please tell me what the full rate is without the discount.]

\$ (a) _____ per _____ (b) (unit)

[DIRECTION FOR INTERVIEWER: If Respondent reports that she has two or more children in care from one family and the family pays in one lump sum, say: "Please estimate an amount for this child."]

[DIRECTION FOR INTERVIEWER: If R. reports that she has more than one rate or tuition for this child, ask for the most frequently used rate for this child. If R cannot do this, ask for the highest rate that the provider charges for this child.]

5b. If "unit" is given in 5a, ask question next to the unit reported. For those who don't give a "unit" then ask question next to the unit quoted by the respondent.

01) Per hour

How many hours per day does this child usually attend your program?

[PROBE: Please estimate an average number of hours per day.]

_____ . _____ HOURS

GO TO Q5C

IF RESPONDENT CANNOT GIVE THIS, ASK:

"How many hours was this child in your care last week?"

_____ . _____ HOURS

"How many days did child attend last week?"

_____ . _____ DAYS

GO TO Q6

02) Per 1/2 day

How many hours per 1/2 day? (ave) ____.

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[PROBE: average number of hours per ½ day.]

How many hours per day? (average) ____.

[PROBE: average number of hours per full day.]

GO TO Q5C

03) Per day

How many hours per day? (average) ____.

[PROBE: average number of hours per day the child attends.]

GO TO Q5C

04) Per week

How many days per week? ____ . ____ DAYS

[PROBE: average number of days per week the child attends.]

How many hours per day? (average) ____.

[PROBE: average number of hours per day the child attends.]

GO TO Q6

05) Per month

How many days per week? ____ . ____ DAYS

[PROBE: average number of days per week the child attends.]

How many hours per day? (average) ____.

[PROBE: average number of hours per day the child attends.]

GO TO Q6

06) Per other

Please explain: _____

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How many days in this unit? ____ . __ DAYS

How many hours per day? (average) ____.

[PROBE: average number of hours per
day the child attends.]

GO TO Q5C

4C. Does this child attend your program 30 or more hours per
week? (average)

_____ YES

_____ NO

REPEAT QUESTIONS FOR CHILDREN # 3 - 6

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SURVEY FOR SCHOOL-AGE PROGRAMS

NOW BEFORE WE BEGIN, I NEED TO ASK YOU:

1. At this site, do you provide child care services for any **school age children**? For this survey, school age children are from 5 years of age through 12 years of age.

[PROBE: A school age child can also include a child up to 16 years of age, if the child has special needs.]

PROBE: "Child care services for school age children" includes: (1) before-school care, (2) after-school care, (3) full-day care provided for school age children during school vacation weeks, holidays and snow days, and (4) full-day care provided for school age children during the summer-time.]

1. NO _____

If NO, GO to Q 1A

2. YES _____

If YES, Continue to 1B

1A. Have you served any school age children within the past month or do you expect to serve any school age children within the next month?

1. NO _____

If NO, GO to
END STATEMENT

2. YES _____

If YES, READ:

Please refer to these
children when I ask
you about the children you are currently
serving.
GO to 1B

1B. What is the combined total of kindergarten children and other school age children currently enrolled in your school-age child care program at this site?

[PROBE: school age children are from 5 years of age through 12 years of age. A school age child can also include a child up to 16 years of age if the child has special needs.]

_____ # of children

1C. Of these, please estimate how many school-age children at this site are subsidized by the state? This includes vouchers, state contracts, and local Community Partnership slots.

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[PROBE: "State contracts" also includes "Family Preservation" slots. "State contracts" may be referred to as "Purchase of Care".]

_____ # of children

INTERVIEWER: CALCULATE PERCENTAGE Q1c/Q1b
(CATI system will do this.)

<p>1D. 0% NONE If NONE, Go to Q2</p>	<p>1E. Between 1% - 99% READ: When I ask you questions throughout this survey about your rates, please tell me what you charge the <i>general public</i> for children that are <u>not</u> subsidized by the state. All of your answers throughout this survey should only refer to children in <u>private paying</u> slots at this site. [PROBE: "private-paying" means that the parents pay for the child care, not the state.] GO TO Q2</p>	<p>1F. 100% (ALL) READ: At this site, do you provide care for <i>any</i> school-age children whose parents <u>pay you directly</u> for their full child care tuition? [PROBE: this can be for even 1 child.] If "NO" = END IF "YES" = READ: these are the children we want information about. How many children is this? _____ READ: These are the children we refer to as "private paying." GO TO Q2</p>
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2. DURING THIS INTERVIEW, I WILL BE ASKING YOU YOUR RATES FOR "BEFORE-SCHOOL CARE", FOR "AFTER-SCHOOL CARE", FOR "FULL-DAY CARE DURING HOLIDAYS OR SNOW DAYS" AND FOR "FULL-DAY SUMMER VACATION CARE". NOW TO BEGIN

PART I
(SCHOOL-AGE: BEFORE-SCHOOL CARE)

3. Do you currently provide "**before-school**" care for any private-paying school age children at this site?

[PROBE: "Private paying" means that the parents pay for the child care, not the state.]

1. NO _____

If NO, GO to Q4

2. YES _____

If YES, Continue to Q3a

INTERVIEWER READ: First, I'm going to ask you about your kindergarten children, then I'm going to ask you about your older school age children. Please listen carefully to the questions about kindergarten children, as they are slightly different than the questions on the worksheet you received.

3a. Are any of the private paying children for whom you provide before-school care kindergarteners who stay in your care until their afternoon public school session?

1. NO _____

3.1 If "NO" Go to

2. YES _____

If "YES" continue with Q3b

3.1.1 Q3g

3b. If yes, how many of the private paying children for whom you provide before-school care are kindergarteners who stay in your care until their afternoon public school session?

_____ # kindergarteners

3c. What is the highest rate or tuition you charge for before-school care for private paying kindergarteners who stay until their afternoon public school session?

[PROBE: Please do not add on any additional fees (such as field trips or specialists) above your regular rate, and please do not deduct for any discounts or subsidies. Discounts include reduced rates for a sibling; Subsidies include sliding-

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fee scales. "Private paying" means that the parents pay for the child care, not the state.]

[TO INTERVIEWER: If R reports a "blended rate," or a "before and after school rate," say that we are only asking for a "before- school" rate in this section and re-read Q3c. If R. does not have only a "before school rate" for kindergarten children, go to Q3g]

(a) \$ ____ . ____ (per) (b) _____ (unit)

DIRECTION FOR INTERVIEWER: for those who don't give a unit, ask: "What unit is that? and then ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

3d.

01.) PER HOUR Record unit and go to question 3e.

02.) PER MORNING Record unit and go to question 3e.

03.) PER DAY Record unit and go to question 3e.

04.) PER WEEK Is that what you charge for five days of before school care?

1. NO _____

2. YES _____

3.2 If "NO"

If "YES" continue with Q3e

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[PROBE: average number of days/week
these school age children are enrolled]

[IF respondent quotes "half- days" to
this question, enter that as "days".]

Continue with question 3e.

05.) PER MONTH How many days per week? (average) _____

[PROBE: average number of day/week
these school age children are enrolled]

[IF respondent quotes "half- days" to
this question, enter that as "days".]

Continue with question 3e.

06.) PER SEMI-
MONTHLY How many days per week? (average) _____

(PROBE: [PROBE: average number of day/week these
2x per month) school age children are enrolled)

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 3e.

07.) PER How many weeks in a semester? (avg.) _____
SEMESTER

How many days per week? (avg.)

_____ [PROBE: average number of day/week these
school age children are enrolled)

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 3e.

08.) PER How many weeks in a school year? _____
SCHOOL YR

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[PROBE: estimate the number of weeks
in the school year.]

How many days per week? (average) _____
[PROBE: average number of day/week
these school-age children are enrolled]

[IF respondent quotes "half-days" to
this question, enter that as "days".]

or if R cannot give that:

How many days in the school year? _____

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 3e.

09.) PER YEAR How many days per year? _____
[PROBE: number of days per year the
program is operated (estimate).]

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 3e.

10.) PER OTHER: _____
(Explain)

How many days in this unit? (ave) _____

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 3e.

3e. For the "before-school" program at this site, how many private-paying kindergarten children are enrolled at the rate just quoted? (Please estimate.)

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[PROBE: This is the number of children enrolled at the highest rate you charge for private paying kindergarteners who stay until their afternoon public school session. "Private paying" means that the tuition is paid by the parents, not by the state.]

_____ # of kindergarteners

3f. How many hours per day (on average) are these kindergarten children in your before school program? _____

[PROBE: These kindergarten children are the ones who stay until their afternoon public school session.]

3g. What do you charge for your rate or tuition for school-age children for **"before-school" care**?

[PROBE: If you have MORE THAN ONE "before-school" schedule or rate, please give me the rate for the "before school" program that is most often used by the private paying parents. Please do not add on any additional fees above your regular rate, and please do not deduct for any discounts or subsidies.]

[PROBE: Discounts include reduced rates for a sibling; Subsidies include sliding-fee scales. "Private paying" means that the parents pay for the child care, not the state.]

[TO INTERVIEWER: If Respondent has more than one "before-school" rate, ask for the rate of the "before- school" program most used by the private paying parents of the school age children. If R can't give you one rate, ask for the highest "before-school" rate.]

[TO INTERVIEWER: If R reports a "blended rate," or a "before and after school rate," say that we are only asking for a "before- school" rate in this section and re-read Q3g. If R. does not have only a "before school rate" ..go to Q4]

(a) \$ ____ . ____ (per) (b) _____ (unit)

DIRECTION FOR INTERVIEWER: for those who don't give an answer to the five day question, ask: "What unit is that? and then ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

3h.

01.) PER HOUR Record unit and go to question 3i.

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02.) PER MORNING Record unit and go to question 3i.

03.) PER DAY Record unit and go to question 3i.

04.) PER WEEK Is that what you charge for five days of before school care?

1. NO _____

2. YES _____

3.3 If "NO"

If "YES" continue with Q3i

[PROBE: average number of days/week

these school age children are enrolled]

[IF respondent quotes "half- days" to this question, enter that as "days".]

Continue with question 3i.

05.) PER MONTH How many days per week? (avg.) _____

[PROBE: average number of day/week

these school age children are enrolled]

[IF respondent quotes "half- days" to this question, enter that as "days".]

Continue with question 3i.

06.) PER SEMI-
MONTHLY How many days per week? (average) _____
(PROBE: [PROBE: average number of day/week these
2x per month) school age children are enrolled)

[IF respondent quotes "half-days" to this question, enter that as "days".]

Continue with question 3i.

07.) PER
SEMESTER How many weeks in a semester? (avg.)

How many days per week? (avg.) _____

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[PROBE: average number of day/week these school age children are enrolled)

[IF respondent quotes "half-days" to this question, enter that as "days".]

Continue with question 3i.

08.) PER SCHOOL YR How many weeks in a school year? _____
[PROBE: estimate the number of weeks in the school year.]

How many days per week? (average) _____
[PROBE: average number of day/week these school-age children are enrolled]

[IF respondent quotes "half-days" to this question, enter that as "days".]

or if R cannot give that:

How many days in the school year? _____

[IF respondent quotes "half-days" to this question, enter that as "days".]

Continue with question 3i.

09.) PER YEAR How many days per year? _____
[PROBE: number of days per year the program is operated (estimate).]

[IF respondent quotes "half-days" to this question, enter that as "days".]

Continue with question 3i.

10.) PER OTHER: _____
(Explain)

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How many days in this unit? (avg.) _____

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 3i.

3i. *What is the average number of hours per day a child is in your before
school program?* _____

3j. For the "before-school" program at this site, how many private-paying school-
age children are enrolled at the rate just quoted? (Please estimate.)

[PROBE: "private paying" means that the tuition is paid by the parents, not by the
state.]

_____ # of school age children

Go to Q4

PART II

(SCHOOL-AGE: AFTER-SCHOOL CARE)

4. Do you currently provide "**after-school**" **care** for any private-paying school age
children at this site?

[PROBE: "Private paying" means that the parents pay for the child care, not the
state.]

1. NO _____

If NO, GO to Q5

2. YES _____

If YES, Continue to Q4a

*INTERVIEWER READ: First, I'm going to ask you about your kindergarten children, then
I'm going to ask you about your older school age children. Please listen carefully to the
questions about kindergarten children, as they are slightly different than the questions on the
worksheet you received.*

4a. Are any of the private paying children for whom you provide after-school care
kindergarteners?

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1. NO _____

2. YES _____

3.4 If "NO" Go to

If "YES" continue with Q4b

3.4.1 Q4g

4b. If yes, how many of the private paying children for whom you provide after-school care are kindergarteners?

_____ # kindergarteners

4c. What is the highest rate or tuition you charge for after-school care for private paying kindergarteners who arrive early from their morning public school session?

[PROBE: Please do not add on any additional fees above your regular rate, and please do not deduct for any discounts or subsidies. Discounts include reduced rates for a sibling; Subsidies include sliding-fee scales. "Private paying" means that the parents pay for the child care, not the state.]

[TO INTERVIEWER: If R reports a "blended rate," or a "before and after school rate," say that we are only asking for an "after- school" rate in this section and re-read Q4c. If R. does not have only an "after-school rate" for kindergarten children, go to Q4g]

(a) \$ _____ . _____ (per) (b) _____ (unit)

DIRECTION FOR INTERVIEWER: for those who don't give a unit, ask: "What unit is that? and then ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

4d.

01.) PER HOUR Record unit and go to question 4e.

02.) PER MORNING Record unit and go to question 4e.

03.) PER DAY Record unit and go to question 4e.

04.) PER WEEK Is that what you charge for five days of after- school care?

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1. NO _____

2. YES _____

3.5 If "NO"

If "YES" continue with Q4e

[PROBE: average number of days/week
these school age children are enrolled]

[IF respondent quotes "half- days" to
this question, enter that as "days".]

Continue with question 4e.

05.) PER MONTH How many days per week? (average) _____

[PROBE: average number of day/week
these school age children are enrolled]

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 4e.

06.) PER SEMI-
MONTHLY How many days per week? (average) _____

(PROBE: [PROBE: average number of day/week these
2x per month) school age children are enrolled)

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 4e.

07.) PER
SEMESTER How many weeks in a semester? (avg.) _____

How many days per week? (avg.) _____

[PROBE: average number of day/week these
school age children are enrolled)

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 4e.

08.) PER

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SCHOOL YR How many weeks in a school year? _____
 [PROBE: estimate the number of weeks
 in the school year.]

 How many days per week? (average) _____
 [PROBE: average number of day/week
 these school-age children are enrolled]

 [IF respondent quotes "half-days" to
 this question, enter that as "days".]

or if R cannot give that:

 How many days in the school year? _____

 [IF respondent quotes "half-days" to
 this question, enter that as "days".]

Continue with question 4e.

09.) PER YEAR How many days per year? _____
 [PROBE: number of days per year the
 program is operated (estimate).]

 [IF respondent quotes "half-days" to
 this question, enter that as "days".]

Continue with question 4e.

10.) PER OTHER: _____
 (Explain)

 How many days in this unit? (ave) _____

 [IF respondent quotes "half-days" to
 this question, enter that as "days".]

Continue with question 4e.

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4e. For the "after-school" program at this site, how many private-paying kindergarten children are enrolled at the rate just quoted? (Please estimate.)

[PROBE: This is the number of children enrolled at the highest rate you charge for private paying kindergarteners who arrive early after their morning public school session. "Private paying" means that the tuition is paid by the parents, not by the state.]

_____ # of kindergarteners

4f. How many hours per day (on average) are these kindergarten children in your after school program? _____

[PROBE: These are the kindergarten children who arrive early after their morning public school session.]

4g. What do you charge for your rate or tuition for school-age children for "**after-school**" care?

[PROBE: If you have MORE THAN ONE "after-school" schedule or rate, please give me the rate for the "after-school" program that is most often used by the private paying parents. Please do not add on any additional fees above your regular rate, and please do not deduct for any discounts or subsidies.]

[PROBE: Discounts include reduced rates for a sibling; Subsidies include sliding-fee scales. "Private paying" means that the parents pay for the child care, not the state.]

[TO INTERVIEWER: If Respondent has more than one "after-school" rate, ask for the rate of the "after-school" program most used by the private paying parents of the school age children. If R can't give you one rate, ask for the highest "after-school" rate.]

[TO INTERVIEWER: If R reports a "blended rate," or a "before and after school rate," say that we are only asking for an "after-school" rate in this section and re-read Q4g. If R. does not have only an "after-school rate" go to Q5]

(a) \$ ____ . ____ (per) (b) _____ (unit)

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DIRECTION FOR INTERVIEWER: for those who don't give an answer to the five day question, ask: "What unit is that? and then ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

4h.

01.) PER HOUR Record unit and go to question 4h.

02.) PER MORNING Record unit and go to question 4h.

03.) PER DAY Record unit and go to question 4h.

04.) PER WEEK Is that what you charge for five days of after school care?

1. NO _____

2. YES _____

3.6 IF "NO"

If "YES" continue with Q4h

[PROBE: average number of days/week these school age children are enrolled]
[IF respondent quotes "half- days" to this question, enter that as "days".]
Continue with question 4h.

05.) PER MONTH How many days per week? (avg.) _____
[PROBE: average number of day/week these school age children are enrolled]

[IF respondent quotes "half- days" to this question, enter that as "days".]
Continue with question 4h.

06.) PER SEMI-
MONTHLY How many days per week? (average) _____
(PROBE: [PROBE: average number of day/week these
2x per month) school age children are enrolled)

[IF respondent quotes "half-days" to this question, enter that as "days".]

Continue with question 4h.

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- 07.) PER SEMESTER How many weeks in a semester? (avg.) _____

- How many days per week? (avg.) _____
[PROBE: average number of day/week these school age children are enrolled]
- [IF respondent quotes "half-days" to this question, enter that as "days".]

Continue with question 4h.

- 08.) PER SCHOOL YR How many weeks in a school year? _____
[PROBE: estimate the number of weeks in the school year.]
- How many days per week? (average) _____
[PROBE: average number of day/week these school-age children are enrolled]
- [IF respondent quotes "half-days" to this question, enter that as "days".]

or if R cannot give that:

How many days in the school year? _____

[IF respondent quotes "half-days" to this question, enter that as "days".]

Continue with question 4h.

- 09.) PER YEAR How many days per year? _____
[PROBE: number of days per year the program is operated (estimate).]

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[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 4h.

10.) PER OTHER: _____
(Explain)

How many days in this unit? (avg.) _____

[IF respondent quotes "half-days" to
this question, enter that as "days".]

Continue with question 4h.

4i. *What is the average number of hours per day a child is in your after
school program?* _____

4j. For the "after-school" program at this site, how many private-paying school-
age children are enrolled at the rate just quoted? (Please estimate.)

[PROBE: "private paying" means that the tuition is paid by the parents, not by the
state.]

_____ # of school age children

4k. Do you provide care for children on early release days?

1. NO _____ 2. YES _____

3.7 If "NO" Go to _____ If "YES" continue with Q4l

3.7.1 Q5

4l. Does your rate already include early release days?

1. NO _____ 2. YES _____

3.8 If "NO" Go to 4m. If "YES" continue with 5

3.8.1

4m. What is the *additional* fee you charge for early release care?

\$ _____ . _____ (per) (b) _____ (unit)

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4n. In the average school year, how many times per month do you provide care for children on early release days?

_____ avg. # times per month

Go to Q5

(SCHOOL-AGE: FULL-DAY/HOLIDAY or SNOW DAY CARE)

5. Do you provide FULL DAY school age child care, during any school holidays or snow days? This can be for school vacation weeks during the school year, or for school holidays or snow days. [PROBE: "full day" is 6 or more hours per day.]

1. NO _____

2. YES _____

If NO, GO to
Q 6

If YES, continue with Q5a

5a. What do you charge for full day school age child care for private paying children? In quoting your rate or tuition, do not add on any fees above your regular rate and do not deduct for any discounts or subsidies. [PROBE: If you have more than one full-day school age schedule or rate, please give me the rate for the program that is most often used by the private paying parents.] ["Private paying" means that the parents pay for the child care, not the state.]

(a) \$ ____ . ____ (per) (b) _____ (unit)

[[DIRECTION FOR INTERVIEWER: If respondent has more than one full day rate and can't give you the most commonly used rate, ask for the highest rate for full day school-age care.]

[TO INTERVIEWER: If R reports a "blended rate," or a "full time and part time rate," ..say that we are only asking for a "full-day" rate in this section and re-read Q5a. If R. does not have only a "full-day rate" go to Q6]

[DIRECTION FOR INTERVIEWER: for those who don't give a "unit" ask: "What unit is that? and ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

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5b.

01.) PER HOUR How many hours per day? (average) _____.
[PROBE: average number of hours/day these
full day school age children are enrolled]

02.) PER DAY

03.) PER WEEK How many days per week? (average) _____.
[PROBE: average number of day/week these
school-age children are enrolled for full day
vacation care.]

04.) PER OTHER: _____
(Explain)

How many days in this unit? (average) _____._____

5c. For the full day school-age program at this site, how many private-paying school-age children are generally enrolled at the rate just quoted? (Please estimate.)

[PROBE: "private paying" means that the tuition is paid by the parents, not by the state.]

_____ # children

GO TO Q6

(SCHOOL-AGE: FULL-DAY SUMMERTIME CARE)

6. Does your program provide FULL DAY school age child care, during the summer months when school is not in session ... either at the same location or a different location? [PROBE: "full day" is 6 or more hours per day.]

1. NO _____

If NO, GO to

Q7

2. YES _____

If YES, continue with Q6a

6a. What do you charge for full day school age child care for private paying children during the summer? In quoting your rate or tuition, do not add on any

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fees above your regular rate and do not deduct for any discounts or subsidies.
[PROBE: If you have more than one **full-day** school age schedule or rate for the summer, please give me the **rate** for the program that is most often used by the private paying parents.] ["Private paying" means that the parents pay for the child care, not the state.]

(a) \$ ____ . ____ (per) (b) _____ (unit)

[[DIRECTION FOR INTERVIEWER: If respondent can't give the most commonly used rate, ask for the highest rate for full day school-age care for the summer.]

[TO INTERVIEWER: If R reports a "blended rate," or a "full time and part time rate," ..say that we are only asking for a "full-day" rate in this section and re-read Q6a. If R. does not have only a "full-day rate" go to Q7]

[DIRECTION FOR INTERVIEWER: for those who don't give a "unit" ask: "What unit is that? and ask the question next to the unit reported. For those who do give a "unit" in their answer, ask the question next to the unit in the answer.]

6b.

01.) PER HOUR How many hours per day? (average) ____.
[PROBE: average number of hours/day these full day school age children are enrolled]

02.) PER DAY

03.) PER WEEK How many days per week? (average) ____.
[PROBE: average number of day/week these school-age children are enrolled for full day summer care.]

04.) PER MONTH How many days per week? (average) ____.
[PROBE: average number of day/week these school-age children are enrolled for full day summer care]

05.) PER SEMI-MONTHLY How many days per week? (average) ____.
(PROBE: [PROBE: average number of day/week these

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2x per month) school-age children are enrolled for full day
summer care]

07.) PER SUMMER How many weeks in your summer program?

____.____

06.) PER SEMESTER How many weeks in a semester? ____.

How many days per week? (average) ____.

[PROBE: average number of day/week these school age children are enrolled for full day
summer care)

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07.) PER OTHER: _____
(Explain)

How many days in this unit? (average)

____.____

6c. For the full day summer program for school age children at this site, how many private-paying school-age children are generally enrolled at the rate just quoted? (Please estimate.)

[PROBE: "private paying" means that the tuition is paid by the parents, not by the state.]

_____ children

7. NOW, THE LAST QUESTION THAT I'LL BE ASKING IS:

Is your school-age program at this site located in a school system, that is either in a public high school or public elementary school.

a. yes _____

b. no _____

THANK YOU FOR YOUR HELP WITH THIS SURVEY
Have a nice day.

ATTACHMENT 5

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To be eligible for subsidized child care, in addition to meeting service need requirements (*See Policy P-OCCS-Income Eligible-03*) the family¹ must meet one or more of the following criteria:

- At the time the family first enrolls in a subsidized child care slot, the family's gross monthly income must be at or below 50% of the State Median Income (SMI). The family will remain eligible for subsidized child care as long as the family's gross monthly income is at or below 85% of the SMI.
- At the time the family first enrolls in a subsidized child care slot, the family's gross monthly income must be at or below 85% of the SMI, if the family has a qualifying child with a disability or special need. Such families will remain eligible for subsidized child care as long as the family's gross monthly income is at or below 100% of the SMI. To qualify, parents must submit a completed Verification of Special Needs of the Child Form.
- At the time the family first enrolls in a subsidized child care slot, the family's gross monthly income must be at or below 85% of the SMI, if either parent is incapacitated. Such families will remain eligible for subsidized child care as long as the family's gross monthly income is at or below 100% of the SMI. To qualify, parents must complete the Verification of Parental Incapacity Form.

In addition, parents whose service need is work must document income at least equal to minimum wage for hours worked to qualify for the subsidy.

Income eligibility is based on the income of family members and the size of the family. Therefore, the definition of family is of critical importance. See Policy # *P-OCCS-Income Eligible-06* for the definition of family.

ATTACHMENT 5 (continued)

Effective 7/1/01

¹ Families headed by foster parents, temporary or permanent guardians or caretakers are exempt from income maximums, but must earn at least minimum wage for hours worked when the service need is work.

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Family Size	2	3	4	5	6	7	8	9
50% of State Median Income (Gross Monthly Income)	1,954	2,414	2,874	3,333	3,793	3,879	3,966	4,052
85% of State Median Income (Gross Monthly Income)	3,322	4,104	4,885	5,667	6,433	6,595	6,743	6,887
100% of State Median Income (Gross Monthly Income)	3,908	4,828	5,747	6,666	7,586	7,758	7,932	8,103

To determine the family's income, the CCR&R or provider must obtain from the parent documentation verifying the income of each member of the family. Relevant sources of income include wages/salary (including overtime), social security, alimony or child support, public assistance, and others. Policy *OCCS-Income Eligible-05: Documentation*, lists the type of documentation that must be obtained for each type of income included in determining eligibility.

If including overtime in family income makes the family ineligible for the subsidy and the parent reports that overtime is a rare occurrence, the parent may reapply at a later date and request that eligibility be reassessed. At the reassessment, the parent may demonstrate that overtime is a rare occurrence by presenting pay stubs for four consecutive weeks.

If a parent signs a statement denying the receipt of child support from his/her child's other parent, the child support should not be included in the parent's income. However, parents with a court order for child support who deny receiving the full amount must present a child support payment history from the Department of Revenue. (See Policy *OCCS-IncomeEligible-05: Documentation*, for documentation requirements.) If the parent reports a lump sum child support payment for payment in arrears, only an amount equal to the monthly amount ordered should be included in calculating the parent's monthly income.

NOTE: Alimony payments or child support payments made to persons outside the household may be deducted from the gross monthly income of the family applying for the subsidy for purposes of determining eligibility. Cancelled checks or pay stubs documenting the deduction must be submitted for verification. See *OCCS-IncomeEligible-05: Documentation*.

Income from some sources is not included when calculating a family's gross monthly income to determine eligibility for subsidized child care. Below is a list of the types of income that are not included.

ATTACHMENT 5 (continued)

Income Not Included When Determining Eligibility

- Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims

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- Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act
- Money received from the sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment)
- Withdrawals from bank accounts
- Money borrowed
- Tax refunds
- Gifts
- Capital gains
- The value of the coupon allotment under the Food Stamp Act of 1964, as amended, in excess of the amount paid for coupons
- The value of USDA donated foods
- The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended
- Any payment received under the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970
- Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs
- Lump sum inheritance or lump sum insurance payments
- Any grant or loan to an undergraduate student for education purposes made or insured under any program administered by the U.S. Commission of Education
- Home produce utilized for household consumption
- Any stipend received under the Domestic Volunteer Service Act of 1973 - VISTA stipend
- Subsidized adoption payments from the Commonwealth of Massachusetts
- Agent Orange Settlement Fund payments made to Vietnam Veterans or their survivors in accordance with public law 101-201, January 1, 1989
- Rental allowance made to any welfare recipients (TAFDC); Emergency Aid to the Elderly, the Disabled and to Children (EAEDC); or funds from the Refugee Resettlement Program (RRP)
- Military Housing Allowance
- Employer's Benefit Dollars, unless the employee elects not to spend the dollars on benefits
- Travel Reimbursement
- Income earned by children under the age of 18

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ATTACHMENT 6

Sliding Scale for Child Care (see next two pages)

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ATTACHMENT 7

Massachusetts Department of Education's Guidelines for Preschool Learning Experiences
(see next 42 pages)

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